Ventilator Bundle Checklist

Individual Patient

Patient name _____

Admission date _____

ICU Day	1	2	3	4	5	6	7	8	9	10	11	12	13	14
Head of the Bed 30°	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Daily sedative interruption and daily assessment of readiness to extubate	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Peptic ulcer disease prophylaxis	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Deep vein thrombosis prophylaxis	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Daily oral care with chlorhexidine	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐