

primary studies - published RCT

Pilot study of amiloride inhalation in children with cystic fibrosis.

Code: PM1614182

Year: 1992 Date: 1996

Author: Riedler J

Study design (if review, criteria of inclusion for studies)

Single-centre randomised trial

Participants

Age range provided by treatment group only. Hydrocath group (median 11 years, range 1.5 to 17.5 years); silastic group (median 11 years, range 0.5 to 17.5 years). 47 children with CF attending a UK regional CF centre.

Interventions

2 different long IV lines. Hydrocath 22-gauge (Viggo-Spectramed) a hydrophilic coated polyurethane catheter compared with a 23-gauge (Vygon EC) silastic catheter.

Outcome measures

Time taken to insert device (min). Lifespan of the long IV line (days). Patient satisfaction (arbitrary visual analogue scale, 100 = very satisfied, 0 = very dissatisfied). Complications of the device. Completion of the course of antibiotics with a single line.

Main results

Fifty eight courses of intravenous antibiotics were given, 28 through the Hydrocath (median age 11 years, range 1.5-17.5 years) and 30 through the silastic catheter, (median age 11 years, range 0.5-17.5). Mean line survival was equal. The Hydrocath took longer to insert and was associated with more pain on insertion. However, administration of antibiotics was easier through the Hydrocath and overall satisfaction was higher in those who had the Hydrocath. Both catheters performed well, but administration of antibiotics was easier through the Hydrocath.

<http://dx.doi.org/10.1055/s-2007-1025343>

See also

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Keywords

Intravenous; percutaneous; Bacterial Infections; Respiratory Tract Infections; Respiratory Tract Diseases; Infection; Anti-Bacterial Agents; pharmacological_intervention;