LIBERATE

NEWSLETTER

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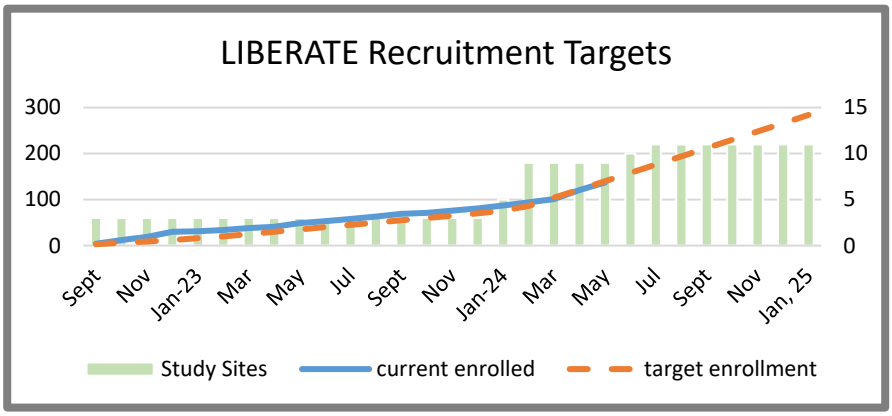
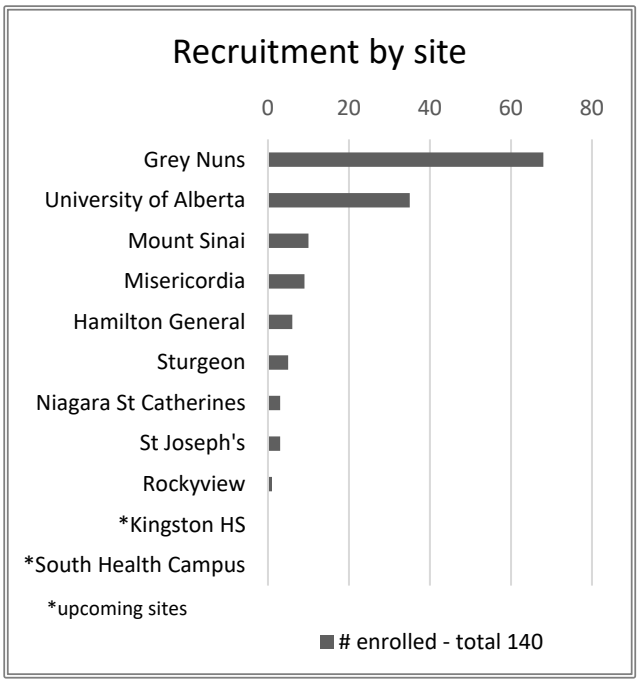
THE LIBERATE STUDY REACHES A MILESTONE

This month the LIBERATE study enrolled its 133 participant, making it the highest enrolling study to investigate the role of Midodrine in managing shock in the ICU.

Thanks to all of our amazing study teams for their hard work in achieving this goal!





FAQs

Q. We have a post op spinal surgery patient receiving norepinephrine for swelling. Would this patient be eligible for the study?
A. Patients are only eligible if they are receiving IV vasopressors and experiencing vasoplegic shock. In this case, the patient would be eligible if experiencing, for example, neurogenic shock. But would not be eligible if receiving vasopressors for swelling alone.

Q. Would a trauma patient be eligible for enrollment if they are receiving vasopressors due to low BP attributed to bleeding?
A. Yes, this patient would be eligible. The etiology of shock would be recorded as hypovolemic.

Q. A patient transferred from another hospital, had a peak vasopressor dose of 0.3 mcg/kg/min of norepinephrine during transport between hospitals. However, once admitted to our ICU, they were down to 0.25 mcg/kg/min of norepinephrine. Would you consider peak dose to be 0.3 (during transit), or would you only base peak dose on doses once admitted to hospital (0.25)?
A. When determining peak vasopressor dose on patients transferred from another hospital, it is allowable to use vasopressor dosing up to 24 hours prior to or during transport if documented vasopressor levels are available. If those vasopressor levels are not available, the peak vasopressor level can only be determined using local site levels.

Study Coordinators Remember:

1. Enter new enrollments into the REDCap system as soon as possible to keep recruitment stats up to date.
2. Update your Screening Log and upload into your REDCap regulatory binder every month.

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Or visit the LIBERATE Study website:
https://www.ualberta.ca/critical-care/research/liberate/index.html

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