Axis for Ultrasound guided Venous Access

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To identify whether a short axis approach (SAA) or a long axis approach (LAA) to ultrasound guided peripheral cannulation is superior when performed by ED nurses without prior ultrasound experience.

Ethical review	Positive opinion
Status	Recruitment stopped
Health condition type	Vascular therapeutic procedures
Study type	Interventional

Summary

ID

NL-OMON21142

Source
Nationaal Trial Register

Brief title
AUVA

Condition

- Vascular therapeutic procedures

Synonym
IV Access

Research involving
Human

Sponsors and support

Primary sponsor: UMCG
Source(s) of monetary or material Support: None

Intervention

- Medical device

Explanation

Outcome measures

Primary outcome

First attempt success rate at ultrasound guided peripheral cannulation

Secondary outcome

 Time to successful cannulation Number of attempts (both total and until successful) Learning curve for specific technique Subjective rating of difficulty of procedure Location of successful cannulation Patient satisfaction (scale 1-5)

Study description

Background summary

Peripheral intravenous cannulation is one of the most frequently performed procedures in emergency medicine. In difficult-access patients, ultrasound guidance has emerged as a new asset to effectively improve cannulation success rates. To this date, it remains unclear which ultrasound visualization approach (longitudinal or axial) is superior when ultrasound guided peripheral cannulation (USPC) is performed.

Study objective

To identify whether a short axis approach (SAA) or a long axis approach (LAA) to ultrasound guided peripheral cannulation is superior when performed by ED nurses without prior ultrasound experience.

Study design

Multi-centre cross-over trial.

Intervention

Ultrasound guided IV access

Study burden and risks

Standard risks of peripheral cannulation

Contacts

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Scientific
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Eligibility criteria

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

Inclusion criteria

- Age (≥ 18 years) - Indication for (additional) IV-access present - Failed attempt for IV access using TPC in the ED or TPC regarded as impossible by at least two attending nurses based on physical exam.

Exclusion criteria

- Direct ultrasound guided cannulation on the patient’s request - No informed consent obtained (refused or lacking capacity)

Study design

Design

Study phase: N/A

Study type:	Interventional
Intervention model:	Crossover
Allocation:	Randomized controlled trial
Masking:	Open (masking not used)
Control:	N/A , unknown
Primary purpose:	Supportive care

Recruitment

NL

Recruitment status:	Recruitment stopped
Start date (anticipated):	06-04-2021
Enrollment:	600
Type:	Actual

IPD sharing statement

Plan to share IPD: No

Ethics review

Positive opinion

Date:	10-12-2019
Application type:	First submission
Review commission:	nWMO adviescommissie UMC Groningen

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
NTR-new	NL9440
Other	METC UMCG : 201900816

Study results