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Abby Breite

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Standardized Oral Care Regimen in Medical Surgical Hospitalized Patients

Abigail Breite, BSN, RN, DNP-S; Jennifer Rogers, DNP, APRN, FNP-BC

Murray State University; Murray, KY

INTRODUCTION

Many preventable infections occur as a result of hospitalization in the United States. Hospital acquired pneumonia, which includes non-ventilator hospital acquired pneumonia (NV-HAP), occurs frequently(1).

The impacts of NV-HAP:

- Mortality rate ranges from 13 to 30 percent(2).
- Length of stay increases by seven to nine days(3).
- Costs can be an additional \$40,000 per patient(3).

Oral care, a modifiable risk factor for NV-HAP, is a routine part of daily care for patients in acute care settings(4). Education and implementation of standardized oral care regimens can be lacking(1). Oral care documentation is often overlooked and omitted(5). This is an issue for hospitalized adults and may lead to NV-HAP. Nursing staff should be educated about the importance of oral care and have standardized oral care regimens(6-11).



OBJECTIVES

PICOT Question: In medical surgical hospitalized patients, how does nursing staff education on the importance of a standardized oral care regimen in the prevention of non-ventilator hospital acquired pneumonia, compared to no oral care education, affect the documentation rates of oral care in a 23-day period?

Theoretical Framework: Dorothea Orem's Self-Care Deficit Theory



METHODS

Setting: Renal-vascular floor in a medium-sized acute care healthcare facility in western Kentucky.

Population: All adult patients for 23 days from June 2, 2022 to July 7, 2022. Patients with a platelet count of less than 50,000 per microliter were excluded (16).

Interventions: Eleven nurses and patient care assistants attended a ten minute face-to-face educational session on May 26, 2022.

Topics discussed:

- Importance of oral care in hospitalized patients and burdens of NV-HAP
- Significance of a standardized oral care regimen with patients brushing their teeth three times per day
- Oral care definition- toothbrush and toothpaste included in the personal hygiene kits upon admission to the floor
- How to perform oral care- brush teeth, gums, and tongue in short, back and forth motions for two minutes(17)

Oral care documentation in Epic was assessed for a total of 23 days after the educational session.

RESULTS

Analysis: Two proportions z-test

Hypotheses:

Ho: There is not a statistically significant difference between the proportions of oral care documentation rates before and after the educational session.

Ha: There is a statistically significant difference between the proportions of oral care documentation rates before and after the educational session.

Frequencies and Percentages of Oral Care Documentation Rates for Pre and Post Intervention

Variables	Frequency (n)	Percentage (%)
Oral Care Documentation Pre	0	0%
Oral Care Documentation Post	210	44%

Two Proportions z-Test for the Difference between Pre and Post Oral Care Documentation Rate

Samples	Responses	n	Proportion	SD	SE
Pre - Intervention	0	21	0.004	0.06	0.01
Post- Intervention	210	474	0.44	0.50	0.02

Note: $z = -16.37, p < 0.001, 95.00\% \text{ CI: } [-0.49, -0.38]$

Results were statistically significant but should be interpreted with caution due to small pre-intervention data set.

CONCLUSION

A standardized oral care regimen with performing oral care three times per day and an educational session about the importance of oral care in preventing NV-HAP was shown to help improve documentation rate of oral care.

Limitations:

- Small sample size and small pre-intervention data set
- Unknown nurse to patient ratios for data collection days
- Daily work task reminders for oral care that were not added in Epic

Feedback from Nursing Staff:

- More work- just another thing to complete for the shift
- Group tasks together- complete oral care with baths
- Patients did not want to brush their teeth with medications due to taste of toothpaste.

Implications for Practice:

- Use of a standardized oral care regimen with a pre-educational session
- Perform and document oral care twice per day to help with compliance

REFERENCES



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