MOST

Pre Enrollment

- Stroke team physician contacts CRC
- CRC reminds the stroke team physician what labs are needed
    - CBC (hematocrit and platelets)
    - BMP (Creatinine and glucose)
    - Coags
    - Pre-tPA PTT (POC or normal)
    - Pregnancy test for WOCBP
- Stroke team physician evaluates patient in person or via telemedicine
- CRC is working on contact for consent if patient is not consentable
- CRC calls pharmacy and ICU Nurse to review study drug admin

Consenting and Enrollment

- Randomized to one of 3 arms: argatroban, eptifibatide, placebo
- Entire drug administration is over 12 hours
- Discuss added risks and benefits
- Discuss follow ups (24hr NIHSS, Day 3 survey, Day 30 mRS, Day 90 mRS and EuroQol Survey)
- Ask if they have any questions and complete consent either via eConsent platform or paper

Randomization

- CRC will input randomization information into WebDCU and get randomization verification form
- Stroke team physician will enter medication order set into EMR with WebDCU information
- CRC will call down to pharmacy and give the pharmacist the kit number
- CRC will call NSICU nurse if the patient is going to IR
- CRC will print signed consent and randomization verification form
- Pharmacy will compound drug if it is argatroban. If placebo or eptifibatide, all the pharmacist will need to do is pull bolus into a syringe from the 100ml bag and label the syringe, 100mL bag, and 250mL bag and give to the coordinator.

Drug Administration NON IR

- CRC will have at least bolus syringe at bedside.
- CRC, nurse, and physician will conduct a research time out and confirm order set in EMR, randomization verification form information, and volume in syringe
- Nurse will administer bolus over a 3 min push
- Another time out will be conducted to confirm rate of 2 hour infusion from 100mL bag and nurse will program pump to specified rate under study drug infusion in pump

Drug Administration IR

- Coordinate with ICU nurse to come down as soon as possible after consenting to be with CRC and patient
- When arriving in IR suite announce that the subject is in research and will be receiving study drug
- Write down dosing information on glass divide in IR suite

MOST

- Bring bolus to ICU nurse and call a research time out to confirm we are able to give study drug, confirm dosing of bolus via EMR/Randomization verification form with nurse, coordinator, and physician.
- NSICU nurse will push bolus over 3 min
- Another time out will be conducted to confirm rate of 2 hour infusion from 100mL bag and nurse will program pump to specified rate under study drug infusion in pump

Post “Acute” Drug Administration

- Start final bag after full volume of 2 hour infusion is complete
- Another research time out to confirm dosing for the 10 hour infusion rate
- Eptifibatide and placebo is just AE/SAE monitoring
- Argatroban will need an aPTT drawn at 2 and 6 hours post bolus initiation (± 30 min)
- Titrate as per titration table pulled from WebDCU which the CRC will print out and have at bedside