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Trauma Reception and Resuscitation - 'Time for a New Approach'

Submission date	Recruitment status
16/02/2005	No longer recruiting
Registration date	**Overall study status**
06/01/2006	Completed
Last Edited	**Condition category**
31/01/2019	Injury, Occupational Diseases, Poisoning

[_] Prospectively registered
[_] Protocol
[_] Statistical analysis plan
[X] Results
[_] Individual participant data

Plain English summary of protocol
Not provided at time of registration

Contact information

Type(s)
Scientific

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Additional identifiers

ClinicalTrials.gov (NCT)
NCT00164034

Study information

Scientific Title
Trauma resuscitation errors and computer-assisted decision support.

Acronym

TR&RP

Study objectives
The introduction of real-time computer prompted algorithms will result in a measurable reduction in management errors associated with reception and resuscitation of major trauma patients, demonstrating that a reduction in management errors translates into a reduction in morbidity and mortality.

Ethics approval required
Old ethics approval format

Ethics approval(s)
Not provided at time of registration

Primary study design
Interventional

Study design
Treatment, Randomized, Open Label, Active Control, Parallel Assignment, Safety/Efficacy Study

Study type(s)
Treatment

Health condition(s) or problem(s) studied
Traumatic injury

Interventions
A historical control to assess the Hawthorne effect.
A randomised controlled trial comparing trauma resuscitation supported by real-time computer prompted algorithms against those without.

Intervention Type
Other

Phase
Not Specified

Primary outcome(s)
The primary benefits will be:
1. The development of evidence-based algorithms for trauma resuscitation
2. The development of real-time, computer aided, data collection during trauma resuscitation
3. Testing the hypothesis that the introduction of real-time, computer-prompted algorithms will result in a measurable reduction in management errors associated with reception and resuscitation of major trauma patients
4. Demonstrating that a reduction in management errors translates into a reduction in morbidity and mortality

Key secondary outcome(s)
The secondary benefits will be:
1. Standardising, publishing and distributing resuscitation documentation, interventions and diagnoses

2. Critical evaluation of the cost-benefit of trauma resuscitation video audit
3. Rejuvenation of resuscitation research through the development of a standardised environment

Completion date
30/09/2007

Eligibility

Key inclusion criteria
1162 test and control trauma cases presenting to the Trauma Centre of the Alfred Hospital.

Participant type(s)
Patient

Healthy volunteers allowed
No

Age group
Adult

Sex
All

Key exclusion criteria
Stable trauma patients (i.e. pulse rate <100/minute, mean arterial pressure [MAP] >70 mmHg, Hb >70, temperature >35 °C and <37.5 °C, SpO2 >92%, Glasgow Coma Score [GCS] >13) undergoing secondary transfer from another hospital, where trauma occurred >6 hours prior to arrival, will be excluded.

Date of first enrolment
01/01/2005

Date of final enrolment
30/09/2007

Locations

Countries of recruitment
Australia

Study participating centre
The Alfred Hospital Emergency and Trauma Centre
Prahran
Australia
3181

Sponsor information

Organisation
The Victorian Trauma Foundation (Australia)

Funder(s)

Funder type
Charity

Funder Name
The Victorian Trauma Foundation and The Alfred Hospital - Bayside Health

Results and Publications

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		01/08/2006		Yes	No
Results article	results	01/02/2011	31/01/2019	Yes	No