

A [prospective cohort study](#) was conducted in mechanically ventilated neurosurgical [patients](#). The [ventilator-associated pneumonia](#) 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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