

Automatic weaning with adaptive support ventilation (ASV): effect on nurse workload and duration of spontaneous ventilation until extubation

Submission date 20/12/2005	Recruitment status No longer recruiting	☐ Prospectively registered
Registration date 20/12/2005	Overall study status Completed	☐ Protocol
Last Edited 03/11/2008	Condition category Respiratory	☐ 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

Contact name

Dr M J Schultz

Contact details

Department of Intensive Care
Academic Medical Centre
University of Amsterdam
Meibergdreef 9
Amsterdam
Netherlands
1105 AZ
m.j.schultz@amc.uva.nl

Additional identifiers

Protocol serial number

NTR154

Study information

Scientific Title

Study objectives

We hypothesise that:

1. Adaptive support ventilation (ASV) reduces the number of nurse-ventilator interactions in non-fast track cardiac surgery patients
2. ASV lengthens the period of spontaneous breathing, while shortening the total respiratory weaning time

Ethics approval required

Old ethics approval format

Ethics approval(s)

Received from the local medical ethics committee

Primary study design

Interventional

Study design

Randomised, active controlled, parallel group trial

Study type(s)

Treatment

Health condition(s) or problem(s) studied

Mechanical ventilation

Interventions

Patients will be either ventilated in a standard fashion (i.e., pressure controlled mechanical ventilation or pressure support mechanical ventilation) or by ASV.

Intervention Type

Other

Phase

Not Specified

Primary outcome(s)

1. Number of arterial blood gas (ABG) analyses
2. Number of audible alarms
3. Number of manual changes in the ventilator settings, including:
 - 3.1. Switches from PC to PS (only in the control group)
 - 3.2. Changes in minute ventilation (only in the ASV group)
 - 3.3. Lowering of PS-level (only in the control group)
4. Duration of period of spontaneous mechanical ventilation
5. Duration of total period of tracheal intubation

Key secondary outcome(s)

No secondary outcome measures

Completion date

01/10/2006

Eligibility

Key inclusion criteria

1. Planned uneventful cardiac surgery i.e. coronary artery bypass graft (CABG)
2. Following receipt of verbal and written information about the trial, the patient must provide signed and dated informed consent before any trial related activity is carried out

Participant type(s)

Patient

Healthy volunteers allowed

No

Age group

Adult

Sex

All

Key exclusion criteria

1. History of pulmonary disease
2. History of pulmonary surgery
3. Valve surgery
4. Arrival at the IC-unit with IABP or inotropes at a more than usual rate (in ml per hour: dopamine (4), norepinephrine (4), dobutamin (4) or epinephrine [any rate])

Date of first enrolment

01/10/2005

Date of final enrolment

01/10/2006

Locations

Countries of recruitment

Netherlands

Study participating centre

Department of Intensive Care

Amsterdam

Netherlands

1105 AZ

Sponsor information

Organisation

Academic Medical Centre (AMC) (Netherlands)

ROR

<https://ror.org/03t4gr691>

Funder(s)

Funder type

Not defined

Funder Name

Not provided at time of registration

Results and Publications

Individual participant data (IPD) sharing plan

IPD sharing plan summary

Not provided at time of registration