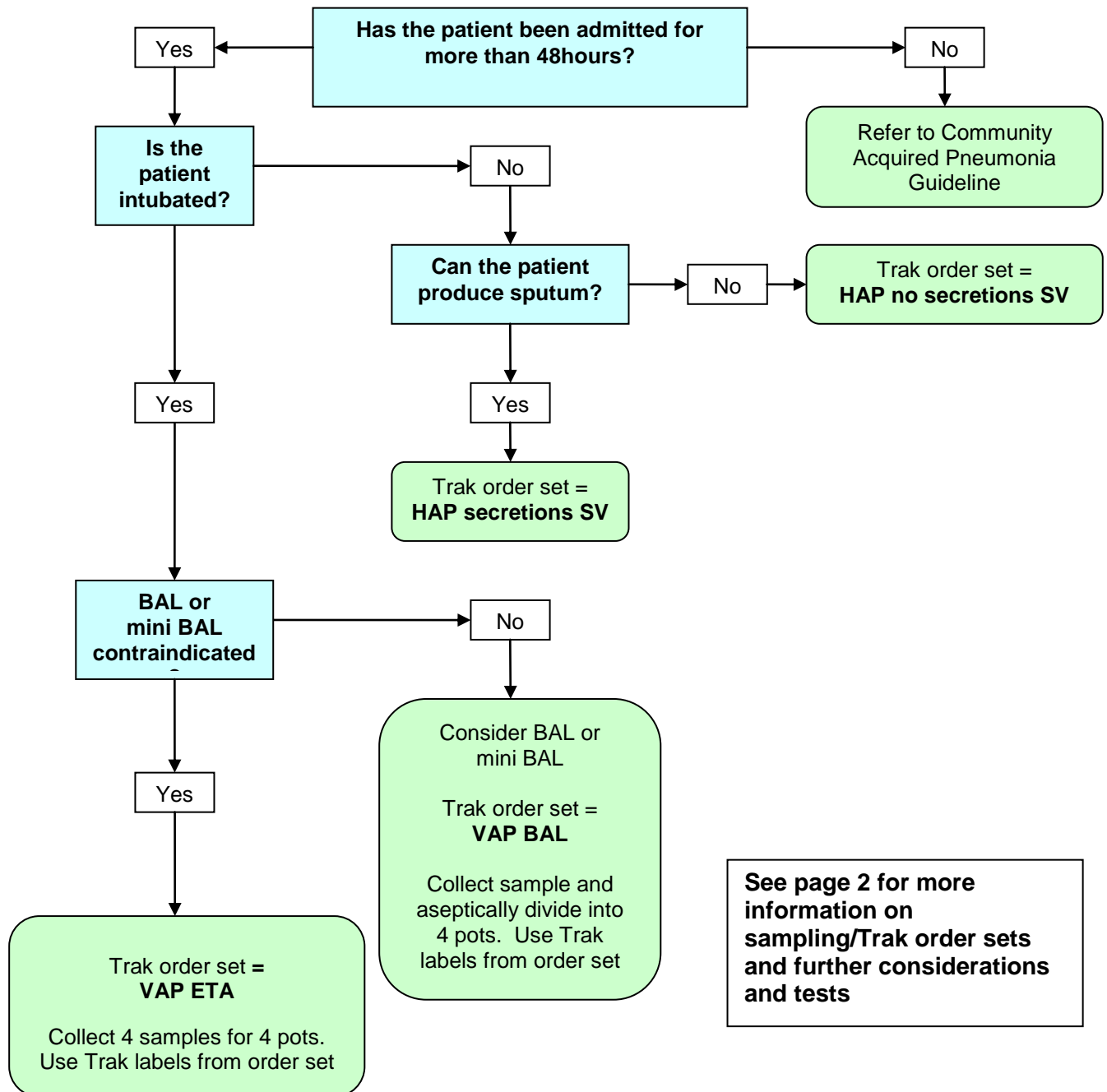


Investigations required for suspected Ventilator Associated Pneumonia (VAP) and Healthcare Associated Pneumonia (HAP)

Specimens to be sent to the microbiology laboratory in patients admitted with Ventilator Associated Pneumonia (VAP) and Healthcare Associated Pneumonia (HAP)

Cultures should ideally be taken prior to starting antimicrobials.



See page 2 for more information on sampling/Trak order sets and further considerations and tests

Title: Investigation checklist for Community Acquired Pneumonia	
ID: ICfVAPHAP v2.0 20210505	Authors: Critical Care Infection Group
Category: Infection	Document Version: 2.0
Status Draft/Final: Final	Review Date: 30-Apr-2023
Authoriser: Critical Care Infection Group	Date Authorisation: 30-Apr-2021
Date added to Intranet: 07-May-2021	
Key words: Respiratory, Ventilator Associated Pneumonia, Healthcare Associated Pneumonia, Infection. VAP, HAP	

Critical Care Guidelines
FOR CRITICAL CARE USE ONLY

Considerations

COVID-19 testing	<ul style="list-style-type: none"> ➤ All patients >70 years and any patient from residential/communal living setting ➤ All patients admitted via unscheduled care ➤ All patients where COVID-19 is clinically suspected
Legionella, Severe Acute Respiratory Infection, MERS Co-V	<p>Send a deep respiratory specimen e.g. tracheal secretions or BAL or mini BAL or induced sputum.</p> <ul style="list-style-type: none"> ➤ If deep specimen not possible send urine for Legionella antigen
Travel history	<p>Contact microbiology if recent foreign travel, as some areas are high risk for antibiotic resistance</p> <p>If recently (2-10 days) in hotel or holiday resort consider Legionella</p> <p>Contact microbiology if recent travel (14 days) to Middle East</p>
Occupational history	<p>Gardening (<i>Legionella longbeachae</i>)</p> <p>Sheep farmer or abattoir worker (Q-fever)</p> <ul style="list-style-type: none"> ➤ For Q fever send EDTA blood sample for PCR <p>Working with birds (<i>Chlamydophila</i> Spp.)</p> <ul style="list-style-type: none"> ➤ If <i>Chlamydophila</i> spp are suspected this must be stated as a potential pathogen in the Trak clinical infection section
Immunosuppression	<p>PJP, cytomegalovirus, aspergillus and mycobacteria</p> <ul style="list-style-type: none"> ➤ Send BAL , mini BAL or induced sputum ➤ Specifically request on Trak and label specimens for these tests

Sampling

Trak Order Set	Trak Order Items	Choose site if applicable
HAP no secretions SV	Swab for Respiratory Viruses	Throat swab
	Blood Culture Ix - ADULT ONLY	Peripheral
HAP secretions SV Please collect 4 sputum samples if possible	C&S - Respiratory (Routine Bacteriology)	Sputum
	Secretions non-bal sep09	Sputum
	Mycobacteria TB Ix - Respiratory(Routine)	Sputum
	Mycology FUNGI Ix - Respiratory(Routine)	Sputum
	Blood Culture Ix - ADULT ONLY	Peripheral
VAP BAL *	C&S –Respiratory (BAL/Bronchial washings)	BAL/bronchial washings/mini BAL
	Secretion BAL: resp cmv hsv	BAL/bronchial washings/mini BAL
	Mycobacteria TB Ix - Respiratory(BAL/bronch wash)	BAL/bronchial washings/mini BAL
	Mycology FUNGI Ix -Respiratory(BAL/Bronch wash)	BAL/bronchial washings/mini BAL
	Blood Culture Ix - ADULT ONLY	Peripheral
VAP ETA Please collect 4 tracheal aspirate samples if possible. They go to different labs.	C&S - Respiratory (Routine Bacteriology)	Tracheal aspirate
	Secretions non-bal sep09	Tracheal aspirate
	Mycobacteria TB Ix - Respiratory(Routine)	Tracheal aspirate
	Mycology FUNGI Ix - Respiratory(Routine)	Tracheal aspirate
	Blood Culture Ix - ADULT ONLY	Peripheral

* **BAL/bronchial washings/mini BAL** inform Biomedical Scientist X26021 (or bleep 2900 between 2000-0800). Send to lab with a porter (not the tube system). Request urgent quantitative culture set up and assistance to triage for other tests.