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Ventilator-Associated Pneumonia (VAP) in a patient with guillain-barre syndrome

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Abstrak

A 46-year-old man was admitted to ICU with a diagnosis at the time of admission of Guillain Barre Syndrome (GBS) and sepsis due to suspected Ventilator-Associated Pneumoniae (VAP). Specimens for the following laboratory workup were inquired, i.e. complete blood count, culture and resistance workup using specimens obtained from the tip of suction pipe, urinalysis and urine culture, blood culture and resistance, procalcitonin and lactate levels. Neutrophilia was found along with increased procalcitonin and lactate levels, which supported the sepsis diagnosis. Moreover, the result of culture from suction pipe demonstrated colonies of Pseudomonas luteola MDRO, which might be originated from the oropharyngeal colonization of the patients due to poor oral hygiene and ineffective oral hygiene nursing; therefore, the colonies of the microorganism were swabbed away when obtaining the specimens. Ineffective oral hygiene nursing may have a potency to cause VAP and recurrent VAP.