

VAP Checklist UH Ostrava

University Hospital Ostrava 17. listopadu 1790/5, 708 52 Ostrava-Poruba		Surname: _____ Name: _____ Birth number: _____ Insurance _____ comp.: _____		
VAP – preventive measures				
Workplace: Department of Anaesthesiology, Resuscitation and Intensive Care Medicine – ORIM				
Date:	D	D	N	N
Semirecumbent position	hrs.	hrs.	hrs.	hrs.
Obturation cuff pressure	°	°	°	°
	cmH ₂ O	cmH ₂ O	cmH ₂ O	cmH ₂ O
Oral cavity lavage with antiseptic solution	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
Subglottic suctioning	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
	hrs.	hrs.	hrs.	hrs.
Lung physiotherapy	<input type="checkbox"/> Physiotherapist	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
	<input type="checkbox"/> Nurse	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
Exchange of passive humidification	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
Notes:	Nurse signature:		Nurse signature:	
	Shift nurse:		Shift nurse:	

Date:	D	D	N	N
Semirecumbent position	hrs.	hrs.	hrs.	hrs.
Obturation cuff pressure	°	°	°	°
	cmH ₂ O	cmH ₂ O	cmH ₂ O	cmH ₂ O
Oral cavity lavage with antiseptic solution	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
Subglottic suctioning	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
	hrs.	hrs.	hrs.	hrs.
Lung physiotherapy	<input type="checkbox"/> Physiotherapist	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
	<input type="checkbox"/> Nurse	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
Exchange of passive humidification	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
Notes:	Nurse signature:		Nurse signature:	
	Shift nurse:		Shift nurse:	

Date:	D	D	N	N
Semirecumbent position	hrs.	hrs.	hrs.	hrs.
Obturation cuff pressure	°	°	°	°
	cmH ₂ O	cmH ₂ O	cmH ₂ O	cmH ₂ O
Oral cavity lavage with antiseptic solution	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
Subglottic suctioning	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
	hrs.	hrs.	hrs.	hrs.
Lung physiotherapy	<input type="checkbox"/> Physiotherapist	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
	<input type="checkbox"/> Nurse	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
Exchange of passive humidification	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
Notes:	Nurse signature:		Nurse signature:	
	Shift nurse:		Shift nurse:	