PICU VAP Debrief/ QI Documentation

Upon completion please return
to Debrief Folder

Place Patient Sticker
Here

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 sunctioning
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.