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IC-physician versus qualified IC-nurse-based interhospital critical care transport (IQ-transport) study

Submission date	Recruitment status	[_] Prospectively registered
14/02/2006	No longer recruiting	[_] Protocol
Registration date	**Overall study status**	[_] Statistical analysis plan
14/02/2006	Completed	[X] Results
Last Edited	**Condition category**	[_] Individual participant data
12/05/2016	Other	

Plain English summary of protocol
Not provided at time of registration

Contact information

Type(s)
Scientific

Contact name
Dr E.J. Lieshout, van

Contact details
Academic Medical Center (AMC)
Department of Intensive Care and Mobile Intensive Care Unit (MICU)
P.O. Box 22660
Amsterdam
Netherlands
1100 DD
+31 (0)20 5665043
e.j.vanlieshout@amc.nl

Additional identifiers

Protocol serial number
N/A

Study information

Scientific Title

IC-physician versus qualified IC-nurse-based interhospital critical care transport (IQ-transport) study

Acronym
IQ-transport study

Study objectives
Interhospital transport of IC-patients can be escorted solely by a registered IC-nurse.

Ethics approval required
Old ethics approval format

Ethics approval(s)
Not provided at time of registration

Study design
Randomised controlled trial

Primary study design
Interventional

Study type(s)
Treatment

Health condition(s) or problem(s) studied
Intensive Care (IC) patients

Interventions
Study strategies:
1. Transport will be performed by a physician-based team: an IC-trained physician will accompany a registered IC-nurse
2. Transport will be performed solely by a registered IC-nurse. In this strategy, an IC-physician is physically present during inter-hospital transport; however, the physician does not play any role in the treatment of patient until a formal request is made by the IC-nurse.
In both strategies the ambulance crew is present.

Intervention Type
Other

Phase
Not Specified

Primary outcome(s)
Incidence of critical events defined as:
1. Related to intensive care (lead disconnections, loss of battery power or any other technical equipment failure, airway loss requiring airway manipulation or reintubation, loss of any intravascular device, dislodgment of any thoracostomy tube, Foley catheter, or surgical drain)
2. Clinical deteriorations related to critical illness (death, decrease in arterial saturation of >10% for >10 min, undesired rise or fall in arterial blood pressure [systolic, diastolic or mean, defined as >20 mmHg from baseline for >10 min], hemorrhage or blood loss estimated to be >250 ml, new cardiac arrhythmias with associated hemodynamic deterioration or are generally accepted

as requiring urgent therapy [occasional premature ventricular or atrial contractions were not considered significant], temperature fall below 36 degrees Celsius)

Key secondary outcome(s))
No secondary outcome measures

Completion date
01/02/2008

Eligibility

Key inclusion criteria
Consecutive IC-patients (>18 years of age) transported by the Mobile Intensive Care Unit, Academic Medical Center, University of Amsterdam.

Participant type(s)
Patient

Healthy volunteers allowed
No

Age group
Adult

Lower age limit
18 years

Sex
All

Key exclusion criteria
IC-patients considered to be too instable to be transported without a physician as team member - one or more of the following criteria:
1. Pa02/Fi02 <100 with PEEP >15
2. Mean arterial pressure <60 mmHg despite adequate fluid therapy and inotropics (noradrenalin >0.35 kg/microg/min, dopamine >15 kg/microg/min)
3. Episode of resuscitation (chest compression or cardiac defibrillation) in 24 hours before interhospital transport

Date of first enrolment
01/02/2006

Date of final enrolment
01/02/2008

Locations

Countries of recruitment
Netherlands

Study participating centre
Academic Medical Center (AMC)
Amsterdam
Netherlands
1100 DD

Sponsor information

Organisation
Academic Medical Center (AMC), Mobile Intensive Care Unit (The Netherlands)

ROR
https://ror.org/03t4gr691

Funder(s)

Funder type
University/education

Funder Name
Academic Medical Center (AMC)

Alternative Name(s)
Academic Medical Center, AMC

Funding Body Type
Private sector organisation

Funding Body Subtype
Universities (academic only)

Location
Netherlands

Results and Publications

Individual participant data (IPD) sharing plan

IPD sharing plan summary

Not provided at time of registration

Study outputs

Output type	Details	Date created	Date added	Peer reviewed?	Patient-facing?
Results article	results	01/07/2016		Yes	No
Participant information sheet	Participant information sheet	11/11/2025	11/11/2025	No	Yes