# NV-HAP Prevention Essential Practices1-4

## Practice routine oral care.4,5-8

* *Staphylococcus aureus* is a common pathogen in dental plaque.
* Conduct an individualized assessment and plan for each patient considering their ability to perform self-care independently.
* At minimum, the oral care regimen should include: toothbrushing, alcohol-free antiseptic rinse, and daily use of lip and mouth moisturizer.

## Identify and reduce risk of dysphagia and aspiration.5-6,8-9

* Implement a nurse-administered screening tool.
* Perform a swallow screening for at-risk patients.
* Fluoroscopic or endoscopic studies are the most thorough way to evaluate aspiration.
* Avoid supine positioning; keep the head of the bed elevated at least 30 degrees.4
* If gastric tubes are necessary, conduct frequent reassessments and avoid bolus feedings when possible.
* Daily goals conversation should include head-of-bed elevation and reassessments of the continued need for sedatives and gastric tubes.

## Encourage early mobilization.5,7,9

* Conduct early mobilization, when possible, but it is important to consider fall risk.
* Partner with rehabilitation professionals to evaluate and plan early mobilization.
* When appropriate, engage family members in the mobilization of patients.

## Exercise stress ulcer prophylaxis stewardship.5,7-9

* Proton-pump inhibitor (PPI) use has been associated with increased risk of pneumonia.
* The necessity of PPI use should be re-evaluated daily. Discontinue PPI use as soon as clinically appropriate.

## Assess nutrition.6-7,

* Ensure that patients’ nutritional needs are being met and that their nutrition is optimized.
* Accurate assessment and documentation of intake will assist in this effort.

## Ensure glycemic control.9

* Persistently high blood glucose levels can make patients more susceptible to infection.
  + Patients with a history of diabetes should be closely monitored and treated appropriately.

## Practice multimodal interventions to prevent viral infections.6-7,10

* Early identification and isolation of infected patients is crucial.
* Consider establishing protocols for staff and visitor symptom screening, active surveillance screening for patients, or implementation of universal masking when transmission rates are high.
* Maintaining up-to-date immunizations for staff and patients is also key.

# Guidelines and Resources

* [**2022 SHEA Compendium: Strategies to Prevent VAP, VAE, and NV-HAP in Acute Care Hospitals**](https://shea-online.org/guidance/strategies-to-prevent-ventilator-associated-pneumonia-ventilator-associated-events-and-nonventilator-hospital-acquired-pneumonia-in-acute-care-hospitals-2022-update/)**3**
* [**APIC Implementation Guide on NV-HAP (2020)**](https://www.ajicjournal.org/issue/S0196-6553(20)X0005-8)**1**

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AHRQ Pub. No. 25-0007

October 2024