

Prevention of oral infection in accordance with evidence based practices.



Nursing

KEYWORDS: Evidence-based practice, Oral care, Nurse Facilitator, Teacher facilitator

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ABSTRACT

Background: Oral hygiene is necessary to maintain for health and well-being of hospitalized patients. However, studies indicated that nurses lacked the evidence-based knowledge to deliver proper care. The Evidence Based Practice (EBP) process was used as working method for the changes. One teacher and two clinical nurses had the role of facilitators in order to promote the improvement in nursing practice. **Aim:** To assess the existing practices, develop evidence based norms, and investigate effects and hinders for implementation of evidence based practice for prevention of oral infection **Methods:** A baseline measurement was performed to check the current practice in regard to nurses' attitudes, knowledge and practical skills related to oral care. **Findings:** The nurses' overall knowledge regarding oral care changed from 44% pretest to 83.6% post test. **Conclusion & implications for clinical nursing** This study reveals that changes of routines for oral care in a medicine ward based on research findings had improved nurses' attitudes, knowledge and practical skills related to prevention of oral infection, and thereby the quality of care to the patient was improved.

Introduction

Oral care is a fundamental and integral part of nursing (Department of Health 2001). It can be challenging to provide adequate oral care for intubated patients in intensive care units (ICUs), as basic nursing care is often overshadowed in this fast-paced, 'high-tech' environment. Recent studies indicate that evidence-based oral care may prevent VAP, as it appears to reduce the number of micro-organisms in the oral cavity. Thus, it is important for ICU nurses to provide evidence-based oral care to their patients.¹

Background

To better understand an evidence-based nursing approach, we must establish what this approach means to nursing and what benefits occur when it is used in practice. McEwen (2002) pointed out that many nursing scholars believe evidence-based nursing practice will fill the gaps that are present between research, theory, and practice ². Evidence-based nursing practice is an approach to nursing care that is essential to the improvement of patient outcomes. Situational issues present within clinical practice settings have made a more evidence-based approach difficult to attain for many registered nurses. Clinical nurse educators have the opportunity to become potential change agents in the facilitation of Evidence-based nursing within the clinical practice setting ³.

Need for the study

Oral care has been described as a simple but important nursing procedure, which can improve the overall wellbeing of patients ⁴. However, there is evidence that oral care (particularly in relation to oral assessment and documentation and within the administration of oral care interventions) is often neglected or given a low priority ⁵. Oral care is an essential component of quality nursing care; it appears to be given low priority by some nurses. This study indicates the need for educational updates for qualified nurses, adequate supply of oral care equipment and promotion of formal assessment tools usage in the hospital setting ⁶. Oral care is a fundamental aspect of nursing care; it is often given lower priority than other nursing interventions in wards. By filling the gap between theory, research, and practice, evidence-based nursing strives for improved patient outcomes ⁷. The following risk factors should be taken into account:

RISK FACTORS

Illnesses

The literature consistently supports that various illnesses increase an

individual's risk of oral complications.

- Diabetes
- Limited/restricted fluids
- Thyroid dysfunction
- Mouth breathers
- Oral disease/trauma
- Confusion
- Cerebrovascular disease
- Depression
- Terminal illness
- Acute/chronic breathing
- Poor nutritional status disorders
- Oxygen therapy
- Insufficient saliva production

Other patients groups' at risk'

- i) Patient receiving intensive care
- ii) Patients receiving chemotherapy and patients receiving radiotherapy to the head and neck.
- iii) Patients receiving immunosuppressive therapy, i.e. transplant patients. (White 2000)
- iv) Elderly patients

Poor oral health can have a negative effect on overall health. Effective oral care for patients includes an oral assessment, brushing, use of mouthwashes as recommended, and mouth moisturizers as necessary.

Aim: To assess the existing practices, develop evidence based norms, and investigate effects and hinders for implementation of evidence based practice for prevention of oral infection.

Methods: A baseline measurement was performed to check the current practice in regard to nurses' attitudes, knowledge and practical skills related to oral care. Ten nurses were observed in practice and answered questions with focus on procedures, routines, attitudes and knowledge. Based on research findings new routines were implemented on the wards. The teacher facilitator trained the nurse facilitators about new routines; where after the nurse facilitators trained the fellow nurses in the wards. During the implementation phase the staff nurses were continuously supported by the facilitators. Follow up measurements were performed, including 20 nurses and 45 patients

Findings: The nurses' overall knowledge regarding oral care changed from 44% pretest to 83.6% post test. The nurses' attitudes to mouth care improved from 30% to 73.6%. The nurses' skills of doing procedure systematically and in accordance with EBP improved from 16% to 94.4%. According to the patients nurses' assessment of their oral status at admission to the ward had become a routine (100%), and patients were also provided help/assisted with oral care once a day was (100%).

Discussion

Participants assigned a relatively low priority to oral care compared with other life-preserving tasks, resulting in oral care being done without thorough cleansing or being neglected during busy times. This finding is consistent with who found that the priority level assigned to oral care would affect the way nurses provided it. Findings from the present study showed that nurses' priorities were based on their beliefs about the nature of life-preserving tasks and the ward culture.

Conclusion & implications for clinical nursing

This study reveals that changes of routines for oral care in a medicine ward based on research findings had improved nurses' attitudes, knowledge and practical skills related to prevention of oral infection, and thereby the quality of care to the patient was improved.

Oral health is important for all people. Oral care is a basic nursing intervention in the ward, and is one of the 'aspects of basic nursing that need most scrutiny because they have become routine and taken for granted as being satisfactory'. Providing evidence-based oral care may decrease the incidence of oral infections in critically ill patients.

Appropriate materials, adequate staffing levels and an evidence-based oral care protocol may also help nurses in this work.

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