الإدارة العامة لمكافحة عدوى المنشآت الصحية
General Directorate of Infection Prevention and Control in Healthcare Facilities

ADULT VENTILATOR BUNDLE FORM

PATIENT'S INFORMATION	
Patient name:	MRN:
Unit: Bed No.	Age: M/F:
Admission date:	Admission diagnosis:
Ventilator insertion date:	Place of insertion:

BUNDLE ELEMENTS

Date	Elevation of the head of the bed to between 30 and 45 degrees			Daily "sedative interruption" & daily assessment of readiness to extubate			Peptic ulcer disease (PUD) prophylaxis			Deep venous thrombosis (DVT) prophylaxis (unless contraindicated)			Daily oral care with appropriate antiseptic solution		
	Yes	No	N/A	Yes	No	N/A	Yes	No	N/A	Yes	No	N/A	Yes	No	N/A

Note: N/A- not applicable