

## **STANDARD OF CARE FOR PREVENTION OF HEALTH CARE ASSOCIATED PNEUMONIA**

### **OBJECTIVES:**

1. To prevent and/or reduce the risk of Health Care Associated Pneumonia.

### **PROCESS STANDARDS:**

1. Standard precautions, as well as disease specific precautions delineated in the Isolation guidelines located in Infection Control Manual online, shall be utilized when handling patient blood/body fluids with appropriate barrier precautions employed as needed.
  - a. Hands shall always be washed between patients, before and after direct patient contact, and following contact with mucous membranes, respiratory secretions and/or objects contaminated with respiratory secretions.
  - b. Hands shall always be washed before and after contact with a patient's endotracheal tube, tracheostomy tube, and any other respiratory device used on the patient.
  - c. Refer to the Hand Hygiene Guidelines in the Infection Control Policy Manual online for complete hospital wide hand hygiene standards.
2. The mechanically ventilated, enterally fed patient shall have the head of the bed elevated 30 to 40 degrees unless medically contraindicated.
3. The enterally fed patient shall have gastric motility assessed at least every eight hours by one of the following:
  - a. Auscultation of bowel sounds
  - b. Measurement of residual gastric volume
  - c. Measurement of Abdominal girth
4. The patient/family/significant other shall be given instruction preoperatively on coughing, turning, deep breathing, incentive spirometry, and early ambulation with these interventions strongly encouraged post operatively.
5. Pain in the immediate post operative period that interferes with coughing shall be controlled by analgesia, and/or support given for abdominal wounds, utilizing as little cough suppressant as possible.
6. Single use/disposable items shall be utilized for one patient only and disposed of when contaminated and given to the patient or disposed of when the patient is discharged.
7. Reusable items that come into contact with mucous membranes shall be sterilized between patients.
8. Only sterile water/fluid shall be utilized for respiratory care including suctioning, snogging (nasopharyngeal suctioning), humidifiers and nebulizers.
9. Condensation that collects in the tubing of a ventilator circuit/O<sub>2</sub> delivery system shall be periodically drained away from the patient's circuit. Condensate must also be drained prior to removing the circuit from the ventilator. Condensation traps are change per Cardiopulmonary Guidelines.

## Standard 22

Revised: 2003, 2006, 2009

Reviewed: 1997, 2000

### STANDARD OF CARE FOR PREVENTION OF HEALTH CARE ASSOCIATED PNEUMONIA

#### PROCESS STANDARDS continued:

10. Single use resuscitation bags will be changed out every 7 days. Bags will be inspected each shift for contamination and changed if visibly soiled *or* when contaminated. When not in use, resuscitation bags will be stored aseptically at the bedside in a plastic drawstring bag.
11. Sterile technique shall be utilized when suctioning a patient. The suction tubing, closed suction catheter systems and container shall be changed every 24 hours and/or as needed. This is a single use/disposable item.
12. The complete breathing circuit on the ventilated patient shall not be changed routinely. Circuits will be changed when they become visibly soiled or with mechanical malfunction.
13. The ventilated patient shall have the hygroscopic condenser-humidifier/heat moisture exchanger replaced according to the manufacturers' recommendation and/or when there is evidence of gross contamination or mechanical dysfunction.
14. Disposable oxygen humidifiers shall be changed every 7 days.
15. Small volume nebulizers (in-line and hand held) shall be changed every 24 hours.
16. Large volume nebulizers shall be changed every 24 hours.

#### OUTCOME STANDARDS

##### At the time of discharge:

The patient will not have incurred Healthcare-associated pneumonia and/or the risk for such will have been reduced.

##### HAVE I DOCUMENTED:

- \* Assessment of gastric motility at least every eight hours for enterally fed patients
- \* Elevation of head of bed 30-45 degrees for enterally fed patients unless medically contraindicated
- \* Control of post operative pain that interferes with coughing
- \* Turn, cough, deep breathing, and early ambulation

##### Patient Education

- \* Instruction on coughing, turning, deep breathing, incentive spirometry preoperatively
- \* Patient/family understanding of home and follow-up care

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### **Reference:**

1. Infection Control Policy 17.0: Methods to Prevent Healthcare-Associated Pneumonia.  
[http://www.sh.lsuhscc.edu/policies/policy\\_manuals\\_via\\_ms\\_word/infection/IC%2017.0.pdf](http://www.sh.lsuhscc.edu/policies/policy_manuals_via_ms_word/infection/IC%2017.0.pdf)
2. American Journal of Critical Care, May 2003, Volume 12, No.3
3. American Journal of Critical Care, March 2003, Volume 12, No. 2
4. Infection Prevention in Surgical Settings, Gruendemann/Mangum (2001).