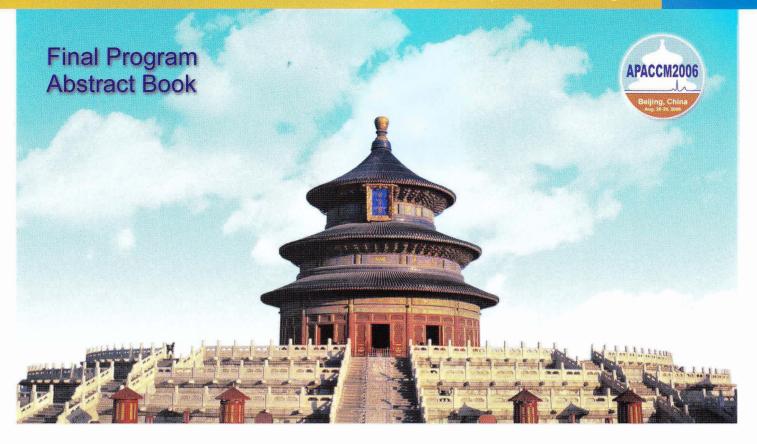
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Of Patient Profiles From Central Venous Catheter Tip Culture

<u>Cheung So</u>^{1,2,4}, Ying-Hui Chen¹, Fu-Chi Kang¹, Ying-Ching Chuang³, Kar-Lok Wong^{4,5}, Rick Sai-Chuen Wu^{4,5} tment of anesthesia, Chi-Mei Medical Center (Yu Kang & Lui Yi), Tainan, Taiwan, China; 2. Institute of Basic Medical Science, Cheng Kung University, Tainan, Taiwan, China; 3. Department of Internal Medicine, Chi-Mei Medical Center (Yu Kang & Lui Yi),

Tainan, Taiwan, China; 4. Department of anesthesia, China Medical University & Hospital, Taichung, Taiwan, China; 5. Institute of Medical Science, China Medical University, Taichung, Taiwan, China e-mail: edmundsotw@mail.chimei.org.tw

Objective: Use of Central Venous Catheter (CVC) is a common medical treatment in most institutes. It became a routine for most institutes to monitor the tip culture as an indicator for hospital infection. As CVC comes in different sizes and types, this study aimed to analysis the patient profiles from tip cultures so as to provide information for clinicians before they decide the type of CVC to be inserted.

Methods: We collected 3,486 cases of CVC inserted in our hospital during the period of January to April, 2005. Patient profiles including age, sex, diagnosis, days of hospitalization, use of antibiotics, use of Total Parenteral Nutrition (TPN), type of CVC inserted and results of CVC tip cultures were obtained from the hospital computer center. CVC tip cultures were divided into infected or non-infected groups (group A and B) as revealed by their bacterial culture. Patient profiles were compared between

the infected and non-infected groups.

Results: No significant differences in culture rates were found with respect to patient's age and sex .Tip culture rates increases with days of hospitalization (1 - 29%) (p < 0.001). Patients receiving antibiotic treatments had a higher incidence of positive tip culture (1 vs. 8%) (p < 0.001). Tip culture rates increase in patients receiving TPN treatment (7 vs 23%) (p < 0.001). There were no significant differences in tip culture rate with respect to the type of CVC inserted. (Antibiotic coated or not).

Conclusions: Our results showed that CVC infection rate had no correlation between patients' age, sex or types of CVC inserted. However, infection rate increases with TPN treatment, days of hospitalization and patients who were already receiving antibiotic treatments.

Key word: patient profile; central venous catheter; tip culture

G-20-0

Efficiency of Ventilator-Associated Pneumonia Prevention Protocol in a mixed Tertiary Intensive Care Unit in Pahang, Malaysia

Mohd Basri Mat Nor¹, Mohd Fauzi Abdul Rani²

 Department of Anesthesiology and Intensive Care, Faculty of Medicine, Int Islamic Univ Malaysia, Pahang, Malaysia; 2. Department of Internal Medicine, Faculty of Medicine, Int Islamic Univ Malaysia, Pahang, Malaysia e-mail: basrimatnor@hotmail.com

Objective: Ventilator-associated pneumonia (VAP) rate in adult ICU varies between 8.0 and 46.3 episodes/1000 ventilator days. A National Audit of Adult Intensive Care Units (NAICU) in 2003 reported a high incidence of 26.9/1000 ventilator days. A subsequent multiple one-day prevalence study found a high VAP rate (42.8/1000 ventilator days) in our ICU in Kuantan. We developed an ICU guidelines called Ventilator Associated Pneumonia Prevention Protocol (VAPP) and conducted a study to asses the efficiency of VAPP in our ICU setup.

Methods: This comparative study was done in Hospital Tengku Ampuan Afzan (HTAA). The following data were collected pre (from 1st April to 31st March 2004) and post (from 1st September 2004 to 31st August 2005) VAPP: patients demographics, medical history, both hospital and ICU admissions and discharges dates, SAPS II scores, admission categories, organ failures, status on ICU and hospital discharge, duration on mechanical ventilation.

Results: There were a total of 941 patients in pre (n = 480) and post (n = 461) VAPP periods. Patients' demographics, SAPS II scores and premorbid states were similar in both. VAP rate was 21.9/1000 ventilator days (37 episodes over 1689 ventilator days) pre VAPP and 8.35/1000 ventilator days (14 episodes over 1676 ventilator days) post VAPP. The relative risk reduction of VAP post implementation of VAPP was 62% with p value < 0.0001.

Conclusion: Our study has shown that local evidence-based VAPP guidelines could significantly reduce the rate of VAP in a large state hospital.

Key word: ventilator associated pneumonia; guidelines: implementation

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综合ICU病房晚发性呼吸机相关性肺炎细菌学耐药性的调查研究

Dexin Liu, Yushan Wang, Jiakun Tian

吉林大学第二医院急救医学科,中国长春 e-mail: <u>shadow0414@sina.com</u>

有创性机械通气作为重症监护病房(ICU)抢救危重患者的重要措施,已得到广泛应用,但由于机械通气所致的并发症也引起临床广泛关注。呼吸机相关性肺炎(VAP)是有创性机械通气患者最主要的并发症之一,也是 ICU中院内感染的主要原因之一,其发病率高达 18-60%,病死率高达 30-50%。有研究提示,一旦发生 VAP,特别是发生晚发性 VAP,会大大延长患者机械通气时间,