

Use of chlorhexidine gluconate 0.2% oral rinse (CHX) to reduce the incidence of nosocomial lower respiratory tract infections in intubated ICU adult patients

Submission date 12/09/2003	Recruitment status No longer recruiting	<input type="checkbox"/> Prospectively registered
Registration date 12/09/2003	Overall study status Completed	<input type="checkbox"/> Protocol
Last Edited 11/12/2014	Condition category Respiratory	<input type="checkbox"/> Statistical analysis plan
		<input type="checkbox"/> Results
		<input type="checkbox"/> Individual participant data
		<input type="checkbox"/> Record updated in last year

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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Derriford Hospital
Plymouth
United Kingdom
PL6 8DH

Additional identifiers

EudraCT/CTIS number

IRAS number

ClinicalTrials.gov number

Secondary identifying numbers

Study information

Scientific Title

Use of chlorhexidine gluconate 0.2% oral rinse (CHX) to reduce the incidence of nosocomial lower respiratory tract infections in intubated ICU adult patients

Study objectives

Does the use of chlorhexidine gluconate 0.2% mouthwash reduce the incidence of nosocomial lower respiratory tract infection in adult patients who are intubated and receiving mechanical ventilation?

Ethics approval required

Old ethics approval format

Ethics approval(s)

Not provided at time of registration

Study design

Randomised controlled trial

Primary study design

Interventional

Secondary study design

Randomised controlled trial

Study setting(s)

Hospital

Study type(s)

Prevention

Participant information sheet

Health condition(s) or problem(s) studied

Respiratory: Lower respiratory tract infection

Interventions

We propose to administer 15 ml chlorhexidine gluconate or placebo to the buccal, pharyngeal, gingival tongue, roof of mouth and tooth surfaces with a sponge swab twice daily to intubated patients who are predicted to require mechanical ventilation. Bronchoalveolar lavage specimen will be sent for culture every 48 h and the following clinical observations will be recorded daily - white cell count, sputum appearance, temperature and chest X-ray changes. The study ends once the patient is extubated but the observations will be recorded for a further 7 days.

Intervention Type

Drug

Phase

Not Applicable

Drug/device/biological/vaccine name(s)

Chlorhexidine gluconate

Primary outcome measure

Not provided at time of registration

Secondary outcome measures

Not provided at time of registration

Overall study start date

01/08/2002

Completion date

31/03/2004

Eligibility**Key inclusion criteria**

Not provided at time of registration

Participant type(s)

Patient

Age group

Not Specified

Sex

Not Specified

Target number of participants

Not provided at time of registration

Key exclusion criteria

Not provided at time of registration

Date of first enrolment

01/08/2002

Date of final enrolment

31/03/2004

Locations**Countries of recruitment**

England

United Kingdom

Study participating centre
Derriford Hospital
Plymouth
United Kingdom
PL6 8DH

Sponsor information

Organisation
Department of Health (UK)

Sponsor details
Richmond House
79 Whitehall
London
United Kingdom
SW1A 2NL

Sponsor type
Government

Website
<http://www.doh.gov.uk>

Funder(s)

Funder type
Hospital/treatment centre

Funder Name
Plymouth Hospitals NHS Trust (UK)

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