25%

Place in Site Master File #13

AID-ICU newsletter – May/June 2019

Dear Friends! Thank you for your commitment to the AID-ICU trial!

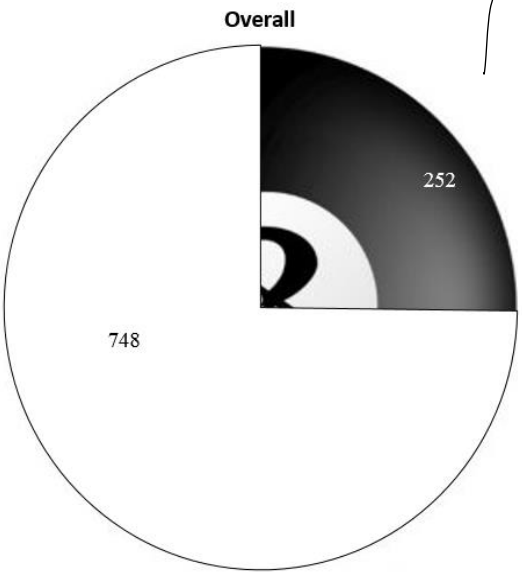
STATUS

The AID-ICU trial has reached 25% of total inclusions. Patient no. 250 was included by our AID-investigator Helene Brix at ICU Herlev – great job! Further, week 25 was until now our all-time high with **13 randomisations** in 1 week – thank you for your great efforts in the AID-ICU trial!

Summer is upon us and we hope to keep pace during summer, but first we wish all AID-investigators a pleasant and well-deserved holiday!

NEW SITES:

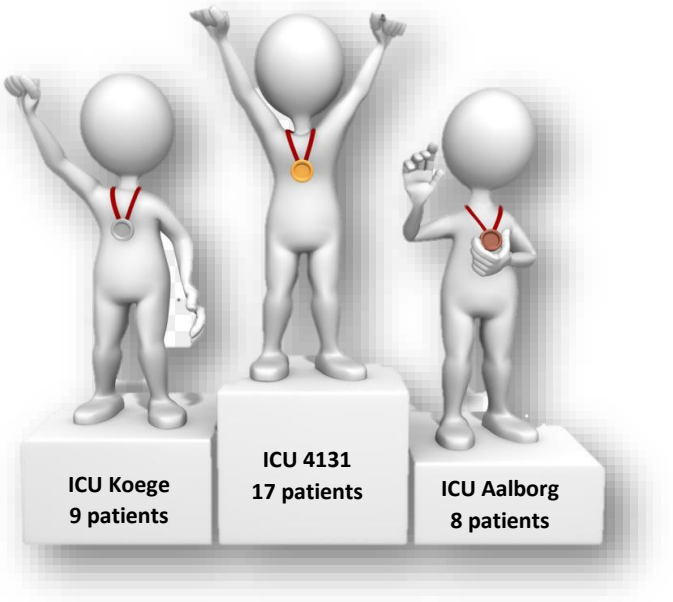
Welcome to Turku University Hospital, Finland.



THIS PERIOD RECRUITER-CLIMBER:

ICU Aalborg from 4 to 8!
Thanks to Sven-Olaf Weber and his team at Aalborg University Hospital!

Top Recruiters in May and June (combined)



Important news from the coordinating centre

New protocol version: **AID-ICU protocol 4.2 dated June 7, 2019** which means a few changes are needed for the Site Master File. The changes are purely administrative (due to 2 new primary investigators).

1. Please print the **front-page (attached) of the protocol** and place it in Site Master File section 1b. Remember that primary investigator shall place a dated signature on the front-page.
2. Please print and archive in Site Master File section 4a approval of protocol version 4.2 from the **Danish Medicines Agency**.
3. Please print and archive in Site Master File section 4c the updated approval from the **Danish Data Protection Agency** is now available on the website (and attached to this newsletter).
4. Please print **this newsletter** and archive in Site Master File section 13f.

DID YOU KNOW?

A survey among 111 Danish specialized ICU nurses showed that 95% of represented departments had a delirium screening tool available. The CAM-ICU was the most frequently used tool (78%). However, barriers towards systematic delirium screening were still prevalent. The most prevalent barriers reported were that delirium screening was time-consuming, no actions were taken on a positive delirium screening and that physicians did not acknowledge the screening result. Nonpharmacological treatment (86%) and pharmacological treatment (80%) were however frequently used**.**

Implementation of systematic delirium screening in a department is difficult **but feasible**. Changes in the current ICU culture that believes delirium is inevitable or a normal part of a critical illness are needed towards a future culture that views delirium as a dangerous syndrome which portends poor clinical outcomes and which is potentially modifiable depending on individual patients circumstances.

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Remember the Coordinating Center is always available on the:

AID-ICU HOT-LINE: +45 93 57 77 50

www.cric.nu/aid-icu

Kind Regards from the AID-ICU team
Lone (sponsor) and Nina (Coordinating Investigator)