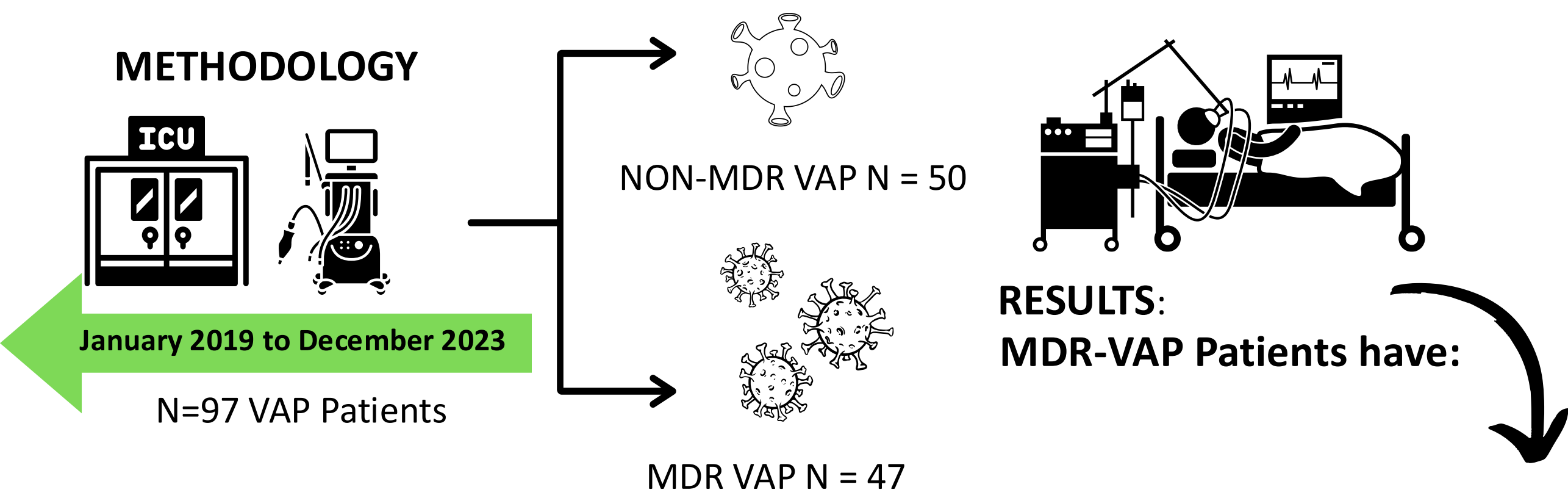
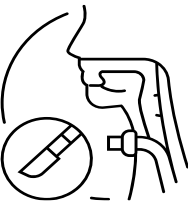





INTENSIVE CARE PATIENT OUTCOMES OF MULTIDRUG-RESISTANT VENTILATOR-ASSOCIATED PNEUMONIA: A SINGLE-CENTER RETROSPECTIVE COHORT STUDY

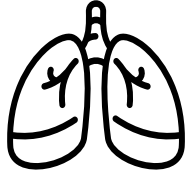

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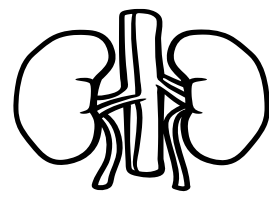
CLINICAL OUTCOMES

-  Longer time to tracheostomy (Mean): 8.38 vs 4.08,  $p = 0.041$
-  Longer duration of hospitalization (Mean): 38.02 days vs. 23.26 days,  $p = 0.002$
-  Longer duration of ICU stay (Mean): 19.79 days vs 14.22 days,  $p = 0.037$
-  Longer duration of intubation (Mean): 17.19 days vs 11.88 days,  $p = 0.022$

RISK FACTORS FOR MDR VAP

- Time to tracheostomy (OR: 0.955 (0.912 – 1.001),  $p = 0.053$ ) 
- Duration of hospitalization (OR: 0.967 (0.944 – 0.991),  $p = 0.007$ ) 
- Duration of ICU stay (OR: 0.965 (0.933 – 0.999),  $p = 0.045$ )
- Duration of intubation (OR: 0.406 (0.175 – 0.941),  $p = 0.032$ )
- COPD (OR: 0.176 (0.036 – 0.863),  $p = 0.032$ )
- Prior use of 3rd Gen Cephalosporin (OR: 2.554 (1.107 – 5.890),  $p = 0.028$ ), Fluoroquinolones (OR: 0.219 (0.024 – 2.039) and Carbapenems (OR: 0.176 (0.036 – 0.836),  $p = 0.032$ )

**CONCLUSION:**  
MDR VAP patients have longer clinical outcomes and AKI, compared to other identified factors is predictive of MDR VAP development among ventilated ICU patients.

 **Multivariable Analysis:**  
(OR: 5.511 (1.588 – 19.134),  $p = 0.007$ ). Increases risk for MDR-VAP by 5.5-fold

