

ED Team Instructions

The Children's Hospital of Winnipeg (WCH)



- Complete study eligibility form (found in study box) in full:
 - Sign and date form as soon as randomization occurs
 - Affix to eligibility form:
 1. **Orange** or **green** randomization sticker (2nd randomization sticker is for inpatient chart)
 2. White ED patient label
- Place eligibility form in the 'Completed' hanging file in the study box
- Identify fluid allocation
 - Fluid outlined in this package is the fluid to be administered (color-coded)
 1. 0.9% Normal Saline (**NS – orange**)
 2. Balanced Fluids (**BF – green**) – Ringer's Lactate (RL)
- Place order in chart – for **all boluses and maintenance** fluid provided in CHED:
 - Order the fluid type (NS or BF) specified by the randomization information
 - Affix Orders sticker to the Physicians Orders sheet
 - Note: hypotonic fluids (i.e., 0.45% NS) are not considered appropriate for bolus or maintenance fluids in septic children and should be avoided
 - Decisions regarding when and how much fluid should be based on clinical need by the clinical care team
 - Obtain fluids from clinical CHED inventory
- Write date and time of fluid start on the stickers and affix where indicated:
 - IV hang tag (1) and door signs (2, for ED, for inpatient), and inpatient Order ID sheet
 - Hang IV Hang Tag on pole with zip-tie provided
- Place the patient bracelet on the patient's wrist
- Provide Caregiver with the Caregiver Information Sheet
 - This study is approved to be conducted under a deferred consent model
 - The patient/caregiver will not consent before randomization/fluid administration occurs
 - A member of the study team will approach the family when it is clinically appropriate
- Communicate with admitting team:
 - Verbally inform the admitting team that 1) the child is participating in the PRoMPT BOLUS Study and 2) to which fluids they have been allocated
 - Provide the admitting team with inpatient Instruction Sheet (in the envelope)
 - Inpatient teams should continue to order study fluid TYPE (NS or BF) through 23:59 on the calendar day following randomization
- If patient is discharged from ED – discontinue fluids at discharge and place forms in the medical chart
 - Cortext Dr. Karen Gripp** the patient's name, DOB, and date of enrollment, if possible. If Cortext unavailable, text 204-229-0072 with patient's first and last initials **ONLY**.
- Place forms (hang tag, door sign, Inpatient Instructions, Inpatient Order ID sheet, 2nd randomization sticker) with the patient chart BEFORE transfer or admission.

Example:

PRoMPT BOLUS Study
This patient has been randomized to:
Study Fluid Specified
For bolus and maintenance fluids
Randomization number: WCH - ###

Example:

Fluid Start Date and Time:
_____ at ____ : ____

