



Service Priorities and Programmes
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An evidence based guideline of pre and post operative oronasopharyngeal care for cardiac patients

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Introduction

Nosocomial infection is a crucial problem and cause of morbidity and mortality especially in cardiac surgery settings. The risk of acquiring such infection is even higher because cardiac surgery patients require intensive care postoperatively. The phenomenon is evidenced by longer length of hospital stay and increased cost of care. Pneumonia and surgical site infections were ranked among the top three most common hospital acquired infections. The usual practice for mouth care is diluted thymol gargle solution for intubated patients after cardiac surgery in Hong Kong. No local studies examine the effect of oronasopharyngeal care on minimizing such infections. An evidence based guideline in oral and nasopharyngeal nursing care is necessary to implement in hospitals for improving patient surgical outcome.

Objectives

To develop an evidence based practice guideline for pre- and postoperative oronasopharyngeal care of in-patients undergoing cardiac surgery with implementation planning and discussion on evaluation.

Methodology

The most recent publications were searched till August 2011. Randomized controlled trials with oropharyngeal and/ or nasopharyngeal care with outcome measures on surgical site infection and/ or nosocomial pneumonia were reviewed. Essential data were extracted with quality assessed methodologically.

Result

Six randomized controlled trials comparing oropharyngeal and/ or nasopharyngeal care intervention with usual care were reviewed. The studies mostly included middle-aged male patients undergoing cardiac surgery. The results showed positively of interventions on nosocomial pneumonia and surgical site infection when compared with usual care. In view of quality assessments and statistically significant findings,

the proposed change that could improve surgical outcome of patients is to use chlorhexidine gluconate on oronasopharyngeal care in the guideline. It mainly carries out in in-hospital settings both by patients with education from nurses preoperatively, and by nurses postoperatively. Conclusions: Reviewed evidence shown that the oronasopharyngeal care interventions help effectively on minimizing the occurrence of nosocomial pneumonia and surgical site infections for patients undergoing heart surgery. It could be potentially adopted for nurses working in cardiac surgical ward and cardiac intensive care unit.