Problem:
Ventilator-associated pneumonia (VAP) is a nosocomial infection that is preventable. Based on the formula (# of VAPs divided by 1000) developed by NHSN, the national standard is 2.9. Our December rate was 11.

Evidence:
Evidence suggests that frequent oral care and the use of chlorhexidine gluconate (CHG), oral antiseptic every 12 hours can prevent VAP (Whip & Napolitano, 2009; IHI, 2010).

Strategy:
- Provided education to MSICU staff on performing oral care with and without CHG 0.12%.
- Staff used CHG 0.12% oral rinse every 12 hours in intubated patients.
- Staff performed oral care every 4 hours.
- Staff elevated patient’s HOB 30-45 degrees.
- Sedation vacation were implemented for possible extubation.
- Elevate head of bed 30-45 degrees.

Practice Change:
The current standard of practice was to perform oral hygiene every shift and prn on intubated patients without the use of CHG 0.12%.

Evaluation:
The number of patients acquiring VAP after receiving oral hygiene with CHG 0.12% decreased.

Results:
VAP was prevented. Our current rate is 0.

Recommendations:
Meticulous oral hygiene every 4 hours and oral care with CHG 0.12% oral rinse every 12 hours.

Lessons Learned:
- Intubated patients require frequent meticulous oral hygiene to prevent VAP.
- Maintaining the HOB between 30 and 45 degrees assist with removal of secretion.
- Sedation vacation assisted with extubation.

Bibliography:

Panchabhai, T.S., Dangayach, N.S., Krishnan, A., Kothari, V.M., & Karnad, D.R. (2009). Oropharyngeal cleansing with 0.2% chlorhexidine for prevention of nosocomial pneumonia in critically ill patients: An open-label randomized trial with 0.1% potassium permanganate as control.CHEST, 135, 1150-1156.