

# Research

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Research Research Part In as much as oral health influences systemic health, research has not been conducted on oral health during intubation period amongst critically ill neuroscience patients determine the effect of oral health care on intracranial pressure amongst the critically ill patients in neuroscience intensive care unit (Prendergast, Hallberg, Jahnke, Kleiman & Hagell, 2009). As a result, a research was conducted to explain the changes in oral healthcare and application of ventilator-associated pneumonia throughout intubation among neuroscience patients in intensive care unit. The study also evaluated the effects of oral healthcare on intracranial pressure. Data was collected from 45 intubated patients who were admitted in ICU for 1 year. The data was collected using oral assessment guide and oral cultures during intubation and then 2 days after extubation. Occurrence of intracranial pressures linked to oral care and ventilator-associated pneumonia were then recorded.

According to the findings, oral health of critically ill neuroscience patients deteriorates during intubation and then improves to baseline levels in two days after extubation. This is because intubation leads to an increase in yeast and oral gram-negative bacteria. Among the patients checked in, around 24% of them had cases of ventilator-associated pneumonia (Prendergast et al., 2009). Among those examined, overall intracranial pressure decreased significantly after oral healthcare.

## Part 2

Oral health among NICU patients deteriorates in the course of intubation and improves after extubation. The level of oral health deterioration depends on time taken during intubation. The longer the intubation time, the more the oral health deteriorates. In addition to this, when patients are subjected to <https://assignbuster.com/research-essay-samples-14/>

intubation, their health seems to deteriorates regardless of the nature of their sickness (Prendergast et al., 2009). Intubation contributes to aggravation of oral health among neuroscience patients in intensive care units. However, implementation of oral healthcare does not seem to influence intracranial pressure negatively. Oral care needs to be explored in order to promote systemic and oral health of neuroscience patients in intensive care units and determine its impact on ventilator-associated pneumonia.

Nurses should examine the oral cavity of patients every eight hours followed up by suctioning to remove secretions. The nurse should then brush the patient teeth using an antiseptic like chlorhexidine. The mouth should then be rinsed using sterile water. It is important to moisturize the lips and oral mucosa after every two hours (Prendergast et al., 2009). Lastly, endotracheal tube cuff pressure should be maintained at 20-30 cm H<sub>2</sub>O. The position of the tube needs changing after suctioning and brushing.

#### References

Prendergast, V., Hallberg, I. R., Jahnke, H., Kleiman, C., & Hagell, P. (2009). Oral health, ventilator-associated pneumonia, and intracranial pressure in intubated patients in a neuroscience intensive care unit. *American journal of critical care*, 18(4), 368-376.