# Non-invasive CPAP-Ventilation versus Oxygentherapy using a simple face mask for Carbon Monoxide poisoning

| Submission date          | Recruitment status                       | [X] Prospectively registered    |
|--------------------------|--|---------------------------------|
| 12/06/2014               | No longer recruiting                     | [] Protocol                     |
| <b>Registration date</b> | Overall study status                     | Statistical analysis plan       |
| 20/06/2014               | Completed                                | [_] Results                     |
| Last Edited              | Condition category                       | Individual participant data     |
| 02/09/2020               | Injury, Occupational Diseases, Poisoning | [_] Record updated in last year |

### Plain English summary of protocol

Background and study aims:

Carbon monoxide (CO) is a leading cause of poisoning. There are 40,000 to 50,000 reported cases in the United States per year. It is assumed, however, that many more cases go unreported as it is difficult to diagnose. This is due to the nonspecific symptoms (for example, nausea, feeling tired and confused, vomiting, stomach pains and difficulty breathing) than can be similar to food poisoning or flu. CO poisoning not only leads to a number of acute symptoms but also to chronic complaints weeks or even months after the actual poisoning has taken place, the so called "neuropsychiatric sequelae". These symptoms can include headaches, nausea, lethargy, confusion, emotional lability, amnesia, and even psychosis. Current standard treatment of CO poisoning consists of inhaling oxygen via a simple face mask. The aim of this study is to test whether supporting the patients own breathing using a tight face mask and a ventilation machine (respirator) reduces the occurrence of those "neuropsychiatric sequelae".

### Who can participate?

Patients treated for acute CO poisoning can be included in the study if the level of CO measured in their blood ("COHb") was at least 7% and they are at least 18 years old, not pregnant and that there was no need to insert a special tube to facilitate ventilation into their trachea ("intubation")

### What does this study involve?

Patients are randomly assigned to either standard therapy (oxygen inhalation via a simple face mask) or study therapy (tight face mask and ventilation machine). During therapy CO-levels are continuously measured. Therapy will be stopped when CO-levels reach 3% or below. After completion of the therapy, a neuropsychiatric test will be performed. Patients will be contacted one month later to perform the test again, and will be asked about their quality of life.

What are the possible benefits and risks of participating?

All participants receive close monitoring and follow-up of their symptoms and quality of life. If the study hypothesis proves to be true, patients in the intervention group (those that were treated with study therapy) receive a better treatment with the potential to reduce later complaints.

There are no anticipated risks from participation, however the face mask may feel uncomfortable for some patients.

Where is the study run from? The study is run by the Department of Emergency Medicine of the Medical University of Vienna (Austria)

When is the study starting and how long is it expected to run for? June 2014 to July 2015

Who is funding the study? Austrian Association of Emergency and Disaster Medicine (Austria)

Who is the main contact? Dr. Dominik Roth dominik.roth@meduniwien.ac.at

# **Contact information**

**Type(s)** Scientific

**Contact name** Dr Dominik Roth

### **Contact details**

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### Additional identifiers

EudraCT/CTIS number

IRAS number

ClinicalTrials.gov number

Secondary identifying numbers N/A

# Study information

Scientific Title

Non-invasive CPAP-ventilation versus oxygen-therapy using a simple face mask for carbon monoxide poisoning: A single-center, randomised assessor-blinded controlled parallel-group study

### Acronym

CO-CPAP

### Study objectives

Non-invasive CPAP ventilation using a tight face mask reduces the incidence of neuropsychological sequelae 1 month after carbon monoxide intoxication compared to standard oxygen inhalation using a simple face mask with oxygen reservoir.

**Ethics approval required** Old ethics approval format

**Ethics approval(s)** Medical University of Vienna Ethics Committee, 19/05/2011, ref. 251/2011

**Study design** Single-center, randomised assessor-blinded controlled parallel-group study

**Primary study design** Interventional

**Secondary study design** Randomised controlled trial

**Study setting(s)** Hospital

**Study type(s)** Treatment

**Participant information sheet** Please use the contact details below to request a patient information sheet

#### Health condition(s) or problem(s) studied Carbon monoxide poisoning

**Interventions** Intervention: Non-invasive CPAP ventilation using a tight mask and standard respirator equipment Control: Oxygen inhalation therapy by a simple facemask with oxygen reservoir

Intervention Type Other

**Phase** Not Applicable

### Primary outcome measure

Absence of neuropsychological sequelae 1 month after intoxication

#### Secondary outcome measures

- 1. Time until COHb-level reaches 3% or less
- 2. Changes in neuropsychological sequelae between hospital discharge and 1 month after intoxication
- 3. Quality of life after 1 month
- 4. Mortality after 1 month
- 5. Adverse events
- 6. Length of Stay at ICU
- 7. Length of stay in hospital
- 8. Hospital admission within 1 month

### Overall study start date

25/06/2014

### **Completion date**

31/07/2015

# Eligibility

### Key inclusion criteria

1. Adult patients (i.e. at least 18 years old) treated at the Emergency Department

2. Elevated levels of COHb (COHb >= 7%) AND either assured CO-exposition (for example, faulty gas-heater, fire) or symptoms consistent with CO poisoning

### Participant type(s)

Patient

### Age group

Adult

**Lower age limit** 18 Years

**Sex** Both

### Target number of participants

74

### Key exclusion criteria

- 1. Patients being comatose on admission
- 2. Patients intubated by Emergency Medical Service
- 3. Patients requiring mechanical ventilation
- 4. Pregnant women

### Date of first enrolment

25/06/2014

Date of final enrolment 31/07/2015

### Locations

**Countries of recruitment** Austria

**Study participating centre Department of Emergency Medicine** Vienna Austria 1090

### Sponsor information

**Organisation** Medical University of Vienna

**Sponsor details** c/o Assoc. Prof. Dr. Christof Havel Department of Emergency Medicine Waehringer Guertel 18-20/6D Vienna Austria 1090

**Sponsor type** University/education

Website http://www.meduniwien.ac.at/homepage/1/homepage/

ROR https://ror.org/05n3x4p02

Funder(s)

**Funder type** Research organisation

### Funder Name

Austrian Association of Emergency and Disaster Medicine: Reinhard Malzer scientific fund (Austria)

# **Results and Publications**

### Publication and dissemination plan

Not provided at time of registration

Intention to publish date

Individual participant data (IPD) sharing plan

### IPD sharing plan summary

Not provided at time of registration