



What the Experts Say

Oral Care and Reducing Risk of VAP

INDUSTRY GUIDELINES

CDC Guidelines for Preventing Healthcare-Associated Pneumonia 2003:

“...Develop and implement a comprehensive oral hygiene program...”

Key References:

Schleder B, Scott, K, Lloyd RC. The effect of a comprehensive oral care protocol on patients at risk for VAP. *J Adv Health Care* 2002.

Reference Highlights:

- Implement a comprehensive oral care to address 3 key risk factors for VAP, Dental Plaque, Oropharyngeal colonization, and aspiration of secretions.
- Oral care frequency of every 2 to 4 hours and as needed to prevent formation of plaque.
- Reduced VAP by 60%.

Tablan OC, et al. Guidelines for preventing healthcare-associated pneumonia, 2003, Recommendations of CDC and Healthcare Infection Control Practices Advisory Committee (HICPAC), 2003.

AACN Procedure Manual

2005:

Q12 Brushing

Q2-4 hours swabbing with 1.5% hydrogen peroxide solution

Moisturize

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Schleder B, Scott, K, Lloyd RC. The effect of a comprehensive oral care protocol on patients at risk for VAP. *J Adv Health Care* 2002.

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- Implement a comprehensive oral care to address 3 key risk factors for VAP, Dental Plaque, Oropharyngeal colonization, and aspiration of secretions.
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- Reduced VAP by 60%.

Dewalt, E.M. (1975) Effect of timed hygiene measures on oral mucosa in a group of elderly subjects. *Nurs Res.*

Reference Highlights:

- After 4 to 6 hours, previous results are lost.

Scott JM, Vollman KM, Endotracheal tube and oral care. In DJ Lynn-McHale Wiegand and KK Carlson (Eds.) AACN Procedure Manual for Critical Care, Fifth Ed., pp 28-33, Elsevier Saunders, St. Louis, MO.

SHEA Compendium

2008:

“Perform regular oral care with an antiseptic solution, the optimal frequency is unresolved.”

Key References:

Yoneyama et al. *J Am Ger Soc* 50:2002

Reference Highlights:

- Pneumonia, febrile days, death from pneumonia decreased significantly in patients with oral care.

SHEA, Oct 2008, Vol. 29, Supplement 1, S31.

APIC Guide to the Elimination of Ventilator-Associated Pneumonia

2009:

“Perform Routine Antiseptic Mouth Care”

Examples: From Rochester General, Brush Teeth Q12 and provide oral care every 2 to 4 hours with antiseptic, apply mouth moisturizer to oral mucosa and lips

Key References:

Schleder B, Scott, K, Lloyd RC. The effect of a comprehensive oral care protocol on patients at risk for VAP. *J Adv Health Care* 2002.

Fields LB. Oral Care intervention to reduce VAP in the neurologic intensive care unit. *J Neuroscience Nursing* 2008.

Reference Highlights:

- After institution of the oral care project a VAP rate of .62% was found in the total of 1,850 vent days.
- “Meticulous mouth care is crucial for preventing VAP”
- “Dental plaque can be removed only by toothbrushing, so this study demonstrated that toothbrushing is a more effective way to prevent VAP because it removes the plaque that harbors bacteria.”

APIC 2009 Guide to the Elimination of Ventilator-Associated Pneumonia, pp. 38, 40.