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Effects of Oral Care and Positioning on the Incidence of Ventilator-Associated Pneumonia

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EFFECTS OF ORAL CARE AND POSITIONING ON VAP

Abstract

Background: Ventilator-associated pneumonia (VAP) is a lung infection that is acquired after endotracheal intubation. It is associated with increased length of hospital stays, costs, and rate of mortality for mechanically ventilated patients in the intensive care unit. The role of oral care with chlorhexidine and patient positioning are being considered as interventions for VAP prevention, however, uncertainties remain regarding the benefits and harms of chlorhexidine and positioning for preventing VAP. **Purpose:** The purpose of this study is to determine the effect of positioning and the use of chlorhexidine for mechanically ventilated patients, on the incidence of ventilator-associated pneumonia in the intensive care units. **Literature Review:** A guided systematic search was done using the John Hopkins Evidenced-Based Practice Model. Only research literature from the last five years was retrieved and the databases used were CINAHL, EBSCOhost, and PubMed. Other inclusion criteria were mechanically ventilated patients, peer-reviewed articles, and randomized controlled trials. The exclusion criteria include patients with community-acquired pneumonia and non-ventilated patients. Data collected from the studies suggest that patients placed in semi-fowlers position have a lower incidence of VAP and performing routine oral care for ventilated patients with the use of chlorhexidine is effective in preventing VAP. **Methods:** Evidence-based guidelines will be disseminated to staff. Implementing recommended oral care with chlorhexidine every 4 hours. Repositioning patients every 2 hours and keeping the head elevated above 30° unless contraindicated. Daily reminders on the role of nurses in preventing VAP will be implemented during shift hurdles to encourage staff compliance. **Evaluation:** A weekly review of nursing documentation on VAP bundles will be done. A biweekly review of the VAP incidence rate to compare with previously recorded

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incidence for proper indication of the effectiveness of interventions. Performing daily checks on patients to evaluate staff adherence to interventions.