

Naval Hospital Bremerton Interdisciplinary Prevention Flowsheet Ventilator Acquired Pneumonia (VAP)

DATE:

INITIAL Time of Day when intervention(s) has been performed.

Date Intubated:	Time:	TIME OF DAY											
Time of Assessment	07:00	08:00	09:00	10:00	11:00	12:00	13:00	14:00	15:00	16:00	17:00	18:00	
Head of Bed Elevated 30 ° <i>Check for each hour elevation is maintained</i>													
DVT Prophylaxis													
Spontaneous Compression Devices (SCDs) <i>Indicate on or off and initial appropriate time</i>													
b. List drug therapy the patient may be on and date started:													
Oral Care <i>Initial time each intervention was done</i>													
a. Oral Assessment every 12 hours													
b. Brush teeth every 12 hours & PRN													
c. Swab mouth (Lemon swabs) every 2 hours													
d. Oropharyngeal suction every 6 hours													
e. Moisturizer to lips every 2 hours & PRN													
GI Prophylaxis													
<i>List drug therapy the patient may be on and date started:</i>													
Sterile Sputum Specimen Collected by RT													
Sedation Holiday to assess for weaning. <i>Initial time block sedation was turned off</i>													
Daily Weaning Parameters Done. <i>Initial time done or check <input type="checkbox"/> N/A</i>													
Extubated:													
Initials	Printed Name/ Rank	Initials	Printed Name/Rank										

ADDRESSOGRAPH:

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INITIAL Time of Day when intervention(s) has been performed.

TIME OF DAY												
Time of Assessment	1900	2000	2100	2200	2300	2400	0100	0200	0300	0400	0500	0600
Head of Bed Elevated 30° <i>Check for each hour elevation is maintained</i>												
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