PICU VAP Debrief/ QI Documentation

Upon completion please return to Debrief Folder

Date/Time: ____________ Age: _____
Primary Diagnosis: ____________________

Intubated on: ____________ ET size ______

Why is VAP suspected? Check applicable items
☐ Change in secretions  ☐ Fever  ☐ Unexpected increase in ventilator settings
☐ New infiltrate on xray  ☐ Elevated WBC
☐ Positive respiratory culture BAL or Trach aspirate Date:__________
☐ Other:________________________________________________________

Were VAP precautions being done? Check applicable items
☐ Oral care  ☐ HOB  ☐ Chlorhexidine oral rinse  ☐ Stress ulcer prophylaxis
☐ ETT tape changed  ☐ Sedation vacation daily  ☐ Vent weaning plan in place
☐ yankauer care/appropriate succioning
If no, explain:__________________________________________________________________________

Was patient a high risk for VAP? Check applicable items
☐ Neuromuscular blockade  ☐ Uncuffed/deflated cuff ETT  ☐ Coma/disease process
☐ Immunocompromised  ☐ Systemic steroids  ☐ Other:__________________________

If yes, were VAP precautions done q2 hours? Yes or No, why? ________________

When to get respiratory culture:
Indications:
   Fever with respiratory symptoms: ☐ Increase in FiO2  ☐ change in secretions

How was respiratory culture obtained:
BAL-
Mini-BAL-
Trach aspirate-

Debrief/Comments:

What went well:

What didn’t go well:

What could be done better:

Form completed by: _____________________________RN/RT/MD.