

Filling the Ventilator Care Bundle Checklist

- Hospital
- Date
- Time
- Name
- RN
- Day
- Bed No

- Circle the correct answer

- Is the patient > 18 years old?

If Yes, proceed to the next question

- Is the patient ventilated?

If Yes, proceed to assess care bundle

(I) Head of bed elevation 30 - 45⁰

If No, is / does the patient:

- on high doses of inotropes or vasopressors?
- agitated and at risk of falling out of bed?
- awaiting spinal clearance or suspected /confirmed spinal injury?
- have thoracic or lumbar or cervical spine surgery?
- have compromised circulation due to femoral lines?
- having procedure/s being carried out on him / her?

(II) Sedation vacation (sedation has been stopped for >4 hours)

- *If No, is the patient:*
 - on cerebral protection?
 - in septic shock on high inotropic support?
 - in ARDS on high ventilatory support, i.e. $FiO_2 > 0.6$?
 - on infusion of muscle relaxant?
 - in prone position?
 - diagnosed to have tetanus?
 - no longer on sedation?

(III) Peptic ulcer disease prophylaxis / treatment

- Yes / No

(IV) Deep vein thrombosis prophylaxis (heparin) / treatment

- *If No, is / does the patient:*
 - *have a platelet count < 100,000/mL?*
 - *have a drop in platelet count of 30% - 50% from the initial value?*
 - *have an INR > 1.5 or an aPTT ratio > 1.5*
 - *have neurosurgery /neuro-trauma in the last 72 hrs?*
 - *scheduled for surgery with high risk of bleeding?*
 - *scheduled for epidural catheter removal or insertion?*
 - *have clinical signs of bleeding?*
 - *on renal replacement therapy?*

- The end
- Thank you for your attention