بسم الله الرحمن الرحيم

شبكة المعلومـــــات الجامعية

التوثيق الالكتروني والميكروفيلم

شبكة المعلومات الجامعية

جامعة عين شمس

التوثيق الالكتروني والميكروفيلم

﴿ قـــسـم ﴾

نقسم بالله العظيم أن المادة التي تم توثيقها وتسجيلها
علي هذه الأفلام قد اعدت دون آية تغيرات

يجب أن

تحفظ هذه الأفلام بعيداً عن الغبار

في درجة حرارة من 15 – 20 مئوية ورطوبة نسبية من 20-40 %

To be kept away from dust in dry cool place of
15 – 25c and relative humidity 20-40 %

بعض الوثائق الأصلية تالفة

بالرسالة صفحات

لم ترد بالأصـــل

Assessment of Nurses' Role in The Prevention of Ventilator-Associated Pneumonia

Thesis

Submitted for Partial Fulfillment of
The Master Degree

In

Nursing Science

(Medical-Surgical Nursing)

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Dedication
To
MY
LOVING
FAMILY
For their
Encouragement,
tolerance and pushing
me forward

Acknowledgment

First and for most, I feel always indebted to
Allah,
The Kind and Merciful

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List of Abbreviations

AARC	American Association of Respiratory Care.
ABGs	Arterial blood gases.
AC	Assisted-control
AIDs	Acquired immunodeficiency syndrome.
BAL	Bronchoalveolar lavage.
CDC	Center for disease control.
CMV	Controlled mechanical ventilation.
COPD	Chronic obstructive pulmonary disease.
CPAP	Continuous positive airway pressure.
CR	Critical ratio
CTSS	Closed tracheal suction system.
ETT	Endotracheal tube.
H_2	Histamine-2.
HME	Heat moisture exchangers.
IgA	Immunoglobulin A
IgG	Immunoglobulin G
IgM	Immunoglobulin M.
IMV	Intermittent mandatory ventilation.
IRV	Inverse ratio ventilation.
MV	Mechanical ventilation.
NGT	Nasogastric tube.
PEEP	Positive end expiratory pressure.
PSB	Protected specimen brush.
PSV	Pressure support ventilation.
SDD	Selective decontamination of the digestive tract
SIMV	Synchronized intermittent mandatory ventilation.
VAP	Ventilator associated pneumonia.
X^2	Chi-square.


Introduction

INTRODUCTION

Ventilator-associated pneumonia (VAP) is a bacterial pneumonia occurring 24 hours or more after the initiation of mechanical ventilation *(Estes and Meduri, 1995).* Not all ventilated patients are at equal risk for this problem. The presence of chronic obstructive pulmonary disease, multi-system organ failure, prolonged period of mechanical ventilation, extremes of age, head trauma or intracranial pressure monitoring, immunosuppression, thoraco-abdominal surgery, depressed sensorium and/or underlying disease, all have been associated with an increased risk of VAP *(Skerrett, 1994).*

Numerous mechanisms associated with endotracheal intubation are thought to play a role in the development of pneumonia, the prevention of cough due to inability to close the glottis, epithelial damage due to trauma from the endotracheal cuff, and interruption of the mucociliary escalator by the cuff. In addition, bacteria may colonize the surface of the endotracheal tube (ETT). Also pathogenic organisms may have been carried on and transmitted by health care workers' hand *(Lemone and Burke 1996 & Shekleton and Nield, 1987).*

It was reported that case rates may be as low as 8% and as high as 54% among mechanically ventilated ICU patients. It was found that VAP prolong the ICU stay for a mean of 13 days, the annual costs associated with nosocomial pneumonia in the USA probably exceed $ 2 billion, and VAP accounts for a large part of this figure because of the expense of ICU care *(Metersky and Skiest, 1995).* Patients who develop VAP are