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Neonatal ventilator associated pneumonia

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It is a pneumonia that develops in mechanically ventilated patients later than or at 48 hours after patient has been placed on mechanical ventilation. It is the second most common hospital acquired infection among Pediatric and Neonatal Intensive Care Units. Ventilator associated pneumonia (VAP) rate vary by birth weight category as well as by institution. Risk factors for VAP include, low birth weight; duration of mechanical ventilation, opiate treatment for sedation, frequent suctioning and reintubation. Both Gram positive and Gram negative organisms that originate from endogenous and exogenous are responsible. Diagnosis of neonatal VAP is challenging because of procedures such as tracheal aspirate and Gram stain have low sensitivity, specificity and positive predictive value. Neonatal VAP prevention recommendations include early removal of the endotracheal tube, adequate nutrition and implementation of VAP bundle.

Biography

Fahad Alsufayan has experience in the field of pediatrics. Currently, he is the Division Head of Pediatric Department, Consultant Neonatology and Pediatrics at National Guard Health Affairs, Dammam, Saudi Arabia. He was the Section Head in Research Office and Physician In-Charge at Al-Immam Abdulrahman Bin Faisal Hospital. He was a Chief of Fellows in Neonatology Section at University of Manitoba, Canada. He was also an Associate Consultant in Al-Immam Abdulrahman Bin Faisal Hospital.

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