

# Open lung positive pressure ventilation in neonatal respiratory distress syndrome

<b>Submission date</b> 14/02/2006	<b>Recruitment status</b> No longer recruiting	<input type="checkbox"/> Prospectively registered
		<input type="checkbox"/> Protocol
<b>Registration date</b> 14/02/2006	<b>Overall study status</b> Completed	<input type="checkbox"/> Statistical analysis plan
		<input checked="" type="checkbox"/> Results
<b>Last Edited</b> 19/08/2009	<b>Condition category</b> Neonatal Diseases	<input type="checkbox"/> 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

## Study information

**Scientific Title**

**Study objectives**

We hypothesize that alveolar recruitment and stabilization (open lung) is feasible during positive pressure ventilation of preterm infants and improves gas exchange compared with conventional positive pressure ventilation.

### **Ethics approval required**

Old ethics approval format

### **Ethics approval(s)**

Received from local medical ethics committee

### **Study design**

Randomised open label active controlled parallel group trial

### **Primary study design**

Interventional

### **Study type(s)**

Treatment

### **Health condition(s) or problem(s) studied**

Respiratory Distress Syndrome (RDS)

### **Interventions**

Patients will be randomised to receiving either open lung or conventional positive pressure ventilation. During open lung ventilation, collapsed alveoli will be actively recruited and stabilised with sufficient airway pressures. In addition, tidal volumes will be reduced as much as possible, while using high ventilatory rates. During conventional ventilation patients will receive the standard of care using a positive end-expiratory pressure of 5 cm H<sub>2</sub>O and a tidal volume between 4-7 ml/kg.

### **Intervention Type**

Other

### **Phase**

Not Specified

### **Primary outcome(s)**

Oxygenation

### **Key secondary outcome(s)**

1. Time to extubation
2. Incidence of air leaks
3. Incidence of hypotension
4. Incidence of treatment failure

### **Completion date**

01/02/2007

## **Eligibility**

**Key inclusion criteria**

1. Gestational age between 27<sup>0/7</sup> - 34<sup>0/7</sup> weeks
2. Postnatal age <12 hours
3. Mechanical ventilation for RDS
4. Informed consent

**Participant type(s)**

Patient

**Healthy volunteers allowed**

No

**Age group**

Neonate

**Sex**

All

**Key exclusion criteria**

1. Small for gestational age (<P3)
2. Persistent pulmonary hypertension
3. Congenital malformations
4. Severe septic shock
5. Air leak syndrome
6. Surfactant therapy prior to inclusion

**Date of first enrolment**

09/01/2006

**Date of final enrolment**

01/02/2007

**Locations****Countries of recruitment**

Netherlands

**Study participating centre**

Academic Medical Center

Amsterdam

Netherlands

1100 DD

**Sponsor information**

## Organisation

Academic Medical Centre (AMC), Emma Children's Hospital (Netherlands)

## ROR

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

## Funder(s)

### Funder type

Hospital/treatment centre

### Funder Name

Academic Medical Centre (AMC) (Netherlands)

## 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?
<a href="#">Results article</a>	results	01/05/2009		Yes	No