University of Nottingham
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NOTTINGHAM CLINICAL TRIALS UNIT

FEED1
FLUIDS EXCLUSIVELY ENTERAL FROM DAY 1

CLINICAL TRIAL PARTICIPANT

Patient Transfer Pack

Final Version 1.0 03 October 2019

Important Information Enclosed

This infant is enrolled in the FEED1 trial.

This pack contains everything required in order to ensure the infant's continued participation in the trial.

Participant Information – *to be completed by* ***randomising*** *(host) hospital*	
Mother's initials	☐☐☐
Infant's date of birth	☐☐/☐☐☐/☐☐☐☐ DD/MMM/YYYY
FEED1 trial ID number	☐☐☐☐☐☐–☐
Infant's NHS number	☐☐☐ ☐☐☐ ☐☐☐☐

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Contents

The following will also accompany the infant:

1. Copy of Patient Information Sheet
2. Copy of signed Informed Consent Form
3. Summary of randomisation
4. Copy of CRF workbook

Note to receiving hospital – if any of the above listed documents are missing, please contact either the Trial Coordinating Centre (see **section 3**) or the randomising hospital (see **section 8**).

A copy of the full FEED1 trial protocol can be requested from the Trial Coordinating Centre (see **section 3**).

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1. INSTRUCTIONS FOR RANDOMISING (HOST) HOSPITAL *(THIS IS THE HOSPITAL WHICH THE PATIENT IS BEING TRANSFERRED FROM):*

The randomising hospital retains overall responsibility for its trial participants. In order to facilitate the ongoing participation of a trial participant who is being transferred it is important that the relevant sections of this Transfer Pack are completed in full.

The randomising hospital should ensure that the participant's details are completed on the cover sheet and in the space provided in the header on each page. The randomising hospital should also complete **section 5**, **section 6** and **section 8** of this Transfer Pack.

The Transfer Team should be informed that the infant is participating in the FEED1 trial. The Transfer Team should complete **section 7** of this Transfer Pack, detailing any fluids/feeds given to the infant during transfer.

Once all relevant sections have been completed, please ensure that the following are included in the Transfer Pack and accompany the participant (please tick ✓ to confirm included):

Copy of Patient Information Sheet	☐
Copy of signed Informed Consent Form	☐
Summary of randomisation	☐
Copy of infant's CRF workbook	☐

Patient Transfer Pack prepared by:

Name _____

Job Title _____

Contact telephone number _____

Contact email address _____

Signature _____

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2. INSTRUCTIONS FOR RECEIVING HOSPITAL *(THIS IS THE HOSPITAL WHICH THE PATIENT HAS BEEN TRANSFERRED TO):*

You have received this information because a participant in the Fluids Exclusively Enteral from Day 1 (FEED1) trial has been transferred into your care. We thank you for ensuring that the infant's participation in the trial continues. This pack should contain everything you need.

The information given in **section 6** of this pack gives details of the most recent feed recorded.

For participants who have been transferred to your hospital, it is important that the following data continues to be collected:

- Details of transfer – see **section 7** of this transfer pack. Any feeds/fluids received by the infant during the transfer should be recorded here and included in the relevant day's daily feeding log
- Daily feeding log – until full milk feeds (defined as 140ml/kg/day for 3 consecutive days) have been reached
- Reporting of any Serious Adverse Events (see section 9), including the reporting of any episodes of necrotising enterocolitis, sepsis and hypoglycaemia
- Hospital discharge form once the infant is discharged

The randomising hospital is responsible for ensuring that all trial data are obtained, and will therefore contact you in order to acquire any outstanding follow-up information.

Should you need further information or documentation, please contact the Trial Coordinating Centre (see **section 3**).

3. CONTACT INFORMATION FOR TRIAL COORDINATING CENTRE – IF YOU HAVE ANY QUERIES REGARDING THE CONDUCT OF THE FEED1 TRIAL, PLEASE CONTACT THE COORDINATING CENTRE

Coordinating Centre	Nottingham Clinical Trials Unit Building 42 University Park Nottingham NG7 2RD
Trial Management Team	✉ feed1@nottingham.ac.uk ☎ +44 (0) 115 82 31592
SAE reporting	✉ NCTU-SAE@nottingham.ac.uk 🖷 +44 (0) 115 74 84092

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4. KEY TRIAL INFORMATION

Title	A randomised controlled trial of full milk feeds versus intravenous nutrition with gradual feeding for preterm infants (30-33 weeks gestational age)
Design	Multi-centre, open, parallel, randomised controlled, superiority trial
Objective	To investigate whether, in infants born at 30+0 to 32+6 weeks (inclusive) gestation, full milk feeds initiated in the first 24 hours after birth reduce the length of hospital stay in comparison to intravenous (IV) fluids with gradual milk feeding.
Intervention	**Intervention**: Full milk feeding from day one, with daily fluid volume given as milk starting at a minimum of 60ml/kg/day and increased as per usual local practice for fluid volume. **Control**: Parenteral nutrition/intravenous fluids with gradual milk feeding as per usual local practice.

Outcome measures	**Primary outcome**:
	Length of hospital stay
	
	Secondary outcomes:
	• Survival to hospital discharge
	• Survival to 6 weeks corrected gestational age (i.e. term gestation + 6 weeks)
	• Incidence of microbiologically-confirmed (positive blood/cerebrospinal fluid [CSF] culture) or clinically suspected (defined by diagnostic criteria) late-onset sepsis until hospital discharge
	• Necrotising enterocolitis (Bell's stage 2 or 3) until hospital discharge
	• Time taken to maintain full milk feeding (defined as at least 140 ml/kg/d for three consecutive days)
	• Time to regain birth weight
	• Growth (z scores for gestational age at hospital discharge (as per UK-NICM growth charts) –
	  ○ weight
	  ○ length
	  ○ head circumference
	• Proportion of infants who are breast feeding at hospital discharge
	• Proportion of infants who are breast milk fed at hospital discharge
	• Number of days of peripheral cannula until full milk feeding (defined as at least 140 ml/kg/d for three consecutive days) achieved
	• Number of IV cannulae inserted until full milk feeding (defined as at least 140 ml/kg/d for three consecutive days) achieved
	• Number of days of parenteral nutrition, until hospital discharge
	• Number of central venous lines inserted (including umbilical and percutaneous or surgically inserted venous lines) until hospital discharge
	• Number of central line days until hospital discharge
	• Time until objective discharge criteria are met
	• Hospital visits (including day care and overnight admissions) up to 6 weeks of corrected age (i.e. term gestation + 6 weeks)
	• Proportion of infants who are breastfeeding at 6 weeks of corrected age (i.e. term gestation + 6 weeks)

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	• Proportion of infants who are breast milk fed at 6 weeks of corrected age (i.e. term gestation + 6 weeks) • Parental satisfaction and wellbeing at 6 weeks of corrected age (i.e. term gestation + 6 weeks), using the Preterm Birth Experience and Satisfaction Scale (p-BESS) questionnaire.
Sample size	2088 infants requiring recruitment of 1770 women

5. RANDOMISING INFORMATION - TO BE COMPLETED BY RANDOMISING (HOST) HOSPITAL

This patient has been randomised to receive (randomising hospital to tick as appropriate):

☐ **Intervention**: Full milk feeding from day one

☐ **Control**: Gradual milk feeding (usual care)

6. DETAILS OF MOST RECENT DAY OF FEEDING - TO BE COMPLETED BY RANDOMISING (HOST) HOSPITAL

Date of most recent day of feeding	DD / MMM / YYYY
Current working weight (g)	_____ g
Enteral feeds Total milk feed volume received per day	
Volume of each type of milk (ml)	
Mother's breast milk	_____ ml
Human donor milk	_____ ml
Breast milk fortifier	_____ ml
Preterm formula milk	_____ ml
Tick if breast milk fortifier was added to breast milk	☐
Did the infant receive IV fluids on this day? (tick if yes)	☐
Tick if infant received parenteral nutrition on this day	☐
How many hours of IV fluids and/or parenteral nutrition did the infant receive on this day?	_____ hours

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7. DETAILS OF THE TRANSFER – TO BE COMPLETED BY TRANSFER TEAM OR RECEIVING HOSPITAL

Did the infant receive any feeds during the transfer?	Yes ☐ No ☐
If yes, please state the volume of each type of feed (ml) Mother's breast milk Human donor milk Preterm formula milk Term formula Tick if breast milk fortifier was added to breast milk	 _____ ml _____ ml _____ ml _____ ml ☐
Did the infant received any parenteral nutrition?	Yes ☐ No ☐
Did the infant receive any IV fluids?	Yes ☐ No ☐
Were any new cannulae inserted for the purposes of the transfer?	Yes ☐ No ☐
If yes, how many cannulae were inserted?	_____

8. CONTACT INFORMATION FOR RANDOMISING (HOST) HOSPITAL – TO BE COMPLETED BY RANDOMISING (HOST) HOSPITAL

Hospital Address

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Principal Investigator	Name ✉ ☎
Research Nurse	Name ✉ ☎

9. GUIDANCE ON SERIOUS ADVERSE EVENT REPORTING

A serious adverse event (SAE) is any untoward medical occurrence in a patient that:

- Results in death,
- Is life-threatening (NOTE: The term "life-threatening" in the definition of "serious" refers to an event in which the participant was at risk of death at the time of the event; it does not refer to an event which hypothetically might have caused death if it were more severe.)
- Requires inpatient hospitalisation or prolongation of existing hospitalisation,
- Results in persistent or significant disability/incapacity, or
- Is a congenital anomaly/birth defect.
- Other important medical events (NOTE: Other events that may not result in death are not life threatening, or do not require hospitalisation, may be considered a serious adverse event when, based upon appropriate medical judgement, the event may jeopardise the patient and may require medical or surgical intervention to prevent one of the outcomes listed above.)

SAEs should be reported to the coordinating centre (**see section 3**) within 24 hours of becoming aware of the event using the SAE form enclosed. Please note, any event that the investigator deems to be a known complication of prematurity **does not** need reporting as a SAE.

Necrotising enterocolitis (NEC) – any episodes of Necrotising enterocolitis should be reported to the randomising hospital. The data required can be found on the 'Gut-Signs' data collection form.

NEC may be diagnosed at surgery, at post-mortem examination or clinically and radiologically using the following criteria:

At least one of the following clinical signs present:

- Bilious gastric aspirate or emesis, Abdominal distension, Occult or gross blood in stool (no fissure)

And at least one of the following radiological features:

- Pneumatosis intestinalis, Hepato-biliary gas, Pneumoperitoneum

Infants who satisfy the definition of NEC above but are found at surgery or post-mortem examination for that episode to have a "Focal Intestinal Perforation" should be coded as having "Focal Gastrointestinal Perforation", not as having NEC.

Hypoglycaemia – details of all blood glucose tests with a result of <2.2mmol/L should be recorded on the 'details of hypoglycaemia' form.

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Late-onset sepsis – any episodes of sepsis (as outlined in the below definitions for microbiologically or clinically-confirmed late-onset sepsis) should be reported to the randomising hospital. The data required can be found on the 'late-onset sepsis' data collection form.

Definition of Microbiologically-confirmed Late-onset Invasive Infection (LOS)

A modified version of the UK Neonatal Infection Surveillance Network case-definition will be used:

Microbiological culture from blood or CSF sampled aseptically more than 72 hours after birth of any of the following:

- potentially pathogenic bacteria (including coagulase-negative Staphylococci species but excluding probable skin contaminants such as diptheroids, micrococci, propionibacteria or a mixed flora
- fungi

AND

Treatment for 5 or more days with intravenous antibiotics after the above investigation was undertaken. If the infant died, was discharged, or was transferred prior to the completion of 5 days of intravenous antibiotics, this condition would still be met if the intention was to treat for 5 or more days.

There is no need to report urinary tract infection unless there is also a positive blood culture.

Definition of Clinically Suspected Late-onset Invasive Infection

This is adapted from the European Medicines Agency consensus criteria and the predictive model.

Either – absence of positive microbiological culture OR culture of a mixed microbial flora or of likely skin contaminants (diptheroids, micrococci, propionibacteria) only

AND

Clinician intent to administer intravenous antibiotic treatment for 5 or more days (excluding antimicrobial prohylaxsis) for an infant who demonstrates 3 or more of the following clinical or laboratory features of invasive infection:

- Increase in oxygen requirement or ventilatory support
- Increase in frequency of episodes of bradycardia or apnoea
- Temperature instability
- Ileus or enteral feeds intolerance and/or abdominal distention
- Reduced urine output to <1ml/kg/hour
- Impaired peripheral perfusion (impaired capillary refill time >3 seconds, skin mottling or core-peripheral temperature gap >2°C)
- Hypotension (clinician defined as needing volume or inotrope support)
- "irritability, lethargy or hypotonia" (clinician defined)
- Serum C-reactive protein levels to >15 mg/L or procalcitonin ≥2mg/ml
- White blood cells count <4 or >20 X 10^9 cells/L or platelet count <100X10^9/L
- Glucose intolerance (blood glucose <2.2 mmo/l or >10 mmol/l)
- Metabolic acidosis (base excess <-10mmol/L or lactate>2mmol/L)