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Comprehensive Oral Care Program for Intubated Intensive Care Unit Patients

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Abstract: Background VAP is among the most widespread intensive care unit nosocomial infection; it can be prevented by oral care. Aim To explore the impact of implementing American Association of Critical Care Nurses Endotracheal Tube and Oral Care procedure (AACN ETT& OC) on the rate of Ventilator-associated pneumonia (VAP) development in Jordanian mechanically ventilated patients. Methods A quasi-experimental design with control group was used. Results VAP was statistically significantly higher among the control group, as compared to the intervention group (12.5% and 4% respectively, $P < 0.01$). In the intervention group, the VAP rates decreased by 50% and the mean length of mechanical ventilator usage decreased from 7.3 to 5 days. The mean time to start VAP was extended from 2.3 days in the intervention group to 4.9 days in the control group. A significant decrease was found in mortality rates; from 20% (15/72) in the control group to 13.9% (10/75) in the intervention group, $P < 0.01$. Conclusion Implementation of this procedure reduces hospitalization, morbidity, mortality