

# Mucus in paediatric mechanical ventilation.

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We hypothesize that nebulisation of ipratropiumbromide results in decreased production of sputum resulting in a better lung aeration (defined by an increase in EELV) and improved oxygenation (as defined by the PaO<sub>2</sub>/FiO<sub>2</sub> ratio and the oxygenation...

<b>Ethische beoordeling</b>	Positief advies
<b>Status</b>	Werving nog niet gestart
<b>Type aandoening</b>	-
<b>Onderzoekstype</b>	Interventie onderzoek

## Samenvatting

### ID

NL-OMON24021

### Bron

NTR

### Verkorte titel

N/A

### Aandoening

Mechanical ventilation, sputum productgion

### Ondersteuning

**Primaire sponsor:** N/A

**Overige ondersteuning:** Not applicable

### Onderzoeksproduct en/of interventie

### Uitkomstmaten

#### Primaire uitkomstmaten

To study the differences in changes in EELV between mechanically ventilated children after endotracheal suctioning with prior nebulisation of ipratropiumbromide, prior instillation of

NaCl 0.9% or nothing.

## Toelichting onderzoek

### Achtergrond van het onderzoek

Rationale:

Ipratropiumbromide (Atrovent®) is an ammonium-containing muscarinic antagonist (i.e. an anticholinergic agent) that conceptually may decrease sputum production with resulting increase in lung volume defined by end-expiratory lung volume (EELV) and improved oxygenation. However, its efficacy on these outcomes is unclear that warrants further study to rationalise this supportive treatment.

Objective:

1. To study the differences in changes in EELV between mechanically ventilated children after endotracheal suctioning with prior nebulisation of ipratropiumbromide, prior instillation of NaCl 0.9% or nothing;
2. To study the differences in PaO<sub>2</sub>/FiO<sub>2</sub> and oxygenation index between mechanically ventilated children after endotracheal suctioning with prior nebulisation of ipratropiumbromide, prior instillation of NaCl 0.9% or nothing.

Study design:

The study is designed as a prospective, randomized interventional pilot study in the period September - December 2009.

Study population:

All mechanically ventilated children aged 0 - 18 years old.

Intervention (if applicable):

Patients will be randomized to either nebulisation of ipratropiumbromide (if age less than 4 years 125 micrograms, if age > 4 years then 250 micrograms) four times a day, endotracheal installation of sodium chloride (NaCl 0.9%) 2 - 4 ml or to control group (no intervention at all).

Main study parameters/endpoints:

Primary endpoint includes the difference in changes in EELV measured with EIT. Secondary endpoints include the difference in oxygenation defined by PaO<sub>2</sub> ratio and the oxygenation index (OI).

### Doel van het onderzoek

We hypothesize that nebulisation of ipratropiumbromide results in decreased production of

sputum resulting in a better lung aeration (defined by an increase in EELV) and improved oxygenation (as defined by the PaO<sub>2</sub>/FiO<sub>2</sub> ratio and the oxygenation index) in a heterogeneous group of mechanically ventilated critically ill children.

## **Onderzoeksopzet**

The study periods lasts 24 hours after inclusion, incorporating 4 time points at which measurements are made.

## **Onderzoeksproduct en/of interventie**

Patients will be randomized to either nebulisation of ipratropiumbromide (if age less than 4 years 125 micrograms, if age > 4 years then 250 micrograms) four times a day, endotracheal installation of sodium chloride (NaCl 0.9%) 2 – 4 ml or to control group (no intervention at all).

## **Contactpersonen**

### **Publiek**

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### **Wetenschappelijk**

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## **Deelname eisen**

## **Belangrijkste voorwaarden om deel te mogen nemen (Inclusiecriteria)**

Children are eligible for inclusion if they meet the following criteria:

1. Pressure-controlled mechanical ventilation for at least 24 hours;
2. Endotracheal tube leakage < 5% (as measured by the mechanical ventilator);
3. Informed consent obtained from parents or legal caretakers.

## **Belangrijkste redenen om niet deel te kunnen nemen (Exclusiecriteria)**

1. Mechanical ventilation less than 24 hours or children on high-frequency oscillatory ventilation;
2. Endotracheal tube leakage > 5%;
3. Pre-existing pulmonary abnormalities;
4. Pre-existing congenital heart disease with significant left-to-right shunt.

## **Onderzoeksopzet**

### **Opzet**

Type:	Interventie onderzoek
Onderzoeksmodel:	Parallel
Toewijzing:	Gerandomiseerd
Blinding:	Open / niet geblindeerd
Controle:	Geneesmiddel

### **Deelname**

Nederland	
Status:	Werving nog niet gestart
(Verwachte) startdatum:	10-01-2009

Aantal proefpersonen: 45  
Type: Verwachte startdatum

## Ethische beoordeling

Positief advies  
Datum: 10-08-2009  
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	NL1838
NTR-old	NTR1948
Ander register	:
ISRCTN	ISRCTN wordt niet meer aangevraagd.

## Resultaten

### Samenvatting resultaten

N/A