



### Background

- Pediatric patients with tracheostomy presenting with suspected respiratory infection symptoms
- Inconsistency in practice between units throughout the hospital whether to change the tracheostomy prior to obtaining tracheal culture
- Purpose: to investigate if there is a significant difference in microbial growth between cultures before and after changing the tracheostomy tube.

## Methods

- Quasi-experimental, prospective cohort study
- Tracheal cultures obtained pre- and posttracheostomy tube change
- Descriptive statistics were used to characterize the sample and organism profiles. Chi-Square analysis using McNemar's test to examine differences in gram-stain results between pre- and post- cultures

### Inclusion:

- Under 18 years of age
- Accompanied by consenting caregiver
- Suspected respiratory infection

#### Exclusion:

- Custom tracheostomy
- Previous enrollment to this study

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# Microbial Differences in Tracheal Cultures

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### Results

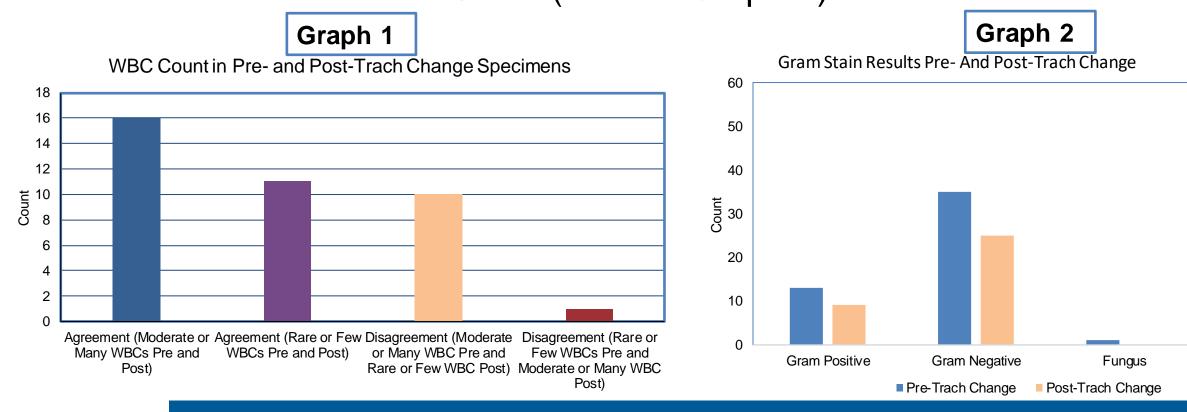
60 eligible patients screened, 11 excluded, 49 approached, 7 declined, 42 enr 4 withdrawn, resulting in n=38

 89.5% had changes in secretions, 68.4% febrile, 47.4% hypoxic, 21.1% requi increase in positive pressure ventilation, 50% with chest x-ray abnormalities ι presentation

• Staphylococus aureus and Stenotrophomonas maltophilia were found in both cultures but were significantly less in the post-culture (refer to Table 1).

 The same organisms were not found in 47.4% of the pre- and post- cultures ( to Graph 2)

A significant finding was noted when using McNemar's statistic between the amount of WBCs seen in pre- and post- cultures (p=0.012) (refer to Graph 1).
There were 10 instances where pre-cultures had Moderate/Many WBCs where post-cultures resulted in Rare/Few (refer to Graph 1)



### **Conclusions and Implications**

Although the study was limited to sample size of 38 pediatric patients, there were differences found in amount of both bacterial growth and detection of specific organisms in specimens obtained pre- and post-tracheal tube change.

Given the results, it is recommended to change the tracheostomy tube prior to obtaining a respiratory culture.

• With this being the first study in this area, further research is needed to aid in future evidence-based practices.

olled,	Table 1		
ed		Total Organisms	
oon		Pre-	Post
	Streptococcus pneumoniae	1	2
	Staphylococcus aureas	10	5
	Pseudomonas aeruginosa #1	7	8
	Pseudomonas aeruginosa #2	3	1
efer	Stenotrophomonas maltophilia	5	0
	Klebsiella pneumoniae	1	0
	Acinetobacter	2	1
	Haemophilus	2	3
	Moraxella	6	6
eas	Serratia	3	2
	Achromobacter	2	2
	Klebsiella oxytoca	0	1
	Enterobacter Cloacea	1	0
	Streptococcus agalactiae Group B	2	2
	Raoultella	1	0
	Rhizupus	1	0
	Gram neg rods	2	1
	Total	49	34