

POSTER PRESENTATION

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The impact of the implementation of bundle in the prevention of ventilator-associated pneumonia in intensive care units

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Introduction / objectives

Ventilator-associated pneumonias (VAP) are the most prevalent infections in intensive care units (ICU). To reduce this rate, it is recommended the application of bundles - groups of individual practices that result in substantial improved care.

Aim

To measure the adherence to VAP bundle, correlating with the incidence of VAP per 1000 days of mechanical ventilation (MV).

Methods

The study was conducted in three general ICU (adult, cardiology and pediatric) of a medium sized hospital in Sao Paulo (Brazil) from June/2009 to April/2010. All patients on MV were assessed using a check list with five key measures: physiotherapy, presence of condensate in the circuit, a high head >30°, oral hygiene with chlorhexidine and manual resuscitator individual. The visits were carried out fortnightly, without notice, by the same researcher, with subsequent calculation of compliance.

Results

At the beginning, the incidence of VAP was 20/1000 days of MV and the adherence to the measures was 15%. In the second month, the membership had increased gradually, inversely proportional to the rate of VAP. From September to December, adherence ranged from 40 to 70%, with rates of VAP from 5 to 15/1000 days of MV. In February, there was a peak (30/1000

days of MV) and good adhesion to the bundle (70%), which may reflect the increase of patient severity. Later, the Infection Control Team developed an educational work, resulting in significant decrease in VAP rate (8/1000 days of MV) and 90% adherence to the bundle.

Conclusion

The application bundle is a feasible reality that produces good results in nosocomial infection rates. However, education and periodic training remain a fundamental process of improving health services.

Disclosure of interest

None declared.

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