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Nursing adherence on ventilator care bundle in a burn unit.

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Abstract:

INTRODUCTION

Aiming to prevent ventilator-associated pneumonia (VAP) in burn patients, we implemented a ventilator care bundle (VCB) designed for general critical care patients. Nursing adherence to VCB was evaluated in this observational study.

METHODS

VCB was implemented in a 6-bed burn unit (BU), based on 4 strategies: bed head elevation $>30^\circ$, daily sedation evaluation (RASS scale) and adjustment, oral care and decontamination (1% chlorhexidine gel), tube pressure cuff control (20-30 cmH₂O). Adults burn patients requiring invasive mechanical ventilation for >48 h were enrolled. Nurses had to complete a VCB checklist t.i.d: assessment and achievement were reported for each item. Data are expressed as percentages or median and quartiles.

RESULTS

From 01/11 to 12/12, 30 patients of 53(41,75-66,25) years were included. Burn surface area was 15(9,50-30)%, BU-stay was 39(16-70) days, ventilation duration was 15(6,75-48) days.. 23,3% presented smoke inhalation injury and 20% died.

A total of 2580 VCB was fulfilled. Bed position was controlled in 84,9% but wasn't appropriate in 24,2%. Sedation was scored in 33,6% but was reduced in 1,8%. Oral care was performed in 82%, gel was used in 49,5%. Pressure cuff was checked in 80,8% and was <20 cmH₂O in 20,6%. VAP incidence reached 12,58 episodes per 1000 ventilator-days.

DISCUSSION

Nursing compliance to VCB was quite high, except for the sedation strategy. Daily sedation adjustment may be difficult in painful burn patients. Adapted bundles should be favoured in such patients in order to improve nursing compliance and to further decrease VAP rates.

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