

Oral Care for the Prevention of Non-Ventilator Associated Pneumonia in Healthcare Settings

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Background

Hospital-acquired pneumonia (HAP) is one of the most common nosocomial infections,^{1,2} with a significant morbidity and mortality related to non-ventilator associated pneumonia (NVAP).^{1,3} NVAP is also associated with increased length of stay and healthcare costs,³⁻⁵ increased antibiotic usage, and high rates of ICU utilization and readmission rates.^{6,7}

Although limited, a growing body of evidence indicates that oral care interventions are effective in mitigating the risk for and preventing NVAP^{6,8,9} and should be practiced and encouraged in all healthcare settings. Pharyngeal colonization with pathogenic organisms and subsequent aspiration of these pathogens is often the cause of HAP.¹⁰ Oral care interventions such as regular tooth brushing and denture and mouth care can help reduce oropharyngeal bacteria.^{11,12}

To reduce the risk of NVAP in acute care hospitals, the Society for Healthcare Epidemiology of America (SHEA) and the Infectious Diseases Society of America (IDSA) recommend providing oral care with toothbrushing without routine use of chlorhexidine [CHG], due to lack of clear evidence of CHG's impact on reducing pulmonary infections.¹³

Oral care should include tooth or denture brushing, oral rinse (e.g., normal saline, hydrogen peroxide, or cetylpyridium chloride), tongue scraping/brushing, brushing of oral mucosa, moisturizing of lips and oral mucosa and oral mucosa, and oral suctioning to remove remaining solutions, debris, and excess saliva.^{13,14}

Position Statement

Oral care is an effective strategy to prevent NVAP and is the only intervention to address source control.^{10,12,15,16} Comprehensive oral care should be performed at least daily and additionally as required, as part of routine care protocols to reduce the risk of pneumonia, improve outcomes, and reduce healthcare costs. This includes tooth/denture brushing, mouth rinsing (without routine use of chlorhexidine), lip and oral mucosa moisturizing, and oral suctioning (when required).

Healthcare organizations should prioritize and implement strategies to prevent NVAP in all patients/residents/clients, including further education for healthcare workers on the importance of oral care in preventing pneumonia, and training in effective oral care techniques. Patients should be supported, and families should also be educated about the importance of maintaining oral hygiene.

Glossary

Hospital-associated pneumonia (HAP): Inflammation of the lung tissue that is caused by agents not present in an individual when they were admitted to hospital (or within 48 hours of their admission)

Non-ventilator-associated pneumonia (NVAP): Hospital/healthcare-associated pneumonia occurring in individuals who are not receiving and have not recently received artificial ventilation.

Stakeholders

Infection Prevention and Control Professionals and healthcare workers in any healthcare setting.

Participants in Development of Position Statement

This position statement was developed by Standards and Guidelines Committee.

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