ICU TRIALS OF 2017

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part one

a compilation of some of the major trials of 2017

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TRIAL	WHAT DID IT SAY
EAT-ICU Early goal-directed nutrition vs standard of care in adult intensive care patients.	EGDN did not appear to affect physical quality of life at 6 months or other important outcomes as compared to standard nutrition care in acutely admitted, mechanically ventilated, adult ICU patients.
Early application of airway pressure release ventilation may reduce the duration of mechanical ventilation in acute respiratory distress syndrome	Compared with LTV, early application of APRV in patients with ARDS improved oxygenation and respiratory system compliance, decreased Pplat and reduced the duration of both mechanical ventilation and ICU stay.
Reconnection to mechanical ventilation for 1 h after a successful spontaneous breathing trial reduces reintubation in critically ill patients: MCRCT	One-hour rest after a successful SBT reduced the rates of reintubation within 48 h after extubation in critically ill patients.
Biomarker-based strategy for early discontinuation of empirical antifungal treatment in critically ill patients: RCT	Results confirm previous findings suggesting that early discontinuation of empirical antifungal treatment had no negative impact on outcome.
MCRCT of lateral Trendelenburg versus semirecumbent body position for the prevention of ventilator-associated pneumonia	The LTP slightly decreased the incidence of microbiologically confirmed VAP. Nevertheless, given the early termination of the trial, the low incidence of VAP, and the adverse events associated with the LTP, the study failed to prove any significant benefit. Further clinical investigation is strongly warranted; however, at this time, the LTP cannot be recommended as a VAP preventive measure.
Guidelines for the diagnosis and management of critical illness-related corticosteroid insufficiency (CIRCI) in critically ill patients	Evidence-based recommendations for the use of corticosteroids in critically ill patients with sepsis and septic shock, acute respiratory distress syndrome, and major trauma have been developed by a multispecialty task force.
Immediate interruption of sedation compared with usual sedation care in critically ill postoperative patients (SOS-Ventilation): a randomised, parallel-group clinical trial	Immediate interruption of sedation in critically ill postoperative patients with organ dysfunction who were admitted to the ICU after abdominal surgery improved outcomes compared with usual sedation care. These findings support interruption of sedation in these patients following transfer from the operating room.
Nebulized Versus IV Amikacin as Adjunctive Antibiotic for Hospital and Ventilator-Acquired Pneumonia Postcardiac Surgeries: RCT	Nebulized amikacin showed better clinical cure rates, less ICU stay, and fewer days to reach complete recovery compared to IV amikacin for surgical patients with nosocomial pneumonia. It is also a less nephrotoxic option associated with less deterioration in kidney function.
Transfusion Requirement in Burn Care Evaluation (TRIBE): A Multicenter Randomized Prospective Trial of Blood Transfusion in Major Burn Injury	A restrictive transfusion strategy halved blood product utilization. Although the restrictive strategy did not decrease BSI, mortality, or organ dysfunction in major burn injury, these outcomes were no worse than the liberal strategy.
Loxapine to control agitation during weaning from mechanical ventilation	Loxapine allowed agitation control during MV weaning and decreased the need for sedation resumption compared with placebo. However, loxapine did not significantly shorten weaning from MV. Altogether, our study constitutes a firm rationale for undertaking a more powered one to assess the potential benefit of loxapine in agitated patients during weaning from MV.
A pilot clinical trial of recombinant human angiotensin-converting enzyme 2 in acute respiratory distress syndrome	Infusion of GSK2586881 resulted in the expected changes in RAS biomarkers and were well-tolerated in subjects with ARDS. However, GSK2586881 infusions did not result in improvement in physiological or clinical measures of ARDS in this small study.

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