

## VAP Prevention Guidelines – Pediatric

(Applies to all Mechanically Ventilated Patients)

Daily discussion of readiness to extubate.

Elevate head of bed 30-45 degrees.

Perform hand hygiene before and after contact with the patient on the ventilator.

Administer appropriate sedation and perform daily sedation vacation.

Oral care according to the patient's age:

### Neonates and infants with no teeth

- Every 2 hours, moisten mouth with swabs soaked in clean water or physiological saline.

### Infants and children less than 6 years old with teeth

- Every 12 hours, brush teeth with small, soft toothbrush and fluoride toothpaste. Suction out excess toothpaste, but do not rinse mouth.

### Children greater than 6 years old with teeth

- Every 12 hours, brush teeth with small, soft toothbrush and fluoride toothpaste. Suction out excess toothpaste, but do not rinse mouth.
- At least 30 minutes after brushing teeth, rinse mouth with 0.12% chlorhexidine by irrigating with a syringe or wiping oral mucosa with a swab. Suction excess solution, but do not rinse out mouth with water.

Endotracheal tube cuff inflated per physician preference.

Suction endotracheal tube only when indicated by clinical examination. Do not instill physiological saline for suctioning.

Change in-line suction catheter every 24 hours or when visibly soiled.

Ensure ventilator circuit directs excess condensation AWAY from patient. Suction excess condensation as indicated by examination and before repositioning patient.

Change ventilator circuit every 7 days or when circuit is visibly soiled or malfunctioning.

Source: UMC Department of Pediatrics

Version: 1

Reviewed: 02/22/2016

Reference: doi: 10.4037/ccn2013204 *Crit Care Nurse June 2013 vol. 33 no. 3 21-29*:  
Preventing Ventilator-Associated Pneumonia in Children: An Evidence-Based  
Protocol Virginia Bonsal Cooper, RN, MS and Catherine Haut, DNP, CPNP/AC, CCRN