Implementation of the Pain, Agitation and Delirium bundle in the Intensive Care Unit: catches

No registrations found.

Ethical review	Positive opinion
Status	Other
Health condition type	-
Study type	Observational non invasive

Summary

ID

NL-OMON23049

Source
NTR

Health condition

Pain, Sedation, Delirium, Intensive Care

Pijn, Sedatie, Delirium, Intensive Care

Sponsors and support

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

Intervention

Outcome measures

Primary outcome

Factors influencing the use of validated scores.

Secondary outcome

The effect of implementation of the Pain, Agitation and Delirium bundle, through training, on the use of validated scores.

Study description

Background summary

The Pain, Agitation and Delirium (PAD) bundle, which has been published in 2013, shows that integrated management of pain agitation and delirium is of great importance. This is because optimal pain management and light sedation are necessary to evaluate delirium in a patient and the occurrence of pain, agitation and delirium are associated with negative clinical outcomes. In this integrated approach daily measurement of pain, agitation and delirium plays a central role.
However, recent studies show many Dutch intensive care units do not use validated scores, the factors causing this are not yet identified.
The aim of this study is to identify these factors, this could lead to improved implementation of the PAD bundle and an improvement in the clinical outcomes of ICU patients. In addition, the effect of implementation of the PAD bundle on the use of validated scores by ICU nurses will be evaluated.

Recruiting countries: The Netherlands

Study objective

The reported incidence of delirium in the intensive care unit varies from 16 to 89%. A delirium is associated with increased mortality, increased hospital length of stay, higher cost of care and cognitive impairment. The Pain, Agitation and Delirium bundle, which has been published in 2013, shows that integrated management of pain, agitation and delirium is of great importance. This is because optimal pain management and light sedation are necessary to evaluate delirium in a patient and the occurrence of pain, agitation and delirium are associated with negative clinical outcomes. In this integrated approach, daily measurement of pain, agitation and delirium plays a central role.
However, recent studies show many Dutch intensive care units do not use validated scores, the factors causing this have yet to be identified.
The aim of this study is to identify those factors, that could lead to improved implementation of the PAD bundle and an improvement in the clinical outcomes of ICU patients. In addition, the effect of implementation of the PAD bundle on the use of validated scores by ICU nurses will be evaluated.

Study design

The primary and secondary outcome measures are measured using a questionnaire about

the following factors which could prevent the use of validated scores: the amount of scores that have to be filled out, knowledge of the use of different scores, knowledge of the importance of the use of validated scores, registering the performed score and the time necessary to perform a pain score.

For the primary outcome measure the questionnaires were conducted at the end of 2016.

For the secondary outcome measure the questionnaires will be conducted 6 months after the implementation of the PAD bundle.

Intervention

In order to be able to implement the PAD-bundle in an Intensive Care Unit, training (either intern or extern) will be organized for each hospital. Questionnaires will be sent to ICU nurses, working in different Dutch Intensive Care Units, before and 6 months after the training. The questionnaire contains questions about the following factors which could prevent the use of validated scores: the amount of scores that have to be filled out, knowledge of the use of different scores, knowledge of the importance of the use of validated scores, registering the performed score and the time necessary to perform a pain score.

Contacts

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Eligibility criteria

Inclusion criteria

ICU nurses working in Dutch Intensive Care Units.

Exclusion criteria

Poor/no understanding of the Dutch language
Under the age of 18 years

Study design

Design

Study type:	Observational non invasive
Intervention model:	Other

Control: N/A , unknown

Recruitment

NL

Recruitment status:	Other
Start date (anticipated):	01-10-2016
Enrollment:	250
Type:	Unknown

Ethics review

Positive opinion

Date:	20-03-2017
Application type:	First submission

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	NL6298
NTR-old	NTR6472
Other	METC Zuyderland : 17-N-38

Study results