

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 FiO<sub>2</sub>  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

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