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

PEDIATRIC / NEONATAL VENTILATOR BUNDLE

PATIENT'S INFORMATION					
Patient name:	**MRN:**	**Unit:**	**Bed No.**	**Age:**	**M/F:**
Admission date:	**Admission diagnosis:**				
Ventilator insertion date:	**Place of insertion:**				
For neonates: (birth weight in gms) ☐ ≤ 750 ☐ 751-1000 ☐ 1001-1500 ☐ 1501-2500 ☐ >2500					

BUNDLE ELEMENTS

Date	Hand Hygiene			*Semi- recumbent position			*Mouth rinse with an appropriate solution			Appropriate ventilator circuit care			Daily assessment of readiness to extubate		
	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

**Semi recumbent position: NEONATES- 15 to 30 degrees; INFANTS/OLDER CHILDREN – 30 to 45 degrees*

**Mouth rinse every 2 to 4 hours: PEDIATRIC – Normal saline or sterile water; NEONATES – Maternal colostrum (if Available) or sterile water*