

# A pilot multicenter randomized study comparing an approach of individualized blood pressure targets to standard care among critically ill patients with shock

ACTRN12618000571279

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<b>Status</b>	RECRUITING
<b>Sponsor</b>	Intensive Care Unit, John Hunter Hospital
<b>Enrollment</b>	50 participants

## Plain Language Summary

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This pilot trial is investigating whether tailoring blood pressure targets in ICU patients with shock to each individual's pre-illness blood pressure — rather than using a one-size-fits-all target — can better protect the kidneys and improve survival. In shock, the body cannot maintain blood pressure on its own, requiring medications called vasopressors. The standard target is a mean blood pressure of 65 mmHg, but a person whose usual pressure is higher may need a higher target to protect their organs.

Fifty ICU patients with shock will be randomly assigned to either standard care (targeting 65 mmHg) or an individualised strategy based on their normal pre-illness blood pressure. The study will measure kidney function, amount of time spent with low blood pressure, and mortality over 14 and 90 days.

You may be eligible if you are 40 or older, are in an ICU with shock requiring vasopressor medications, have at least two pre-illness blood pressure readings on record, and were admitted to ICU within the last 24 hours. Patients with trauma, active bleeding, pregnancy, certain types of brain or aortic injury, or end-stage kidney disease are not eligible.

## Key Eligibility Criteria

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### Inclusion (6)

- ICU patients aged greater than or equal to 40 years
- The patient is deemed to be in shock, defined as clinician-initiated vasopressor therapy AND supported by any of the following within the last 24 hours:
  - Lactate level greater than or equal to 2 mmol/l or base deficit greater than or equal to 3 mmol/l,
  - Urine output less than or equal to 0.5 ml/kg/h or <40 ml/h for 2 or more consecutive hours
  - Respiratory rate >22 per minute
- ... and 1 more (see full listing online)

### Exclusion (16)

- Patients who are moribund, or have documented not-for-resuscitation orders
- At least 24 hours have lapsed from the time of initiation of vasopressor or inotropic support
- Patients who are either receiving or are deemed to imminently need renal replacement therapy.
- Patients who already have an increase in serum creatinine of >350 µmol/l from baseline.
- End stage renal disease
- ... and 11 more (see full listing online)

## Locations (5 total)

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John Hunter Hospital - New Lambton, NSW, Australia

The Maitland Hospital - Maitland, NSW, Australia

Port Macquarie Base Hospital - Port Macquarie, NSW, Australia

<https://www.anzctr.org.au/Trial/Registration/TrialReview.aspx?ACTRN=ACTRN12618000571279>

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