



New York State
Partnership
for Patients



ABCDEF BUNDLE
Action Planning Tool

Hospital Name: _____

Team Leader(s) Name: _____ Intensivist/Lead Physician: _____

Administrative Champion: _____ Respiratory Therapist: _____

Nurse Lead: _____ Other Key Team Member(s): _____

Consider each of the VAE/ABCDEF bundle elements and key strategies listed below, and complete all of the work plan components for implementing them. Feel free to add other strategies and details appropriate for your hospital.

ABCDEF BUNDLE ELEMENTS AND KEY STRATEGIES		Owner	Start Date	AIM Statement and Target Date	Measurement (Review data from NYSPFP portal/PAD observation tool)	Notes
A	Assess for Pain using validated tools e.g: <ul style="list-style-type: none"> Behavioral Pain Scale (BPS) and/or Critical-Care Pain Observation Tool (CPOT) 					The BPS and CPOT tools are the most valid and reliable behavioral pain scales for assessing pain in adult ICU patients unable to communicate pain. Pain and sedation should be documented and assessed regularly along with a team sedation goal established by the ICU team. Staff should not rely solely upon vital signs. Self-reporting is the gold standard for assessment of pain. <i>Reference</i> http://www.icudelirium.org/pain.html
	Assess, Prevent, and Manage Pain Treat and manage pain once pain assessment is complete					

NYS Partnership for Patients ABCDEF Bundle Action Planning Tool *cont.*

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B Both Spontaneous Awakening Trials & Spontaneous Breathing Trials	Perform Spontaneous Awakening Trials (SATs) <i>also known as daily sedative interruptions</i>					Stopping narcotics (as long as pain is controlled) and sedatives every day and, if needed, restarting either narcotics or sedatives at half the previous dose and titrating as needed. Reference: http://www.icudelirium.org/both.html
	Perform Spontaneous Breathing Trials (SBTs)					The ABC Study [http://www.ncbi.nlm.nih.gov/pubmed/18191684?ordinalpos=1&itool=EntrezSystem2.PEntrez.Pubmed.Pubmed_ResultsPanel.Pubmed_RVDocSum], also known as the Wake Up and Breathe study, showed that pairing together daily SATs with daily Spontaneous Breathing Trials (SBTs) in a protocol that included safety screens and failure criteria resulted in improved patients outcomes (i.e., decreased time on the ventilator, reduced time spent in the ICU and hospital, and improved one-year survival). <i>Reference: http://www.icudelirium.org/both.html</i>

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C	Choice of Analgesia and Sedation					Reference: <i>Clinical Practice Guidelines for the Management of Pain, Agitation, and Delirium in Adult Patients in the Intensive Care Unit</i> , http://www.sccm.org/Research/Quality/Pages/Pain-Agitation-Delirium.aspx http://www.icudelirium.org/sedation.html
	Assess sedation and agitation using validated tool e.g. <ul style="list-style-type: none"> • The Richmond Agitation-Sedation Scale (RASS) or • The Riker Sedation-Agitation Scale (SASS) 					

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D	Delirium: Assess, Prevent, and Manage					Reference: http://www.icudelirium.org/delirium.html
	Assess for delirium in the ventilated patient using validated tool e.g. <ul style="list-style-type: none"> • The Confusion Assessment method for the ICU (CAM-ICU) or • The Intensive Care Delirium Screening Checklist (ICDSC) 					
	Assess and Prevent delirium in non-ICU hospital settings using either: <ul style="list-style-type: none"> • The Delirium Triage Screen (DTS) or • The Brief Confusion Assessment Method (bCAM) or • The Confusion Assessment Method (CAM) or • The 3D CAM: The 4 'A's Test (4AT) 					

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E	Early Mobility and Exercise	Provide activities that encourage Early Mobilization of ventilated patients				Can be performed by any part of the interdisciplinary team including nurses, physical therapists, occupational therapists, or physicians. <i>Reference: http://www.icudelirium.org/earlymobility.html</i>
	F	Family Engagement and Empowerment	Involve patient and family in care e.g. by: <ul style="list-style-type: none"> Keeping patient and family informed of progress Involving patient and family in decision making Involving patient and family in self management i.e. in mobilization Provide physical comfort /emotional support to patient and families. Maintain clear understanding of patients' and families' concepts of illness and cultural beliefs. 			<i>Reference: Institute of Medicine. Crossing the Quality Chasm, 2001, https://iom.nationalacademies.org/~media/Files/Report%20Files/2001/Crossing-the-Quality-Chasm/Quality%20Chasm%202001%20%20report%20brief.pdf</i>