



Business Services
Organisation

Directorate of Legal Services

— PRACTITIONERS IN LAW TO THE
HEALTH & SOCIAL CARE SECTOR —

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Your Ref:

Our Ref:
HYP B04/05

Date:
20th June 2013

Ms Anne Dillon
Solicitor to the Inquiry
Arthur House
41 Arthur Street
Belfast
BT1 4GB

Dear Madam,

RE: INQUIRY INTO HYPONATRAEMIA RELATED DEATHS – RAYCHEL FERGUSON

I refer to the above and now enclose documentation prepared by Dr Gannon for your consideration. Dr Gannon will refer to the various guidelines referred to therein which define VAP in her evidence.

I trust that this is in order, however, should you wish to discuss this matter please do not hesitate to contact me.

Yours faithfully

Joanna Bolton
Solicitor Consultant

Providing Support to Health and Social Care



Ventilator Associated Pneumonia

References

Ventilator-associated Pneumonia
Chastre J, Jean-Yves Fagon J-Y

Am J Respir Crit Care Med Vol 165. pp 867–903, 2002

This paper is a 'State of the Art' review on the subject in the American Journal of Respiratory and Critical Care Medicine, and has been cited over 1800 times in other papers.

From this document:

'Ventilator-associated pneumonia (VAP) continues to complicate the course of 8 to 28% of the patients receiving mechanical ventilation...'

'VAP, defined as pneumonia occurring more than 48 hours after endotracheal intubation and initiation of MV (mechanical ventilation)'

'Conceptually, VAP is defined as an inflammation of the lung parenchyma caused by infectious agents not present or incubating at the time MV was started. Despite the clarity of this conception, the past three decades have witnessed the appearance of numerous operational definitions, none of which is universally accepted. Even definitions based on histopathologic findings at autopsy may fail to find consensus or provide certainty. Pneumonia in focal areas of a lobe may be missed, microbiologic studies may be negative despite the presence of inflammation in the lung, and pathologists may disagree about the findings'

'Prolonged (more than 48 hours) MV is the most important factor associated with nosocomial pneumonia. However, VAP may occur within the first 48 hours after intubation. Since the princeps study by Langer and co-workers, it is usual to distinguish early-onset VAP, which occurs during the first 4 days of MV, from late-onset VAP, which develops five or more days after initiation of MV. Not only are the causative pathogens commonly different but the disease is usually less severe and the prognosis better in early-onset than late-onset VAP'

The American Thoracic Society has produced a guidance document for the diagnosis and management of hospital acquired respiratory infections:

American Thoracic Society Documents

Guidelines for the Management of Adults with Hospital-acquired, Ventilator-associated, and Healthcare-associated Pneumonia

This official statement of the American Thoracic Society and the Infectious Diseases Society of America was approved by the ATS Board of Directors, December 2004 and the IDSA Guideline Committee, October 2004

“ VAP refers to pneumonia that arises more than 48–72 hours after endotracheal intubation.”

NICE, the National Institute for Health and Clinical Excellence (NICE) in the UK, along with the National Patient Safety Agency, has issued guidance on safety solutions to reduce the incidence of VAP, and in that document has stated:

“There is no generally accepted definition of VAP in mechanically ventilated patients, but it is often defined as pneumonia that develops 48 hours or more after intubation with an endotracheal or tracheostomy tube and that was not present before intubation”

Ventilator associated pneumonia (Published 29 May 2012), accessible online at:

BMJ 2012;344:e3325

“a hospital acquired pneumonia that occurs 48 hours or more after tracheal intubation. It can usefully be classified as early onset or late onset pneumonia. Early onset pneumonia occurs within four days of intubation and mechanical ventilation, and it is generally caused by antibiotic sensitive bacteria. Late onset pneumonia develops after four days.”

Ventilator Associated Pneumonia in Neonatal and Pediatric Intensive Care Unit Patients

Clin. Microbiol. Rev. 2007, 20(3):409.

Elizabeth Foglia, Mary Dawn Meier and Alexis Elward

‘Ventilator-associated pneumonia (VAP) is pneumonia in mechanically ventilated patients that develops later than or at 48 h after the patient has been placed on mechanical ventilation’