

Implementation of De-Escalation Algorithm in patients with ventilator-associated pneumonia at two anaesthesiological intensive care units (ICUs) of Charité - University Medicine Berlin

Submission date 03/03/2009	Recruitment status No longer recruiting	☐ Prospectively registered
Registration date 29/06/2009	Overall study status Completed	☐ Protocol
Last Edited 29/06/2009	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

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Additional identifiers

Protocol serial number

EA1/209/08

Study information

Scientific Title

Implementation of De-Escalation Algorithm in patients with ventilator-associated pneumonia at two anaesthesiological intensive care units (ICUs) of Charité - University Medicine Berlin: a prospective observational single centre trial

Acronym

De-Escalation Algorithm

Study objectives

The implementation of evidence-based de-escalation algorithm in ventilator-associated pneumonia (VAP) will increase the rate of appropriate targeted antimicrobial therapy in order to improve patient outcomes.

Ethics approval required

Old ethics approval format

Ethics approval(s)

Ethics Committee of Charité - University Medicine Berlin approved on the 16th February 2009 (ref: EA1/209/08)

Study design

Prospective observational single centre cohort study

Primary study design

Observational

Study type(s)

Treatment

Health condition(s) or problem(s) studied

Ventilator-associated pneumonia

Interventions

After distribution of the de-escalation algorithm, clinician teams will be asked to treat the patients with suspicion of VAP according to algorithm. It will be left to their discretion, whether to adhere to the algorithm in whole or in part or not at all.

Intervention Type

Other

Phase

Not Applicable

Primary outcome(s)

Number of patients with appropriate de-escalation according to VAP algorithm, assessed at the end of data collection.

Key secondary outcome(s)

1. Number of antibiotic-free days
2. Number of ventilator-free days
3. Number of organ dysfunctions

4. Length of ICU stay
5. Length of hospital stay
6. Rate of super-infections with multidrug resistant (MDR) species (*P. aeruginosa*, methicillin-resistant *S. aureus* etc.)
7. Therapy costs

All assessed at the end of data collection.

Completion date

03/03/2010

Eligibility

Key inclusion criteria

1. Intensive care unit (ICU) patients aged greater than 18 years, either sex
2. On mechanical ventilation for greater than or equal to 48 hours
3. Presenting with systemic inflammatory response syndrome (SIRS) and radiologically suggested new infiltrate

Participant type(s)

Patient

Healthy volunteers allowed

No

Age group

Adult

Lower age limit

18 years

Sex

All

Key exclusion criteria

1. Aged less than 18 years
2. Other unknown infectious focus
3. Severe immune suppression (defined as corticosteroid doses of more than 7.5 mg of prednisolone equivalent for longer than 30 days, or other immuno-suppressive drugs)
4. Acquired immune deficiency syndrome (AIDS)/human immunodeficiency virus (HIV)
5. Moribund patients

Date of first enrolment

03/03/2009

Date of final enrolment

03/03/2010

Locations

Countries of recruitment

Germany

Study participating centre

Augustenburger Platz 1

Berlin

Germany

13353

Sponsor information

Organisation

Charité - University Medicine Berlin (Charité - Universitätsmedizin Berlin) (Germany)

ROR

<https://ror.org/001w7jn25>

Funder(s)

Funder type

Hospital/treatment centre

Funder Name

Charité - University Medicine Berlin (Charité - Universitätsmedizin Berlin) (Germany)

Results and Publications

Individual participant data (IPD) sharing plan

IPD sharing plan summary

Not provided at time of registration