



*Brief Summary of the First General
Congress on Special Preventions*



Title :

Study of Infection in Chronic Ventilator
Dependent Patients in Shahid Rajaie Heart Hospital

Authors :

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Introduction :

patients with acute respiratory failure who need more than 72 h artificial ventilation, it is made a tender for transferring to chronic ventilator dependent until (CVDU).

Infection is an important complication in CVDU. We studied 100 patients who were admitted to CVDU in shahid Rajaie Heart Hospital.

Materials and Methods :

This study was done retrospectively. Patients were admitted from postoperative cardiac surgery intensive care units and coronary care units. Study was done on infection of respiratory tract, urinary tract, gastrointestinal and derm. These patients were complicated unwilling to complete bed rest. Many complications threat their life and infection is one of of these complications which is important .

Results :

one hundred and seven patients studied who were ventilator dependent, but five cases of them omitted due to failure of their file. Patients were two sexes. Average staying in CVDU was 29 days from 7days to 183days.



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(more than 500 C.C) need emergency drainage in adults ; with a pre-op evaluation of the hemostatic and coagulation status. At time, it is possible that a large clot would close the intracardiac circulation mechanically ; which needs surgical incision with clot extraction. The second surgical operations are associated with a higher bleeding rate so, precise surgical procedures, FFP and aprotinin usage is necessary at the time of surgery and during weaning the patient from the CPB pump. precise blood pressure control during and after the surgery is mandatory. Hypotension is usually caused by decreased intravascular volume, unless a myocardial functional defect is detected. So, hypotension should be treated with volume replacement ; though inotropic and vasopressor drugs have their specific role.

In the opium addict patients, the weaning process from the ventilators is a difficult one and also, at times the patients use oral opium, surreptitiously.

pediatric management in the PCSICU needs more attention than adult patients, because these are sensitive cases.

In prolonged ICU stay, widespread multi-organ monitoring is mandatory. If the patients need an artificial airway more than 3 weeks, at the end of the third week tracheostomy is needed.



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57 patients transferred from post cardiac surgery intensive care units and 45 patients were from coronary care units. 32 cases of CCUs had cardiopulmonary arrest and 13 cases had respiratory failure post myocardial infarction. 57 cases transferred from cardiac surgery ICUs post CABG and redo cardiac valve replacement.

Discussion ;

Respiratory failure is a complication that threaten these patients' life. But basic problem is not on respiratory tract. These patients suffer from multiorgan failure. Their ventilator dependencies minimize their physical activity, and this condition is predispose factor to other complications. This study shows, the most threaten life factor in these patients, is nosocomial infections.

Infection prevention and control facilitate weaning the patients from ventilator.

Also, these ICU wards should be developed and appropriate manpower are mandatory . CVDU wards are a complementary necessity to decrease the load of the PCSICU patients.

Patient weaning and extubation process are among the processes which are guided by vital signs, respiratory pattern, blood gas analysis and chest X-rays. Infections, pulmonary atelectasis and pneumothorax are among the most common morbidities...

Post - op bleedings are usually seen , but minor and moderate episodes are not to be re-entered to the operation room. Severe hemorrhage