

QUESTION: I am a vent user with a trach who has MRSA (*methicillin-resistant Staphylococcus aureus*) for the second time. I have been suctioning both fresh blood and blood plugs and clots for a week. I use the CoughAssist® intermittently and try not to suction too often, using the red rubber suction tubes to avoid irritation. Is it your experience that MRSA causes bleeding and, if so, what are options for resolving the problem? I am on Bactrim based on my sputum culture. The last time I had MRSA for four months. It wasn't until Bactrim was combined with rifampin that it cleared up.

ANSWER: Bactrim would not be my choice for treating MRSA. Depending on your organism's sensitivities, you might be able to treat it in combination with something like rifampin, or might require an IV drug like vancomycin. Zyvox™ is another possibility.

Bleeding would be unusual for MRSA. There are many other potential causes for bleeding. It is important that you get evaluated, with at least a chest x-ray (CXR), and maybe other imaging, and a bronchoscopy or airway evaluation, because you might have an area of granulation tissue (irritated area) that is bleeding. An evaluation also will determine if another antibiotic will help.

The underlying question for your physician to resolve would be whether this represents colonization (bacteria present but not making you sick), or true infection. Infection or pneumonia would require much more vigorous treatment.

I agree with minimal suctioning but see no benefit to red rubber vs. current plastics in terms of catheter irritation. But I recommend maximal CoughAssist use. You can often just suction the trach hub after CoughAssist use to clear secretions and not use a catheter at all.

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ANSWER: It is difficult to tell here if this is colonization plus an airway problem, such as granulation tissue, or true bacterial bronchitis or pneumonia. If you do not have a fever and are not very ill, I would get an ENT to look at your airway.

You need to know what drugs your MRSA is sensitive to. One of the better MRSA drugs is linezolid (Zyvox™) @ 600 mg orally twice a day for a minimum of 14 days. I advise a re-culture 72 hours after stopping the medication if symptoms are under control to see if the "bugs" have been eradicated or a population has been changed. The trach tube must be changed (if not done already) and again on the last day of an effective antibiotic regimen so the infection does not stay colonized.

My recommendation for airways:

- 1) Use nebulized 2% lidocaine, which can be added to any bronchodilator every four hours (except when asleep) to reduce pain and bleeding. One dose with epinephrine (1 ml of a 1:10,000 mixture) may be enough to stop the bleeding. The bleeding is from a combination of the infection and the trauma from suctioning no matter what kind of catheter is used. Lidocaine has a small antibacterial action, so it can synergize with the antibiotics you are taking.

- 2) To reduce suction trauma, I suggest that you use an Ambu® Bag connected to the trach to gently suction, without a catheter, the secretions into the trach tube's inner cannula.

Travel by Air

The Department of Transportation's revised *New Horizons: Information for the Air Traveler with a Disability*, can be downloaded at <http://airconsumer.ost.dot.gov/publications/Horizons2009Final.pdf>.

Update on Stickers

Mike Luber reported in the Summer *Ventilator-Assisted Living* (Vol. 23, No. 2) that he and his brother, who use their vents during take-off and landing, were not allowed to fly earlier this year because their PLV®-100 (Philips Respironics) ventilators didn't have the appropriate stickers as mandated by the Air Carriers Access Act amendments that became effective in May 2009.

Since then, IVUN has learned that the Federal Aviation Administration (FAA) has still not amended any operating rules to address labeling on Medical Portable Electronic Devices (M-PEDs), i.e., bilevel devices and ventilators. Nancy Clausen, a representative of the FAA, reports that they are awaiting the Department of Transportation's (DOT) final notice that "will address a lot of the issues."

Undaunted, the Lubers booked a flight to Las Vegas recently and report, "Our last trip to Vegas was very uneventful. They just asked the usual questions. Is the battery dry cell? Does the ventilator use oxygen? They did not even ask for a letter from the doctor."

Philips Respironics reports that the Trilogy100 ventilator meets RTCA/DO-160 testing standard and is certified for use aboard all commercial

airlines landing or taking off within the United States. The certificate can be found on the Philips Respironics Trilogy100 webpage <http://trilogy100.respironics.com>. There are no plans to test the PLV®-100.

Air Carriers with Medical Policies

Compiled by Tim Buckley, RRT, and Brian Tiburzi

This list, with direct links to the respective airline's policies, is posted at www.ventusers.org in the "Networking" section.

Airline	Phone #	Airline	Phone #
Air Tran	800-247-8726	Lufthansa	866-846-4283
Alaska	800-654-5669	Midwest	800-452-2022
Allegiant	702-505-8888	Qantas	800 227 4500
American	800-433-7300	SAS	800-221-2350
Delta	404-715-2600	Singapore	800-742-3333
Continental	800-523-3273	Southwest	800-435-9792
Air France	800-992-3932	Sun Country	800-359-6786
Frontier	800-432-1359	United	800-864-8331
Hawaiian	800-367-5320	USAir/America	
Jet Blue	800-538-2583	West	800-892-3624

Travel Insurance

Barbara Rogers, vent user and frequent flier as President of the National Emphysema/COPD Association, recommends that all vent users consider travel insurance to cover medical/evacuation costs. There are more than 15 companies in the travel insurance business, and each one sells a variety of plans. To check out the options, visit Travel Insurance Review at www.travelinsurancereview.net. ▲

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Remove the inner cannula and clean it. Repeat this process until clear, with ventilator breaths in between until a comfort level is reached.

Save old inner cannulas to have a supply on hand for the switch without having to wait to clean one before reapplying. These can be cleaned with

soap and water, rinsed in a 10% vinegar solution (ten minutes and re-rinsed with clear water. The cleaned ones can be placed in sealed plastic bags after they are dry and are ready for the next need.

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