ELIMINATE HARM ACROSS THE BOARD

Days Since Last VAE

VENTILATOR-ASSOCIATED EVENTS (VAE) PREVENTION:

- ☐ Include all elements of the bundle in charge nurse rounds and nurse-to-charge-nurse reports
- ☐ Multidisciplinary approach is key: nursing and respiratory therapy staff can work together to ensure bundle items such as head of bed (HOB), spontaneous awakening/breathing trials (SAT/SBT) and oral care are done according to recommendations
- ☐ Elevate head of the bed to between 30–45 degrees (use visual cues, designate one person to check for HOB every one to two hours, involve family)
- ☐ Conduct routine oral care every 2 hours with antiseptic mouthwash and chlorhexidine 0.12% every 12 hours (create visual cues, partner with respiratory therapy in performing oral care by making it a joint nursing and respiratory therapy staff function); make the above oral care part of the ventilator order set as an automatic order that requires the physician to actively exclude it
- ☐ Include peptic ulcer disease prophylaxis on ICU admission and ventilator order sets as an automatic order that requires the physician to actively exclude it
- ☐ 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
- ☐ Designate one time of day for the SAT and SBT to be attempted
- ☐ 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 assessments of readiness to wean and extubate
- ☐ Include SAT and SBT in the nurse-to-nurse handoffs, nurse-to-charge-nurse reports, and charge-nurse-to-charge-nurse reports
- ☐ Delirium management: sedation should be goal oriented; provide a daily reduction of removal of sedative support; administer sedation as ordered by the physician according to a scale such as the Richmond Agitation Sedation Scale

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