

# Clinical Trial Protocol

## Iranian Registry of Clinical Trials

04 Jun 2026

### Comparison of the effect of ketorolac and intravenous lidocaine on fentanyl-induced cough in patients undergoing elective surgery: a Double-blind clinical trial

#### Protocol summary

##### Study aim

The aim of this study is to evaluate the efficacy of ketorolac in inhibiting the fentanyl induced cough of before induction of general anesthesia and to compare its effectiveness with intravenous lidocaine so that it can be used as an alternative when lidocaine is contraindicated.

##### Design

prospective randomized controlled trial with control group, 3 arm parallel groups, double-blind, randomized, phase 3 on 210 patients. Excel software rand function was used for randomization.

##### Settings and conduct

in Firoozgar and Rasool Akram Hospital Eligible patients are randomly assigned to one of three groups receiving intravenous lidocaine, ketorolac, or normal saline. Depending on the group of each patient, drugs of the same volume will be injected and then receive intravenous fentanyl and the incidence and severity of the cough will be recorded.

##### Participants/Inclusion and exclusion criteria

The patients are 18 to 60 years old, with any gender and with ASA 1 or 2, who referred to Firoozgar and Hazrat Rasool Akram hospitals in the period of April 2022 to June 2022 and are candidates for elective surgery that lasts more than an hour. Exclusion criteria are: preoperative pulmonary emphysema, bronchial asthma, history of upper respiratory tract infection over the past 2 weeks, smoking, history of hypertension and coronary artery disease, chronic cough, hypertension Inside the eye, brain or abdomen, etc...

##### Intervention groups

Depending on the group of patients, 0.5 mg / kg ketorolac, 1 mg / kg lidocaine or normal saline is injected intravenously in the same syringe with the same volume within 15 seconds. After 3 minutes of drug injection, all patients will receive 3mcg / kg intravenous fentanyl

within 3 seconds. The occurrence and severity of cough will be recorded.

##### Main outcome variables

Cough, Cough intensity, Cough onset time, Heart rate, Arterial blood pressure, Arterial oxygen saturation

#### General information

##### Reason for update

##### Acronym

##### IRCT registration information

IRCT registration number: **IRCT20220102053599N1**

Registration date: **2022-06-25, 1401/04/04**

Registration timing: **retrospective**

Last update: **2022-06-25, 1401/04/04**

Update count: **0**

##### Registration date

2022-06-25, 1401/04/04

##### Registrant information

##### Name

Nasrin Nouri

##### Name of organization / entity

##### Country

Iran (Islamic Republic of)

##### Phone

+98 21 6435 2326

##### Email address

nouri.na@iums.ac.ir

##### Recruitment status

**Recruitment complete**

##### Funding source

##### Expected recruitment start date

2022-04-21, 1401/02/01

##### Expected recruitment end date

2022-06-22, 1401/04/01

**Actual recruitment start date**

empty

**Actual recruitment end date**

empty

**Trial completion date**

empty

**Scientific title**

Comparison of the effect of ketorolac and intravenous lidocaine on fentanyl-induced cough in patients undergoing elective surgery: a Double-blind clinical trial

**Public title**

Comparison of the effect of ketorolac and intravenous lidocaine on fentanyl-induced cough in surgery

**Purpose**

Prevention

**Inclusion/Exclusion criteria****Inclusion criteria:**

aged 18 to 60 years, with and without, of any gender ASA 1 or 2 referred to Firoozgar and Hazrat Rasul-e Akram hospitals and are candidates for elective surgery that lasts more than an hour in the period of April 2022 to June 2022

**Exclusion criteria:**

Preoperative pulmonary emphysema Bronchial asthma History of upper respiratory infection during the last 2 weeks Smoking Hypertension Coronary artery disease Has a chronic cough that makes it difficult to diagnose fentanyl-induced cough High pressure inside the eyes, brain or abdomen Taking anti-anxiety and anti-depressant drugs before surgery Taking anti-cough medicines (codeine, dextromethorphan, baclofen, steroids or bronchodilators) during the last week BMI above 28 kg/m<sup>2</sup> History of chronic opioid use Taking cough medicines (ACEI & ABR) History of GERD or peptic ulcer History of kidney or liver disease Pregnancy or breastfeeding Known allergy to fentanyl or ketorolac G6PD deficiency disease High risk of GIB Patient reluctance

**Age**

From **18 years** old to **60 years** old

**Gender**

Both

**Phase**

3

**Groups that have been masked**

- Participant
- Care provider
- Outcome assessor
- Data analyser

**Sample size**

Target sample size: **210**

**Randomization (investigator's opinion)**

Randomized

**Randomization description**

Patients randomly (using the computer random numbers method which, the numbers 1 to 3 are entered into the computer and by pressing the button to create a random number, a number between 1, 2 and 3 is generated that will indicate the patient group) enter in one of the 3

groups receiving intravenous lidocaine, ketorolac or normal saline are included as placebo until the sample volume is completed.

**Blinding (investigator's opinion)**

Double blinded

**Blinding description**

After selecting patients to enter the study, patients are randomly assigned to one of the 3 groups receiving intravenous lidocaine, ketorolac or normal saline as a placebo to complete the sample size. These individuals are in groups A, B, C The group of each patient is written in a sealed envelope and is given to each person in the unit before the operating room by the researcher and the patient enters the operating room with it. The drugs are prepared in similar 5 cc syringes by an anesthetist of the recovery unit who has no role in patient care and the names of the groups are labeled on them. Upon entering the room, the anesthesiologist in the room delivers the medication to the assistant along with the other anesthetics to induce anesthesia. The patient enters the study after obtaining consent and according to the information given about the study, but does not know about the injectable drug. In this way, patients and drug injecting assistants and cough observers (who are responsible for recording data) will be unaware of prescription drugs and study grouping

**Placebo**

Used

**Assignment**

Parallel

**Other design features****Secondary Ids**

empty

**Ethics committees****1****Ethics committee****Name of ethics committee**

Ethics committee of Iran University of Medical Sciences

**Street address**

Unit 1, No. 53, Hojjatdoost St., Naderi St., Keshavarz Boulevard

**City**

Tehran

**Province**

Tehran

**Postal code**

1416635491

**Approval date**

2021-12-07, 1400/09/16

**Ethics committee reference number**

IR.IUMS.FMD.REC.1400.538

**Health conditions studied**

## 1

### Description of health condition studied

Fentanyl induced Cough

### ICD-10 code

R05

### ICD-10 code description

Cough

## Primary outcomes

### 1

#### Description

cough

#### Timepoint

Within 90 seconds of fentanyl injection

#### Method of measurement

observation

## Secondary outcomes

### 1

#### Description

Cough Intensity

#### Timepoint

Within 90 seconds of fentanyl injection

#### Method of measurement

Observation

### 2

#### Description

Cough start time

#### Timepoint

Within 90 seconds of fentanyl injection

#### Method of measurement

Stopwatch

## Intervention groups

### 1

#### Description

Intervention group No.1: The group receiving 1mg / kg intravenous lidocaine 2%(100mg/5ml, Caspian,Tamin,RASHT.IRAN) 3 minutes before intravenous fentanyl ( fentanyl citrate,0.5mg/10ml ,Aburaihan Co.IRAN )

#### Category

Treatment - Drugs

### 2

#### Description

Intervention group No.2: The group receiving intravenous ketorolac 0.5 mg / kg (Ketorolac-EXIR, 30mg/ml, EXIR.IRAN) 3 minutes before intravenous fentanyl ( fentanyl citrate,0.5mg/10ml ,Aburaihan Co.IRAN )

#### Category

Treatment - Drugs

## 3

### Description

Control group: A group receiving the same amount of intravenous saline as the first and second control groups three minutes before intravenous fentanyl.

### Category

Placebo

## Recruitment centers

### 1

#### Recruitment center

##### Name of recruitment center

Rasul-e Akram Hpspital

##### Full name of responsible person

Sara Tahzibi

##### Street address

Niyayesh St. , Sattar Khan

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Tehran

##### Province

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1445613131

##### Phone

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rasoolhospital@iums.ac.ir

### 2

#### Recruitment center

##### Name of recruitment center

Firouzgar Hospital

##### Full name of responsible person

Sara Tahzibi

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Beh Afarin St. , Karim Khan St. , Valiasr Square

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## Sponsors / Funding sources

### 1

#### Sponsor

##### Name of organization / entity

Iran University of Medical Sciences

##### Full name of responsible person

Leila Irani

##### Street address

Hemat Highway next to Milad Tower, 14535

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PR@iums.ac.ir

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

Yes

**Title of funding source**

Iran University of Medical Sciences

**Proportion provided by this source**

50

**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**

Iran University of Medical Sciences

**Full name of responsible person**

Sara Tahzibi

**Position**

Medical student

**Latest degree**

Medical doctor

**Other areas of specialty/work**

Anesthesiology

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**Email**

Sara.tahzibi@gmail.com

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

Iran University of Medical Sciences

**Full name of responsible person**

Nasrin Nouri

**Position**

assistant professor

**Latest degree**

Specialist

**Other areas of specialty/work**

Anesthesiology

**Street address**

Unit 2, No. 618, Next to Saipa Agency, Damavand St. ,

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

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**Full name of responsible person**

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**Position**

medical student

**Latest degree**

Medical doctor

**Other areas of specialty/work**

Anesthesiology

**Street address**

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**Email**

Sara.tahzibi@gmail.com

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

No - There is not a plan to make this available

**Justification/reason for indecision/not sharing IPD**

Due to the publication of the results completely, there is no need to publish the research data separately. Also, in this study, consent is not obtained to use patients' data in other studies, which is another reason that justifies this issue.

**Study Protocol**

Yes - There is a plan to make this available

**Statistical Analysis Plan**

Yes - There is 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**

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

**Data Dictionary**

Yes - There is a plan to make this available

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

All the data of this research, including variables and primary and secondary consequences, etc., can be shared without naming people.

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

From the time the results are published, all information will be available without time limit.

**To whom data/document is available**

Information will be available to all academic and non-academic researchers in any field.

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

Patients' data will not be published separately, and other studies must use a code of ethics to use this information and, after consulting the contributors to the present study, obtain their consent again.

**From where data/document is obtainable**

Sara Tahzibi Contact No. : 00989192419907 E-mail: Sara.tahzibi@gmail.com

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

Obtaining ethics - Obtaining written permission from the collectors of the present study - Obtaining re-consent from the patients present in this study to use their information

**Comments**