Continuous infusion compared with intermittent flushing to minimize loss of function of iv in neonates.

No registrations found.

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

Summary

ID

NL-OMON25779

Source
Nationaal Trial Register

Health condition

continuous iv, intermittend flushing, loss of funcion, neonate

continu infuus, lock, sneuvelen infuus, neonaat

Sponsors and support

Primary sponsor: Viecuri Medisch Centrum voor Noord-limburg
Source(s) of monetary or material Support: Viecuri Medisch Centrum voor Noord-limburg

Intervention

Outcome measures

Primary outcome

1. Hours between start iv and loss of function;

2. Amount of iv lines in first 72 hours.

Secondary outcome

Side effects of continuous iv and flushing such as occlusion, infection and subcutaneous infiltration.

Study description

Background summary

Comparison of loss of function between continuous iv and intermittend flushing in neonates who need an iv for drug administration.

We expect no difference in loss of function time between continuous iv and intermittend flushing.

Other studies only compared intermittend flushing with NaCl/Heparine versus continuous glucose 10%. Seen the risk for flebitis using concentrated glucose solution we hypothesise a better outcome using glucose 5%. Because recent study shows flushing with heparin is as effective as flushing with NaCl 0,9% we use NaCl 0,9%.

Study objective

An iv that will be flushed intermittendly will not loose his function easier than a continuous iv.

Study design

1. No more need for iv drug administration;

2. 72 hours.

Intervention

1. Continuous iv glucose 5% 2ml/h;

2. Continuous iv glucose 5% 1ml/h;

3. Iv flushed 4 times a day with 2 ml NaCl 0,9%.

Contacts

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Eligibility criteria

Inclusion criteria

1. Neonates younger that 28 days;

2. Iv for drug administration.

Exclusion criteria

Clinical indication for fluid administration apart from drug administration.

Study design

Design

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

Recruitment

NL

Recruitment status:	Recruiting
Start date (anticipated):	01-11-2009
Enrollment:	90
Type:	Anticipated

Ethics review

Positive opinion

Date:	30-10-2009
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	NL1990
NTR-old	NTR2107
Other	:
ISRCTN	ISRCTN wordt niet meer aangevraagd.

Study results

Summary results

none