**Nurse’s Perception of Current Oral Care Practice in the Intensive Care Unit (ICU) at University Hospital**

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**Research Question:**
What is the perception of the ICU nurses regarding their oral care practice? Can the perception change over time with formal education and institution of a guideline?

**Background:**
- Recent research studies had shown that oral cavity, not the stomach or gut, is the primary source of respiratory-related infections.
- Changes in the salivary activity of the mouth due to the introduction of an endotracheal tube reduce the number of normal flora in the mouth and create an enhanced environment for overgrowth with gram-negative bacilli.
- Oral comfort and hygiene measures have long been an important aspect of nursing care for patients receiving mechanical ventilation. But a gap exists between what oral care measures are indicated and the actual care patients receive. No consistent method, no consistent frequency and no guideline for the nurses to follow in performing oral care. No official or consistent education activity exists to teach the oral assessment or oral care.

**The Tool:**
- The Oral Care In Ventilated Population Questionnaire - OCCVQP is a nine-question baseline survey tool developed by the Oral Care Discovery Group
- The reliability of the tool is established by using the test/retest method. Each question of the tool is analyzed for consistency. The reliability is at 77.6%. Based on the feedbacks from the nurses who had participated in the test/retest trial, the tool is revised to further clarify the questions.

**The Population:**
Approximately 200 intensive care (MCCU, STICU, TICU, PICU) staff nurses at University Hospital were invited to participate in the study.

**Method:**
Approval was obtained from the IRB. The paper/pencil survey tool was distributed to all the nurses in the intensive care units. The completed surveys were deposited into a sealed cardboard box in each nurse’s lounge. The boxes were collected by the group two weeks after distribution of the survey tool.

**Results and Discussion:**
Most nurses identified Ventilator Associated Pneumonia (VAP) as reason to perform oral care.
- The nurses definitely were aware of the practice of oral care. Majority of the nurses (76%) rated oral care as very important to the patient’s outcome.
- A surprising 50% of the nurses indicated that they assessed the patient’s mouth every hour. The routine assessment in the ICU was done every 8 hours. The routine vital signs were performed every 2 hours. 97% of the nurses indicated that oral care was part of their routine nursing practice.
- Without a standardized education/guideline, the nurses utilized whatever resource available to perform oral care. The tools ranged from a simple washcloth to the pre-packaged kits. The nurses also performed oral care at various intervals. The time frame ranged from 2 to 12 hours, with an average of 4 hours.
- Nurses learned oral care mainly by experience. Some credited the nursing school and the availability of a protocol.
- Most significant barrier to perform oral care was patient’s agitation. When the patient was severely agitated, the nurses had the fear of injuring the patient with the tool(s) used to perform oral care. The agitated patient would not cooperate by opening the mouth was the other concern. Patient’s acuity, physical limitation and time constraints were also listed as significant barriers.
- There was not enough time to focus on oral care.
- A gap exists between the nurses’ awareness of oral care and a guideline/protocol to perform effective oral care. A standardized education and an evidence based guideline/protocol are two essential elements to consider in order to improve the nurses’ comfort level in performing oral care.

**Next Steps:**
- Second phase will conduct chart audits to understand the incidents of Ventilated Associated Pneumonia (VAP).
- Third phase will provide formal educational program for the nurses to learn the standardized method to perform oral care. The educational program is evidence based and is developed with the collaboration of the Dental School. A standardized protocol will be formalized with the input from the Dental School.
- The last phase of the project is to re-survey the nurses regarding their oral care practice to see if there is any difference after the formal education and an introduction of a standardized protocol. The chart audits will also be conducted to see if the incidents of VAP has changed in the hospital.