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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

Registration date
20/12/2005

Overall study status
Completed

Last Edited
03/11/2008

Condition category
Respiratory

[_] Prospectively registered
[_] Protocol
[_] Statistical analysis plan
[_] Results
[_] Individual participant data
[_] Record updated in last year

Plain English summary of protocol
Not provided at time of registration

Contact information

Type(s)
Scientific

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Additional identifiers

Protocol serial number
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

Study type(s)
Treatment

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(s)
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

Key secondary outcome(s))
No secondary outcome measures

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

Healthy volunteers allowed
No

Age group
Adult

Sex
All

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)

ROR
https://ror.org/03t4gr691

Funder(s)

Funder type
Not defined

Funder Name
Not provided at time of registration

Results and Publications

Individual participant data (IPD) sharing plan

IPD sharing plan summary
Not provided at time of registration