

Ventilator-Associated Events (VAE) Prevention Strategies

Component of SAFE HAI 2.0 Road Map

CORE Prevention Strategies = Strategies that should always be in place.

Gap Analysis Questions	Yes	No	If answered question "No" – identify the Specific Action plan(s) including persons responsible and timeline to complete.
Patient/family education			
<p>The facility has a process in place to educate the patient/ family about the need for the ventilator and the importance of:</p> <p>1a) Staff hand hygiene</p> <p>1b) Ventilator settings used to provide ventilation support and prevent further lung injury</p> <p>1c) Elevation of HOB</p> <p>1d) Daily sedation vacation in the weaning process</p> <p>1e) Spontaneous breathing trial process</p> <p>1f) Early progressive mobility</p> <p>1g) Regularly scheduled oral care with chlorhexidine</p> <p>1h) Reporting any concerns in relation to ventilator care</p>	<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"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
Ventilator Settings			
<p>2a) Maintain tidal volume less than 8 ml/kg to prevent ARDS</p>	<input type="checkbox"/>	<input type="checkbox"/>	
Elevation of the head of the bed			
<p>The facility's core prevention strategies for ventilator- associated event practices related to elevation of the head of bed (30-45 degrees) include:</p> <p>3a) Creating an environment where respiratory therapists work collaboratively with nursing to maintain head-of-the-bed elevation.</p> <p>3b) Using visual cues so it is easy to identify when the bed is in the proper position, such as a line on the wall that can only be seen if the bed is below a 30-degree angle.</p> <p>3c) HOB elevation intervention on order sets upon the initiation and weaning of mechanical ventilation.</p> <p>3d) The consideration of need for an advanced therapy mattress; HOB > 30 degrees creates a pressure ulcer risk.</p>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
Sedation vacation and spontaneous breathing trial			
<p>The facility's core prevention strategies for daily sedation vacation and spontaneous breathing trial include:</p> <p>4a) Use of the least amount of sedation necessary to achieve respiratory stability, patient safety, and minimal patient anxiety.</p> <p>4b) Implementing a protocol to lighten sedation BID at an appropriate time to assess neurological function.</p> <p>4c) Use of a sedation scale such as Riker or Richmond Agitation Sedation Scale to assess sedation level and achieve sedation goals.</p> <p>4d) Nurses and respiratory therapists collaborate to perform spontaneous breathing trials BID in coordination with a sedation vacation.</p>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	

Gap Analysis Questions	Yes	No	If answered question "No" – identify the Specific Action plan(s) including persons responsible and timeline to complete.
Oral care			
<p>The facility's core prevention strategies to address daily oral care includes:</p> <p>5a) Oral care q4 hours with BID chlorhexidine to reduce the bacteria on oral mucosa and the potential for bacterial colonization in the upper respiratory tract; potentially reduce the development of ventilator-associated pneumonia.</p> <p>5b) Subglottic suctioning either continuous or intermittent; if intermittent at least q6 hours and pm.</p> <p>5c) Subglottic suctioning prior to transport and before changes to head of bed elevation.</p> <p>5d) Consideration for endotracheal tubes with subglottic secretion drainage ports for patients likely to require intubation > 48 – 72 hours.</p>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
Early Exercise and Progressive Mobilization			
<p>6a) Implement early exercise and mobilization; progressing from passive ROM to ambulation</p>	<input type="checkbox"/>	<input type="checkbox"/>	
Documentation			
<p>The facility has a process in place to identify the frequency of review of care and the required documentation in the medical record for the following:</p> <p>7a) Elevation of the head of the bed</p> <p>7b) Tidal volume in ml/kg</p> <p>7c) BID sedation vacation</p> <p>7d) BID spontaneous breathing trial</p> <p>7e) Regularly scheduled oral care including subglottic suctioning</p> <p>7f) Patient mobility and activity</p>	<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"/> <input type="checkbox"/> <input type="checkbox"/>	
Monitoring			
<p>The facility has a process in place to monitor adherence to ventilator practices:</p> <p>8a) Conduct and document observational and chart audits.</p> <p>8b) The facility's documentation system (paper or electronic) is designed to capture sufficient detail to allow for a thorough investigation of the VAE event.</p>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	
Staff education			
<p>9b) Education for staff caring for ventilated patients is provided at orientation which includes, at a minimum:</p> <ul style="list-style-type: none"> • Appropriate adherence to hand hygiene and aseptic technique. • rationale supporting good oral hygiene and its potential benefit in reducing ventilator-associated pneumonia. • Daily review that all components — low tidal volume, head of bed elevation, sedation vacation, spontaneous breathing trial, oral care, early mobility— are in place. <p>9c) Staff caring for ventilated patients receive ongoing education and competency assessment.</p> <p>9d) Compliance with all the interventions are posted in a prominent place in your ICU to encourage change and motivate staff.</p>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	

