

**Abstract Form****APPROPRIATENESS OF ANTIBIOTIC TREATMENT OF NOSOCOMIAL PNEUMONIA IN THE MEDICAL INTENSIVE CARE UNIT IN SINGAPORE.****AEL Stebbings, WC Tan, TY Ti.**

Division Of Respiratory Medicine, National University Hospital, Singapore.

Department Of Pharmacology, National University Of Singapore.

Nosocomial pneumonia continues to be a common occurrence in patients during hospitalization. We conducted a prospective study in the Medical Intensive Care Unit (MICU) from June To December 1994 to determine the prevalence, appropriateness of empirical antibiotic treatment, causative organisms and antibiotic resistance patterns of patients who developed nosocomial pneumonia in the MICU. Nosocomial pneumonia was diagnosed based on clinical and radiological grounds after 48 hours of admission to hospital. Serial sputum or endotracheal aspirate was obtained on admission and every third consecutive day of MICU stay. Empirical antibiotic therapy was deemed appropriate based on causative organisms grown, antibiotic sensitivity and clinical improvement. 150 patients were studied, out of which 89 were ventilated. The incidence of ventilator-associated pneumonia (VAP) was 13%. Out of 150 patients, 13 patients acquired nosocomial pneumonia from the ward (WAP)(16 episodes) requiring further MICU care and 11 patients developed VAP(12 episodes). The commonest causative organisms in the VAP group were MRSA and Pseudomonas aeruginosa. In the WAP group, the commonest causative organisms were MRSA and multiresistant Klebsiella. Empirical antibiotic treatment was deemed appropriate in 58% of VAP episodes and in 63% of WAP episodes. We conclude that VAP is a frequent complication in the MICU. In order to optimize empirical antibiotic treatment, it is important to know local causative organisms and antibiotic sensitivity patterns.