Form Approved
OMB No. 0935-XXXX
Exp. Date XX/XX/20XX

VAP/VAE Device Rounds Checklist (Device Checklist Form)

VAP/VAE device rounds are an opportunity to directly observe patients' ventilator devices to ensure evidence-based best practices are followed to prevent device-associated infections. The device rounds incorporate data collection and real-time discussion, education, and problem-solving to optimize ventilator device care measures. You may want to invite the unit CUSP Executive to attend these rounds. Of note, smaller groups tend to be most effective for ventilator device rounds.

Complete this checklist one day per month for each patient's ventilator device present in the participating unit at the time of assessment. The assessment may be completed by frontline personnel, infection preventionists, CUSP members, ventilator device experts, or others in the unit. Once the month's assessments are complete, combine the data from each patient's device checklist form and enter the total count for each of the following items in the data collection program portal (Monthly Aggregated Checklist Form).

For each ventilator device, confirm each of the following elements are in place:

- Was a Spontaneous Awakening Trial (and Spontaneous Breathing Trial, if indicated) performed?
  - ❍ Yes
  - ❍ No
  - ❍ N/A
- Was sedation minimized when possible?
  - ❍ Yes
  - ❍ No
  - ❍ N/A
- Was a ventilator liberation bundle implemented?
  - ❍ Yes
  - ❍ No
  - ❍ N/A
- Was the ventilator circuit intact without air leaks, excessive condensate, or visible soiling?
  - ❍ Yes
  - ❍ No
  - ❍ N/A
- Was the patient on a lung protective strategy such as low tidal volume ventilation?
  - ❍ Yes
  - ❍ No
  - ❍ N/A
- Were multimodal strategies and medications other than benzodiazepines used to manage agitation?

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- ❍ Yes
- ❍ No
- ❍ N/A

- Was oral care using a toothbrush performed twice in the day?
  - ❍ Yes
  - ❍ No
  - ❍ N/A
- Did the intubated patient have a sub-glottic suctioning endotracheal tube (SGSETT)?
  - ❍ Yes
  - ❍ No
  - ❍ N/A
- Was subglottic suctioning used if the patient had a SGSETT?
  - ❍ Yes
  - ❍ No
  - ❍ N/A
- Was suction set to intermittent for the SGSETT?
  - ❍ Yes
  - ❍ No
  - ❍ N/A
- Was the patient receiving enteral (rather than parenteral) nutrition?
  - ❍ Yes
  - ❍ No
  - ❍ N/A
- Was a post-pyloric feeding tube used if the patient had gastric feeding intolerance or was at high risk for aspiration
  - ❍ Yes
  - ❍ No
  - ❍ N/A
- Did the patient receive selective digestive decontamination of the oropharynx and digestive tract, if indicated?
  - ❍ Yes
  - ❍ No
  - ❍ N/A
- Did an early tracheostomy occur or was one planned, if indicated?
  - ❍ Yes
  - ❍ No
  - ❍ N/A
- Was a mobility exercise for the patient planned?

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- ❍ Yes
- ❍ No
- ❍ N/A

- Was the head of the bed raised to at least 30 degrees unless otherwise contraindicated?
  - ❍ Yes
  - ❍ No
  - ❍ N/A

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Aggregate data from your monthly VAP/VAE Device Rounds Checklists by totaling the number of "Yes" responses and enter the total count in the spaces provided below.

Provide the total count for the following with respect to <u>your unit</u> for the month of [MONTH].	
	Total count
Total number of ventilator devices assessed	
Count of the ventilator devices for which the following VAP/VAE prevention elements were in place. **Total number of times where:**	
You performed Spontaneous Awakening Trials and, if indicated, Spontaneous Breathing Trials (SAT/SBT)	
You minimized sedation when possible	
You implemented a ventilator liberation bundle	
The ventilator circuit was intact without air leaks, excessive condensate, or visible soiling	
The patient was on a lung protective strategy such as low tidal volume ventilation	
You used multimodal strategies and medications other than benzodiazepines to manage agitation	
Oral care using a toothbrush was performed twice in the day	
The intubated patient had a sub-glottic suctioning endotracheal tube (SGSETT)	
You used the subglottic suctioning if the patient had a SGSETT	
The suction was set to intermittent suction for the SGSETT	
The patient was receiving enteral (rather than parenteral) nutrition	
The post-pyloric feeding tube was used if the patient had gastric feeding intolerance at high-risk aspiration	
The patient received selective digestive decontamination of the oropharynx and digestive track, if indicated	
An early tracheostomy occurred or was planned, if indicated	
Mobility exercise for the patient was planned	

Attachment E: VAP/VAE Device Rounds Checklist

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The head of the bed was raised to at least 30 degrees unless otherwise contraindicated	