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Automatic weaning with adaptive support ventilation (ASV): effect on nurse workload and duration of spontaneous ventilation until extubation

Submission date 20/12/2005	**Recruitment status** No longer recruiting	[_] Prospectively registered [_] Protocol
Registration date 20/12/2005	**Overall study status** Completed	[_] Statistical analysis plan [_] Results
Last Edited 03/11/2008	**Condition category** Respiratory	[_] Individual participant data [_] Record updated in last year

Plain English summary of protocol
Not provided at time of registration

Contact information

Type(s)
Scientific

Contact name
Dr M J Schultz

Contact details
Department of Intensive Care
Academic Medical Centre
University of Amsterdam
Meibergdreef 9
Amsterdam
Netherlands
1105 AZ
m.j.schultz@amc.uva.nl

Additional identifiers

EudraCT/CTIS number

IRAS number

ClinicalTrials.gov number

Secondary identifying numbers
NTR154

Study information

Scientific Title

Study objectives
We hypothesise that:
1. Adaptive support ventilation (ASV) reduces the number of nurse-ventilator interactions in non-fast track cardiac surgery patients
2. ASV lengthens the period of spontaneous breathing, while shortening the total respiratory weaning time

Ethics approval required
Old ethics approval format

Ethics approval(s)
Received from the local medical ethics committee

Study design
Randomised, active controlled, parallel group trial

Primary study design
Interventional

Secondary study design
Randomised controlled trial

Study setting(s)
Hospital

Study type(s)
Treatment

Participant information sheet

Health condition(s) or problem(s) studied
Mechanical ventilation

Interventions
Patients will be either ventilated in a standard fashion (i.e., pressure controlled mechanical ventilation or pressure support mechanical ventilation) or by ASV.

Intervention Type
Other

Phase
Not Specified

Primary outcome measure
1. Number of arterial blood gas (ABG) analyses
2. Number of audible alarms
3. Number of manual changes in the ventilator settings, including:
3.1. Switches from PC to PS (only in the control group)
3.2. Changes in minute ventilation (only in the ASV group)
3.3. Lowering of PS-level (only in the control group)
4. Duration of period of spontaneous mechanical ventilation
5. Duration of total period of tracheal intubation

Secondary outcome measures
No secondary outcome measures

Overall study start date
01/10/2005

Completion date
01/10/2006

Eligibility

Key inclusion criteria
1. Planned uneventful cardiac surgery i.e. coronary artery bypass graft (CABG)
2. Following receipt of verbal and written information about the trial, the patient must provide signed and dated informed consent before any trial related activity is carried out

Participant type(s)
Patient

Age group
Adult

Sex
Both

Target number of participants
128

Key exclusion criteria
1. History of pulmonary disease
2. History of pulmonary surgery
3. Valve surgery
4. Arrival at the IC-unit with IABP or inotropes at a more then usual rate (in ml per hour: dopamine (4), norepinephrine (4), dobutamin (4) or epinephrine [any rate])

Date of first enrolment
01/10/2005

Date of final enrolment

01/10/2006

Locations

Countries of recruitment
Netherlands

Study participating centre
Department of Intensive Care
Amsterdam
Netherlands
1105 AZ

Sponsor information

Organisation
Academic Medical Centre (AMC) (Netherlands)

Sponsor details
Department of Obstetrics and Gynaecology
Meibergdreef 9
Amsterdam
Netherlands
1105 AZ

Sponsor type
Hospital/treatment centre

Website
http://www.amc.uva.nl/

ROR
https://ror.org/03t4gr691

Funder(s)

Funder type
Not defined

Funder Name
Not provided at time of registration

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