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

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Plain English summary of protocol

Not provided at time of registration

Contact information

Type(s)

Scientific

Contact name

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Contact details

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Additional identifiers

EudraCT/CTIS number

IRAS number

ClinicalTrials.gov number

Secondary identifying numbers

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

Secondary study design

Cohort study

Study setting(s)

Hospital

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

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 measure

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

Secondary outcome measures

- 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.

Overall study start date

03/03/2009

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

Age group

Adult

Lower age limit

18 Years

Sex

Both

Target number of participants

200

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)

Sponsor details

Chariteplatz 1 Berlin Germany 10117

Sponsor type

Hospital/treatment centre

Website

http://www.charite.de/

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

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