Trauma Reception and Resuscitation - 'Time for a New Approach'

Submission date	Recruitment status No longer recruiting	Prospectively registered		
16/02/2005		☐ Protocol		
Registration date	Overall study status	Statistical analysis plan		
06/01/2006	Completed	[X] Results		
Last Edited 31/01/2019	Condition category Injury, Occupational Diseases, Poisoning	[] Individual participant data		
31/01/2019	IIIIUIV. Occupational Diseases. Poisoning			

Plain English summary of protocol

Not provided at time of registration

Contact information

Type(s)

Scientific

Contact name

Prof Mark Fitzgerald

Contact details

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Additional identifiers

ClinicalTrials.gov (NCT)

NCT00164034

Protocol serial number

N/A

Study information

Scientific Title

Trauma resuscitation errors and computer-assisted decision support.

Acronym

TR&RP

Study objectives

The introduction of real-time computer prompted algorithms will result in a measurable reduction in management errors associated with reception and resuscitation of major trauma patients, demonstrating that a reduction in management errors translates into a reduction in morbidity and mortality.

Ethics approval required

Old ethics approval format

Ethics approval(s)

Not provided at time of registration

Study design

Treatment, Randomized, Open Label, Active Control, Parallel Assignment, Safety/Efficacy Study

Primary study design

Interventional

Study type(s)

Treatment

Health condition(s) or problem(s) studied

Traumatic injury

Interventions

A historical control to assess the Hawthorne effect.

A randomised controlled trial comparing trauma resuscitation supported by real-time computer prompted algorithms against those without.

Intervention Type

Other

Phase

Not Specified

Primary outcome(s)

The primary benefits will be:

- 1. The development of evidence-based algorithms for trauma resuscitation
- 2. The development of real-time, computer aided, data collection during trauma resuscitation
- 3. Testing the hypothesis that the introduction of real-time, computer-prompted algorithms will result in a measurable reduction in management errors associated with reception and resuscitation of major trauma patients
- 4. Demonstrating that a reduction in management errors translates into a reduction in morbidity and mortality

Key secondary outcome(s))

The secondary benefits will be:

- 1. Standardising, publishing and distributing resuscitation documentation, interventions and diagnoses
- 2. Critical evaluation of the cost-benefit of trauma resuscitation video audit
- 3. Rejuvenation of resuscitation research through the development of a standardised environment

Completion date

30/09/2007

Eligibility

Key inclusion criteria

1162 test and control trauma cases presenting to the Trauma Centre of the Alfred Hospital.

Participant type(s)

Patient

Healthy volunteers allowed

No

Age group

Adult

Sex

All

Key exclusion criteria

Stable trauma patients (i.e. pulse rate <100/minute, mean arterial pressure [MAP] >70 mmHg, Hb >70, temperature >35 °C and <37.5 °C, SpO2 >92%, Glasgow Coma Score [GCS] >13) undergoing secondary transfer from another hospital, where trauma occurred >6 hours prior to arrival, will be excluded.

Date of first enrolment

01/01/2005

Date of final enrolment

30/09/2007

Locations

Countries of recruitment

Australia

Study participating centre

The Alfred Hospital Emergency and Trauma Centre

Prahran Australia 3181

Sponsor information

Organisation

The Victorian Trauma Foundation (Australia)

Funder(s)

Funder type

Charity

Funder Name

The Victorian Trauma Foundation and The Alfred Hospital - Bayside Health

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		01/08/2006		Yes	No
Results article	results	01/02/2011	31/01/2019	Yes	No