SELECTIVE DECONTAMINATION OF THE GASTROINTESTINAL TRACT IN PREVENTING VENTILATOR-ASSOCIATED PNEUMONIA IN AN INTENSIVE CARE UNIT

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4CPS-030

Objectives

To describe the implementation in the Intensive Care Unit of a tertiary level hospital of a "Selective Decontamination of the Digestive Tract (SDD)" protocol for preventing Ventilator-Associated Pneumonia (VAP); to study the evolution of VAP incidence over two consecutive years, and to evaluate the economic cost of the protocol.

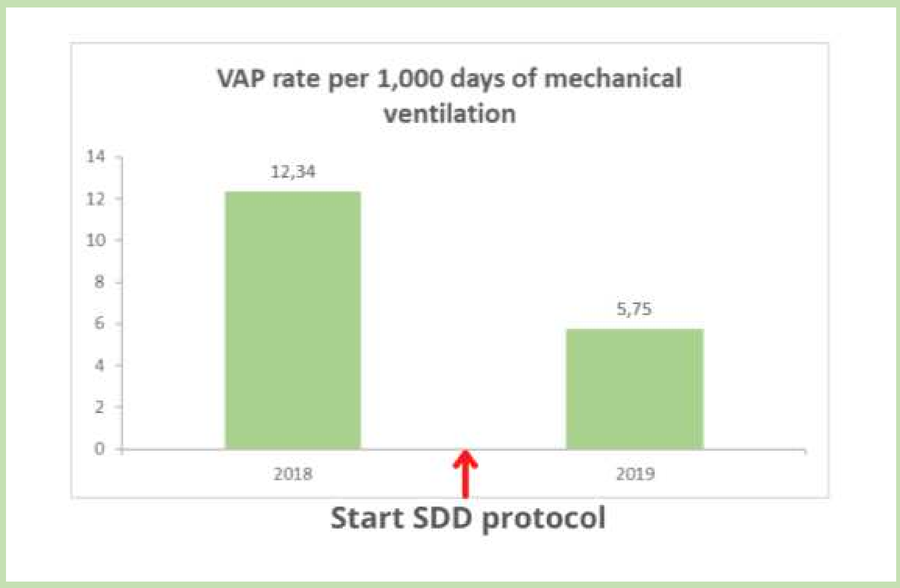
Material and methods

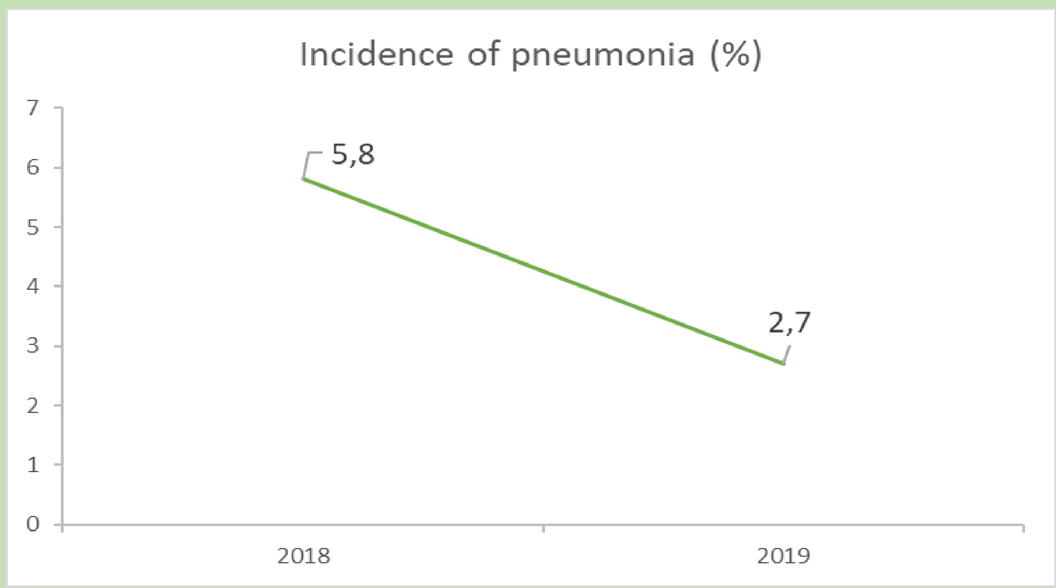
The SDD protocol is a strategy included among the specific optional measures in the Pneumonia Zero Project (PZ) whose aim is to contribute to reducing the incidence of VAP in Critical Care Units.

Its application is intended to prevent and/or eradicate the oropharyngeal and gastrointestinal carrier state of potentially pathogenic microorganisms. It consists of applying an oropharyngeal paste in the oral cavity and a solution introduced through a nasogastric tube four times a day in patients on mechanical ventilation. We prepare the paste and solution in the Pharmacy Service.

We compared VAP data between February and December 2019 with the same period in 2018.

Results





Production cost in 2019: €5.37 per SDD paste and €2.20 per SDD solution.

We produced 610 units of SDD paste and 850 units of SDD solution in 2019 ⟶ €5,145.70.

Conclusions

SDD applied with other recommended VAP control measures gave preliminary positive results in reducing the rate of VAP infections. We need to extend the study period to confirm these findings.