

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 suctioning

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.

Process Owner: Jenny Boyd

Last Rev 6/2017

