



**ARROWHEAD REGIONAL MEDICAL CENTER**  
**Administrative Policies and Procedures**

**POLICY NO. 670.30 Issue 1**  
**Page 1 of 3**

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**SECTION:**                      **PATIENT CARE**                      **SUB SECTION:**

**SUBJECT:**                      **VENTILATOR-ASSOCIATED EVENTS (VAE) PREVENTION BUNDLE**

**APPROVED BY:** \_\_\_\_\_

Chief Executive Officer

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**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<sub>2</sub>) less than 88%
      - c. Respiratory distress
      - d. Acute cardiac event
      - e. Anxiety, pain and/or agitation

**REFERENCES:** Joint Commission Standards  
Centers for Medicare & Medicaid Services (CMS).  
[http://partnershipforpatients.cms.gov/p4p\\_resources/tsp-ventilatorassociatedpneumonia/toolventilator-associated\\_pneumoniavap.html](http://partnershipforpatients.cms.gov/p4p_resources/tsp-ventilatorassociatedpneumonia/toolventilator-associated_pneumoniavap.html) . Published 2013. Accessed September 28, 2013.  
Institute for Healthcare Improvement.  
<http://www.ihl.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, 9<sup>th</sup> 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](http://www.medline.com/media/catalog/Docs/MKT/LIT285R_BRO_Oral%20Care_1558453.pdf)

**DEFINITIONS:** NA

**ATTACHMENTS:** NA

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

**REPLACES:** N/A

**EFFECTIVE:** 8/2019

**REVISED:**

**REVIEWED:**