

STRIPES

Steroid Use in Pediatric Fluid and/or Vasoactive Infusion Dependent Shock

HYDROCORTISONE VERSUS PLACEBO DOCTOR'S ORDERS #1 (ENROLMENT)

Patient's Hospital Card Stamped Here

Patient Enrolment Number: _____ Allergies _____ Weight: _____ (kg)

INVESTIGATIONS:

- Draw 3 mL of blood in red-top tube prior to initiation of study drug (through existing lines or with clinically-indicated bloodwork – no needle poke solely for research purposes)

RN to record date and time blood drawn: **date** dd / mmm / vvv **time: (24 hour clock)** hh : mm
OR

- If access for blood work is not available prior to initiation of study drug, but becomes available within 24 hours of hospital admission: Draw 3 mL of blood in red-top tube within 24 hours of hospital admission (through existing lines or with clinically-indicated bloodwork – no needle poke solely for research purposes)

RN to record date and time blood drawn: **date** dd / mmm / vvv **time: (24 hour clock)** hh : mm

MEDICATIONS:

*****PLEASE GIVE STUDY DRUG AS PER THIS ORDER REGARDLESS OF ANY OTHER NON-STUDY MEDICATIONS ADMINISTERED TO PATIENT*****

Bolus:

- Stripes Study Medication _____ mg (2mg/kg) IV over 3-5 minutes.

RN to record date and time of administration of first dose: **date** dd / mmm / vvv **time: (24 hour clock)** hh : mm

Ongoing Doses:

- After bolus dose, administer Stripes Study Medication _____ mg (1mg/kg) IV over 3-5 minutes q6h.
- Continue with IV q6h dosing until there has been no escalation in therapy to support the patient's blood pressure for 12 hours (see order #2 for definition of "no escalation in therapy").

Print Name of Physician

Physician's Signature

Date and Time

Print Name of Nurse

Nurse's Signature

Date and Time

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HYDROCORTISONE VERSUS PLACEBO

DOCTOR'S ORDERS #2 (WEAN TO Q8H)

Patient's Hospital Card Stamped Here

Patient Enrolment Number: _____ Allergies _____ Weight: _____ (kg)

Weaning of study drug:

No escalation in therapy should be determined together with the resident, fellow or staff physician twice daily during morning and evening rounds and is defined as follows:

1. *The patient did not receive any fluid boluses including saline, ringer's lactate, albumin or blood products for low blood pressure, elevated heart rate or signs of poor perfusion.*

AND

2. *The patient is on the same dose or lower dose of vasoactive infusions as they were 12 hours ago (i.e. there has been a decrease or no net increase in the number or rate of their infusions of dopamine, epinephrine, etc.)*

If criteria 1 and 2 are met THEN Stripes Study Medication weaned to _____ mg (1mg/kg) IV q8h.

SEND STRIPES STUDY DOCTOR'S ORDER FORM #2 TO MAIN PHARMACY TO WEAN STRIPES STUDY MEDICATION TO Q8H.

MEDICATIONS:

*****PLEASE GIVE STUDY DRUG AS PER THIS ORDER REGARDLESS OF ANY OTHER NON-STUDY MEDICATIONS ADMINISTERED TO PATIENT*****

Stripes Study Medication _____ mg (1mg/kg) IV over 3-5 minutes q8h.

RN to record date and time of first q8h dose: date dd / mmm / vvv time: (24 hour clock) hh : mm

INCREASE IN STUDY DRUG DOSING FREQUENCY (If applicable)

If following the change from q6h to q8h for study drug, the patient requires fluid boluses and/or an increase in their vasoactive infusion(s), increase back to q6h until they meet stability criteria again (i.e. no escalation in therapy for at least 12 hours). If patient needs change in dose, please rewrite form # 1 and send to main pharmacy.

To discontinue study drug, complete form # 3 and send to main pharmacy.

Print Name of Physician

Physician's Signature

Date and Time

Print Name of Nurse

Nurse's Signature

Date and Time

STRIPES

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HYDROCORTISONE VERSUS PLACEBO

DOCTOR'S ORDERS #3 (DISCONTINUE STUDY DRUG)

Patient's Hospital Card Stamped Here

Patient Enrolment Number: _____ Allergies _____ Weight: _____ (kg)

DISCONTINUATION OF STUDY DRUG:

- Decision to stop study drug should be made together with the resident, fellow or staff physician twice daily during morning and evening rounds as follows:
 - The patient has been off all vasoactive infusions for at least 12 hours

THEN

- SEND STRIPES STUDY DOCTOR'S ORDER FORM #3 TO MAIN PHARMACY TO STOP STRIPES STUDY MEDICATION.
- Study drug should not be administered after: date dd / mmm / yyy time: (24 hour clock) hh : mm
(maximum of 7 days/168 hours after initial dose)

MEDICATIONS:

- Discontinue Stripes Study Medication

RN to record date and time study drug is stopped: date dd / mmm / yyy time: (24 hour clock) hh : mm

Print Name of Physician

Physician's Signature

Date and Time

Print Name of Nurse

Nurse's Signature

Date and Time