Repeat Tracheal Aspirates in Pediatric Intensive Care Patients: Frequency, Resistance and Antimicrobial Use

Edward Lyon DO, MA; Jennifer Goldman MD, MSCR; Brian Lee PhD, MPH; Margaret Campbell, MD; Rangaraj Selvarangan BVSc, PhD, D(ABMM), FIDSA, F(AAM); Elizabeth Monsees PhD, MBA, RN, CIC, FAPIC

Children's Mercy Kansas City



- Tracheal aspirates (TA) are obtained in the PICU on intubated or tracheostomy dependent patients
- Ordered when clinical changes occur
- Are challenging to interpret leading to:
 - o Colonization vs new infection?
 - Clinically useful results?

UNKNOWN: Frequency of patients who have more than 1 TA collected during a single PICU admission

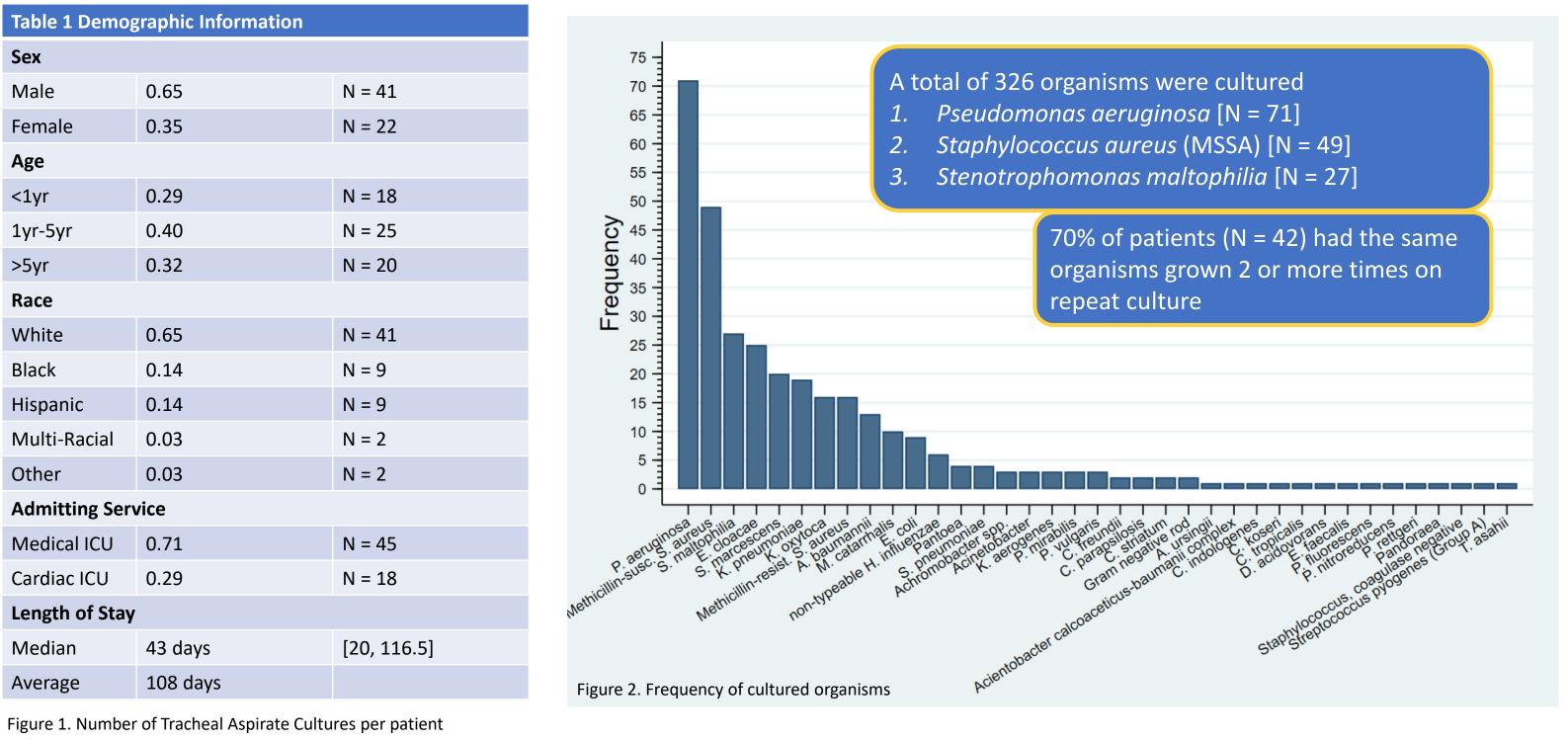
Objectives

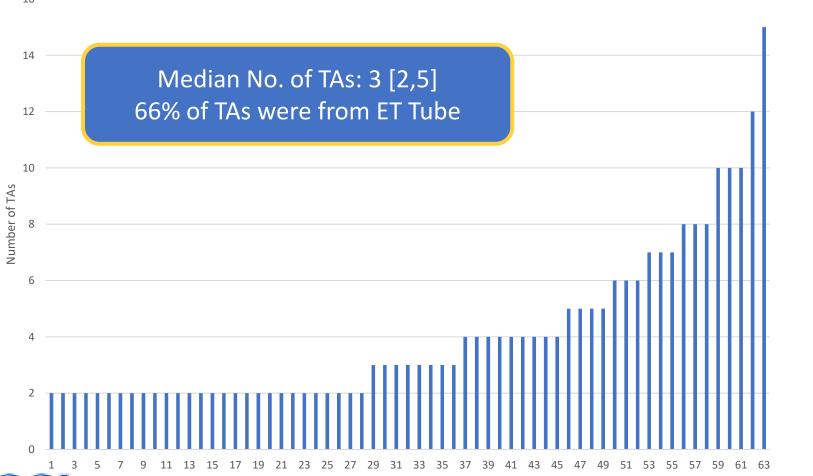
- Determine frequency of repeat TAs
- Calculate frequency of multi-drug resistant organisms (MDRO)
- Develop a bacterial profile of pathogens
- Examine antibiotic use
- Understand clinical reasons for collection

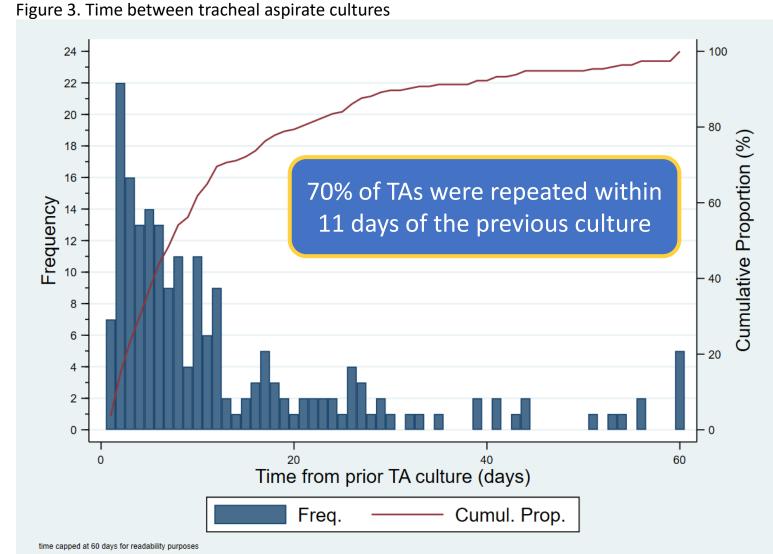
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- Retrospective chart review
- 63 patients admitted between 2018 2019 with ≥ 2 TA cultures
- 256 TA cultures met criteria for inclusion
- Collected: microbiology, antibiotic susceptibilities, antibiotic exposure, and patient condition
- Descriptive statistics to calculate frequency of repeat TA collection, time between collections, reason for collection and MDRO frequency

Results







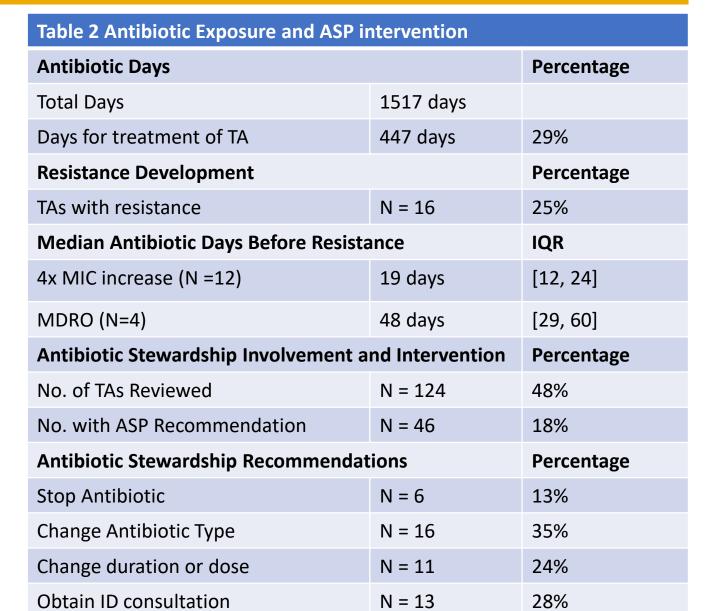
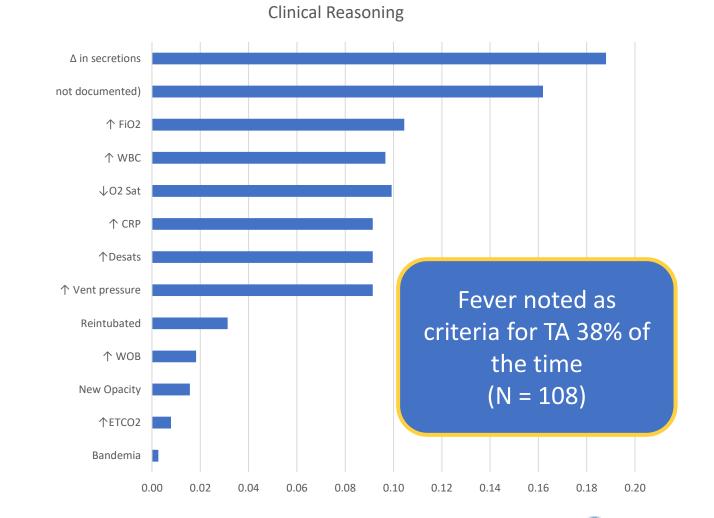


Figure 4. Frequency of clinical reasoning for obtaining TA culture



Discussion

- Frequency of repeat TA is high
- Frequency of the same pathogen cultured in repeat samples is high
- Development of antibiotic resistance is common
 - Found in 25% of cultures
- Only 29% of TAs are treated with antibiotics

Next Steps

- Develop standard work and collaborative process measures with PICU partners
- Consider algorithm to guide:
 - Modified clinical pulmonary infection score application
 - Minimum duration between cultures
- Continue stewardship work to shorten length of therapy, when appropriate







