

The Update Management and Prevention of Ventilator-associated Pneumonia

王鶴健

台大醫院胸腔內科

Ventilator-associated pneumonia (VAP) is a nosocomial infection that develops in patients 48 h following tracheal intubation. VAP is the most common infection in critically ill patients. Studies have shown that VAP increases morbidity and length of ICU and hospital stay, and constitutes a serious burden for the healthcare system. However, VAP is a preventable event. Implementation of care bundles on the general management of ventilated patients in daily practice has reduced the VAP rates. The main strategies to prevent VAP are proper hands hygiene, high nurse-to-patient ratio, avoid unnecessary transfer of ventilated patients, use of non-invasive mechanical ventilation, shortening weaning period, avoid the use of nasal intubation, prevent bio-film deposition in endotracheal tube, aspiration of subglottic secretions, maintenance of adequate pressure of endotracheal cuffs, avoid manipulation of ventilator circuits, semi-recumbent position and adequate enteral feeding. In patients with clinical suspicion of VAP, appropriate antibiotic therapy administered in a timely manner can improved survival. Guidelines for management & treatment of VAP have been developed to aid physician to achieve these goals. Implementation of guidelines into daily practice is difficult to achieve and requires extensive education for healthcare personnel. Translation of recommendations into local protocols is also important.