

# AICU RESEARCH NEWSLETTER

## Welcome

Welcome to the new AICU research newsletter. The purpose of this document is to highlight and summarise the research activity that is taking place on the AICU at Wythenshawe. We have always taken part in research here at Wythenshawe but over the coming months, you will notice an increase in the number of studies that are available to our patients.

Our overall aim is to increase the research profile of the AICU and of critical care in general across MFT and in order to do this, all of us will need to know what is going on and, hopefully, be active participants. As you will see from the graph, we are 4<sup>th</sup> in the top 10 recruiting Trusts for critical care research but our aim is to move up the table, more to reflect our size.

We have a number of studies 'live' and a number in set-up. We will briefly go through these below and keep you all updated in the forthcoming issues.

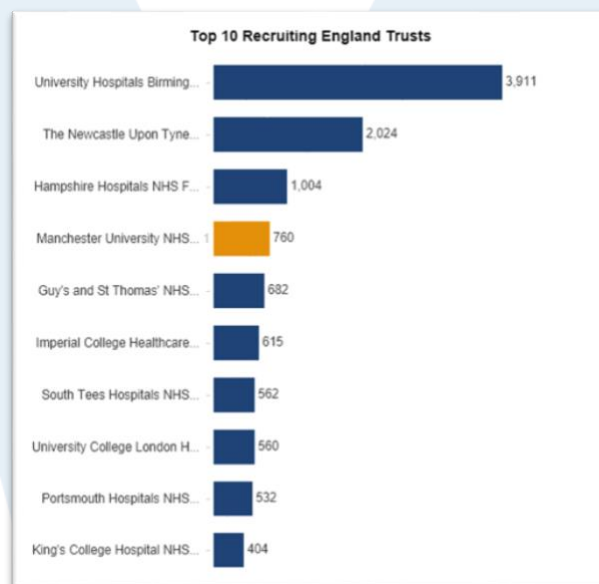
## Contacts

Christine Bowyer - [christine.bowyer@mft.nhs.uk](mailto:christine.bowyer@mft.nhs.uk)  
 Ru Tousis - [ruhaif.tousis@mft.nhs.uk](mailto:ruhaif.tousis@mft.nhs.uk)  
 Luke Ward – [luke.ward@mft.nhs.uk](mailto:luke.ward@mft.nhs.uk)

Extension: 5757  
 Mobile: 07908 482474

## Manchester Academic Critical Care

<https://sites.manchester.ac.uk/macc/>



## Adapt Sepsis

ADAPT sepsis is a 3 arm RCT looking if biomarkers (PCT and CRP) can be used to influence our use of antibiotics. In patients with sepsis on ICU being treated with antibiotics a daily blood sample will be sent to the labs and a PCT and CRP obtained. The clinical team will be blinded to the actual result, instead advice will be received in accordance with the table.

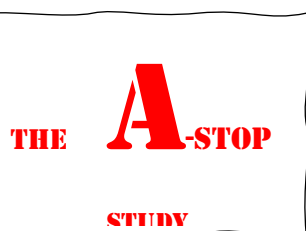


Our existing use of CRP will be unaffected, and we will not be blinded to this result.

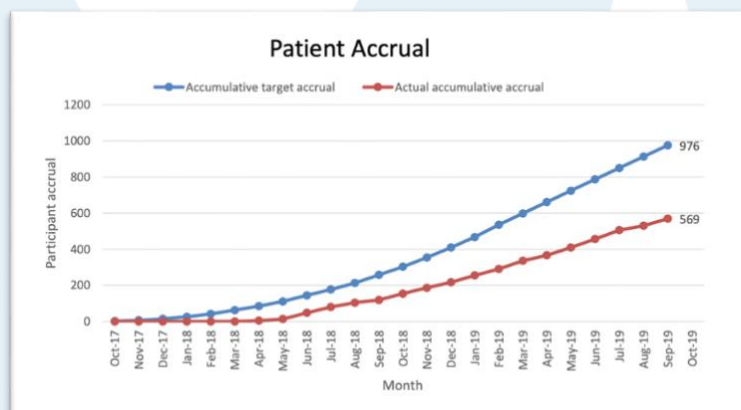
Taking the advice is up to the clinical team, though we would advocate its use to inform clinical management.

This trail is open!

Standard care + daily <u>serum</u> PCT measurement until antibiotic discontinuation	Standard care + daily <u>serum</u> CRP measurement until antibiotic discontinuation	Advice for both PCT and CRP groups delivered daily to treating clinician	Control group advice delivered daily to treating clinician
PCT < 0.25µg/l	CRP < 25mg/l	"Protocol <b>STRONGLY</b> supports stopping antibiotics"	"Protocol supports usual care"
PCT fall by >80% from baseline or PCT ≥ 0.25 & ≤ 0.50 µg/l	CRP fall by 50% from baseline	"Protocol suggests stopping antibiotics"	"Protocol supports usual care"
PCT does not meet above criteria	CRP does not meet above criteria	"Protocol supports usual care"	"Protocol supports usual care"



## A-STOP



A-STOP is a study looking at how rapid tests for fungal infection may assist with antifungal stewardship. The tests are β-D glucan and two PCR tests.

It is a simple study requiring a blood sample taken prior to the commencement of anti-fungal treatment for suspected Candida infection. This sample should be taken with the accompanying blood culture.

We have recruited well so far and are above our recruitment targets, the study is open until October 2020.

## Others

**REST** – extracorporeal CO<sub>2</sub> removal device - *still recruiting*

**HOT-ICU**- Targeted oxygen therapy for acute hypoxic respiratory failure – *In set-up*

**CIRCA** – Critical Illness Related Cardiac arrest – *In set-up*

**GenOMICC** – Genetics of susceptibility and mortality in critical care – *In set-up*

**A2B** – a 3 arm RCT looking at the efficacy of the α<sub>2</sub> agonists (clonidine & dexmedetomidine) versus usual care – *Live at MRI*