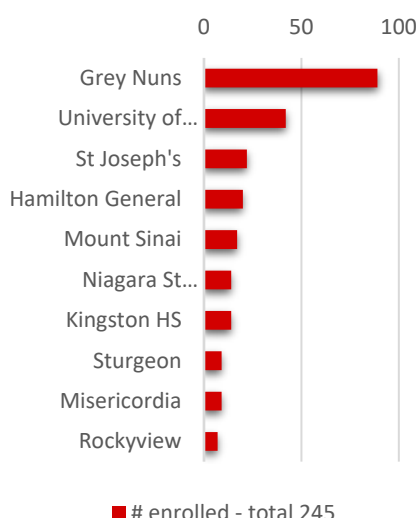


LIBERATE NEWSLETTER

Volume 3/Issue 3 July 2025

HAPPY CANADA DAY!! 🇨🇦

Recruitment by site



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.

For more information contact:
Oleksa Rewa- Principal Investigator
rewa@ualberta.ca

Dawn Opgenorth - Project Manager
dawno@ualberta.ca

Study Updates

Summer is upon us and we hope everyone gets a chance to take time to enjoy some warm weather. Thank you as always to our study teams for your ongoing work and recruitment into LIBERATE.

Multi-site Pilot RCT manuscript

A manuscript is currently under development for the LIBERATE multi-site pilot RCT study and will be submitted for publication shortly.

CIHR Grant

Preparations have begun on an application for the Fall CIHR Team Project grant competition. We will be reaching out for input and supporting information in the coming months.

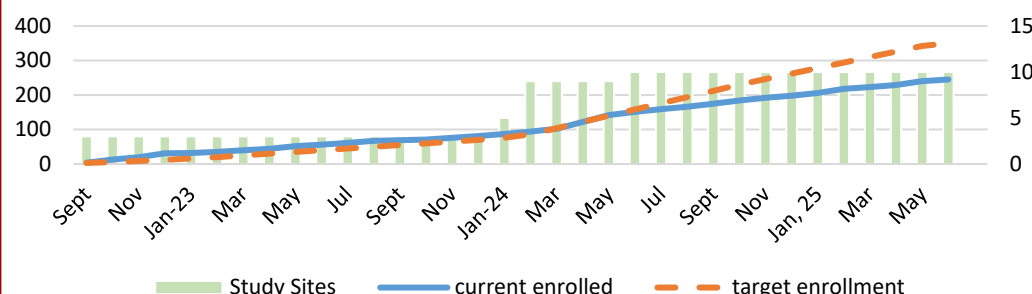
FAQ

Q. Our study patient has been ordered as NPO after developing a GI bleed. How should we proceed with study IP administration?

A. We recognize that a patient's eligibility may change after study enrollment due to changes in their health status. In this case the study IP will not be given while the patient is NPO. If the NPO order is stopped and the patient is still receiving IV vasopressors, the IP should be restarted and administered until IV vasopressors are discontinued for a continuous 24 hour period. If IV vasopressors were stopped for a continuous 24 hour period during the time the patient was NPO, the study IP should not be restarted. In both scenarios, data collection should continue as per the protocol.

In both cases a protocol deviation form should be completed in the REDCap system.

LIBERATE Recruitment Targets



The LIBERATE Study is supported by the Canadian Critical Care Trials Program Improvement and Integration Network, the Alberta Clinical Care Strategic Clinical Network, the University of Alberta and the University Hospital Foundation Medical Research and Kaye Fund