

Effectiveness of education programme on oral hygiene of trauma clients admitted at ICCU among nurses working at selected Hospitals in Indore.

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Introduction

Around the world, trauma is a leading cause of mortality and disability. Trauma patients provide a unique set of challenges for intensive care physicians. A trauma patient's treatment may begin in the emergency room, the radiology department, or even the operating room before they are ready to be admitted to the critical care unit (ICU). The primary goals of care for severely injured patients in the intensive care unit are stabilisation, improvement of hemodynamic status and oxygenation, preservation of hygienic conditions, and prevention of complications at the local and systemic levels. Patients in this group often need round-the-clock care for their urine and intestines, mechanical ventilation, and monitoring of vital signs to ensure their continued safety.

The relationship between better oral hygiene and decreased oropharyngeal colonisation by pathogenic organisms is not fully understood, despite widespread agreement that patients in intensive care units (ICUs) benefit from it. Systemic and respiratory diseases, such as ventilator-associated pneumonia (VAP), have been related to microbial colonisation of the mouth and throat.

To some extent, monitoring ventilated patients' oral hygiene may help reduce the risk of ventilator-associated pneumonia (VAP). Infrequent oral hygiene practises may lead to pneumonia because germs in the mouth can go to the lungs. Neglecting oral hygiene may lead to a number of unpleasant health consequences, including a decrease in saliva production, dry mouth, dental plaque, swollen gums, bacterial colonisation, stomatitis, dental infections, and tooth decay. In order to

prevent a gradual deterioration in performance, it is important to teach and assess clinical knowledge, skills, and problem-solving abilities using a mix of didactic and interactive exercises in regular training sessions. The ability of caregivers to provide patient-centered care depends on their familiarity with the ventilator and its settings, such as the several modes it may operate in, how the controls function, and how to identify and address frequent problems.

Methodology

Specifically, a quasi-experimental methodology was used for the investigation. The studies were carried out in the trauma intensive care units of several hospitals in the Indore area. Twenty-five BSc and twenty-five diploma-holding RNs work in the Intensive Care Units of various hospitals in Indore. To put it simply, the method of sampling was practical. Questionnaire data was combined with checklist observations to get the following competency ratings: Researchers in the intended study setting wanted to evaluate how much of an influence an oral care education programme had on the knowledge and skills of critical care nurses. The researcher offered a session on dental care for nurses working in the critical care units at a few hospitals in Indore. All of the nurses finished the training and took both the pre- and post-tests. The investigator developed a 30-item questionnaire to test nurses' expertise in areas including oral hygiene, mouthwashes, assessing the oropharynx, treating respiratory tract infections, and monitoring patients on mechanical ventilation. The author of the research designed observational checklists to gauge the level of oral care competence among nurses. So far, six of the program's planned eight sessions have taken place. For both the pre- and post-program assessments of knowledge, we employed the same questionnaire. Any nurse who answered "yes" to more than half the survey questions was considered competent, while those who answered "yes" to less than half were deemed inadequate.

Results

The poll found that 72% of respondents were married, 65% had completed high school, and 74% had less than 10 years of professional experience. The findings reveal that only 20% of general-care nurses had a solid foundation in nursing knowledge before enrolling in the training curriculum, while 40% had none at all. The average education level of BSc-holding staff nurses is much greater than that of GNMs, with 63% possessing at least some expertise after finishing an educational programme. The results of the pre-education programme revealed that only 5% of GNM possessed total skills in relation to equipment preparation, oropharyngeal assessment, and proper toothbrush technique; after completion of the program, this percentage increased to 38% in BSc Nurses, and then to 93% in nursing diploma graduates and 8% in bachelor degree graduates, with a statistically significant difference (P 0.01) between the two groups. A statistically significant improvement in knowledge at the diploma and bachelor's degree levels among nurses is shown by a p-value less than 0.01.

The majority of nurses (34 percent in diploma programmes and 41 percent in bachelor's degree programmes) were found to have an insufficient general comprehension of oral care procedures before the programme began, but this was quickly remedied thereafter. For nurses, the difference in knowledge between those with 1-5 years of experience and those with more than 5 years of experience was statistically significant at the p 0.05 level (94% for those with 1-5 years of experience and 76% for those with more than 5 years of experience). On the other hand, a statistically significant 62% of bachelors with more than 5 years of experience were content with their level of knowledge, while 93% of bachelors with 1 to 5 years of experience expressed similar satisfaction.

Conclusion

Findings from this study provide valuable light on nurses' oral hygiene knowledge and practises while caring for critically ill patients. In most cases, nurses lacked knowledge of oral health care and were unable to meet their patients' individual needs. Experienced nurses should attend regular refresher courses that emphasise the need of proper oral hygiene for the terminally ill. Changes in nurses' knowledge both before and after the present education course demonstrate a significant effect. Because none of the nurses in the research had ever had training in oral care technique, a study examining the impact of an evidence-based practise education programme on the importance of oral care in avoiding ventilator-associated pneumonia revealed no difference between pre- and post-education.

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