

1. Name of the respondent:
2. E-Mail of the respondent:
3. Name of the unit:
4. Specialty of ICU (e.g. surgical, internal medicine, neurological)

5. Which device is used for inhalation ?																		
ultrasonic nebulizer	jet nebulizer	vibrating-mesh nebulizer	other (please specify)															
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>															
6. Is there a protocol available for administration of nebulized anti-infectives ?																		
yes					no													
<input type="checkbox"/>					<input type="checkbox"/>													
7. Do you make use of bronchodilators before nebulized anti-infectives ?																		
always			sometimes			never												
<input type="checkbox"/>			<input type="checkbox"/>			<input type="checkbox"/>												
8. How frequently do you change the filter on the expiratory limb ?																		
after every nebulization		every day		twice a week		once a week		if necessary										
<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>										
9. Do you change the respirator setting when administering nebulized anti-infectives ?																		
yes					no													
<input type="checkbox"/>					<input type="checkbox"/>													
10. If so, which respirator settings are changed ?																		
increase PEEP	decrease inspiratory flow		use a constant inspiratory flow		increase inspiratory time		insert an end- inspiratory pause		increase tidal volume		stop the active humidifier		place a filter on the expiratory limb		use sedation to avoid discoordination with the ventilator		use continuous flow or breath actuation	
<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
11. Do you use nebulized anti-infectives for patients with ARDS and NO ventilation ?																		
yes					no													
<input type="checkbox"/>					<input type="checkbox"/>													
12. Do you use nebulized anti-infectives for patients with ECMO support ?																		
yes					no													
<input type="checkbox"/>					<input type="checkbox"/>													
13. Do you make use of intravenous formulations as nebulized anti-infectives ?																		
yes					no													
<input type="checkbox"/>					<input type="checkbox"/>													
14. For what indication(s) do you prescribe nebulized anti-infective therapy ?																		
VAP		VAT		prevention of VAT / VAP		only for VAT / VAP due to MDR (possibly additional systemic therapy)		respiratory tract colonization by MDR		prevention of invasive aspergillosis		treatment of invasive aspergillosis						
<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>						

15. Which nebulized anti-infectives do you administer for patients with VAT (with dosage) ?					
16. Do you use systemic anti-infectives as adjunctive therapy in VAT ?					
yes <input type="checkbox"/>	no <input type="checkbox"/>				
17. Which nebulized anti-infectives do you administer for patients with VAP (with dosage) ?					
18. Do you use systemic anti-infectives as adjunctive therapy in VAP ?					
yes <input type="checkbox"/>	no <input type="checkbox"/>				
19. Which nebulized anti-infectives are used in prophylaxis of VAT and VAP (with dosage) ?					
20. Which is your primary objective when administering nebulized anti-infectives ?					
improve survival <input type="checkbox"/>	prevent adverse events <input type="checkbox"/>	prevent emergence of resistance <input type="checkbox"/>	reduce days on mechanical ventilation <input type="checkbox"/>	treatment of hypoxemia <input type="checkbox"/>	prophylaxis of respiratory infections <input type="checkbox"/>
21. What is the subjectively perceived effectiveness of the nebulized anti-infectives to achieve this objective ?					
very strong <input type="checkbox"/>	strong <input type="checkbox"/>	weak <input type="checkbox"/>	very weak <input type="checkbox"/>		
22. What is the subjectively perceived safety of nebulized anti-infectives ?					
very safe <input type="checkbox"/>	safe <input type="checkbox"/>	unsafe <input type="checkbox"/>	very unsafe <input type="checkbox"/>		

Abbreviations:	
ARDS	acute respiratory distress syndrome
ECMO	extracorporeal membrane oxygenation
ICU	intensive care unit
MDR	multidrug-resistant pathogens
NO	nitric oxide
PEEP	positive end-expiratory pressure
VAP	ventilator-associated pneumonia
VAT	ventilator-associated tracheobronchitis