




VENTILATOR CARE · ICU PREVENTION BUNDLE





VAP Prevention Bundle


Daily, evidence-based actions to prevent ventilator-associated pneumonia in mechanically ventilated adults.


1  **Head of bed 30–45°**
30–45°
 Semi-recumbent unless contraindicated — lowers aspiration risk.


2  **Daily oral care** x2 daily
 Toothbrush with sterile water twice daily. Skip routine chlorhexidine.


3  **Minimize sedation** light
 Propofol or dexmedetomidine — avoid benzodiazepines.

4  **Awaken & breathe**
SAT+SBT
 Paired awakening + breathing trials daily; assess for extubation.

5  **Avoid intubation**
HFNC · NIPPV
 Trial high-flow or NIPPV first; work to prevent reintubation.

6  **Early enteral nutrition**
24–48 h
 Feed via gut within 24–48 h; postpyloric if high aspiration risk.


7  **Ventilator circuit care**
soiled only
 Change only if soiled or malfunctioning; drain condensate away.

8  **Early mobilization** early
 Passive then active movement as soon as it is safe.

IF RATES STAY HIGH, ADD Subglottic secretion drainage Postpyloric feeding Early tracheostomy < 7 d


Based on 2022 SHEA / IDSA / APIC guidance · AMBOSS critical-care standards. Educational use only — not a substitute for clinical judgement. Audit adherence daily
VAE / 1,000 vent-days


CRITICAL CARE · PREVENTION BUNDLE





Preventing VAP at the Bedside


Eight daily actions for every ventilated patient. Do them every shift, on every patient, every day.


 **Head of bed 30–45°** 30–45°
 Semi-recumbent unless contraindicated — lowers aspiration risk.


 **Daily oral care** x2 daily
 Toothbrush with sterile water twice daily. Skip routine chlorhexidine.


 **Minimize sedation** light
 Propofol or dexmedetomidine — avoid benzodiazepines.

 **Awaken & breathe daily** SAT+SBT
 Paired SAT + SBT every day; assess readiness to extubate.

 **Avoid intubation** HFNC · NIPPV
 Trial HFNC or NIPPV first; work to prevent reintubation.

 **Early enteral nutrition** 24–48 h
 Feed via gut within 24–48 h; postpyloric if high aspiration risk.


 **Ventilator circuit care** soiled only
 Change only if soiled or malfunctioning; drain condensate away.

 **Early mobilization** early
 Passive then active movement as soon as it is safe.


IF VAP RATES REMAIN HIGH, ADD
Subglottic secretion drainage · Postpyloric feeding · Early tracheostomy (< 7 d)

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ICU PREVENTION BUNDLE

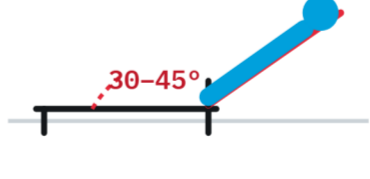



Stop VAP before it starts


 **POSITION FIRST**


Head of bed 30–45°


Keep every ventilated patient semi-recumbent unless contraindicated. The single highest-yield step to cut aspiration.





 **Daily oral care**
 Toothbrush + sterile water twice daily. **No routine chlorhexidine.**


 **Minimize sedation**
 Light sedation — propofol or dexmedetomidine, not benzodiazepines.

 **Awaken & breathe**
 Paired SAT + SBT daily; assess readiness to extubate.

 **Avoid intubation**
 Trial HFNC or NIPPV first; work to prevent reintubation.

 **Early nutrition**
 Enteral feed within 24–48 h; postpyloric if high aspiration risk.

 **Circuit care**
 Change only if soiled or malfunctioning; drain condensate away.

 **Early mobilization**
 Passive then active movement as soon as it is safe.

IF RATES STAY HIGH
 Add subglottic suction · postpyloric feeding · early tracheostomy (< 7 d).

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