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## Ventilator Associated Pneumonia

Helena Walker

*Kennesaw State University*

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## **Abstract**

**Helena Walker**

Ventilator Associated Pneumonia (VAP) is the instance in which a patient acquires pneumonia more than forty-eight hours after intubation with mechanical ventilation. VAP is a serious medical issue that occurs frequently in intensive care unit patients. Not only does this condition increase the morbidity and mortality of a patient, it also increases the cost of the patient's health care as well. Commonly as recent literature suggests, in an effort to prevent this infection from occurring, hospital staff have taken several approaches including antibiotic cycling, surveillance cultures, and de-escalation therapies. These methods do not always prevent the cases though. Currently, research suggests that the best ways to prevent these infections include looking at modifiable risk factors like positioning, reintubation, prior antibiotic usage, infection control practices, contamination of equipment, water, corticosteroid use, and tracheotomies. By examining the outcomes of specific interventions performed and the associated patient outcomes of those interventions, this project will identify the interventions that support the most favorable patient outcomes. By examining mortality, morbidity and the cost of the patients health care this will provide information about the most favorable outcomes for the patient.