Video-assisted Intubations in the Prehospital Setting (VIPS)

No registrations found.

Ethical review	Positive opinion
Status	Recruitment stopped
Health condition type	-
Study type	Interventional

Summary

ID

NL-OMON28166

Source
NTR

Brief title
VIPS

Health condition

Resuscitation requiring emergency endotracheal intubation

Sponsors and support

Primary sponsor: Erasmus MC, University Medical Center Rotterdam, Trauma Research Unit, Department of Surgery
Erasmus Medical Center, Medical Research Ethics Committee (MREC)
AmbulanceZorg Rotterdam Rijnmond
Source(s) of monetary or material Support: N.A.

Intervention

Outcome measures

Primary outcome

First-time success

Secondary outcome

- Second-attempt success

- Time required for intubation

- Adverse events

- ROSC

Study description

Background summary

BACKGROUND

Literature shows that the rate of first-time success of emergency endotracheal intubation by ambulance nurses is highly variable; rates between 46 and 95% have been reported. Due to differences in device design, we hypothesize that the rate of first-time success can be improved when using videolaryngoscopy instead of direct laryngoscopy.

AIM

The primary aim of this prospective, observational study is to compare the rate of first-time success of intubation (by ambulance nurses) using videolaryngoscopy versus direct laryngoscopy. Secondary aims are to assess the rate of second-attempt success, time required for intubation, rate of adverse events, and rate of ROSC after videolaryngoscopy versus direct laryngoscopy, performed by ambulance nurses.

STUDY DESIGN

Observational study.

POPULATION

Patients requiring emergency endotracheal intubation.

INTERVENTION

Videolaryngoscopy

CONTROL

Direct laryngoscopy

ENDPOINTS

Primary outcome measure: first-time success.

Secondary outcome measures: second-attempt success, time required for intubation, adverse events, and ROSC.

Primary and secondary outcomes will be determined on-scene immediately after intubation.

RECRUITING COUNTRIES

The Netherlands

Study objective

We expect that video-assisted intubation (video laryngoscopy) by ambulance nurses will have a higher success rate than intubation with a classical intubation device (direct laryngoscopy).

Study design

On-scene, immediately after intubation

Intervention

Videolaryngoscopy versus direct laryngoscopy

Contacts

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Eligibility criteria

Inclusion criteria

1. Patient requiring endotracheal intubation

2. GCS of 3 points, without suspected neurological injuries

3. Estimated age 18 years or older

Exclusion criteria

1. No CO2 production visible on capnogram, or no capnogram available

Study design

Design

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

Recruitment

NL

Recruitment status:	Recruitment stopped
Start date (anticipated):	01-01-2016
Enrollment:	500
Type:	Actual

Ethics review

Positive opinion

Date:	10-10-2016
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	NL5582
NTR-old	NTR6174
Other	: MEC-2015-467 (METC Erasmus MC)

Study results

Summary results

None yet; study is ongoing