Automatic Weaning Using Adaptive Support Ventilation (ASV) * Effect of an Early Weaning Protocol on Time till Extubation of Coronary Artery Bypass Surgery Patients

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To determine whether ASV with a proactive approach results in shorter weaning time as compared to ASV alone.

Ethical review	Approved WMO
Status	Pending
Health condition type	Therapeutic procedures and supportive care NEC
Study type	Interventional

Summary

ID

NL-OMON30838

Source
ToetsingOnline

Brief title
ASV weaning

Condition

- Therapeutic procedures and supportive care NEC

Synonym
ventilation

Research involving
Human

Sponsors and support

Primary sponsor: Academisch Medisch Centrum
Source(s) of monetary or material Support: Ministerie van OC&W

Intervention

Keyword: Automation, CABG, Ventilation, Weaning

Outcome measures

Primary outcome

Duration of mechanical ventilation.

Secondary outcome

Length of stay in the ICU.

Number of re-intubations

Number of ABG*analysis.

Study description

Background summary

In the ICU, patients after coronary artery bypass grafting (CABG) wean from the ventilator by using adaptive support ventilation (ASV). In the first hours mechanical ventilation is fully mandatory, and the ventilator deliveres all support. If the patient wakes up from anesthesia the ventilator automatically switches to supportive ventilation, after which support is gradually but automatically reduced. This form of weaning is the standard strategy in our department. However, we consider time till extubation in these patients still too long. In the study as proposed we compare time till extubation with standard ASV, with ASV during which IC-nurse/physicians reduce ventilatory support more actively, depending on patient's situation. Both forms of weaning are presently used among other ICUs among the Netheralnds and beyond. From the literature and from personal experiences we know both methods are safe.

Study objective

To determine whether ASV with a proactive approach results in shorter weaning

time as compared to ASV alone.

Study design

Randomized controlled trial.

Intervention

Two waning strategies are compared - in the control group patients are weaned from the ventilator with ASV; in the study group patients are ventilated with ASV too, but IC-nurses/physicians actively lower support according to a pro-active protocol.

Study burden and risks

The burden and risks for the patients are minimal. Apart from the time consumed for informed consent, in fact there is no burden. No extra blood will be drawn. Experience in our own and other centers have shown that weaning with both strategies is feasable and safe

Contacts

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Trial sites

Listed location countries

Netherlands

Eligibility criteria

Age
Adults (18-64 years)
Elderly (65 years and older)

Inclusion criteria

1. Planned and uneventful 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

Exclusion criteria

1. History of any pulmonary disease.
2. History of any previous pulmonary surgery.
3. Valve surgery.
4. Arrival at the ICU with intra*aortic balloon pump, or inotropes at a more then usual rate (maximum dosages in ml per hour: dopamine [4], norepinephrine [4], dobutamin [4] or epinephrine [any rate]).

Study design

Design

Study type:	Interventional
Intervention model:	Parallel
Allocation:	Randomized controlled trial
Masking:	Open (masking not used)

Primary purpose: Treatment

Recruitment

NL

Recruitment status:	Pending
Start date (anticipated):	01-03-2007
Enrollment:	128

Type:	Anticipated

Ethics review

Approved WMO Application type:	First submission
Review commission:	METC Amsterdam UMC

Study registrations

Followed up by the following (possibly more current) registration

No registrations found.

Other (possibly less up-to-date) registrations in this register

No registrations found.

In other registers

Register	ID
CCMO	NL16393.018.07
Other	volgt