ORAL HYGIENE IN THE PAEDIATRIC INTENSIVE CARE UNIT (PICU): WORKING TOWARDS PRACTICE CONSISTENCY & AN EVIDENCE BASED GUIDELINE

H. Winmill, M. Parker, J. Faulkner, J. Menzies
Birmingham Children’s Hospital, UK
Contact: helen.winmill@bch.nhs.uk
Background

- Despite effective oral care helping to prevent oropharyngeal colonisation and ventilator-associated pneumonia (VAP), it is often deemed a low priority by nursing staff \(^1\)

- Snapshot audit 2009 (n=17 patients)
  - Oral care on given on PICU poorly documented
  - Only 40% of patients with teeth had a toothbrush

- Current guidance described within the VAP bundle
  - 2-4hrly
  - Teeth (if present) should be brushed every 12hrs

- No tool in use to assess oral health on PICU
Aims

- To assess the oral health of PICU patients
- To determine current practice relating to the provision of oral care for these children
- To develop an evidence-based standard for PICU oral care
- To promote parental satisfaction in care provision in line with Paediatric Intensive Care Society UK Standards
Method

- Bedside audit of current practice and staff knowledge
  - Assess oral health of PICU patients using a validated oral assessment guide
- Parental survey
  - Distributed over 2 months to parents present at the bedspace
  - Anonymous
  - Level of involvement with providing personal care for their child whilst on PICU including oral care
  - Satisfaction with their level of involvement
Results: Bedside Audit

Bedside audit (n=25, age range 23/40 weeks – 16yrs):

- 16% of patients at increased risk of oral complications due to dry or cracked lips and/or Candida/ulceration of mucous membrane/tongue
- Mouth care can be infrequent and not all patients have the appropriate equipment in the bedspace to provide the appropriate level of oral hygiene

<table>
<thead>
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<th>Frequency of Mouth care</th>
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<tr>
<td>6-8hrly: 33%</td>
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<td>2-4hrly: 10%</td>
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<td>4-6hrly: 57%</td>
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<th>Equipment in bedspace/prescribed for mouthcare</th>
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<tr>
<td>Toothbrush: 50% of pts with teeth</td>
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<tr>
<td>Toothpaste: 92%</td>
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<td>Pink sponge: 4%</td>
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<tr>
<td>Chlorhexidine Mouth wash: 52%</td>
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<tr>
<td>Nystatin: 92%</td>
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<tr>
<td>Vaseline: 0%</td>
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<td>Ether: 0%</td>
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Results: Parental Survey

Semi-structured questionnaires n= 27 (86% response rate)

- 93% of the parents who responded wanted to be involved with providing mouth care for their child

- Despite the documentation of oral care on PICU being inconsistent all parents/carers who responded felt that all or most aspects of their child’s personal & oral care needs were met
Results: Parental Survey

<table>
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<th>Did you feel happy with the level of involvement you were offered?</th>
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<tr>
<td>Yes, completely happy, it was the right amount for me</td>
<td>59%</td>
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<tr>
<td>Yes, most of the time it was the right amount for me</td>
<td>26%</td>
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<td>I would have liked to have done more hands on care but I understand it wasn’t always the right time</td>
<td>15%</td>
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<tr>
<td>No, I would have liked to have been included far more</td>
<td>0%</td>
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Parents requested “a guide to explain what they could do to help with the personal care of their child”
Implications

- An evidence-based standard for oral care is needed
- Parental information is needed to help empower parents who wish to be involved in providing personal care for their child

- Equipment currently used for oral care needs to be reviewed:
  - Location of toothbrushes & toothpaste has been changed so it is easily accessible (previously difficult to find in the main store room)
  - Smaller toothbrushes
  - Smaller sponges or other alternatives
  - Look at alternative products eg. toothbrushes with suction

- Further staff education about the importance of oral hygiene in PIC patients
References
