**Person Responsible Information Sheet/Medical Treatment Decision Maker**

**Consent Form**

**(Continue)**

 **Interventional Study** -*Person responsible/Medical treatment decision maker consenting on behalf of participant to continue*

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| --- | --- |
| **Title** | A Pilot, Randomised Controlled Trial of Midodrine as an Adjunctive Vasopressor for Fluid-Refractory Hypotension in Intensive Care Patients |
| **Short Title** | Midodrine as an Adjunctive Vasopressor for Refractory Hypotension in Intensive Care (MAVERIC) Study |
| **Protocol Number** | Version 5, 4th June 2018 |
| **Local Principal Investigator** | Professor Rinaldo Bellomo |
| **Associate Investigator(s)** | Dr Rahul Costa-Pinto, Dr Alastair Brown, Dr Glenn Eastwood |
| **Location**  | Austin Hospital |

**Part 1 What does my participation involve?**

**1 Introduction**

As the ‘Person Responsible/Medical treatment decision maker’ for the participant, you are invited to consider the participant to continue to take part in this research project. The participant was enrolled in this research project in accordance with Victorian Law (Medical Treatment Planning and Decisions (MTP&D) Act 2016 (Vic)) (“Medical research procedures in an emergency” Section 53) without obtaining consent in advance due to the participant’s condition at the time he/she was enrolled.

The participant is invited to continue to take part in this research project. This is because the participant has low blood pressure (hypotension) and requires drugs to tighten blood vessels (vasopressor). The research project is testing a new treatment for low blood pressure in patients receiving vasopressors. The new treatment is called Midodrine.

This Person Responsible Information Sheet and Consent Form tells you about the research project. It explains the tests and treatments involved. Knowing what is involved will help you decide if you want the participant to continue to take part in the research.

Please read this information carefully. Ask questions about anything that you don’t understand or want to know more about. Before deciding whether or not the participant can continue to take part, you might want to talk about it with a relative, friend or the participant’s local doctor.

Participation in this research is voluntary. If you don’t wish the participant to continue to take part, the participant doesn’t have to. They will receive the best possible care whether or not they take part.

If you decide you want the participant to continue to take part in the research project, you will be asked to sign the consent section. By signing it you are telling us that you:

• Understand what you have read

• Consent to the participant continuing to take part in the research project

• Consent to the participant having the tests and treatments that are described

• Consent to the use of the participant’s personal and health information as described.

You will be given a copy of this Person Responsible Information and Consent Form to keep.

**2 What is the purpose of this research?**

The purpose of this study is to evaluate, in patients with low blood pressure (hypotension) requiring drugs to tighten their blood vessels (vasopressor) via a continuous drip (intravenous infusion), whether a medicine called Midodrine is able to reduce the length of time they need to remain on the vasopressor via a continuous drip. The findings of this study will allow doctors to make informed decisions about whether this medication may be a useful part of treatment for hypotension to shorten the length of time patients require intravenous infusions. This may also lead to a shorter length of time that patients need to remain in the intensive care unit and in hospital.

Patients may have low blood pressure in the intensive care unit because of infections (sepsis), inflammatory conditions such as pancreatitis, medications which can lower blood pressure or they may be recovering from a major operation (post-operative systemic inflammatory response syndrome).

Midodrine is a drug that tightens blood vessels and has been successfully used in many patients with diseases that cause low blood pressure and faintness when standing (orthostatic hypotension). It can be given as a tablet and is well tolerated. Recent studies suggest it may be safely used in critically unwell patients already receiving vasopressor infusions for low blood pressure. There are, however, no randomised controlled trials assessing this effect, making it unclear whether reports published so far are correct.

Medications, drugs and devices have to be approved for use by the Australian Federal Government. Midodrine is approved in Australia for the treatment of severe orthostatic hypotension, via the Special Access Scheme. However, it is not approved to treat hypotension requiring intravenous vasopressors. Therefore, it is an experimental treatment for this condition. This means that it must be tested to see if it is an effective treatment for this condition.

This research has been initiated by the study doctor, Professor Rinaldo Bellomo.

**3 What does participation in this research involve?**

The participant is participating in a randomised controlled research project. Sometimes we do not know which treatment is best for treating a condition. To find out we need to compare different treatments. We put people into groups and give each group a different treatment. The results are compared to see if one is better. To try and make sure the groups are the same, each participant is put into a group by chance (random).

This trial is an ‘open label trial’. This means that following randomisation the participant’s treating doctors and other staff caring for them in the intensive care unit knew which medicine is being given.

The participant has been randomly assigned, like the flip of a coin, to receive either:

1. **Standard care**

**OR**

1. **Standard care + Midodrine**

If the participant was allocated ‘Standard care’ all elements of their care will be those routinely provided during their ICU stay. If the participant was allocated to ‘Standard care + Midodrine’ they will receive Midodrine 10 mg three times each day. This medicine will be given via the mouth or may be given via a tube from the nose in to the stomach (known as a nasogastric tube), which is part of standard care in ICU. The participant will continue to receive this medication until they no longer require an intravenous vasopressor and are discharged from the intensive care unit. This medication will then be slowly reduced and stopped completely three days after they stop the intravenous vasopressor. The medication may be stopped early if they develop a high blood pressure (hypertension).

This study will be conducted during the time the participant is admitted to the intensive care unit. There will be no formal follow-up but we request access to their medical record to collect study related data such as blood pressure, heart rate changes and the dates you are discharged from the intensive care unit and from the hospital.

There are no additional costs associated with participating in this research project, nor will you or the participant be paid. All medication, tests and medical care required as part of the research project will be provided to the participant free of charge. You or the participant may be reimbursed for any reasonable travel, parking, meals and other expenses associated with the research project visit.

If you agree to allow the participant to continue in this study, you will be asked to sign the Person Responsible Information and Consent Form.

**4 Do I have to take part in this research project?**

Participation in any research project is voluntary. If you do not wish the participant to continue to take part, you do not have to. If you decide that the participant can continue to take part and later change your mind, you are free to withdraw from the project at any stage.

If you do decide that the participant can continue to take part, you will be given this Person Responsible Information and Consent Form to sign and you will be given a copy to keep.

Your decision whether the participant can continue to take part or not to take part, or to continue to take part and then withdraw, will not affect the participant’s routine treatment, your or the participant’s relationship with those treating them or the participant’s relationship with the Austin Hospital.

**5 What are the alternatives to participation?**

If you decide you do not want the participant to continue to participate in this study they will continue to receive standard care and their treatment will be unaffected by your decision not to allow them to participate.

**6 What are the possible benefits of taking part?**

We cannot guarantee or promise that the participant will receive any benefits from this research; however, possible benefits may include a shorter duration of time requiring an intravenous infusion for your low blood pressure as well as a shorter time in the intensive care unit. In the future it may also improve how doctors make decisions about how to treat patients with low blood pressure requiring intravenous vasopressors.

**7 What are the possible risks and disadvantages of taking part?**

Medical treatments often cause side effects. The participant may have none, some or all of the effects listed below, and they may be mild, moderate or severe. If the participant has any of these side effects, or you are worried about them, talk with the participant’s study doctor. The participant’s study doctor will also be looking out for side effects.

There may be side effects that the researchers do not expect or do not know about and that may be serious. Tell the participant’s study doctor immediately about any new or unusual symptoms.

Many side effects go away shortly after treatment ends. However, sometimes side effects can be serious, long lasting or permanent. If a severe side effect or reaction occurs, the participant’s study doctor may need to stop the participant’s treatment. The participant’s study doctor will discuss the best way of managing any side effects with you.

Although the study medicine has been given to many patients over many years and are in regular current use, there may be additional unforeseen or unknown risks.

At present the known common side effects (which may be experienced by > 10% of patients) include:

* High blood pressure (13.4%)
* Urinary symptoms (13%)
* Goosebumps (13%)

Less common side effects (experienced by < 10% of patients) include:

* Pins and needles
* Nausea and heartburn
* Itch, chills, flushing, rash

Uncommon side effects (experienced by < 1% of patients) include:

* Sleep disorders
* Headache, restlessness, irritability
* Slow heart rate
* Abnormal liver function

As the participant is in the ICU, they will be closely monitored and treated immediately if any effects were to occur.

If at any point during the study the study doctor feels it is in the participant’s best interests not to continue receiving the study medicine then their involvement in the study may be stopped.

**Part 2 How is the research project being conducted?**

**8 What will happen to information about me?**

By signing the consent form you consent to the study doctor and relevant research staff collecting and using personal information about the participant for the research project. Any information obtained in connection with this research project that can identify the participant will remain confidential. Data will remain confidentially stored in research offices at the Austin Hospital. The offices will be securely locked and only accessible by the research team. Electronic data will be kept securely on a password protected database. Only the ICU research team at the Austin Hospital will have the list that can link the participant’s identity to the study code. The participant’s information will only be used for the purpose of this research project and it will only be disclosed with your permission, except as required by law.

Information about the participant may be obtained from their health records held at this and other health services for the purpose of this research. By signing the consent form you agree to the study team accessing health records if they are relevant to participation in this research project.

The participant’s health records and any information obtained relevant to the study during the research are subject to inspection (for the purpose of verifying the procedures and the data) by the relevant authorities and authorised representatives of Austin Health.***,*** or as required by law. By signing the Consent Form, you authorise the release of, or access to, this confidential information to the relevant study personnel and regulatory authorities as noted above.

It is anticipated that the results of this research will be published and or presented in a variety of forums. In any publication and/or presentation, information will be provided in such a way that the participant cannot be identified, except with your permission. Identifiable information will not be made public in any form so that confidentiality is maintained. The study database will contain information from all study participants, but not anything that can identify the participant as an individual. This information may be made available to other researchers. If this happens the participant’s identity will be protected and they will not be identified or contacted by other researchers who request access to the study database. Results of the study will be provided to you, if you wish.

Information about participation in this research may be recorded in the participant’s health records. In accordance with relevant Australian state and federal privacy laws, you have the right to request access to the participant’s information collected and stored by the research team. You also have the right to request that any information with which you disagree be corrected. Please contact the study team member named at the end of this document if you would like to access the participant’s information.

Any information obtained for the purpose of this research project and for any future research that can identify the participant will be treated as confidential and securely stored. It will be disclosed only with your permission, or as required by law.

**9 Complaints and compensation**

If the participant suffers any injuries or complications as a result of this research project, you should contact the study team as soon as possible and you will be assisted with arranging appropriate medical treatment for the participant. If the participant is eligible for Medicare, they can receive any medical treatment required to treat the injury or complication, free of charge, as a public patient in any Australian public hospital.

In the event of loss or injury, the parties involved in this research project have agreed to a compensation agreement. Compensation may be available if an injury or complication is caused by the study medicines or by the negligence of any of the parties involved in the study. If the participant receives compensation that includes an amount for medical expenses, they will be required to pay for their medical treatment from those compensation monies.

**10 Who is organising and funding the research?**

The Principal Investigator for this study is Professor Rinaldo Bellomo, Director of Intensive Care Research at the Austin Hospital. This research has received funding from the Anaesthesia Intensive Care Trust Fund of Austin Health. All monies will be administered through the Austin Health and are directed to run the study at the Austin Hospital. This money pays the Austin Hospital for the work done by its staff in this study. No money is paid directly to individual researchers.

**11 Who has reviewed the research project?**

All research in Australia involving humans is reviewed by an independent group of people called a Human Research Ethics Committee (HREC). The ethical aspects of this research project have been approved by the Austin Health Human Research Ethics Committee (HREC/18/Austin/84).

This project will be carried out according to the *National Statement on Ethical Conduct in Human Research (2007)*. This statement has been developed to protect the interests of people who agree to participate in human research studies.

**12 Further information and who to contact**

The person you may need to contact will depend on the nature of your query.

If you want any further information concerning this study or if you have any medical problems which may be related to your involvement in the study (for example, any side effects), you can contact the following people:

**Clinical contact person**

|  |  |
| --- | --- |
| Name | Dr Glenn Eastwood |
| Position | Manager, Intensive Care Research |
| Telephone | (03) 9496 5992 |

For matters relating to research at the site at which you are participating, the details of the local site complaints person are:

**Complaints contact person**

|  |  |
| --- | --- |
| Position | Complaints Officer |
| Telephone | (03) 9496 4090 or (03) 9496 3248 |
| Email | ethics@austin.org.au |

If you have any complaints about any aspect of the project, the way it is being conducted or any questions about being a research participant in general, then you may contact:

**Reviewing HREC approving this research and HREC Executive Officer details**

|  |  |
| --- | --- |
| Reviewing HREC name | Austin Health Human Research Ethics Committee |
| HREC Executive Officer | Research Ethics Manager |
| Telephone | (03) 9496 5000 |
| Email | ethics@austin.org.au |

**Consent Form -** *Person responsible/medical treatment decision maker consenting on behalf of participant - continue*

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| **Location**  | Austin Hospital |

**Declaration by Person Responsible**

* I have read the Person Responsible Information Sheet or someone has read it to me in a language that I understand.
* I understand the purposes, procedures and risks of the research described in the project.
* I give permission for the doctors, other health professionals, hospitals or laboratories outside this hospital to release information to Austin Healthconcerning my relative/friends condition and treatment for the purposes of this project. I understand that such information will remain confidential.
* I have had an opportunity to ask questions and I am satisfied with the answers I have received.
* I freely agree to allow my relative/friend to participate in this research project as described and understand that I am free to withdraw consent at any time during the study without affecting my relative/friend’s future health care.
* I understand that I will be given a signed copy of this document to keep.

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|  |
|  | Name of Participant (please print) |  |  |  |  |
|  |
|  | Signature |  |  Date |  |
|  |

**Declaration by Study Doctor/Senior Researcher†**

I have given a verbal explanation of the research project, its procedures and risks and I believe that the person responsible has understood that explanation.

|  |  |  |  |
| --- | --- | --- | --- |
|  | Name of Study Doctor/Senior Researcher† (please print) |  |  |
|  |  |
|  | Signature |  |  Date |  |  |
|  |

† A senior member of the research team must provide the explanation of, and information concerning, the research project. Note: All parties signing the consent section must date their own signature. I understand that, if I decide to discontinue the study treatment, I may be asked by a member of the research team may request my permission to obtain access to my medical records for collection of follow-up information for the purposes of research and analysis.

**Form for Withdrawal of Participation -** *Person responsible/medical treatment decision maker consenting on behalf of participant - continue*

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| **Location**  | Austin Hospital |

**Declaration by Person Responsible**

I wish to withdraw my relative/friend from participation in the above research project and understand that such withdrawal will not affect their routine treatment, their relationship with those treating them or their relationship with Austin Health**.**

|  |
| --- |
|  |
|  | Name of Participant (please print) |  |  |  |  |
|  | Signature |  |  Date |  |  |
|  |

Consent provided to use data collected up to the date of withdrawal: Yes No

Consent provided to access your medical record to obtain information of health status: Yes No

In the event the person responsible decided to withdraw verbally, study doctor/senior researcher to give a description of the circumstances below:

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**Declaration by Study Doctor/Senior Researcher†**

I have given a verbal explanation of the implications of withdrawal from the research project and I believe that the person responsible has understood that explanation.

|  |  |  |  |
| --- | --- | --- | --- |
|  | Name of Study Doctor/Senior Researcher† (please print) |  |  |
|  | Signature |  |  Date |  |  |
|  |

† A senior member of the research team must provide the explanation of and information concerning withdrawal from the research project.