

Endotracheal tube cuff pressure

see [Endotracheal tube cuff over inflation](#).

Based on the majority of human literature, ETT cuff pressure between 20 and 30 cmH₂O is considered to be the standard (safe) ETT cuff pressure range (13–15).

Care bundles for [Ventilator-associated pneumonia](#) (VAP) have been shown to minimize the rate of VAP in critically ill patients. Standard care bundles may need to be modified in resource-constrained situations. The goal of a study was to see if a modified VAP-care bundles lowered the risk of VAP in neurosurgical patients.

A [prospective cohort study](#) was conducted in mechanically ventilated neurosurgical patients. The VAP bundle was adjusted in the cohort group by increasing the frequency of intermittent [endotracheal tube cuff pressure](#) monitoring to six times a day while reducing [oral care](#) with 0.12% [chlorhexidine](#) to three times a day. The rate of VAP was compared to the historical control group.

A total of 146 and 145 patients were enrolled in control and cohort groups, respectively. The mean age of patients was 52 ± 16 years in both groups ($P=0.803$). The admission Glasgow coma scores were 7.79 ± 2.67 and 7.80 ± 2.77 in control and cohort group, respectively ($P=0.969$). VAP was found in nine patients in control group but only one patient in cohort group. The occurrence rate of VAP was significantly reduced in cohort group compared to control group (0.88/1,000 vs. 6.84/1,000 ventilator days, $P=0.036$).

The modified VAP bundle is effective in lowering the VAP rate in critically ill neurosurgical patients. It requires low budget and manpower and can be employed in resource-constrained settings ¹⁾

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Triamvisit S, Wongprasert W, Puttima C, Chiangmai MN, Thienjindakul N, Rodkul L, Jetjumnong C. Effect of modified care bundle for prevention of ventilator-associated pneumonia in critically-ill neurosurgical patients. *Acute Crit Care*. 2021 Nov;36(4):294-299. doi: 10.4266/acc.2021.00983. Epub 2021 Nov 23. PMID: 35263824.

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