UCDAVIS HEALTH | CHILDREN'S HOSPITAL

GUIDELINES FOR TREATMENT HAP/VAP AND TRACHEITIS IN PEDIATRIC ICUs

Pneumonia:

- new or progressive infiltrates and increased vent settings

Tracheitis:

- increased secretions and difficulty weaning the vent, without infiltrate

Clinical Suspicion of VAP:

- OBTAIN respiratory culture (mini-BAL or ET aspirate)
  and collect MRSA swab*, procalcitonin, and/or CRP
  *If none collected within the past 7 days

Antibiotic therapy:

- If NO recent antibiotic therapy OR hospital stay < 72 hours
  - ceftriaxone^ 50-75mg/kg IV Q24H, max per dose 2,000mg
  - consider addition of vancomycin 15mg/kg IV Q6H, max per dose 1,500mg. If hist ory
    of MRSA or MRSA screen positive. ^if less than 2 months old treat with ceftazidi me 50mg/kg IV Q8 - 12H
- If recent broad spectrum antibiotic therapy OR hospital stay > 72 hours OR known coloni zation with multidrug resistant pathogens
  - cefepime 50mg/kg IV Q8H, max per dose 2,000 mg
- consider addition of vancomycin 15mg/kg IV Q6H if known history of MRSA or MRSA sc reen positive

Exclusions for mini-BAL:

ECLS

Lung surgery

Significant airway bleeding

ETT≤ 3.5

Relative Contraindications:

FiO2> 0.6 and/or PEEP > 10

HFOV

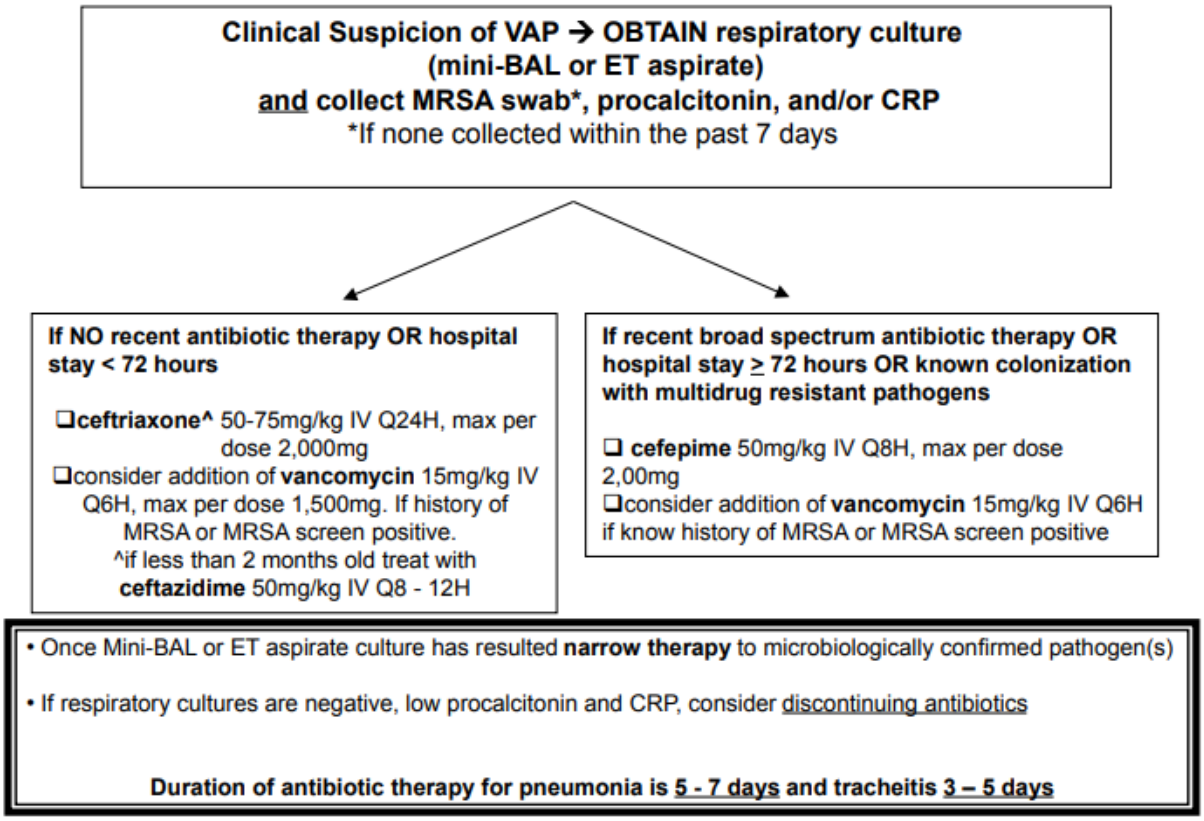
h/o total or segmental lung resection

Intracranial hypertension

Severe pulmonary hypertension

Status asthmaticus

Anticoagulation or platelets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• Once Mini-BAL or ET aspirate culture has resulted narrow therapy to microbiologically confirmed pathogen(s)
• If respiratory cultures are negative, low procalcitonin and CRP, consider discontinuing antibiotics
Duration of antibiotic therapy for pneumonia is 5 - 7 days and tracheitis 3 – 5 days

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