

## 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<sup>^</sup> 50-75mg/kg IV Q24H, max per dose 2,000mg
  - consider addition of vancomycin 15mg/kg IV Q6H, max per dose 1,500mg. If history of MRSA or MRSA screen positive. <sup>^</sup>if less than 2 months old treat with ceftazidime 50mg/kg IV Q8 - 12H
- If recent broad spectrum antibiotic therapy OR hospital stay > 72 hours OR known colonization 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 screen positive

### Exclusions for mini-BAL:

ECLS



Lung surgery

Significant airway bleeding

ETT  $\leq$  3.5

Relative Contraindications:

FiO<sub>2</sub> > 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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**If recent broad spectrum antibiotic therapy OR hospital stay ≥ 72 hours OR known colonization with multidrug resistant pathogens**

- cefepime** 50mg/kg IV Q8H, max per dose 2,000mg
- consider addition of **vancomycin** 15mg/kg IV Q6H if know history of MRSA or MRSA screen positive

- 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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