# Ventilation with lower tidal volumes as compared to traditional tidal volumes of patients not suffering from acute lung injury

Submission date	Recruitment status No longer recruiting	<ul><li>Prospectively registered</li></ul>		
20/12/2005		☐ Protocol		
Registration date	Overall study status	Statistical analysis plan		
20/12/2005	Completed	[X] Results		
Last Edited	Condition category	[] Individual participant data		
07/01/2021	Respiratory			

# 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

 ${\bf Clinical Trials. gov\ number}$ 

# Secondary identifying numbers

N/A

# Study information

#### Scientific Title

Ventilation with lower tidal volumes as compared to traditional tidal volumes of patients not suffering from acute lung injury

#### Acronym

HiLoNali

#### **Study objectives**

We hypothesise that lung protective mechanical ventilation, using lower tidal volumes, attenuates mechanical ventilation induced pulmonary inflammation.

#### Ethics approval required

Old ethics approval format

#### Ethics approval(s)

Ethics approval 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, complications

#### **Interventions**

Patients are randomly assigned to receive mechanical ventilation involving either traditional Tidal Volumes (VT) (10 ml/kg Predicted Body Weight [PBW]) or lower VT (6 ml/kg PBW). All patients will undergo a minilavage every second day, preceded by blood sampling.

#### Intervention Type

Other

#### Phase

**Not Specified** 

#### Primary outcome measure

- 1. Local inflammatory responses
- 2. Local Fibrin turnover
- 3. Systemic levels of biomarkers of lung injury

#### Secondary outcome measures

Late ALI/ARDS.

#### Overall study start date

01/01/2005

#### Completion date

01/01/2007

# Eligibility

#### Key inclusion criteria

Patients who are intubated and expected to receive mechanical ventilation for greater than 72 hours are eligible for the study if they do not suffer from Acute Lung Injury (ALI)/Acute Respiratory Distress Syndrom (ARDS), according to the American/European consensus criteria.

#### Participant type(s)

**Patient** 

#### Age group

Adult

#### Sex

Both

#### Target number of participants

200

#### Total final enrolment

150

#### Key exclusion criteria

- 1. Greater than 36 hours after start of Mechnical Ventilation (MV)
- 2. Under 18
- 3. Participation in other trials
- 4. Pregnancy
- 5. Increased uncontrollable intracranial pressure
- 6. Severe chronic respiratory disease (daily medication)
- 7. Pneumonia
- 8. Use of corticosteroids (systemic or local) or other immunosuppressive agents

9. Pulmonary thrombo-embolism10. After pneumonectomy or lobectomy11. Previous randomisation in this study

**Date of first enrolment** 01/01/2005

Date of final enrolment 01/01/2007

# 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

# **Study outputs**

Output type	Details	Date created	Date added	Peer reviewed?	Patient-facing?
Results article	results	01/07/2010	07/01/2021	Yes	No