PART 5: APPENDICES

APPENDIX I: VENTILATOR-ASSOCIATED EVENTS (VAE) TOP TEN CHECKLIST

Associated Hospital/Organization: HRET HIIN

Purpose of Tool: A checklist to review current or initiate new VAE reduction interventions in your facility

Reference www.hret-hiin.org

2018 Ventilator-Associated Events (VAE) Top Ten Checklist

PROCESS CHANGE	IN PLACE	NOT DONE	WILL ADOPT	NOTES *(Responsible and By When?)*
1. Include all elements of the bundle in charge nurse rounds and nurse-to-charge-nurse reports.	☐	☐	☐	
2. Enlist a multidisciplinary approach. Nurses, physicians, and respiratory therapy staff need to work together to ensure bundle items, such as head of bed (HOB), spontaneous awakening trials (SAT), spontaneous breathing trials (SBT), and oral care are done according to recommendations.	☐	☐	☐	
3. Elevate HOB to between 30-45 degrees (use visual cues, designate one person to check for HOB every one to two hours).	☐	☐	☐	
4. Establish a process to perform routine oral care every two hours with antiseptic mouthwash every 12 hours (create visual cues, partner with respiratory therapy in performing oral care). Make the above oral care part of the ventilator order set as an automatic order that requires the physician to actively exclude it if contraindicated for a specific patient.	☐	☐	☐	
5. Intubate patients who have anticipated mechanical ventilation of greater than 72 hours with subglottic suction ETT.	☐	☐	☐	
6. Include venous thromboembolism (VTE) prophylaxis on ICU admission and ventilator order sets as an automatic order that would require the physician to actively exclude it.	☐	☐	☐	
7. Invite families to participate in care by encouraging them to ask if prevention efforts have been completed, such as oral care and HOB elevation. Educate families on the risk of VAE, preventive measures put in place and what they can do to help (e.g., perform oral care or passive range of motion exercises if willing).	☐	☐	☐	
8. Perform and coordinate SAT and SBT to maximize weaning opportunities when patient sedation is minimal. Coordinate between nursing and respiratory therapy to manage SAT and SBT, perform daily assessment or readiness to wean and extubate.	☐	☐	☐	
9. Establish a process for timely physical and occupational therapy evaluation for patients on ventilator support to establish a plan for progressive mobility.	☐	☐	☐	
10. Manage delirium by assessing patients for delirium at least once daily. Sedation should be goal oriented and should be administered, as ordered, by the physician according to a scale such as Richmond Agitation Sedation Scale (RASS).	☐	☐	☐	