ICU TRIALS OF 2017

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part two

a compilation of some of the major trials of 2017

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TRIAL	WHAT DID IT SAY?
Enteral nutrition as stress ulcer prophylaxis in critically ill patients: A randomized controlled exploratory study	This study did not find an additional benefit of pharmacologic SUP when early EN is initiated in critically ill, mechanically ventilated patients in the medical ICU. These results add to the growing evidence supporting the protective role of early enteral nutrition in ICU. Larger clinical trials are necessary to corroborate our findings.
Quality sleep using earplugs in the intensive care unit: the QUIET pilot randomised controlled trial	A definitive study of earplugs as a noise- abatement strategy for patients admitted to the ICU is feasible on the basis of participant acceptability of the intervention and protocol compliance.
Continuous versus intermittent neuromuscular blockade in patients during targeted temperature management after resuscitation from cardiac arrest—A randomized, double blinded, double dummy, clinical trial	Continuous neuromuscular blockade during the first day after resuscitation reduced shivering, midazolam and fentanyl requirement, time to awakening and discharge from intensive care unit. There were no differences in overall survival, cooling rate and time to target temperature.
Effect of Ganciclovir on IL-6 Levels Among Cytomegalovirus-Seropositive Adults With Critical Illness	Among CMV-seropositive adults with critical illness due to sepsis or trauma, ganciclovir did not reduce IL-6 levels and the current study does not support routine clinical use of ganciclovir as a prophylactic agent in patients with sepsis. Additional research is necessary to determine the clinical efficacy and safety of CMV suppression in this setting.
Selepressin, a novel selective vasopressin V1A agonist, is an effective substitute for norepinephrine in a phase IIa randomized, placebo-controlled trial in septic shock patients	In septic shock patients, selepressin 2.5 ng/kg/minute was able to rapidly replace norepinephrine while maintaining adequate MAP, and it may improve fluid balance and shorten the time of mechanical ventilation.
Prevention of Exposure Keratopathy in Critically Ill Patients: A Single-Center, Randomized, Pilot Trial Comparing Ocular Lubrication With Bandage Contact Lenses and Punctal Plugs	Compared with ocular lubrication, bandage contact lenses and punctal plugs were more effective in limiting keratopathy, and their use, particularly of bandage contact lenses, was associated with significant healing of existing lesions.
Intensive versus standard physical rehabilitation therapy in the critically ill (EPICC): a multicentre, parallel-group, randomised controlled trial	In this study, ICU-based physical rehabilitation did not appear to improve physical outcomes at 6months compared with standard physical rehabilitation.
Targeted Temperature Management for 48 vs 24 Hours and Neurologic Outcome After Out-of-Hospital Cardiac Arrest	In unconscious survivors from out-of-hospital cardiac arrest admitted to the ICU, targeted temperature management at 33°C for 48 hours did not significantly improve 6-month neurologic outcome compared with targeted temperature management at 33°C for 24 hours. However, the study may have had limited power to detect clinically important differences, and further research may be warranted.
Evaluation of early administration of simvastatin in the prevention and treatment of delirium in critically ill patients undergoing mechanical ventilation (MoDUS): a randomised, double-blind, placebo-controlled trial	These results do not support the hypothesis that simvastatin modifies duration of delirium and coma in critically ill patients.
The effect of low-dose furosemide in critically ill patients with early acute kidney injury: A pilot randomized blinded controlled trial (the SPARK study)	In this pilot trial, furosemide did not reduce the rate of worsening AKI, improve recovery or reduce RRT; however, was associated with greater electrolyte abnormalities.
Procalcitonin-guided decision making for duration of antibiotic therapy in neonates with suspected early-onset sepsis: a multicentre, randomised controlled trial (NeoPIns)	Procalcitonin-guided decision making was superior to standard care in reducing antibiotic therapy in neonates with suspected early-onset sepsis. Non-inferiority for re-infection or death could not be shown due to the low occurrence of re-infections and absence of study-related death.
Non-invasive ventilation versus invasive mechanical ventilation in patients with hypoxemic acute respiratory failure in an Intensive Care Unit. A randomized controlled study	Considering the advantages and disadvantages of NIV, we believe NIV could be a reasonable option in hypoxemic ARF patients.
Efficacy and Safety of Spironolactone in Acute Heart Failure - The ATHENA-HF Randomized Clinical Trial	Adding treatment with high-dose spironolactone to usual care for patients with AHF for 96 hours was well tolerated but did not improve the primary or secondary efficacy end points.
Faster Blood Flow Rate Does Not Improve Circuit Life in Continuous Renal Replacement Therapy: A Randomized Controlled Trial	There was no difference in circuit life whether using blood flow rates of 250 or 150 mL/min during continuous renal replacement therapy.

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