ISRCTN51784217 https://doi.org/10.1186/ISRCTN51784217

Compression Only CardioPulmonary Resuscitation in telephone assisted bystanders

Submission date 23/01/2011	**Recruitment status** No longer recruiting	[X] Prospectively registered [_] Protocol [_] Statistical analysis plan [_] Results [_] Individual participant data [_] Record updated in last year
Registration date 08/02/2011	**Overall study status** Completed	
Last Edited 08/02/2011	**Condition category** Other	

Plain English summary of protocol
Not provided at time of registration

Contact information

Type(s)
Scientific

Contact name
Dr Raphael van Tulder

Contact details
Department of Emergency Medicine
Medical University Vienna
General Hospital Vienna
Waehringerguertel 18-20/ 6D
Vienna
Austria
1090
+43 (0)1 40400 1964
raphael.van-tulder@meduniwien.ac.at

Additional identifiers

EudraCT/CTIS number

IRAS number

ClinicalTrials.gov number

Secondary identifying numbers
V1.4

Study information

Scientific Title
Compression Only CardioPulmonary Resuscitation CPR (COCPR) in telephone assisted bystanders: is "to push hard as you can", superior in achieving 5 - 6 cm chest compression depth than the current guideline recommendation? A randomised parallel-group simulation study

Acronym
COCPR

Study objectives
Recommending to "push hard as you can" in adult cardiopulmonary resuscitation (CPR) is more effective to reach target depth of 5 - 6 cm.

Ethics approval required
Old ethics approval format

Ethics approval(s)
Ethics Committee of the Medical University of Vienna approved on the 11th January 2011

Study design
Randomised parallel group simulation study

Primary study design
Interventional

Secondary study design
Randomised controlled trial

Study setting(s)
Other

Study type(s)
Treatment

Participant information sheet
Not available in web format, please use the contact details below to request a patient information sheet

Health condition(s) or problem(s) studied
Cardiopulmonary resuscitation

Interventions
The scenario is planned as an out of hospital, telephone assisted, bystander CPR. Substantial information about circumstances (at home, compression only, telephone assisted bystander CPR) is given prior to participant. Outcome is blinded to the participants. After informed consent, participants are guided to a simulation room where the manikin is prepared. Only minimal study staff will have access to the scenario room to avoid distractions. Study staffs assignment is documentation of parameters and not to be involved into bystander CPR.

Participants will be staffed with a telephone to call the Emergency Dispatch Center (EDC). In the EDC, a professional emergency dispatcher will be providing verbal prompts via telephone to the bystander. The EMD is randomised to give two different verbal commands: "compress with 5 cm" or "push as hard as you can". The EMD has to open one opaque envelope per call to be randomised in either control or intervention. Therefore study staff are also blinded to allocation of the bystander.

Verbal prompts, given by the EMD, are following the AMPDS protocol V12.0 for control, advising to "push 5 cm".

For the intervention a slightly adopted AMPDS protocol will be advising "push as hard as you can". No other changes will be made onto the protocol.

Another predefined precondition is that all bystanders are denying rescue breaths. Every participant is performing closed-chest compression for 10 minutes on a slightly modified Resusci Anne® Manikin (Laerdal, Norway). Data will be collected using the Laerdal® PC Skill-Reporting System - a software used with the adult size Laerdal® Resusci® Anne SkillReporterTM manikin to collect the subjects' CPR performance.

Intervention Type
Other

Phase
Not Applicable

Primary outcome measure
Chest compression depth, measured continously via the pc skillmeter software of the resusci anne skillmeter

Secondary outcome measures
1. Quality of ECC defined as number of percent of adequately achieved compression depth, continously assesed via skillmeter pc
2. Time to measurable decay in chest compression depth, continously assesed via skillmeter pc
3. Frequency of chest compression, continously assesed via skillmeter pc
4. Correct recoiling of the manikins chest, continously assesed via skillmeter pc
5. Heart rate/systolic blood pressure ratio reflecting physical strain, measured before and immediately after chest compression
6. BORG rate of perceived exertion measured at 2nd, 4th, 6th and 10th minute of chest compressions
7. Serum lactate changes
8. Systolic and diastolic blood pressure
9. Nine Hole Peg Test, measured before and immediately after chest compression

Overall study start date
03/03/2011

Completion date
03/03/2011

Eligibility

Key inclusion criteria
1. Voluntary participants, first aid course completed or not
2. Informed consent
3. Aged greater than 18 years
4. Blood pressure less than 150 mmHg before starting CPR

Participant type(s)
Patient

Age group
Adult

Lower age limit
18 Years

Sex
Both

Target number of participants
24

Key exclusion criteria
1. Health care professionals
2. Pregnancy
3. Blood pressure greater than 150 mmHg (systolic) before CPR simulation

Date of first enrolment
03/03/2011

Date of final enrolment
03/03/2011

Locations

Countries of recruitment
Austria

Study participating centre
Department of Emergency Medicine
Vienna
Austria
1090

Sponsor information

Organisation
Individual Sponsor (Austria)

Sponsor details
c/o Associate Professor Harald Herkner, MD, MSc
Clinical Epidemiologist
Department of Emergency Medicine
Waehringer Guertel 18-20
Vienna
Austria
1090
+43 (0)1 40400 1964
harald.herkner@meduniwien.ac.at

Sponsor type
Other

Website
http://www.meduniwien.ac.at/notfall

Funder(s)

Funder type
Industry

Funder Name
RORACO GmbH (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