

# Clinical Trial Protocol

## Iranian Registry of Clinical Trials

28 Jun 2026

### Evaluation of the effect of using Airway Pressure Release Ventilation (APRV) in comparison with Pressure Support Ventilation (PSV) method in lung mechanics in patients with Acute Respiratory Failure (ARF) admitted to intensive care unit

#### Protocol summary

##### Study aim

Evaluation of the effect of using APRV in comparison with PSV in lung mechanics in patients with respiratory failure admitted to intensive care unit

##### Design

A randomised clinical trial with a control group, with parallel, unblinded, randomized groups on 52 patients. A computer-generated random number table is used for randomization

##### Settings and conduct

In the APRV and PSV group, if the following conditions are present, patient is extubated: RSBI <105, pulmonary compliance above 40, resistance less than 10, SBP > 90

##### Participants/Inclusion and exclusion criteria

Patients with acute type I respiratory failure with endotracheal intubation and mechanical ventilation for less than 48 hours are admitted based on P / F Ratio = 150-250. Patients with neuromuscular or diaphragmatic disorder or chest deformity or suspected intracranial hypertension or chronic obstructive pulmonary disease or severe asthma or chronic heart failure or chronic renal failure or refractory shock or diagnosed barotrauma or lungs contusion or under 16 years of age and over 85 years, or pregnancy or abdominal compartment syndrome are excluded

##### Intervention groups

Intervention group: Patients switch from previous PSV ventilation mode to APRV mode. PaO<sub>2</sub> above 60. The T-low is set to 1 to 1.5 times the expiratory time constant (TE). T-high is adjusted so that the release frequency is set to 10-14 / min and PaCO<sub>2</sub> is kept in the normal range. Control group: Pressures are applied on the pressure mode with PIP and PS with the aim of creating a tidal volume equal to 6ml / kg of predicted body weight and PEEP is adjusted to the extent that with FIO<sub>2</sub> less than 60%, PaO<sub>2</sub> above 60. In both age and sex

groups, IBW and APACHE II Score at the time of hospitalization and lung mechanics and ventilator and oxygenation settings (P / F Ratio) and ABG indices are recorded on days 1, 2, 3 and 7.

##### Main outcome variables

Lung mechanics: compliance, resistance

#### General information

##### Reason for update

##### Acronym

##### IRCT registration information

IRCT registration number: **IRCT20200509047376N1**

Registration date: **2020-11-24, 1399/09/04**

Registration timing: **registered\_while\_recruiting**

Last update: **2020-11-24, 1399/09/04**

Update count: **0**

##### Registration date

2020-11-24, 1399/09/04

##### Registrant information

##### Name

arash najafi abranda badi

##### Name of organization / entity

##### Country

Iran (Islamic Republic of)

##### Phone

+98 21 6659 5720

##### Email address

najafiarash@sbm.ac.ir

##### Recruitment status

**Recruitment complete**

##### Funding source

##### Expected recruitment start date

2020-11-12, 1399/08/22  
**Expected recruitment end date**  
2021-01-04, 1399/10/15  
**Actual recruitment start date**  
empty  
**Actual recruitment end date**  
empty  
**Trial completion date**  
empty

**Scientific title**  
Evaluation of the effect of using Airway Pressure Release Ventilation (APRV) in comparison with Pressure Support Ventilation (PSV) method in lung mechanics in patients with Acute Respiratory Failure (ARF) admitted to intensive care unit

**Public title**  
The effect of APRV ventilation mode on respiratory failure

**Purpose**  
Treatment

**Inclusion/Exclusion criteria**  
**Inclusion criteria:**  
Intubated patients with acute respiratory failure type I (hypoxemic) Endotracheal intubation and mechanical ventilation less than 48 hours Respiratory failure based on P / F Ratio = 150-250  
**Exclusion criteria:**  
Patients with acute respiratory failure and P / F Ratio less than 150 Neuromuscular and diaphragmatic disorders Chest deformity Suspected Intracranial Hypertension COPD and severe asthma CHF CKD , ESRD Refractory shock Diagnosed Barotrauma and Lung Contusion Age under 16 and over 85 years Pregnancy Abdominal compartment syndrome

**Age**  
From **16 years** old to **85 years** old

**Gender**  
Both

**Phase**  
N/A

**Groups that have been masked**  
*No information*

**Sample size**  
Target sample size: **52**

**Randomization (investigator's opinion)**  
Randomized

**Randomization description**  
The two groups are divided based on random numbers generated by computer software.

**Blinding (investigator's opinion)**  
Not blinded

**Blinding description**  
**Placebo**  
Not used

**Assignment**  
Parallel

**Other design features**

## Secondary Ids

1  
**Registry name**  
**Secondary trial Id**  
**Registration date**  
empty

## Ethics committees

1  
**Ethics committee**  
**Name of ethics committee**  
Ethics committee of Tehran University of Medical Sciences  
**Street address**  
Sina Hospital, Imam Khomeini Ave., Imam Khomeini Square  
**City**  
Tehran  
**Province**  
Tehran  
**Postal code**  
1136746911  
**Approval date**  
2019-02-23, 1397/12/04  
**Ethics committee reference number**  
IR.TUMS.MEDICINE.REC.1397.848

## Health conditions studied

1  
**Description of health condition studied**  
Acute hypoxemic respiratory failure  
**ICD-10 code**  
J96.0  
**ICD-10 code description**  
Acute respiratory failure

## Primary outcomes

1  
**Description**  
Lung compliance. Lung resistance  
**Timepoint**  
Measurement of lung compliance and resistance on days 1, 2, 3 and 7 after long-term onset of APRV and PSV  
**Method of measurement**  
compliance and resistance measurement is based on ventilator information

## Secondary outcomes

1  
**Description**  
Acute Physiologic Assessment and Chronic Health Evaluation (APACHE) II Scoring System  
**Timepoint**  
At the time of admission

## Method of measurement

According to the case report

## 2

### Description

Oxygenation based on the ratio of arterial oxygen pressure to the Fio<sub>2</sub>

### Timepoint

Days 1, 2, 3 and 7 after the start of ventilation mode

### Method of measurement

Based on sample information of ABG blood gas analysis

## 3

### Description

Arterial blood carbon dioxide pressure PaCO<sub>2</sub>

### Timepoint

Days 1, 2, 3 and 7 after the start of ventilation mode

### Method of measurement

Based on sample information of ABG blood gas analysis

## 4

### Description

Fentanyl intake

### Timepoint

روزهای 1 و 2 و 3 و 7 بعد از شروع مد تهویه ای

### Method of measurement

Based on patient record (micrograms)

## 5

### Description

number of ventilator free days at day 28

### Timepoint

Twenty-eighth day after intervention

### Method of measurement

Based on patient record

## 6

### Description

Intensive care unit length of stay

### Timepoint

At the time of discharge from the intensive care unit

### Method of measurement

Based on patient record

## 7

### Description

Richmond Agitation and Sedation Scale (RASS score)

### Timepoint

Days 1, 2, 3 and 7 after the start of ventilation mode

### Method of measurement

Based on patient record

## 8

### Description

The amount of shunt:  $(1-SaO_2)/(1-SvO_2)$

### Timepoint

Days 1, 2, 3 and 7 after the start of ventilation mode

## Method of measurement

Based on ABG information

## Intervention groups

### 1

#### Description

Intervention group: APRV: Patients change from previous volume ventilation mode to APRV mode. P-high is adjusted to create VT = 6ml / kg and does not exceed 30cmH<sub>2</sub>O. From 60%, produce PaO<sub>2</sub> above 60. The T-low is set to 1 to 1.5 times the expiratory time constant (TE). T-high is adjusted so that the release frequency is set to 10-14 / min and PaCO<sub>2</sub> is maintained in the normal range.

#### Category

Treatment - Devices

### 2

#### Description

Control group: PSV: Patients on pressure mode with PIP and PS with the aim of creating a tidal volume equal to 6 ml per kg of ideal weight. PEEP to the extent that with FIO<sub>2</sub> less than 60%, PaO<sub>2</sub> above 60 Slowly adjusted.

#### Category

Treatment - Devices

## Recruitment centers

### 1

#### Recruitment center

##### Name of recruitment center

Sina hospital

##### Full name of responsible person

Arash Najafi Abrand Abadi

##### Street address

Imam Khomeini Ave.

##### City

Tehran

##### Province

Tehran

##### Postal code

1136746911

##### Phone

+98 21 6634 8500

##### Fax

+98 21 6634 8553

##### Email

najafiarash2005@gmail.com

## Sponsors / Funding sources

### 1

#### Sponsor

##### Name of organization / entity

Tehran University of Medical Sciences

##### Full name of responsible person

Dr. Shahin Akhoondzadeh

**Street address**

Faculty of Medicine, Tehran University of Medical sciences, Poorsina street, Keshavarz avenue

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**Email**

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**Grant name****Grant code / Reference number****Is the source of funding the same sponsor organization/entity?**

Yes

**Title of funding source**

Tehran University of Medical Sciences

**Proportion provided by this source**

100

**Public or private sector**

Public

**Domestic or foreign origin**

Domestic

**Category of foreign source of funding**

*empty*

**Country of origin****Type of organization providing the funding**

Academic

**Person responsible for general inquiries****Contact****Name of organization / entity**

Tehran University of Medical Sciences

**Full name of responsible person**

Elham Naseh

**Position**

ICU fellowship

**Latest degree**

Specialist

**Other areas of specialty/work**

Anesthesiology

**Street address**

Tehran University of Medical Science, Poorsin street, Keshavarz ave.

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**Email**

elhamnaseh63@gmail.com

**Person responsible for scientific inquiries****Contact****Name of organization / entity**

Tehran University of Medical Sciences

**Full name of responsible person**

Atabak Najafi

**Position**

professor

**Latest degree**

Specialist

**Other areas of specialty/work**

Anesthesiology

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**Email**

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**Person responsible for updating data****Contact****Name of organization / entity**

Tehran University of Medical Sciences

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Elham Naseh

**Position**

ICU fellowship

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**Fax**

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**Email**

elhamnaseh63@gmail.com

**Sharing plan****Deidentified Individual Participant Data Set (IPD)**

Yes - There is a plan to make this available

**Study Protocol**

Yes - There is a plan to make this available

**Statistical Analysis Plan**

Undecided - It is not yet known if there will be a plan to make this available

**Informed Consent Form**

Yes - There is a plan to make this available

**Clinical Study Report**

Yes - There is a plan to make this available

**Analytic Code**

Not applicable

**Data Dictionary**

Not applicable

**Title and more details about the data/document**

Individual data is recorded and archived in the datasheet. All data can be shared after unidentifiable study subjects.

**When the data will become available and for how****long**

Access period starts 6 months after the results are published

**To whom data/document is available**

Only for researchers working in academic and scientific institutions

**Under which criteria data/document could be used**

No other analysis is allowed.

**From where data/document is obtainable**

En To receive the data, they can send a request to the following email address. elhamnaseh63@gmail.com

**What processes are involved for a request to access data/document**

En To receive the data, they can send a request to the following email address. elhamnaseh63@gmail.com. Information will be made available to eligible individuals within 24 hours.

**Comments**