

Mechanical Ventilation in ICU Audit

1. Audit Date

Example: January 7, 2019

2. Auditor

Compliance with Mechanical Ventilation Protocol

3. Are patients screened for the appropriateness of mechanical ventilation?

Mark only one oval.

☐ Yes

☐ No

☐ Other: _____

4. Are the mechanical ventilation parameters set according to the protocol?

Mark only one oval.

☐ Yes

☐ No

☐ Other: _____

5. Any comment or feedback?

Adequate Monitoring of Ventilator Settings

6. Are the ventilator alarms set appropriately?

Mark only one oval.

- ☐ Yes
- ☐ No
- ☐ Other: _____

7. Is end-tidal carbon dioxide (EtCO₂) measured at regular intervals?

Mark only one oval.

- ☐ Yes
- ☐ No
- ☐ Other: _____

8. Is peak inspiratory pressure (PIP) measured at regular intervals?

Mark only one oval.

- ☐ Yes
- ☐ No
- ☐ Other: _____

9. Any comment or feedback?

Documentation of Daily Assessment of Ventilator Settings and Weaning Criteria

10. Documentation of daily assessment of ventilator settings?

Mark only one oval.

- ☐ Yes
- ☐ No
- ☐ Other: _____

11. Documentation of daily assessment of weaning criteria?

Mark only one oval.

- ☐ Yes
- ☐ No
- ☐ Other: _____

12. Documentation of the patient's readiness for extubation?

Mark only one oval.

- ☐ Yes
- ☐ No
- ☐ Other: _____

13. Any comment or feedback?

Frequency of Ventilator-Associated Pneumonia

14. Is the patient's endotracheal tube cuff pressure measured at regular intervals?

Mark only one oval.

- ☐ Yes
- ☐ No
- ☐ Other: _____

15. Is the patient assessed for signs and symptoms of ventilator-associated pneumonia?

Mark only one oval.

- ☐ Yes
- ☐ No
- ☐ Other: _____

16. Any comment or feedback?

Management of Weaning

17. Is there a weaning protocol followed for patients who are ready to be weaned from mechanical ventilation?

Mark only one oval.

- ☐ Yes
- ☐ No
- ☐ Other: _____

18. Is spontaneous breathing trial (SBT) performed as part of the weaning process?

Mark only one oval.

- ☐ Yes
- ☐ No
- ☐ Other: _____

19. Are the parameters used to determine readiness for weaning documented in the patient's medical record?

Mark only one oval.

- ☐ Yes
- ☐ No
- ☐ Other: _____

20. Any comment or feedback?

Sedation and Analgesia

21. Are sedation and analgesia titrated to achieve the desired level of consciousness and pain control?

Mark only one oval.

☐ Yes

☐ No

☐ Other: _____

22. Any comment or feedback?

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