# 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%2820%29X0005-8)**1**

# References

1. Association for Professionals in Infection Control and Epidemiology. APIC Implementation Guide Series: Non-Ventilator Health Care-Associated Pneumonia (NV-HAP). Am J Infect Control. 2020 May;48(5S):A1-A38. [https://www.ajicjournal.org/issue/S0196-6553(20)X0005-8](https://www.ajicjournal.org/issue/S0196-6553%2820%29X0005-8). Accessed March 8, 2024.
2. Baker D, Davis J, Quinn B. APIC Practice Position Statement: Non-Ventilator Healthcare-Associated Pneumonia (NV-HAP). <https://apic.org/wp-content/uploads/2019/10/PositionPaper_NVHAP_2019_v3.pdf>. Accessed March 8, 2024.
3. Klompas M, Branson R, Cawcutt K, et al. Strategies to prevent ventilator-associated pneumonia, ventilator-associated events, and nonventilator hospital-acquired pneumonia in acute-care hospitals: 2022 Update. Infect Control Hosp Epidemiol. 2022 Jun;43(6):687-713. PMID: 35589091.
4. Quinn B, Giuliano KK, Baker D. Non-ventilator health care-associated pneumonia (NV-HAP): Best practices for prevention of NV-HAP. Am J Infect Control. 2020 May;48(5S):A23-7. PMID: 32331561.
5. Durand C, Willett KC, Desilets AR. Proton Pump Inhibitor use in Hospitalized Patients: Is Overutilization Becoming a Problem? Clin Med Insights Gastroenterol. 2012 Oct 15;5:65-76. PMID: 24833936.
6. The Joint Commission. Preventing Non-Ventilator Hospital-Acquired Pneumonia. Quick Safety Issue 61. Oakbrook Terrace, IL: The Joint Commission. September 2021. <https://www.jointcommission.org/resources/news-and-multimedia/newsletters/newsletters/quick-safety/quick-safety-issue-61>. Accessed March 7, 2024.
7. Rotstein C, Evans G, Born A, et al. Clinical practice guidelines for hospital-acquired pneumonia and ventilator-associated pneumonia in adults. Can J Infect Dis Med Microbiol. 2008 Jan;19(1):19-53. PMID: 19145262.
8. Grube RR, May DB. Stress ulcer prophylaxis in hospitalized patients not in intensive care units. Am J Health Syst Pharm. 2007 Jul 1;64(13):1396-400. PMID: 17592004.
9. American Thoracic Society, Infectious Diseases Society of America. Guidelines for the management of adults with hospital- acquire, ventilator- associated, and healthcare- associated pneumonia. Am J Respir Crit Care Med. 2005 Feb;171(4):388-416. PMID: 15699079.
10. Shebl E, Gulick PG. Nosocomial Pneumonia. In: StatPearls. StatPearls Publishing: Treasure Island, FL; 2023. PMID: 3051062. <https://www.ncbi.nlm.nih.gov/books/NBK535441>.

AHRQ Pub. No. 25-0007

October 2024