

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

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

Ethische beoordeling	Positief advies
Status	Werving gestart
Type aandoening	-
Onderzoekstype	Interventie onderzoek

Samenvatting

ID

NL-OMON24056

Bron

Nationaal Trial Register

Verkorte titel

IQ-transport study

Aandoening

interhospital transport by Mobile Intensive Care Unit

Ondersteuning

Primaire sponsor: Academic Medical Center, Mobile Intensive Care Unit

Overige ondersteuning: none

Onderzoeksproduct en/of interventie

Uitkomstmaten

Primaire uitkomstmaten

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.

Toelichting onderzoek

Achtergrond van het onderzoek

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.

Doel van het onderzoek

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

Onderzoeksproduct en/of interventie

Study strategies

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

2. Transport will be performed solely by a registered IC-nurse. In this startegy, 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.

Contactpersonen

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Wetenschappelijk

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Deelname eisen

Belangrijkste voorwaarden om deel te mogen nemen (Inclusiecriteria)

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

Belangrijkste redenen om niet deel te kunnen nemen (Exclusiecriteria)

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

1. PaO₂/FiO₂ < 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.

Onderzoeksopzet

Opzet

Type:	Interventie onderzoek
Onderzoeksmodel:	Parallel
Blinding:	Open / niet geblindeerd
Controle:	Actieve controle groep

Deelname

Nederland	
Status:	Werving gestart
(Verwachte) startdatum:	01-02-2006
Aantal proefpersonen:	300
Type:	Verwachte startdatum

Ethische beoordeling

Positief advies	
Datum:	25-01-2006
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	NL528
NTR-old	NTR572
Ander register	: N/A
ISRCTN	ISRCTN39701540

Resultaten

Samenvatting resultaten

N/A