

## Key Messages from Neonatal Nurses Day

- Most Neonatal Research Nurses handle multiple trials not just one and about 50% of Research Nurses work part time
- 30% of Research Nurses have some involvement in ethics and regulatory processes and no nurse researchers had any formal ICH-GCP training
- More protocol-specific training was requested - at least six monthly updates, in-services and training for medical staff to increase the profile of trials
- Follow up teams can be left with less support
- Investigator/Doctor approaching parents to discuss trials leads to additional success in consent and recruitment
- Problems with recruitment and consent – Investigator not involved or not available; Research staff not available 24/7 leading to missed opportunities and clinical staff not involved in actual recruitment although they may be supportive of research

## Follow-up

*Please start thinking ahead of time and make contact with parents for Two-year follow-up appointments to maintain the appropriate timelines!*

- Follow-up started in August 2008; a total of 58 BOOSTII children have already had their two-year follow-up assessments and several others have been booked for this month!
- Please make every conceivable effort to track and test every BOOSTII child who survives to a corrected age of 2 years!
- Please remember to make 6-monthly follow-up phone calls to parents to avoid any surprises.

## Oximeters

### Please do not

- Clear or re-set the trend data
- press the 'dustbin' in the display
- reset the time

All of these steps will delete the data!

### Please do

- check the 'Output' before downloading  
√ Must be set at 'Binary'

*Troubleshooting oximeters or downloading data — don't panic, just ask us!*



## SpO<sub>2</sub> charts

Please record the SpO<sub>2</sub> charts regularly and accurately

- They provide immediate feedback and assist in achieving targets
- Commonest FiO<sub>2</sub> is vital information for compliance



# BOOSTII

BENEFITS OF OXYGEN SATURATION TARGETING

April 2009  
Australian  
Update 6.0  
Autumn Issue



NHMRC Clinical  
Trials Centre

## Oximeter Software Upgrade

Masimo has recently provided us with a new software upgrade which we hope will further enhance the performance of the trial oximeters within the key range of study saturations. In order to perform this upgrade, we will organise a mutually convenient time to visit your site in the next month or two, to perform an "on-site" upgrade. The amount of time the upgrade takes is directly related to the number of BOOSTII oximeters on-site available on shelf. We will in touch soon.



Here is another update from BOOST II as we pass by this autumn and with winter chill setting in. We thank all the centres for an outstanding collective effort and moving towards our target steadily. Congratulations and Well done to all! We now have **660 babies from 13 active Australian sites** with others preparing to join. Another **291 babies** have been enrolled in NZ.

## Targeting - how is your centre doing?

*Percent of displayed SpO<sub>2</sub> values in various ranges*

*Restricted to times where the baby is breathing supplementary O<sub>2</sub>. Data from the first 500 babies in the study. More analysis in progress...*

Hospital	≥ 96	85 - 95	88 - 92	< 85
Royal Hobart	16.50	62.35	43.67	21.15
Liverpool	18.90	61.67	42.69	19.43
Women's & Children's	17.76	61.53	39.58	20.71
Royal North Shore	15.22	60.00	36.15	24.78
Mater Mothers, Brisbane	24.68	56.09	35.72	19.23
King Edward Memorial	23.64	54.53	34.37	21.83
Flinders Medical Centre	21.09	53.88	34.03	25.03
Royal Womens, Melbourne	24.06	53.52	32.38	24.06
John Hunter	18.33	53.44	34.64	28.23
Westmead	19.09	52.55	34.33	28.36
Canberra	20.75	49.55	25.88	29.70
Royal Brisbane and Womens	19.22	48.01	28.07	32.77
Royal Prince Alfred				

## Table of Contents

Targeting	1
Recruitment	2
Recruitment	3
Follow-up	3
Oximeters	3
Featured Research Nurse	4
Other O <sub>2</sub> trials	4
Contact Details	4
Thank you	4

## Boosting your knowledge ...

### Restricted versus liberal oxygen exposure for preventing morbidity and mortality in preterm or low birth weight infants

Askie et al  
Cochrane Database of Systematic Reviews, Issue 2, 2009

"In the meta-analysis of the five trials included in this review, the restriction of oxygen significantly reduced the incidence and severity of retinopathy of prematurity without unduly increasing death rates. The one prospective, multicenter, double-blind, randomized trial investigating lower vs. higher blood oxygen levels from 32 weeks postmenstrual age showed no significant differences in the rates of ROP, mortality or growth and development between the two groups. However, this study did show increased rates of chronic lung disease and home oxygen use. The results of this systematic review confirm that (the now historical) policy of unrestricted, unmonitored oxygen therapy has potential harms without clear benefits. However, the question of what is the optimal target range for maintaining blood oxygen levels in preterm/LBW infants was not answered by the data available for inclusion in this review."

### Oxygen trials recruitment tally around the world...

\* figures correct as of the latest update from each study.

Study	Start Date	Target	Actual*
BOOSTII - AUS	Mar'06	1200	660
BOOSTNZ	Sept'07	320	291
BOOSTIUK	Oct'07	1200	332
SUPPORT - USA	Feb'05	1320	1317
COT - Canada	Jan'07	1200	684

## Neonatal Nurse Day

### Thank you to all!!

Thank you to all the nurses who attended the Neonatal Nurse Day in Sydney on the 3rd of April. We hope all the nurses had a fun and informative time at the nurse training day! The delegates represented a wide range of skills, experience and expertise. It was a pleasure meeting all the nurses and we hope it also turned out to be an excellent opportunity to network across different centres participating in clinical research.

### QUESTIONS, FEEDBACK, IDEAS, SUGGESTIONS CONTACT US AT: Phone: 02-9562 5000

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Thank you and Best Wishes... to  
Dianne Karamujic at Mater on  
her way to maternity leave



Do you have an idea for the newsletter? If there is something you would like to see in the newsletter, please tell your local research nurse and they will pass your ideas or requests on to us. This is your newsletter, so we welcome your feedback and suggestions.

## House-keeping

### Please do not forget to send us....

- Medicare consent approvals from ethics
- Annual progress report approvals from ethics
- Neonatal Screening logs on a regular monthly basis
- Patient Cables when you return the oximeter — these are very expensive and add to the cost of the study
- Reason for return of oximeters forms
- Follow-up appointment schedule

Strength does not come from physical capacity. It comes from an indomitable will.

Mahatma Gandhi

## Recruitment

AUS—660 ; NZ—291



Our current overall target is 40 babies per month!

Is your unit meeting your target? Is your unit approaching all parents with eligible babies?

Your centre's BOOSTII recruitment target is based on the size of your unit.

Approximate monthly recruitment targets are:

Large centres: 5+ infants; Medium centres: 3+ infants; Small centres: 1+ infant

## Monthly Recruitment (as of 31st August 2008)

	Site	Monthly Target	Actual Monthly Average	Feb	March	April	Total
61102	Canberra	1.0	0.7	2	0	2	17
61201	Royal Prince Alfred	3.0	1.6	4	1	2	13
61202	Royal North Shore	2.0	1.5	2	0	0	30
61203	Westmead	4.0	1.6	0	2	4	63
61205	John Hunter	3.0	2.8	3	3	3	92
61213	Liverpool	1.0	1.5	2	1	0	19
61341	RWH, Melb	5.0	2.7	1	3	0	84
61401	RBWH	5.0	1.4	0	2	0	30
61436	MMH	4.0	3.9	5	6	3	80
61504	Flinders	2.0	1.0	0	2	0	28
61515	Women's and Children's	4.0	2.0	2	2	5	43
61615	KEMH	6.0	4.3	7	4	4	153
61701	Royal Hobart	1.0	1.0	2	1	0	8
TOTAL				30	27	23	660

## Recruitment per Site

