ISRCTN80881420 https://doi.org/10.1186/ISRCTN80881420

Implementation of De-Escalation Algorithm in patients with ventilator-associated pneumonia at two anaesthesiological intensive care units (ICUs) of Charité - University Medicine Berlin

Submission date
03/03/2009

Registration date
29/06/2009

Last Edited
29/06/2009

Recruitment status
No longer recruiting

Overall study status
Completed

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
EA1/209/08

Study information

Scientific Title

Implementation of De-Escalation Algorithm in patients with ventilator-associated pneumonia at two anaesthesiological intensive care units (ICUs) of Charité - University Medicine Berlin: a prospective observational single centre trial

Acronym
De-Escalation Algorithm

Study objectives
The implementation of evidence-based de-escalation algorithm in ventilator-associated pneumonia (VAP) will increase the rate of appropriate targeted antimicrobial therapy in order to improve patient outcomes.

Ethics approval required
Old ethics approval format

Ethics approval(s)
Ethics Committee of Charité - University Medicine Berlin approved on the 16th February 2009 (ref: EA1/209/08)

Study design
Prospective observational single centre cohort study

Primary study design
Observational

Study type(s)
Treatment

Health condition(s) or problem(s) studied
Ventilator-associated pneumonia

Interventions
After distribution of the de-escalation algorithm, clinician teams will be asked to treat the patients with suspicion of VAP according to algorithm. It will be left to their discretion, whether to adhere to the algorithm in whole or in part or not at all.

Intervention Type
Other

Phase
Not Applicable

Primary outcome(s)
Number of patients with appropriate de-escalation according to VAP algorithm, assessed at the end of data collection.

Key secondary outcome(s))
1. Number of antibiotic-free days
2. Number of ventilator-free days
3. Number of organ dysfunctions

4. Length of ICU stay
5. Length of hospital stay
6. Rate of super-infections with multidrug resistant (MDR) species (P. aeruginosa, methicillin-resistant S. aureus etc.)
7. Therapy costs

All assessed at the end of data collection.

Completion date
03/03/2010

Eligibility

Key inclusion criteria
1. Intensive care unit (ICU) patients aged greater than 18 years, either sex
2. On mechanical ventilation for greater than or equal to 48 hours
3. Presenting with systemic inflammatory response syndrome (SIRS) and radiologically suggested new infiltrate

Participant type(s)
Patient

Healthy volunteers allowed
No

Age group
Adult

Lower age limit
18 years

Sex
All

Key exclusion criteria
1. Aged less than 18 years
2. Other unknown infectious focus
3. Severe immune suppression (defined as corticosteroid doses of more than 7.5 mg of prednisolone equivalent for longer than 30 days, or other immuno-suppressive drugs)
4. Acquired immune deficiency syndrome (AIDS)/human immunodeficiency virus (HIV)
5. Moribund patients

Date of first enrolment
03/03/2009

Date of final enrolment
03/03/2010

Locations

Countries of recruitment
Germany

Study participating centre
Augustenburger Platz 1
Berlin
Germany
13353

Sponsor information

Organisation
Charité - University Medicine Berlin (Charité - Universitätsmedizin Berlin) (Germany)

ROR
https://ror.org/001w7jn25

Funder(s)

Funder type
Hospital/treatment centre

Funder Name
Charité - University Medicine Berlin (Charité - Universitätsmedizin Berlin) (Germany)

Results and Publications

Individual participant data (IPD) sharing plan

IPD sharing plan summary
Not provided at time of registration