

APPENDIX 1

**GTEI/SEMICYUC SURVEY
VENTILATOR-ASSOCIATED TRACHEOBRONCHITIS (VAT)**

Country	City
Nº of total beds at the Hospital a) <100 b) 100-200 c) 201-500 d) >500	Nº of ICU beds a) <10 b) 10-20 c) 21-50 d) > 50
Type of Hospital a) Public b) Private c) Mixed Academic degree of the Hospital a) University b) Non-university	Type of ICU a) Medical /mixed b) Neurologic c) General surgery d) Cardiovascular surgery e) Burns f) Medical cardiovascular g) Medical respiratory
1.- In what type of patients do you consider VAT more frequently? a) All the ICU patients b) Medical patients c) Surgical patients d) Neurological patients e) Trauma patients f) Unstable patients g) Unstable patients (independently of the cause) h) COPD patients	2.- Which are the criteria that you usually use for diagnosis of VAT? a) Only clinical criteria (fever + purulent respiratory secretion) b) Clinical criteria plus microbiological criteria c) by exclusion
3.- Which are the microbiologic methods that you usually use for the diagnosis of VAT? a) Gram stain of respiratory secretions b) Qualitative culture of respiratory secretions c) Quantitative culture of respiratory secretions (10^5 ETA; 10^4 BAL; 10^3 PSB)	4.- Which diagnostic technique commonly used for the diagnosis of VAT? a) Tracheal aspirate b) Broncho-alveolar lavage (BAL) c) Mini-BAL d) Protected brush (PSB)
5.- In your opinion, which are the situations to perform a bronchoscopy for the diagnosis of VAT? a) Never b) Always c) Only if I decide to start an antibiotic treatment d) Only when the chest x-ray is not conclusive	6.- In your opinion, which are the situations to perform a CT scan for the diagnosis of VAT? a) Never b) Always c) Only when the chest x-ray is not conclusive
7.- Do you consider that the microbiological documentation is useful to select the appropriate antibiotic treatment? a) Yes b) No	8.- If you receive a negative Gram stain of respiratory secretion from patients with VAT suspected; do you wait for the culture results before start the antibiotic treatment? a) Yes b) No
9.- Which is your antimicrobial strategy to manage a patients with VAT in the ICU? a) None b) Always start with broad-spectrum intravenous (IV) antibiotic (AB) c) Always start with narrow-spectrum IV AB d) Select the AB according the mechanical ventilation (MV) days e) Always start with nebulized AB f) Always start with broad-spectrum IV + nebulized AB	10.- Do you consider that all the patients with VAT must receive antibiotic treatment? a) Yes b) No c) I don't know d) Only in patients with cardiovascular and/or respiratory failure
11.- In which type of patients with VAT do you consider to indicate antibiotic treatment? a) All the ICU patients b) Medical patients c) Surgical patients d) Neurological patients e) Trauma patients f) Unstable patients (independently of the cause) g) COPD patients	12.- When do you usually start the antibiotic treatment in patients with VAT? a) <12 h b) 12-24 h c) 25-48 h d) > 48h e) Never
13.- In your opinion; which is the most appropriate option for treating patients with VAT? a) intravenous (IV) antibiotic (AB) in monotherapy b) IV AB in combination c) IV AB plus nebulized AB in monotherapy d) IV AB plus nebulized AB in combination	14.- If you decide to start and antibiotic (AB) treatment for VAT a) Do you maintain the initial AB treatment for 7-10 days? b) Do you maintain AB 7 -10 days but de-escalate when receive the microbiologic results? c) Do you maintain AB 14 days? d) Do you maintain AB until the resolution of the clinical parameters (fever + respiratory secretions)? e) Do you use short AB treatment (< 7days)
15.- Do you decide the selection of the antibiotic (AB) treatment according to the characteristics of the VAT (early or late)? a) Yes b) No	16.- Do you consider that VAT increases the mechanical ventilator days? a) Yes b) No
17.- Do you consider that the VAT increases the ICU length of stays? a) Yes b) No	18.- Do you consider that the VAT increases the ICU patient's mortality? a) Yes b) No
19.- Which antibiotic/s do you usually use for treating patients with early-onset VAT	20.- Which antibiotic/s do you usually use for treating patients with late-

<p>(< 5 day of mechanical ventilation)?</p> <ul style="list-style-type: none"> a) Carbapenems b) Fluoroquinolones c) Third generation non-Pseudomonal cephalosporins d) Amoxicillin-clavulanate e) Amikacin f) Polymixuns g) Vancomicycn h) Linezolid i) others 	<p>onset VAT (> o =5 day of mechanical ventilation)?</p> <ul style="list-style-type: none"> a) Carbapenems b) Fluoroquinolones c) Third generation Pseudomonal cephalosporins d) Amoxicillin-clavulanate e) Amikacin f) Polymixuns g) Vancomicycn h) Linezolid i) others
<p>21.- Are the physicians of your ICU familiar with the use of nebulized antibiotic for treating patients with VAT?</p> <ul style="list-style-type: none"> a) Yes b) No 	<p>22.- Do you consider the use of nebulized antibiotics useful for treating patients with VAT?</p> <ul style="list-style-type: none"> a) Yes b) No
<p>23.- Which antibiotic do you use to nebulizer in patients with VAT?</p> <ul style="list-style-type: none"> a) Colistin b) Tobramicycn c) Amikacin d) others 	