

9.3 明らかな上部消化管出血が存在する患者やストレス潰瘍の危険が高い患者では H2-blocker や PPI を投与する。( I A)

## 10 体位

10.1 経管栄養を行なう患者では上体を 30～45° 挙上して人工呼吸管理を行う。<sup>185</sup>( I A)

10.2 経管栄養を行っていない患者でも上体を挙上した方が良い。( II B)

## 11 口腔内清拭

11.1 定期的に口腔内清拭を行なう。( II A)

## 12 予防的抗菌薬の投与

12.1 人工呼吸器関肺炎予防の目的で抗菌薬の全身投与を行なわない。( III A)

---

<sup>180</sup> Tolentino-Delosreyes AF, Ruppert SD, Shiao SY. Evidence-based practice: use of the ventilator bundle to prevent ventilator-associated pneumonia. *Am J Crit Care* 2007; 16:20□ 27.

<sup>181</sup> Lorente L, Lecuona M, Galván R, Ramos MJ, Mora ML, Sierra A. Periodically changing ventilator circuits is not necessary to prevent ventilator associated pneumonia when a heat and moisture exchanger is used. *Infect Control Hosp Epidemiol* 2004; 25:1077–1082.

<sup>182</sup> Boots RJ, George N, Faoagali JL, Druery J, Dean K, Heller RF. Double-heater-wire circuits and heat-and-moisture exchangers and the risk of ventilator-associated pneumonia. *Crit Care Med* 2006; 34:687–693.

<sup>183</sup> Topelia A, Harmanca A, Cetinkayab Y, Akdenizb S, Unalb S. Comparison of the effect of closed versus open endotracheal suction systems on the development of ventilator-associated pneumonia. *J Hosp Infect* 2004; 58, 14–19.

<sup>184</sup> Shorr AF, O'Malley PG. Continuous subglottic suctioning for the prevention of ventilator-associated pneumonia. Potential economic implications. *Chest* 2001; 119:228□ 235.

<sup>185</sup> Drakulovic MB, torres A, Bauer TT, Nicolas JM, Nogué S, Ferrer M. Supine body position as a risk factor for nosocomial pneumonia in mechanically ventilated patients: a randomised trial. *Lancet* 1999; 354:1851-58.