# Kidz First Neonatal Research

## Links
- Parking and Room Bookings
- Middlemore Neonatal Research Parking Instructions
- Nutrition Calculator
- Clinical Data Research Hub, University of Auckland
- ON TRACK Network
- BABBLE Parent Phone App

## Neonatal Unit Studies

<table>
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<th>Study</th>
<th>Contacts</th>
<th>GA/BWC Criteria</th>
<th>Eligibility</th>
<th>Consent</th>
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</thead>
</table>
| PLUSIS | Daytime: Lisa Mravicich 021897982 or Chris McKinlay 0274725099  
After hours: Chris McKinlay 0274725099 | <28 weeks | Inclusion:  
- <48 hours  
- Surfactant if given, <12 hours ago  
- Receiving mechanical ventilation via an endotracheal tube OR receiving non-invasive respiratory support including CPAP, nasal IPPV or nasal high flow AND a clinical decision to treat with exogenous surfactant  
Exclusion:  
- Previous steroids for prevention of lung disease (steroids for hypotension is OK)  
- Infant considered non-viable/not going to be admitted to NNU or likely to transfer to nonparticipating NNU within 24 hours of birth  
- Major congenital anomaly that is likely to affect respiratory status  
- >1 dose of previous surfactant | Written informed consent prior to randomisation. | Randomisation  
Datbases  
Flow Chart  
Quick Guide  
Consent and Forms  
Blood Collection Schedule  
Protocol  
Study Handbook  
Health Professional Brochure |
| ABC | Exclusion: |
| Daytime: Elizabeth Nevill 021300877 021300877 |
| After hours: duty consultant |
| <31 weeks |
| If unable to obtain consent antenatally, randomise based on deferred consent with informed, written consent obtained within 24 hours. |

| DIAMOND |
| Daytime: Tanith Alexander 02102466276 02102466276 |
| After hours: Tanith until 8 pm |
| 32+0 to 35+6 weeks |
| Written informed consent prior to randomisation. |

| PAEAN |
| Daytime: David Hou 021414888 or Lisa Mravicich 021897982 |
| After hours: duty consultant |
| 35 weeks |
| Written informed consent prior to randomisation. Where this cannot be obtained in time to allow randomisation by 23 hours of age, telephone parental consent is acceptable, with signed consent obtained as soon as feasible. |
Daytime: Lisa Mravicich 021897982 or Chris McKinlay 0274725099
After hours: Chris McKinlay 0274725099

Inclusion:
- <8 weeks old

Exclusion:
- Previous exposure to paracetamol or ibuprofen
- Chronic disease associated with limited life expectancy (<6 years)
- Likely to leave NZ in first 6 years

Written informed consent prior to randomisation.

COVID-19
Randomisation / Databases
Consent Forms
Protocol
Standard Operating Procedures
Parent Brochure
Paracetamol vs Ibuprofen Fact Sheet
Health Professional Brochure
Site Docs Portal
<table>
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<tr>
<th>Daytime: Lisa Mravicich 021897982 or Chris McKinlay 0274725099</th>
<th>After hours: Chris McKinlay 0274725099</th>
<th>34+0 to 36+6 weeks</th>
<th>Inclusion:</th>
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<tbody>
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<td>34+0 to 36+6 weeks</td>
<td>Inclusion:</td>
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<tr>
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<td>&lt;72 hours old</td>
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<td>Exclusion:</td>
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<td>Major congenital abnormality</td>
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<td>Minor congenital abnormality likely to affect respiration, growth or development</td>
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<td>Previous caffeine treatment</td>
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<td>Renal or hepatic impairment</td>
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<td></td>
<td>Tachyarrhythmia</td>
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<td>Seizures</td>
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<td></td>
<td>Hypoxic ischaemic encephalopathy</td>
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<td>Residing outside of the Auckland DHB regions</td>
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Inclusion:
- <8 days old
- Admitted to Neonatal Care due to recurrent or severe episode(s)* of hypoglycaemia:
  - 3 episodes <2.6 mmol/L in 48 hours
  - Persisting episode of 1.2 to <2.0 mmol/L despite 2 doses of dextrose gel and feeding
  - Any episode <1.2 mmol/L
- Receiving ongoing management for hypoglycaemia at the time of randomisation, e.g., IV dextrose, carbohydrate supplements, continuous or frequent feeding (2 hourly), or inability to wean off formula due to hypoglycaemia.

*An episode is defined as consecutive blood glucose concentrations <2.6 mmol/L and ends when blood glucose is 2.6 mmol/L.

Exclusion:
- Confirmed major congenital malformation or chromosomal disorder
- Suspected genetic syndrome associated with hypoglycaemia, e.g., Beckwith Wiedemann Syndrome
- Gastrointestinal disorder likely to affect feed tolerance
- Planned or likely neonatal surgery
- Confirmed sepsis (culture of pathogenic organism from blood, CSF or urine)
- Hypoxic ischaemic encephalopathy
- Family history of congenital hyperinsulinism
- Suspected inborn error of metabolism
- Triplets (Twins not excluded)
2020


2019


2018


• Battin MR, McKinlay CJD. How do neonatal units within ANZNN manage infants with severe chronic lung disease still requiring major respiratory support at term? J Paed Child Health; 2018; doi:10.1111/jpc.14261.


2017


2016


2015


2014


2013


Meyer M, Manzoni P. Lactobacillus GG as probiotic for prevention of necrotizing enterocolitis or late onset sepsis in preterm infants: an updated meta-analysis. Early Hum Dev 2013;89s1:S84.


2012


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