

Boosting your knowledge ...

Nurse opinions and pulse oximeter saturation target limits for preterm infants

Nghiem et al
Pediatrics, May 2008; 121(5): e1039-46

"Presence of policy-specified pulse oximeter saturation limits, nurse group opinion, and individual nurse opinion were independently associated with individual nurse pulse oximeter saturation target limits during routine care of extremely preterm infants. The presence of a policy reduced the influence of individual nurse opinion on targeted pulse oximeter saturation limits and reduced variation among nurse target limits within NICUs"

QUESTIONS, FEEDBACK, IDEAS, SUGGESTIONS ... CONTACT US AT:

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Oxygen trials recruitment tally around the world...

* figures correct as of the latest update from each study, approximate

Study	Start Date	Target	Actual*
BOOSTII - AUS	Mar'06	1200	448
BOOSTNZ	Sept'07	320	230
BOOSTIUK	Oct'07	1200	134
SUPPORT - USA	Feb'05	1320	950
COT - Canada	Jan'07	1200	319

Featured Research Nurse

ChooiHeen Kok (Yen)
King Edward Memorial Hospital,

Congratulations!!
Thank you!!

KEMH has done an excellent job since the start of the trial with the sincere and terrific efforts from Yen. They have added a massive 115 BOOST II babies contributing significantly to our total. We hope the team enjoyed the cake at their 100th baby milestone!!! We are greedy researchers and already looking forward to the next milestone of your 200th baby!!! Thank you for the fantastic work and keeping up with the trial activities.



Special Congratulations... to
Bronwyn Twible at Westmead
for successfully co-ordinating the
1st 2 years' follow-up!



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

Real knowledge is to know the extent of one's ignorance.
Confucius

BOOSTII

BENEFITS OF OXYGEN SATURATION TARGETING

Sept 2008
Australian
Update 5.0
Autumn Issue



NHMRC Clinical
Trials Centre

Upper alarm limits - key to avoiding high SpO2

BOOST II babies at Royal Women's Hospital, Melbourne, had upper alarm limits set **correctly four times more often than babies outside the study**, according to a recent presentation at PSANZ'08.

- This underlines one of the benefits of BOOST II — that babies get even more careful monitoring than normal
- That's a good reason for aiming to recruit all eligible babies — less than 28 weeks gestation—to the study
- Remember- the more time the SpO₂ is outside 85-95% while in oxygen, the less power to show a difference between the 2 groups in the trial!

Targeting - how is your centre doing?

Percent of displayed SpO₂ values in various ranges

Restricted to times where the baby is breathing supplementary O₂. Data from the first 250 babies in the study. More analysis in progress...

Hospital	>= 96	85 - 95	88 - 92	< 85
Canberra	10.36	57.41	38.28	32.02
Mater Mother's	23.79	57.37	38.15	18.68
Women's & Children's	20.01	56.77	39.00	23.07
John Hunter	15.83	53.79	35.78	30.38
King Edward Memorial	23.99	53.55	34.10	22.45
Royal Womens Hospital	26.10	52.51	32.20	21.37
Westmead	20.08	49.35	31.19	20.08
Flinders Medical Centre	27.33	48.88	29.25	27.33
Royal North Shore	19.40	45.91	23.35	34.65
Royal Brisbane & Women's	19.08	43.93	25.20	19.08
Liverpool				



Spring is already here bringing hope and some of our BOOSTII babies have already turned 2!! We would like to congratulate and thank you all for the outstanding achievement in recruitment. Collectively the sites are making a positive contribution to this study. Welcome to all the new centres who have recently started or are about to start the trial. We now have **448 babies!**

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Recruitment

AUS—448 ; NZ—230



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.

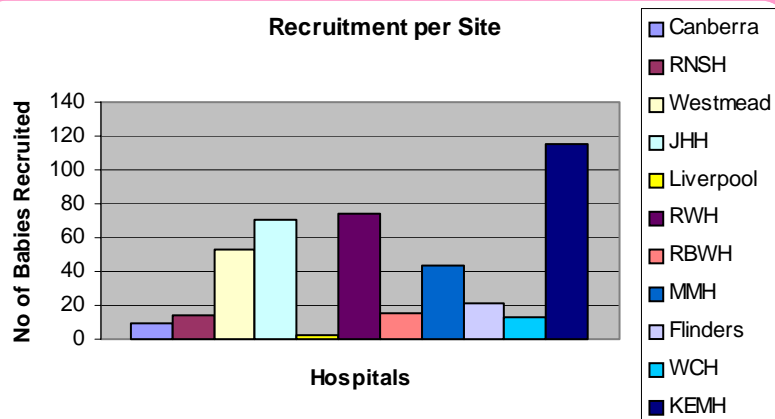
Approximate monthly recruitment targets are:

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	June	July	August	Total
61102	Canberra	1.0	0.7	1	0	3	10
61202	RNSH	2.0	1.3	1	0	2	15
61203	Westmead	4.0	2.0	1	0	1	54
61205	JHH	3.0	2.8	2	4	3	71
61213	Liverpool Hospital	4.0	2.0	1	2	0	10
61341	RWH, Melb	5.0	3.6	1	2	1	74
61401	RBWH	5.0	1.3	0	1	0	15
61436	MMH	4.0	2.8	2	8	3	43
61504	Flinders	2.0	1.2	0	0	0	21
61515	Women's and Children's	4.0	1.6	1	3	2	19
61615	KEMH	6.0	3.8	5	5	6	115
61701	Royal Hobart Hospital	1.0	1.0			1	1
TOTAL				15	25	22	448

Recruitment per Site



Recruitment

What works and what doesn't? Here is some feedback received from BOOSTII nurses....

- A supportive Unit with Clinicians and Nurses collectively showing support for the study
- Building a rapport with parents – if a clinician approaches parents and then the nurse describes the study in more detail, the parents are more likely to feel more comfortable with the study
- When parents say 'no' it is often due to poor timing. If the baby is very sick and parents are feeling like too much is being done to their baby, the study may seem like yet 'another thing' to think about. It is often better to approach families when the situation is calmer to give parents a fair chance to think about all prospects of the study.

Follow-up

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

How flexible is the 2 years corrected age assessment?

- The Paediatrician should be completed as close as possible to 2 years corrected age, and within one month of their 2 years' corrected age. However we prefer to have a late questionnaire than no questionnaire at all!
- The BSIDIII assessment should be completed as close as possible to 2 years corrected age, however it could be completed up to 3 months either side if necessary to accommodate other trials with different follow-up times. The Bayley Scales are adjusted for corrected age so exact timing is not as crucial for Bayley assessments compared to the questionnaires.

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!



SpO₂ charts

Please record the SpO₂ charts regularly and accurately

- They provide immediate feedback and assist in achieving targets
- Commonest FiO₂ is vital information for compliance

