ARROWHEAD
REGIONAL MEDICAL CENTER

THIS IS TO CERTIFY THAT

ARROWHEAD REGIONAL MEDICAL CENTER'S

Administrative Operations Manual

HAS BEEN REVIEWED AND UPDATED

AS NEEDED

Chief Nursing Officer	Date 8/2/19
Chief Medical Officer (if applicable)	Date 8/2/19
Chief Executive Officer Curt Hagman	Date 8/2/19
Chair, Board of Supervisors	Date AUG 20 2019

ARROWHEAD REGIONAL MEDICAL CENTER
ADMINISTRATIVE POLCIES AND PROCEDURES
August 20, 2019 Summary of Policy Revisions

Policy #	New	Major	Minor	Reviewed	Policy Title	Explanation (All New Policies and Major & Minor Revisions)
620.05			X		Pain Assessment and Management	**Added the Critical Care Pain Observation Tool ("CPOT") as the pain scale for adult ventilated non-self-report patients**
620.09		X			Screening and Managing Patients at Risk for Suicide	**Grammatical changes; updated attachments; updated procedures applicable to different patient care units; changed the policy name.**
650.01		X			Moderate Sedation and Analgesia Performed by Non-Anesthesia Providers During Procedures on Adults and Children Older than 10 years of age	**Updated educational requirements for nursing staff; changed pre-procedure requirement to include Mallampati airway assessment; added immediate reassesment prior to the procedure; changed the intra-procedure monitoring scale to the Ramsay from the Modified Aldrete score.**
670.01			X		Restraint/Seclusion Guidelines For Non-Violent/Non-Self-Destructive And Violent/Self-Destructive Behavior Management	**Updated ARMC format; Included 'seclusion' throughout the policy; added 'risk factors' to be included in the documentation of the patient's plan of care; defined "Practitioner" as Physicians, Nurse Practitioners and Physician Assistants; removed the word "Licensed" from the signature documents to refer instead to "Practitioner"**
670.21			X		Procedure For Endocavity Transducer High Level Disinfection	**Updated ARMC format**
670.30	X				Ventilator-Associated Events ("VAE") Prevention Bundle	**New policy that includes a method called the spontaneous awakening trial and VAE prevention guidelines.**

SECTION: PATIENT CARE **SUB SECTION:**

SUBJECT: VENTILATOR-ASSOCIATED EVENTS (VAE) PREVENTION BUNDLE

APPROVED BY: _____
Chief Executive Officer

POLICY

I. Mechanically ventilated patients are at high risk for complications categorized as ventilator-associated events (VAE).

II. Arrowhead Regional Medical Center (ARMC) staff implement the following evidence-based interventions to reduce the risk and incidence of VAEs.

III. The VAE prevention bundle is initiated on mechanically ventilated patients.

IV. VAE BUNDLE COMPONENTS

A. Elevate the head of the bed between 30-45 degrees unless contraindicated.
B. Perform oral hygiene per manufacturer's instructions using the facility supplied oral care kit. (see Clinical Nursing Skills and Techniques, Oral Hygiene) Oral care kit includes but is not limited to:
   1. Suction toothbrush and oral rinse
   2. Disposable oral swabs and oropharyngeal catheter
   3. Mouth moisturizer
C. Spontaneous Awakening Trial (SAT)
   1. SAT is performed daily by the bedside Registered Nurse (RN) on mechanically ventilated patients receiving continuous intravenous (IV) pain and sedation medication (drips) unless contraindicated or ordered not to do so by the practitioner.
   2. Contraindications for the SAT includes but are not limited to patients:
      a. With active seizures
      b. With acute alcohol withdrawals
      c. Receiving paralytic agents
      d. With myocardial ischemia
      e. With increased intracranial pressure (ICP)
      f. Receiving > 70% Fraction of Inspired Oxygen (FiO2)
   3. The RN holds IV pain and sedation drips in order to assess the neurologic status as well as the pain and sedation levels. The RN assesses the patient for signs of SAT intolerance including but not limited to:
      a. Sustained respiratory rate greater than 35/minute
      b. Peripheral capillary oxygen saturation (SpO_2) less than 88%
      c. Respiratory distress
      d. Acute cardiac event
      e. Anxiety, pain and/or agitation

4. Should the patient exhibit signs of SAT intolerance, the medications are restarted at half the previous dose and titrated as needed to achieve the ordered pain and sedation scales.
5. The SAT is documented in the patient's electronic medical record (EMR)/Intensive Care Unit (ICU) flowsheet.
6. Nursing staff and respiratory therapy staff collaborate when performing the spontaneous breathing trial (SBT), if ordered, during the SAT.

D. The primary care team and nursing staff collaborate regarding stress ulcer prophylaxis and deep vein thrombosis (DVT) prophylaxis, see Department of Nursing (DON) Policy 548.00, Deep Vein Thrombosis / Venous Thromboembolism Risk Assessment.

V. DOCUMENTATION

A. The components of the VAE bundle are documented in the EMR or the ICU flowsheet.
B. Patient and family education regarding the VAE prevention bundle is documented in the EMR.

REFERENCES:

Joint Commission Standards
Centers for Medicare & Medicaid Services (CMS). http://partnershipforpatients. cms.gov/p4p_resources/tsp-ventilatorassociatedpneumonia/ toolventilator-associated pneumoniavap.html . Published 2013. Accessed September 28, 2013.
Institute for Healthcare Improvement. http://www.ihi.org/knowledge/Pages/Changes/ImplementtheVentilatorBundle .aspx . Published 2013. Accessed September 28, 2013.
Administrative Policies and Procedures (ADM) Policy 620.05, Pain Assessment and Management
ADM Policy 680.01, Plan – Patient/Family Education
Perry, Potter, Ostendorf (2018), Clinical Nursing Skills & Techniques, 9th Edition. Mosby, Elsevier.
Department of Nursing (DON) Policy 548.00, Deep Vein Thrombosis / Venous Thromboembolism Risk Assessment
DON Policy 586.00, Sedation-Agitation Management of the Critically Ill Adult
www.medline.com/media/catalog/Docs/MKT/LIT285R_BRO_Oral%20Care_1558453.pdf

DEFINITIONS: **NA**

ATTACHMENTS: **NA**

APPROVAL DATE:

7/31/2019	Nursing Standards Committee
7/18/2019	Epidemiology Applicable Administrator, Hospital or Medical Committee
	Quality Management Committee Applicable Administrator, Hospital or Medical Committee
8/1/2019	Medical Executive Committee Applicable Administrator, Hospital or Medical Committee
8/20/2019	Board of Supervisors Approved by the Governing Body

REPLACES: **N/A**

EFFECTIVE: 8/2019 **REVISED:**

REVIEWED: