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Prevalence of nosocomial pneumonia associated to ventilators by MDR pathogens in a second level hospital during a two year period

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Aim: The study aims to determine the frequency of ventilator associated pneumonia by MDR bacteria, patient's characteristics and associated mortality rate in Hospital Issstecali during 2016-2017.

Design: It is a descriptive, observational, analytical and retrospective study.

Method: We collected data from the clinical records of patients who had presented ventilator associated nosocomial pneumonia with a bacterial isolate with an MDR profile. We included gender, age, comorbidities, predisposing risk factors, results of isolates, sensibility pattern, days of stay and obtained results. Frequencies and rates were calculated.

Results: During January 2016-November 2017, there were 106 cases of nosocomial pneumonia of which 56 of them were ventilator related. Bronchial secretion cultures were included in a 52% coming from men of median age of 62 years, comorbidities, arterial hypertension (50%), diabetes mellitus (41.5%), chronic kidney disease (14.9%), stroke and bedriddenness. A mean of 27.3 days of hospital stay were calculated. Of the total cultures, 26 of them showed development of bacteria with a MDR phenotype (24%) (Attack rate: 3.6 cases/1000 days of mechanical ventilation). *Pseudomonas aeruginosa* in 11 cultures (42.3%), *Crhyseomonas luteola* 15.3% of cultures and *Escherichia coli* 11.5%, *Klebsiella* group 47 7.6%. Their mechanisms of resistance were determined according to the phenotype reported in the anti microbiogram, showing a resistance to more than four families of antibiotics. The mortality rate was calculated at 19.3% cases in which the cause of death was directly related to the infectious process (rate: 0.7 deaths in 1000 egresses).

Conclusion: The isolation of MDR pathogens is not very common. However, they generate a high mortality/morbidity index and a great weight in our unit.

Recommendations: Reinforce the rational use of antibiotics program as well as the control of nosocomial infections so as to reduce their impact.

Biography

Guillermo Francisco Rosales Magallanes is the Head of Service of Infectology at Hospital Issstecali Mexicali in Baja California. Currently he is dedicated to the area of clinical research in the area of infections associated with health care.

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