

Quality Bundles:

VAP Reduction Bundle

VAP REDUCTION BUNDLE

1. **HOB goal ≥ 30 degrees** or as high as tolerated if intubated or a tracheostomy tube is in place, except during temporary procedures (e.g., bed changes, line insertion) unless contraindicated*

Continue to reposition frequently and balance HOB elevation with pressure injury prevention and sleep promotion. Bed should not be flat except for procedures.

2. **Maintain appropriate level of sedation:**
 - ✓ Adjust sedation to target VAMAAS
 - ✓ Q shift SWAP and attempt dose reduction of continuous sedatives unless contraindicated*
3. **Daily SBT**
 - ✓ Screen daily for SBT readiness and document screen results
 - ✓ If screen is passed, conduct SBT daily*
4. **Subglottic Secretion Drainage (SSD)**
 - ✓ SSD for all patients with endotracheal tube
 - ✓ If intubated without SSD, review during rounds re suitability for possible tube exchange
5. **Initiate safe enteral feeding within 24-48 hours** unless contraindicated*
 - ✓ Attempt small bowel placement for all feeding tubes
 - ✓ Avoid nasal placement for gastric drainage tubes; remove and replace orally within 48 hrs unless contraindicated (e.g., esophageal/oral surgery or varices)
6. **Oral decontamination**
 - ✓ Oral hygiene with teethbrushing per CCTC procedure
 - ✓ Chlorhexidine oral rinse Q12H (unless contraindicated*)

* **See reverse for details**

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VAP Reduction Bundle Details

1. **HOB Elevation:** Document HOB elevation in degrees in 24 Hour Flowsheet with each change in position.
 - HOB ≥ 30 degrees may be contraindicated or require modification in a number of situations, such as: unclear C-spines, open abdomen, hemodynamic instability, patient discomfort, skin breakdown, femoral lines, sleep disturbance or where alternate HOB elevation has been ordered. Patients should not be flat except for procedures.
 - Document HOB elevation in degrees. If HOB cannot be elevated, document the reason. For hemodynamic instability or patient discomfort, reassess Q 4H and position HOB at highest tolerated level.

2. **Sedation Assessment and Weaning:**
 - a) **Adjust analgesia and sedation to target VAMAAS and pain scores:** Chart VAMAAS or MAAS in 24 Hour Flowsheet, recording the “typical” score for the preceding hour.
 - Q shift for all patients
 - Q 4H and prn for patients receiving continuous sedation
 - Chart the VAMAAS on the MAR to explain reason for PRN sedation.
 - Q shift, document a DAR note under the heading “comfort”. Document overall assessment findings re pain, agitation, and delirium. Include treatments and response

 - b) **Screen Q shift and prn for sedation weaning readiness:**
 - Screen for sedation weaning readiness Q shift using Sedation Weaning Assessment Tool (SWAP) unless deep sedation (VAMAAS 0) is the target (e.g., acute brain injury, hypothermia protocol, neuromuscular blockers, open abdomen, etc).
 - If SWAP passed, initiate sedation weaning as per orders
 - If SWAP failed, review sedation plans during rounds
 - Document SWAP, weaning strategy and response

3. **Contraindications to SBT (reasons for screening failure):**
 - Underlying reason for ventilation has not been resolved (e.g., cardiogenic shock, acute brain injury, hypothermia protocol)
 - Use of deep sedation or paralytic agents (continuous or intermittent)
 - Inability to initiate spontaneous effort
 - Hemodynamic instability (including use of vasoactive infusions)
 - PaO₂/FiO₂ ratio ≤ 200 on > 0.5 FiO₂ or PEEP > 8 or pH ≤ 7.30 *
 - Medical order
 - **See SBT Screening:**
http://www.lhsc.on.ca/Health_Professionals/CCTC/protocols/SBT.pdf

4. **Contraindications to Subglottic Secretion Drainage (SSD):**
 - An SSD is not used if a patient requires a tube other than a standard endotracheal tube (e.g., blocker tube, armoured tube)

5. **Initiate enteral feeding within 24-48 hours:**
 - Contraindications must be documented in clinical record. Bundle compliance is confirmed if a contraindication is documented, or if feeding is started within 48 hrs of an order to initiate enteral feeding in a patient with prior contraindications.

6. **Oral decontamination with chlorhexidine and oral care with teeth/tongue brushing:**
 - Contraindications to teethbrushing includes adentulous or recent oral surgery. Document oral care in 24 Hour Flowsheet.
 - Contraindications to Chlorhexidine include allergy or medical order (e.g., following recent oral surgery).