Synopsis

Ventilation-associated pneumonia (VAP) presents a severe complication in the care for the mechanically-ventilated patient and its importance rises with the increasing number of resistant microorganisms, which causes VAP. VAP increases morbidity and mortality of the patients, prolongs their hospitalization and leads to the increase of direct and indirect treatment expenses. Options of treatment are sometimes difficult, costly and inefficient, thereby the need to prevent the occurrence of VAP by employing a set of preventive measures is needed. Employing and enforcing those measures can decrease the incidence of VAP and thus to improve prognosis of the critically-ill patients in the intensive care.

The goal of the experimental part of this thesis was to audit the employment of these preventive measures in practice. A survey using questionnaires and observing the situation on KAR FNKV have shown, that some measures are performed correctly, while some present a space for improvement, some are performed incorrectly or not at all.