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MECHANICAL VENTILATION VS NASAL CPAP DURATION AND THE RISK OF LATE ONSET SEPSIS IN PREMATURE BABIES WITH RESPIRATORY DISTRESS SYNDROME

Abstrak :

Mechanical ventilation is frequently required in the management of severely respiratory distress syndrome in premature babies. The risk of late onset sepsis may increase simultaneously with prolonged mechanical ventilation. Objective: To observe the risk of late onset sepsis on the mechanical ventilator and nasal CPAP duration use. Method: retrospective analysis. The data were collected from the medical record of highly risk premature neonates with mechanical ventilation or nasal CPAP in neonatal care unit of Husada Utama Hospital from April 1st 2008 to April 30th 2011 with purposive sampling. Mechanical ventilation and nasal CPAP duration were observed before and after 7 days on placement. Blood culture was performed to establish the risk of late onset sepsis. Chi-square and logistic regression analysis were performed. Result: A total of 44 highly risk premature neonates with Mechanical ventilation or nasal CPAP were enrolled (sepsis group: n= 23 and non sepsis group: n= 21). Baseline demographics were similar between the groups. Prolonged mechanical ventilation > 7 days have significant difference on the risk of late onset sepsis (p=0.035). Prolonged nasal CPAP > 7 days has no significant difference (p=0.667). Burkholderia cepacia and Klebsiella pneumonia mostly appeared in blood culture performance. Conclusions: Prolonged mechanical ventilation may increase the risk of late onset sepsis in premature neonates with respiratory distress syndrome, however nasal CPAP may decrease.

Keyword :

premature neonates , prolonged mechanical ventilation , late onset sepsis

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