

Randomised comparison of fluid resuscitation with human albumin solution or normal saline among critically ill patients

Submission date 19/09/2002	Recruitment status No longer recruiting	<input checked="" type="checkbox"/> Prospectively registered <input type="checkbox"/> Protocol
Registration date 19/09/2002	Overall study status Completed	<input type="checkbox"/> Statistical analysis plan <input checked="" type="checkbox"/> Results
Last Edited 08/11/2022	Condition category Signs and Symptoms	<input type="checkbox"/> Individual participant data

Plain English Summary

Not provided at time of registration

Contact information

Type(s)

Scientific

Contact name

Prof Robyn Norton

Contact details

The George Institute for International Health
Level 24, Maritime Trade Towers
207 Kent Street
Sydney
Australia
NSW 2021
+ 61 2 9657 0381
rnorton@george.org.au

Additional identifiers

EudraCT/CTIS number

Nil known

IRAS number

ClinicalTrials.gov number

Nil known

Secondary identifying numbers

153711

Study information

Scientific Title

Randomised comparison of fluid resuscitation with human albumin solution or normal saline among critically ill patients

Acronym

SAFE Study (Saline versus Albumin Fluid Evaluation)

Study hypothesis

When 4% albumin is compared to 0.9% sodium chloride (normal saline) for intravascular fluid resuscitation in patients in the Intensive Care Unit (ICU) there is no difference in 28-day all-cause mortality.

Ethics approval required

Old ethics approval format

Ethics approval(s)

Ethics approval at Royal North Shore Hospital (affiliated with the University of Sydney and the Institute for International Health) was issued on 27 November 2000 (protocol ref: 0010-173M). Each participating institution also received ethics approval.

Study design

Randomised controlled trial

Primary study design

Interventional

Secondary study design

Randomised controlled trial

Study setting(s)

Hospital

Study type(s)

Treatment

Participant information sheet

Condition

Critically ill patients requiring intravenous fluid resuscitation

Interventions

The study treatment will be randomly allocated with stratification within the ICU and across the study population for patients admitted for trauma causes or non-trauma causes. Administration of the study treatments will be double blinded. Each eligible participant will be randomised to receive either 4% human albumin or 0.9% sodium chloride.

Co-sponsor for this trial:

Australian and New Zealand Intensive Care Society Clinical Trials Group

Level 3, 10 levers Terrace

Carlton, Melbourne 3053

Australia

Phone: +61 3 9340 3400

Fax: +61 3 9340 3499

Contact person: Professor Simon Finfer (sfinfer@george.org.au)

Intervention Type

Drug

Phase

Not Specified

Drug/device/biological/vaccine name(s)

Human albumin solution or normal saline

Primary outcome measure

Death from all causes at 28 days after randomisation

Secondary outcome measures

1. Survival time during the first 28 days
2. The proportion of patients with one, two, three, four and five new organ failures (defined as documented change in cardiovascular, respiratory, renal, haematologic or hepatic component of the Sepsis-related Organ Failure [SOFA] score from zero, one or two at base-line to three or four during ICU stay)
3. Duration of mechanical ventilation
4. Duration of renal replacement therapy
5. Duration of ICU and hospital stay

Overall study start date

01/01/2003

Overall study end date

31/12/2004

Eligibility

Participant inclusion criteria

Patients are eligible for inclusion in the study if ALL the following requirements are met:

1. Fluid resuscitation is required for intravascular fluid depletion that is in addition to intravenous fluid that is required for nutrition or to replace ongoing insensible losses, urinary losses, ongoing losses from other sites (e.g., fistula losses from the gastrointestinal tract, urinary losses from diabetes insipidus, cerebral salt wasting syndrome or the polyuric phase of acute

renal failure) or to restore normonatraemia

2. The ICU clinician considers that both 4% human albumin solution and 0.9% sodium chloride are equally appropriate for the patient and that no specific indication or contraindication for either exists

3. The requirement for fluid resuscitation must be supported by AT LEAST ONE of the following clinical signs:

- a. Heart rate greater than 90 beats/min
- b. Systolic Blood Pressure (SBP) less than 100 mmHg or Mean Arterial Pressure (MAP) less than 75 mmHg or a 40 mmHg decrease in SBP or MAP from the baseline recording
- c. Central venous pressure less than 10 mmHg
- d. Pulmonary artery wedge pressure less than 12 mmHg
- e. Respiratory variation in systolic or mean arterial blood pressure of greater than 5 mmHg
- f. Capillary refill time greater than one second
- g. Urine output less than 0.5 ml/kg for one hour

Participant type(s)

Patient

Age group

Adult

Sex

Not Specified

Target number of participants

7000

Participant exclusion criteria

Patients are excluded from the study if one or more of the following are present:

1. A known previous adverse reaction to human albumin solution
2. Any known religious objection to the administration of human blood products (for example if patient is a Jehovahs Witness)
3. A requirement for the patient to receive plasmapheresis during this ICU admission
4. An admission to the ICU following cardiac surgery
5. An admission to the ICU for the treatment of body burn
6. An admission to the ICU following liver transplantation surgery
7. Age less than 18 years
8. Brain death or brain death that is likely to be diagnosed within in the next 24 hours of fluid resuscitation being required
9. If the patient is moribund and expected to die within the next 24 hours - defined as having a treatment limitation order in place that exceeds a not for resuscitation order and that indicates the treating clinicians are not committed to full supportive care
10. If the patient has previously been enrolled and has completed follow up in the SAFE study
11. If the patient has previously received fluid resuscitation that was prescribed within the study ICU and during this current ICU admission
12. If the patient has been transferred to the study ICU from a non-study ICU and received a fluid bolus or fluid resuscitation for the treatment of volume depletion in that non-study ICU

Recruitment start date

01/01/2003

Recruitment end date

31/12/2004

Locations

Countries of recruitment

Australia

New Zealand

Study participating centre

The George Institute for International Health

Sydney

Australia

NSW 2021

Sponsor information

Organisation

The George Institute for International Health (Australia)

Sponsor details

c/o Professor Simon Finfer

The George Institute for International Health

Level 24, Maritime Trade Towers

207 Kent Street

Sydney

Australia

NSW 2021

Sponsor type

Research organisation

Website

<http://www.thegeorgeinstitute.org>

ROR

<https://ror.org/023331s46>

Funder(s)

Funder type

Hospital/treatment centre

Funder Name

Funding has been from several organisations (listed in alphabetical order):

Funder Name

Auckland Hospital (New Zealand)

Funder Name

Commonwealth Department of Health and Aged Care (Australia)

Funder Name

CSL Limited, Melbourne (Australia)

Funder Name

Middlemore Hospital, Auckland (New Zealand)

Funder Name

National Health and Medical Research Council (Australia) - three year project grant (ref: 153711)

Funder Name

National Health Research Council (New Zealand) (ref: 01/386)

Funder Name

New South Wales Health Department

Funder Name

Northern Territory Health Services (Australia) - grant from the Australian Health Care Agreement 1998 - 2003 Quality Improvement and Enhancement Funds

Funder Name

Queensland Health Services Department (Australia)

Funder Name

Royal Hobart Hospital, Tasmania (Australia)

Funder Name

South Australia Department of Human Services (Australia)

Funder Name

Victoria Department of Human Services (Australia)

Funder Name

Western Australia Health Department (Australia)

Funder Name

The SAFE study was initiated and designed by the Australian and New Zealand Intensive Care Society Clinical Trials Group and the Australian and Red Cross Blood Service. The study design, protocol and procedures have been finalised in collaboration with the Institute for International Health, independently of the aforementioned funding bodies. The data will be collected, analysed and published independent of the funding bodies and a copy of the final report will be distributed to them on completion of the study.

Results and Publications

Publication and dissemination plan

Not provided at time of registration

Intention to publish date**Individual participant data (IPD) sharing plan**

Not provided at time of registration

IPD sharing plan summary

Not provided at time of registration

Study outputs

Output type	Details	Date created	Date added	Peer reviewed?	Patient-facing?
Results article		18/11/2006		Yes	No
Results article		30/08/2007		Yes	No