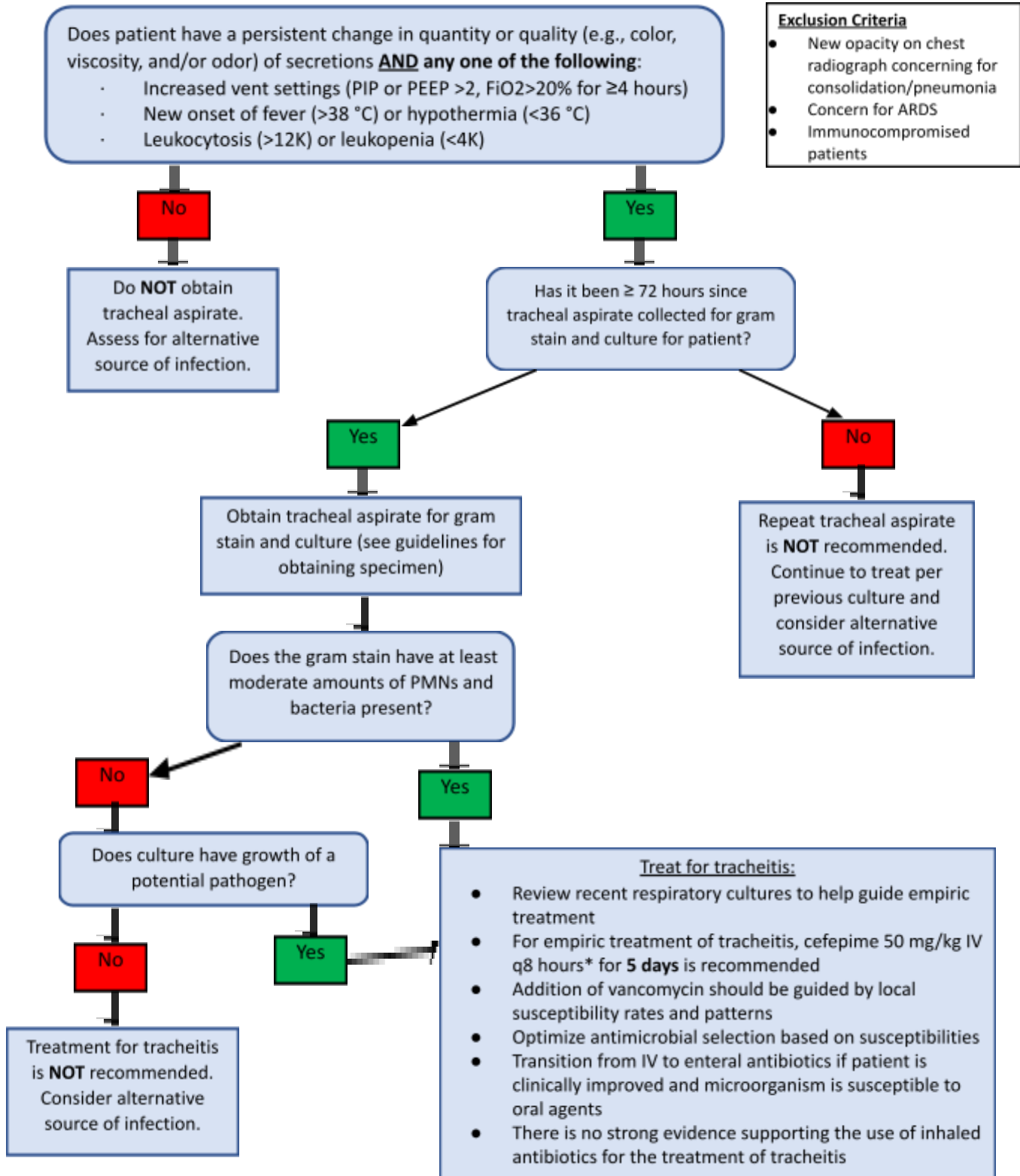


Evaluation and Treatment of Ventilator-Associated Tracheitis (VAT) in Pediatrics

For use in pediatric patients with tracheostomy or ETT



Exclusion Criteria

- New opacity on chest radiograph concerning for consolidation/pneumonia
- Concern for ARDS
- Immunocompromised patients

*Renally dose adjust when appropriate

ETT: Endotracheal tube; PIP: peak inspiratory pressure; PEEP: positive end-expiratory pressure; FiO2: fraction of inspired oxygen in the air; PMN: polymorphonuclear leukocyte; ARDS: acute respiratory distress syndrome

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Table 1. Tracheal Aspirate Collection Guidelines

1. Utilize new, sterile suction catheter (open or closed system)
2. It is strongly recommended that specimen be obtained on first pass of catheter (if unable to obtain an adequate specimen on first pass, consider collection with next suction)
3. Suction catheter should pass the end of the artificial airway (NO more than 1 cm beyond)
4. Recommended minimum volume for specimen is 1 mL
5. Minimize use of sterile normal saline (goal maximum of ≤ 0.5 mL) to clear specimen from catheter into collection container
6. Instillation of normal saline into artificial airway is not recommended during specimen collection as this will dilute the sample
7. Specimen type on label should say tracheal aspirate or ETT aspirate, not sputum