Effects of Implementation of a new Pain, Agitation, and Delirium guideline in the Intensive Care Unit.

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Recently, The American College of Critical Care Medicine provided new guidelines for treating pain, agitation, and delirium in the ICU, in which detection and standardized treatment of pain are important issues. By implementing these new guidelines...

Ethische beoordeling	Positief advies
Status	Werving nog niet gestart
Type aandoening	-
Onderzoekstype	Observationeel onderzoek, zonder invasieve metingen

Samenvatting

ID

NL-OMON23254

Bron
NTR

Aandoening

Treatment of critically ill patients in the ICU is often complicated by the onset of delirium. Delirium is a psycho-organic disorder , characterized by an acute disturbance of consciousness and changes in cognition, often with a fluctuating course. Symptoms of delirium include change in level of awareness, decreased attention span, memory deficit, disorientation, language disturbance and hallucinations. Other symptoms commonly associated with delirium are confusion, agitation, apathy, anxiety, abnormal psychomotor activity, and sleep disturbance. The pathophysiology of delirium is poorly understood, but the onset of delirium is a serious complication. Delirium is an important independent predictor of negative clinical outcomes in ICU patients, including increased mortality, longer ICU stay, higher costs of care and long-term cognitive impairment.

Ondersteuning

Primaire sponsor: Atrium Medisch Centrum Parkstad
Overige ondersteuning: Atrium Medisch Centrum Parkstad

Onderzoeksproduct en/of interventie

Uitkomstmaten

Primaire uitkomstmaten

Delirium incidence

Toelichting onderzoek

Achtergrond van het onderzoek

Recently, The American College of Critical Care Medicine provided new guidelines for treating pain, agitation, and delirium in the ICU, in which detection and standardized treatment of pain are important issues. By implementing these new guidelines in our ICU, we expect an improved prognosis of patients and possibly a decrease in the incidence of delirium.

Doel van het onderzoek

Recently, The American College of Critical Care Medicine provided new guidelines for treating pain, agitation, and delirium in the ICU, in which detection and standardized treatment of pain are important issues. By implementing these new guidelines in our Intensive Care Unit, we expect a reduction in the incidence of pain, and possibly also a decreased incidence of delirium. We present the following research question: Does the implementation of pain measurement instruments and standardized treatment of pain, improve the prognosis of patients in the ICU of the Atrium Medisch Centrum Parkstad, and will that lead to a decrease in the incidence of delirium?

Onderzoeksopzet

Pain detection: Numeric Rating Scale (NRS) or Critical Care Observation Score (CPOT) : 3x/day.

Monitoring depth of sedation: Richmond Agitation-Sedation Scale (RASS): 3x/day.

Detecting delirium: Confusion Assessment Method for the ICU (CAM-ICU): 3x/day.

Onderzoeksproduct en/of interventie

All ICU patients included in the study will be treated according to the new pain, agitation, and delirium guideline during 12 weeks (group A). Primary and secondary outcomes will be registered. Data will be compared with earlier results of patients in the ICU receiving care as usual (group B).

Contactpersonen

Publiek

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Wetenschappelijk

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Deelname eisen

Belangrijkste voorwaarden om deel te mogen nemen (Inclusiecriteria)

All patients admitted to the Intensive Care Unit of the Atrium Medisch Centrum Parkstad between November 2014 and February 2015 are treated according to latest Pain, Agitation, and Delirium guideline.

Belangrijkste redenen om niet deel te kunnen nemen (Exclusiecriteria)

-Age < 18 years

-Pre-existent delirium 24 hours before admittance to ICU

-Richmond Agitation Sedation Score (RASS) -4/-5 during ICU stay

-< 24 hours ICU stay

-Deafness or serious visual impairment

-Unable to speak or understand Dutch language

-Serious mental handicaps

-Pre-existent cognitive impairment or dementia

-Aphasia

-Delirium screening compliance rate <80% during ICU stay

Onderzoeksopzet

Opzet

Type:	Observationeel onderzoek, zonder invasieve metingen
Onderzoeksmodel:	Parallel
Toewijzing:	N.v.t. / één studie arm
Blindering:	Open / niet geblindeerd
Controle:	N.v.t. / onbekend

Deelname

Nederland

Status:	Werving nog niet gestart
(Verwachte) startdatum:	17-11-2014
Aantal proefpersonen:	100
Type:	Verwachte startdatum

Ethische beoordeling

Positief advies

Datum:	13-11-2014
Soort:	Eerste indiening

Registraties

Opgevolgd door onderstaande (mogelijk meer actuele) registratie

Geen registraties gevonden.

Andere (mogelijk minder actuele) registraties in dit register

Geen registraties gevonden.

In overige registers

Register	ID
NTR-new	NL4697
NTR-old	NTR4902
Ander register	: METC nr: 14-N-99

Resultaten

Samenvatting resultaten
None.