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:

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%.

SHEA Compendium 2008:
“Perform regular oral care with an antiseptic solution, the optimal frequency is unresolved.”

Key References:
Reference Highlights:
- Pneumonia, febrile days, death from pneumonia decreased significantly in patients with oral care.

AAPC Procedure Manual 2005:
Q12 Brushing
Q2-4 hours swabbing with 1.5% hydrogen peroxide solution

Key References:

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%.


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


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:


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.”