

Non-ventilator hospital-acquired pneumonia risk affects all ages

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interventions aimed at pneumonia prevention in the 24 hours prior to diagnosis.

"We found that NV-HAP occurred on every [hospital](#) unit, including in younger, healthy patients. This indicates that although some patients are clearly at higher risk, all patients carry some NV-HAP risk," the authors write. "Therapeutic interventions aimed at NV-HAP prevention are frequently not provided for [patients](#) in acute care hospitals."

More information: [Abstract/Full Text](#)

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(HealthDay)—Non-ventilator hospital-acquired pneumonia (NV-HAP) is a significant burden in U.S. acute care hospitals and poses a risk to nonelderly, non-intensive unit (ICU) patients, according to research published in the January issue of the *American Journal of Infection Control*.

In an effort to determine the incidence and overall burden of NV-HAP, Dian Baker, Ph.D., R.N., from California State University in Sacramento, and Barbara Quinn, R.N., from Sutter Medical Center in Sacramento, retrospectively reviewed the charts of NV-HAP cases at 21 U.S. hospitals and searched for 2014 *International Classification of Diseases, Ninth Revision, Clinical Modification* codes for pneumonia not present on admission.

Across the 21 hospitals, the researchers identified 1,300 patients with NV-HAP (rate, 0.12 to 2.28 per 1,000 patient days). The majority of NV-HAP infections (70.8 percent) were acquired outside of ICUs, but 18.8 percent of cases required transfer into the ICU. Most of the [cases](#) did not have

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