

<b>Title:</b>	<b>Ventilator-Associated Pneumonia Bundle Checklist</b>
<b>Index Code:</b>	RHHCS-CP-23-F01

### VENTILATOR-ASSOCIATED PNEUMONIA BUNDLE CHECKLIST

<b>COMPETENCY TESTED:</b>	<b>Ventilator-Associated Pneumonia Bundle Checklist</b>
<b>DEPARTMENT:</b>	Home Care Nursing
<b>NAME OF STAFF/ID #:</b>	
<b>JOB TITLE:</b>	
<b>DATE OF COMPETENCY CHECK:</b>	

**Performance Statement:** The Nurse consistently demonstrates proper Ventilator-Associated Pneumonia Bundle procedures competently and independently.

**\*Competence:** The combination of skills, knowledge, attitudes, values and abilities that underpin effective performance as a nurse [ICN, 2003].

**\*Competent:** Having the required abilities or qualities [ICN, 2003].


- **Identify the patient.**
  
- **Explain the procedures.**
  
- **Ensure privacy & confidentiality.**

#### LEGEND

<b>NYC</b>	<b>Not Yet Competent</b> to function independently, requires completion of Education Plan which will demonstrate specific outcomes and due dates
<b>COMP</b>	<b>Competent</b> and able to function independently. Competent knowledge, skills and behaviors

**These performance criteria are MANDATORY to successfully complete this skill.**

	PERFORMANCE CRITERIA	PERFORMANCE						REMARKS
		COMP	NYC	COMP	NYC	COMP	NYC	
1	Identifies patient, using 2 patient identifiers.							
2	Prepare required equipment prior to starting procedure.							
3	Explain procedure to patient (as appropriate) ensuring privacy.							
4	Wash hands prior to commencing procedure. Apply non-sterile gloves.							
5	Check the VAP bundle every shift.							
6	Five key components for the VAP bundle: <ul style="list-style-type: none"> <li>• Elevation of the head of the bed to 30-45 degrees</li> <li>• Daily 'sedation vacation</li> <li>• Peptic ulcer disease prophylaxis</li> <li>• Oral care with chlorhexidine wash</li> <li>• Subglottic drainage</li> </ul>							
7	Pediatric VAP bundle: <ul style="list-style-type: none"> <li>• Elevate the head of the bed</li> <li>• Properly position oral or nasal gastric tubes</li> </ul>							

<b>Prepared by:</b> VANESSA LACAP	<b>Issue No:</b> 03	<b>Issue Date:</b> 15 FEB 2021	 ريادة للرعاية الطبية المنزلية Reyada Home Health Care Services
<b>Approved by:</b> DR. ATEF ELSHAER	<b>Revised Date:</b>	07 FEB 2021	

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	<ul style="list-style-type: none"> <li>• Perform oral care</li> <li>• Eliminate the routine use of instill for suctioning.</li> <li>• Keep the ventilator tubing in a dependant position.</li> </ul>							
8	Monitor patient condition continuously							
9	Documentation							

**This document certifies that**

**Name:** \_\_\_\_\_ **Staff ID No.:** \_\_\_\_\_ **Area:** \_\_\_\_\_


**Has been evaluated according to the mentioned criteria for this skill**

**He/She has been found to be:**  **Competent**  **Not Yet Competent**

<b>EVALUATOR: (SIGNATURE OVER NAME)</b>	<b>DESIGNATION:</b>	<b>DATE:</b>

**I acknowledge that I am able to perform this skill competently and independently.**

<b>NURSE: (SIGNATURE OVER NAME)</b>	<b>DATE:</b>

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