

Recommendations prioritize strategies to prevent ventilator-associated pneumonia

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Thousands of critically ill patients on life support develop ventilator-associated pneumonia (VAP) each year. A new document released today by a consortium of professional organizations helps prioritize strategies to prevent this potentially fatal infection.

This guidance, featured in the update of the Compendium of Strategies to Prevent Healthcare-Associated Infections in Acute Care Hospitals, is published in the August issue of *Infection Control and Hospital Epidemiology* and was produced in a collaborative effort led by the Society for Healthcare Epidemiology of America, the Infectious Diseases Society of America, the American Hospital Association, the Association for Professionals in Infection Control and Epidemiology, and The Joint Commission. Included in the guidance are specific recommendations for implementation in acute care facilities for adults, pediatric and neonatal patient populations.

"Because the Compendium consists of guidance documents rather than guidelines, we have flexibility to include recommendations where the formal grading of the quality of evidence is relatively low but where experts agree that the potential benefits outweigh potential risks and costs," said Michael Klompas, MD, MPH, a co-lead author with Sean Berenholtz, MD, MHS. "This is especially important for younger patient populations where evidence is sparse."

The guidance includes basic prevention strategies, as well as special approaches that can be considered for hospitals with VAP rates that are

not improving despite high performance rates on basic practices. Also included are common attributes of successfully implemented care improvement programs since accountability is necessary to consistent and effective execution of prevention strategies.

Prevention strategies highlighted by the authors include:

- For adult patients:
 - Avoid intubation if possible.
 - Minimize sedation.
 - Assess readiness to extubate daily.
 - Encourage exercise and mobilization.
 - Use endotracheal tubes with subglottic secretion drainage for high risk patients.
 - Elevate the head of the bed.
- For pediatric and neonatal patients:
 - Avoid intubation if possible.
 - Minimize the duration of mechanical ventilation.
 - Provide regular oral care (toothbrushing, gauze or sterile water only depending on age).
 - Elevate the head of the bed (pediatric patients only).

The new practice recommendations are a part of Compendium of Strategies to Prevent Healthcare-Associated Infections in Acute Care Hospitals: 2014 Updates, a series of articles sharing evidence-based strategies to help healthcare professionals effectively control and prevent the spread of healthcare-associated infections (HAIs). The 2014 release revises the initial 2008 Compendium publication.

Provided by Society for Healthcare Epidemiology of America

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