

Quality Bundles:

VAP Reduction Bundle

VAP REDUCTION BUNDLE

1. **HOB 30** degrees or as high as tolerated if intubated/trached, except during temporary procedures (e.g., bed changes, line insertion) unless contraindicated*. If < 30 degrees or HOB elevation is contraindicated, enter a comment to describe reason. .
2. Maintain **appropriate level of sedation**:
 - ✓ Q shift and PRN SWAP assessment
 - ✓ Attempt dose reduction of continuous sedatives Q Shift and PRN to VAMAAS target with lowest medication dosing
3. **Daily SBT**
 - ✓ Daily reduction in sedation to lowest level possible to achieve target VAMAAS
 - ✓ Screen daily for SBT readiness (RRT)
 - ✓ 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 at initial insertion
 - ✓ Replace NG tubes with small bore nasal feeding tube unless contraindication (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**

VAP Reduction Bundle Details

1. **HOB Elevation:** Document HOB elevation in degrees with each change in position. Most patients should not be flat unless during procedures or turning, however, contraindicated do exist.
 - HOB elevation contraindications or modifications may exist for the following:
E.g. unclear CTLs (reverse Trendelenburg maximum is ~10-15 degrees), lumbar drainage, open abdomen, hemodynamic instability, patient discomfort, skin breakdown, femoral lines, sleep disturbance or where alternate HOB elevation has been ordered.
 - If HOB < 30 degrees, the reason must be documented. For hemodynamic instability or patient discomfort, reassess Q 4H and reposition HOB at highest tolerated level.
 - Patients who cannot have HOB elevated must still be turned/have pressure offloading Q2H.
2. **Sedation Assessment and Weaning:**
 - a) **Adjust analgesia and sedation to target VA/MAAS:**
 - Attempt sedation reduction Q Shift and PRN to ensure lowest dose of medication to achieve target VA-MAAS
 - Document VA-MAAS Q shift for patients not receiving sedatives, and 4H and prn for patients receiving sedatives
 - Chart the VA-MAAS on the MAR to explain reason for PRN sedation.
 - b) **RN 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, Targeted Temperature Management, neuromuscular blockers, open abdomen, etc).
 - If SWAP passed, initiate sedation weaning
 - If SWAP failed, review sedation plans during rounds
 - Document SWAP, weaning strategy and response
3. **RRT Screen patients Q Shift for SBT readiness and document results.**

Underlying reason for screening failure include:

 - 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 *
 - On a medical order
 - [See SBT Screening](#)
4. **If SBT Screen is passed, RN/RRT collaborate around sedation and SBT trial**
5. **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)
6. **Initiate enteral feeding within 24-48 hours:**
 - Contraindications to nasal feeding tube placement or initiation of feeding must be documented in clinical record. Bundle compliance is confirmed if a contraindication is documented, or if feeding is started within 48 hrs.
6. **Oral decontamination with chlorhexidine and oral care with teeth/tongue brushing:**
 - Contraindications to teethbrushing includes adentulous or recent oral surgery. Document oral care.
 - Contraindications to Chlorhexidine include allergy or medical order (e.g., following recent oral surgery).