

IC-physician vs. Qualified IC-nurse-based interhospital critical care transport (IQ-transport) study.

No registrations found.

Ethical review	Positive opinion
Status	Recruiting
Health condition type	-
Study type	Interventional

Summary

ID

NL-OMON24056

Source

NTR

Brief title

IQ-transport study

Health condition

interhospital transport by Mobile Intensive Care Unit

Sponsors and support

Primary sponsor: Academic Medical Center, Mobile Intensive Care Unit

Source(s) of monetary or material Support: none

Intervention

Outcome measures

Primary outcome

Incidence of critical events defined as:

1. Related to intensive care (lead disconnections, loss of battery power or any other technical equipment failure, airway loss requiring airway manipulation or reintubation, loss of any

intravascular device, dislodgment of any thoracostomy tube, Foley catheter, or surgical drain);

2. Clinical deteriorations related to critical illness (death, decrease in arterial saturation of >10% for >10 mins, undesired rise or fall in arterial bloodpressure (systolic, diastolic or mean, defined as >20 mm Hg from baseline for >10 mins), hemorrhage or blood loss estimated to be >250 ml, new cardiac arrhythmias with associated hemodynamic deterioration or are generally accepted as requiring urgent therapy (occasional premature ventricular or atrial contractions were not considered significant), temperature fall below 36 degrees Celsius.

Secondary outcome

N/A

Study description

Background summary

There is an increased need for inter-hospital transport of intensive care (IC)-patients in the Netherlands (1). During inter-hospital transport, adverse events may take place which can not be treated by members of a normal ambulance team. By using a Mobile Intensive Care Unit (MICU), consisting of an ambulance trolley with IC-equipment, and a team consisting of an IC-trained physician and IC-nurse, interhospital transport is save (2). At present, costs and scarcity of IC-trained physicians hampers broad implementation of MICU, despite Dutch guidelines (4). The need of physical presence of an IC-trained physician during inter-hospital transport has never been the topic of investigation.

(1) Bakker J, van Lieshout EJ. Transport of critically ill patients: we can do better! Neth J Med 2000 November;57(5):177-9.

(2) Bellingan G, Olivier T, Batson S, Webb A. Comparison of a specialist retrieval team with current United Kingdom practice for the transport of critically ill patients. Intensive Care Med 2000 June;26(6):740-4.

(4) Dutch Healthcare Inspectorate. 'Special transport facilities have undergone positive development but too many problems remain' in Emergency Medicine in the Netherlands. the Hague; 2004 Jan 9.

Study objective

Interhospital transport of IC-patients can be escorted solely by an registered IC-nurse.

Intervention

Study strategies

1. Transport will be performed by a physician-based team: an IC-trained physician will accompany a registered IC-nurse

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2. Transport will be performed solely by a registered IC-nurse. In this strategy, an IC-physician is physically present during inter-hospital transport; however, the physician does not play any role in treatment of patient until a formal request is made by the IC-nurse. In both strategies the ambulance crew is present.

Contacts

Public

Academic Medical Center (AMC), Department of Intensive Care and Mobile Intensive Care Unit (MICU),
P.O. Box 22660
E.J. Lieshout, van
Meibergdreef 9
Amsterdam 1100 DD
The Netherlands
+31 (0)20 5665043

Scientific

Academic Medical Center (AMC), Department of Intensive Care and Mobile Intensive Care Unit (MICU),
P.O. Box 22660
E.J. Lieshout, van
Meibergdreef 9
Amsterdam 1100 DD
The Netherlands
+31 (0)20 5665043

Eligibility criteria

Inclusion criteria

Consecutive IC-patients (> 18 years of age) transported by the Mobile Intensive Care Unit, Academic Medical Center, University of Amsterdam.

Exclusion criteria

IC-patients considered to be too instable to be transported without a physician as team member (one or more of the following criteria:

1. $PaO_2/FiO_2 < 100$ with $PEEP > 15$;
2. Mean arterial pressure < 60 mmHg despite adequate fluid therapy and inotropics (noradrenalin $> 0,35$ kg/microg/min, dopamine > 15 kg/microg/min);

3. Episode of resuscitation (chest compression or cardiac defibrillation) in 24 hours before interhospital transport.

Study design

Design

Study type:	Interventional
Intervention model:	Parallel
Masking:	Open (masking not used)
Control:	Active

Recruitment

NL	
Recruitment status:	Recruiting
Start date (anticipated):	01-02-2006
Enrollment:	300
Type:	Anticipated

Ethics review

Positive opinion	
Date:	25-01-2006
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	NL528
NTR-old	NTR572
Other	: N/A
ISRCTN	ISRCTN39701540

Study results

Summary results

N/A