Ventilator-Associated Pneumonia

Brittnay Adkins
brittnay.adkins@otterbein.edu

Follow this and additional works at: https://digitalcommons.otterbein.edu/stu_msn

Part of the Nursing Commons

Recommended Citation
Adkins, Brittnay, "Ventilator-Associated Pneumonia" (2017). Nursing Student Class Projects (Formerly MSN). 255.
https://digitalcommons.otterbein.edu/stu_msn/255

This Project is brought to you for free and open access by the Student Research & Creative Work at Digital Commons @ Otterbein. It has been accepted for inclusion in Nursing Student Class Projects (Formerly MSN) by an authorized administrator of Digital Commons @ Otterbein. For more information, please contact digitalcommons07@otterbein.edu.
Pathological Process of VAP

**Signs & Symptoms**

- Fever
- Leukocytosis
- Purulent secretions
- Bronchial or diminished breath sounds upon auscultation
- Increased respiratory rate/effort
- Decreased tidal volume and/or increased minute ventilation
- Worsening gas sounds upon auscultation

**Implications for Nursing Practice**

- *Routine oral care for all mechanically ventilated patients with pre-existing or post-extubation-associated pneumonia include every four to six hours although studies remain inconclusive (Li, Ai, Li, Zhang, & Jue, 2020). In my practice, I care for a variety of critically ill patients who can potentially meet these criteria. These tools minimize the number of days a patient is mechanically ventilated (Melnyk & Fineout-Overholt, 2015). Early mobilization for all mechanically ventilated patients will lead to less total ventilator days and potentially less care of ventilator associated pneumonia (Li, et al, 2017). Opiate precautions such as routine screening, keeping head of bed elevated to 30 degrees and oral antiseptic use can lead to a decreased number of ventilator days and pneumonia cases (Labos, Van de Veyker, Bruusela, Vogelaar, & Brittnay, 2013).*