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On the importance of oral care in patients with respiratory failures related to SARS-COV2 pneumonia, in the o.b.i. operational unit

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Maintaining appropriate oral health, which apparently may seem less important in the patient care process, is on the contrary a priority phase that a professional health worker should be able to manage very easily. A correct and careful inspection of the oral cavity by the nurse, through adequate evaluation forms, has the purpose of avoiding the onset of infections at the level of the nasopharynx, both in young and elderly subjects and especially in the Intensive and Sub-intensive areas dedicated to Sars-Cov2 patients. Patients affected by Sars-Cov2 are mainly subject to severe, acute respiratory failures and are treated with high flow oxygen therapy at positive pressure, with CPAP or NIV techniques. From the experience in the O.B.I. (Brief Intensive Area) of the Melzo Hospital, during the pandemic it was seen that this continuous oxygen therapy can cause alterations or lesions of the oral cavity due to dryness of the oral mucosa and respiratory tract, with subsequent formation of secretions which, if neglected, can evolve into microbial or fungal calcifications. In addition to being one of the main causes of upper respiratory tract infections, these collections of secretions can also represent an obstacle to any invasive emergency maneuvers by the resuscitator. These airway management maneuvers are necessarily time-dependent, since the patient is interrupted from non-invasive pressure support therapy by switching from CPAP to nasal oxygen; to avoid deep and prolonged desaturations with consequent worsening of the outcome, it is mandatory that the oral hygiene maneuver, which precedes and facilitates intubation, be extremely rapid and precise. In this work we will propose a new learning approach based on scientific evidence and centered on maintaining the health of the oral cavity, since this really represents a concern, especially in this hospital emergency period. Suitable hygiene practices are introduced to maintain the integrity of the oral cavity, in order to prevent infections in patients in Brief Intensive Observation, with particular attention to patients who may later be intubated and managed in the Intensive Care Area. Referring to the state of the art, it is shown that, with optimal care initiated early on admission to Intensive or Sub-Intensive wards, it is possible to obtain an oral cavity with reduced microbial load during the entire period of hospitalization for the benefit of the patient's health suffering from Sars-CoV2. Significantly reducing the incidence of pneumonia associated with mechanical ventilation (VAP), a complication that occurs in intubated, artificially-ventilated patients.

Recent Publications

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