

# Implementing an Oral-Care Protocol at LVHN

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## Published In/Presented At

Bernstein, M. Gunderman, R. Tkacik, M. (2018, October 8). *Implementing an Oral-Care Protocol at LVHN*. Poster Presented at: LVHN Vizient/AACN Nurse Residency Program Graduation, Lehigh Valley Health Network, Allentown, PA.

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# Implementing an Oral-Care Protocol at LVHN

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- Non-ventilated hospital acquired pneumonia is a common infection that develops particularly in patients who do not receive proper oral care (Jenson, 2018).
- At LVHN, there is no oral care protocol in place for non-ventilated dependent patients.
- Nurse residents noted a lack of documentation that oral care was performed.

## PICO

P: Medical surgical nurses and technical partners who are caring for patients that are dependent for oral care

I: Provide education to staff members on the importance of providing proper oral care

C: Current practice at LVHN

O: Increased documentation and compliance with providing oral care to non-ventilated dependent patients

How can nurses and technical partners increase compliance and documentation of oral care performance to non-ventilated patients?

## Evidence

- Non-ventilated hospital acquired pneumonia is one of the most common HAIs in the United States (Quinn, 2015).
- Within 48 hours of admission, patients experience changes in oral bacterial colonization (Quinn, 2015).
- Healthy adults can micro aspirate while sleeping from causes like supine positioning and any medications that suppress the central nervous system (Quinn, 2015).
- Micro aspirations in the hospital combined with decreased mobility and changes oral flora create a perfect environment for microbes to grow (Quinn, 2015).
- The Sutter Medical Center study showed patients admitted during the intervention of implementing a oral health care protocol, were 49% less likely to acquire NV-HAP than patients admitted prior to the intervention (Quinn, 2015).

Pre-intervention chart audits:

- Reviewed 13 charts of patients that required assistance with oral hygiene.
- Reviewed compliance of RNs and TPs with documenting oral care.

Educate:

- Provide education via TLC about the importance of providing proper oral care to patients that require assistance with oral hygiene and oral hygiene protocol.
- All 6B RN's and TP's were required to complete oral hygiene TLC.

Post-intervention chart audits:

- Reviewed 13 charts for compliance with documenting oral hygiene according to protocol.

## Protocol

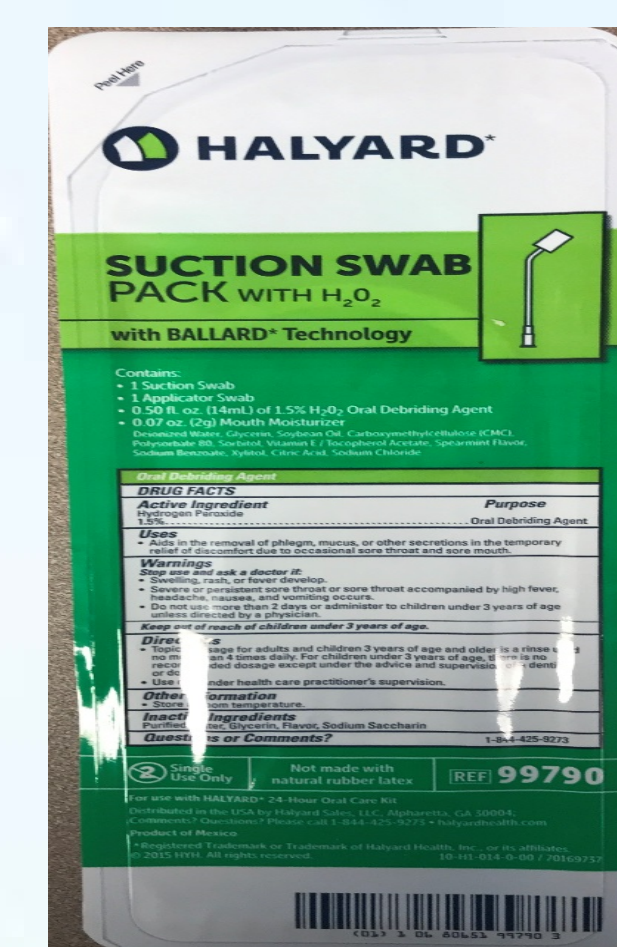
Patient is:

- dependent for oral care

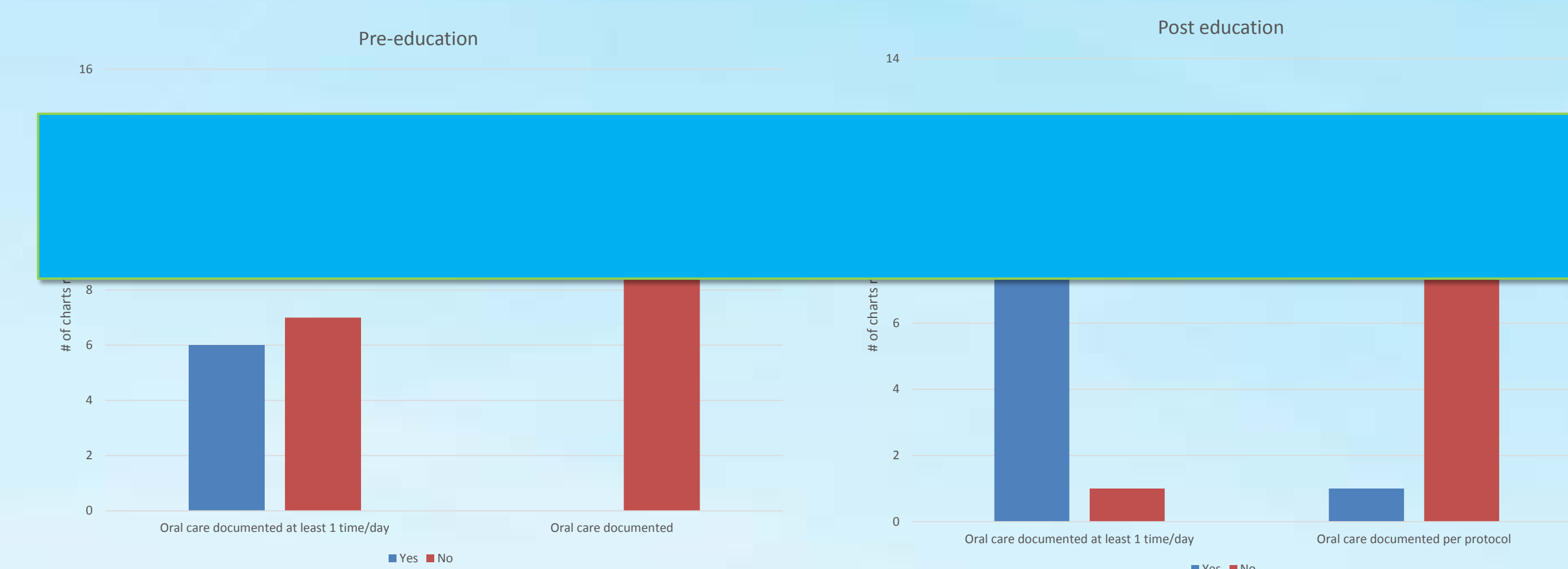
Procedure:

- Moisten suction toothbrush in antiseptic oral rinse
  - Connect suction toothbrush to continuous suction
  - Brush teeth for 1 to 2 minutes
  - Suction debris from mouth
  - Using swab, apply moisturizer to interior of oral cavity and lips
  - Discard disposable equipment in appropriate receptacle
- Frequency
- Should be done four times a day, after each meal and before bedtime.

If a patient is NPO, follow the same procedure in the morning, mid-day, evening and bedtime (Quinn, 2015).



- Pre education –
  - In 24 hour period, oral care was documented at least one time in 46% of charts reviewed
  - In 24 hour period, no charts reviewed documented oral care 4 times/day
- Post education –
  - In 24 hour period, oral care was documented at least one time in 92% of charts reviewed.
  - In 24 hour period, oral care was documented 4 times per day in 1 out of 13 charts.
- 50% increase in oral care documentation at least one time per day.



## Conclusion/Next Steps

- Underappreciation for importance of oral care.
- Further education is needed for staff to reinforce patient criteria and best practice protocol.
- Collaborate with DOE to provide oral hygiene education to TP upon hire.
- In conclusion, more time is needed to hardwire this process on the unit.

## References

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