Conclusion:

Study showed that Mechanical ventilation (MV), Immunosuppression (IS), Liver insufficiency (LI), APACHE II score >20, Male sex, Age >60 years, Pulmonary disease (PD) were independently associated with mortality in HAP patients and based on that mortality prediction model was developed. Developed model can be used as a tool to evaluate the severity or risk of mortality in HAP patients and when it is combined with an accurate clinical decision will help to manage the severely ill HAP patients in a better way. Analysis of sensitivity pattern of isolated microorganisms showed that majority of the microorganism were sensitive to Colistin and Tigecycline. Methicillin resistant *Staphylococcus aureus* (MRSA) was 100% sensitive to Linezolid, Doxycycline and Cotrimoxazole Developed antibiogram can be utilized to design suitable antibiotic policy and intervention aimed at reducing resistance. Antibiotic consumption pattern showed that Piperacillin/tazobactam was the highly prescribed drug with 12 DDD/100 bed days and among the different combination of antibiotics used Piperacillin/tazobactam and Azithromycin combination was found to be prescribed for the majority of HAP patients.