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The CLAMP Project
Characterising Leak of Air in Medical Pneumothorax

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Project Registration and Caldicott Approval

We are grateful to local leads for registering this project with local audit/improvement/evaluation teams as part of a multisite service evaluation. Alongside registration, a data request form (or equivalent) will need to be completed and approved by local Caldicott/information governance processes. Whilst these forms vary, fields commonly requested include:

Title: Evaluating impacts of chest drain clamping (multisite service evaluation component)

Aim: We aim to assess whether chest drain clamping trials are commonly performed in the UK and whether they are associated with significant clinical impacts including pneumothorax recurrence, length of stay and adverse events.

Data collection/analysis methods: Data collection via REDCap to be organised by retrospective review of notes at individual sites for each pneumothorax case including non-identifying patient demographic details, laterality of PTX, whether clamping was performed, time to chest X-ray, decision about chest drain removal, time to chest drain removal, length of stay, adverse effects, recurrence, further interventions required. Analysis by lead authors at CUH.

Data fields required: Age at presentation, sex, date of presentation, type of PTX (PSP vs SSP), laterality, treatment, date of chest drain, date of air leak stop, clamped?, PMHx, Recurrent?, Smoking status, FHx, Clamp date, t to CXR (mins), decision on drain, CD removal (Y/N), t to removal from CXR (hr), further CXR (Y/N and result), time to MSFD, LoS, AEs?, Recurrence within 30 days (Y/N), intervention for recurrence, Intervention day since initial presentation, total LoS including recurrence, air leak as measured by digital suction device.

Data transfer and storage: Via REDCap a purpose-built and secure web-based application. Only accessible by lead authors. Storage on the Cambridge Integrated Data Environment server <https://ide-cam.org.uk/redcap/>.

We have provided additional information in the CLAMP – Protocol document, also supplied. Please let us know if any issues or concerns with local approval processes.

Yours faithfully,

Dr Anthony Martinelli & Dr Niki Veale
CLAMP Co-Leads