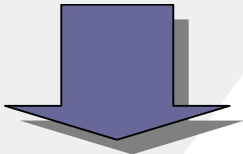




Bedside Nurse Flow Chart

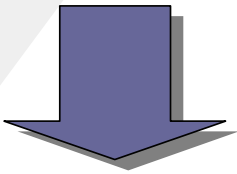
Recruitment Flow chart

Eligibility



- **ALL** infants < 28⁰ weeks gestation – inborn or outborn
- Parental consent before or after birth
- Less than 24 hours old
- Infants are ineligible if they have any anomaly which may affect oxygenation or development, or death is imminent

Randomisation



while on supplementary oxygen

**Target SpO₂
88 – 92%**

**Minimize the time spent between
97-100%**

Recommended alarm limits:

Upper 94%

Lower 86%

[or between 80- 85%]

When baby is in NICU, complete Randomisation Sheet, Freephone 1800 – 821 855 then follow the voice prompts:

Please have these details written down on the Randomisation Sheet –

- *Hospital Number of mother*
- *Is there a congenital anomaly affecting oxygenation, [e.g., cyanotic heart disease, diaphragmatic hernia, hypoplastic lung, Potters syndrome] or affecting development [e.g. Down syndrome]?
If YES, not eligible*
- *Has parental consent been obtained?
If NO, not eligible*
- *Date of birth, time of birth*
- *Gestation*
- *Inborn or outborn*
- *Sex*

**Study oximeter number is now allocated:
get that oximeter and follow instructions with it**

Always

- **Keep upper alarm at 94% if baby in supplementary oxygen.** Only switch it off when in air.
- **Keep SpO₂ chart up to date**
- **MINIMISE time spent with SpO₂ 97 – 100% while on supplementary oxygen.** [This reduces the risk of ROP and chronic lung disease]

No other work for neonatal staff



Please turn over

Check baby is attached to correct study oximeter
Record 'date & time' oximeter was attached in patient notes
Attach baby name sticker to study oximeter
Attach BOOST II cot card to cot
Initiate SpO₂ chart
(charts, cot cards, name stickers available in BOOST II Staff Folder)
TARGET 88-92% SpO₂

Guidelines for targeting SpO₂ and completing the SpO₂ chart are available on the back of the chart
Guidelines for using the BOOST II Oximeter 'Bedside Nurse Instructions for Masimo Radical' are available in the NICU, in the BOOST II Staff Folder and from the Research Nurse

Whenever baby is in supplementary oxygen
Never use another oximeter while BOOST II oximeter is attached
SpO₂ alarms are set at upper alarm limit 94%, lower alarm limit 86%
Aim for SpO₂ 88-92%
Aim for ZERO time at SpO₂ 97-100%
Avoid rapid and large changes in FiO₂ - allow baby to fluctuate within desired saturation limits
When in air switch upper alarm limit to - - (which is off)
Do not increase FiO₂ when PaO₂/TcPO₂ is below 50mm Hg if SpO₂ > 85% and BP is normal
Follow detailed guidelines on back of SpO₂ chart

Once per week the completed SpO₂ charts are sent to the CTC
SpO₂ charts are reviewed for compliance to SpO₂ targets
Compliance feedback will be provided to bedside nurses
A reward will be sent to the NICU attaining the best compliance each month
GOOD LUCK!

When BOOST II Baby no longer needs study oximeter -
Return the study oximeter to Research Nurse. This study oximeter can not be used on any other baby or for any other purpose

If BOOST II Baby is to be transferred to another Hospital
Inform the Research Nurse who will complete a Discharge Form and initiate a Transfer Log for the study baby

Thank you for your valuable contribution to this study!!