Oral Care on an Acute/Rehab Stroke Unit – Cleaning Up Our Act
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Abstract
Oral care is a crucial part of patient care. Good oral hygiene correlates with good overall systemic health. Research shows a correlation between poor oral hygiene and atherosclerotic events, such as stroke and myocardial infarction. Other recognised complications associated with poor oral hygiene are pneumonia, reduced desire to eat, communication difficulties, and social isolation. A stroke event places an individual at further risk of poor oral hygiene due to deficits in function, cognition, communication, and/or vision. A prospective audit on mouth care and oral hygiene was conducted on our acute/rehab stroke unit to compare current practice against Trust guidelines. The audit revealed that our stroke unit did not follow the Trust’s mouth care guidelines. Action plans are now being implemented to ensure a standard approach to oral hygiene within our stroke service.

Introduction
The prospective audit was conducted on our stroke unit in England using the organisation’s Guidelines for Mouth Care and Oral Hygiene. Standards included:
• Assess all patients’ oral hygiene.
• Include oral hygiene in all patients’ plans of care.
• Undertake a multi-disciplinary team (MDT) approach to mouth care.
• Provide patients with information about the benefits of oral hygiene.

Methodology
• The audit ran for eight weeks in Spring 2013.
• Inclusion criteria:
  - Stroke Consultant confirmed diagnosis of Stroke
  - Admission to our stroke unit
  - Inpatient episode lasting three days or longer
• 50 consecutive admissions meeting the criteria were audited
• Sources of data collection used:
  - Medical charts
  - End-of-bed notes
  - Daily MDT handover sheets

Results
• Fifty case notes audited.
• Three patients had two admission episodes during designated time period. Therefore, the results reflected 53 hospital stays.

Has the patient’s oral cavity been assessed?

- Yes: 45%
- No: 15%
- Not documented: 40%

Did the patient have a plan of care?
- Yes: 86%
- No: 14%
- Not documented: 2%

Was the patient’s oral hygiene discussed at the weekly multi-disciplinary meeting (MDM)?
- Yes: 34%
- No: 66%
- Not applicable: 0%

Clinical Implications of Audit
• We were not assessing oral hygiene as per the organisation’s guidelines, resulting in an inconsistent, non-evidenced based approach.
• Patients’ plans of care did not include oral hygiene.
• A MDT approach to mouth care was not given priority, evidenced by lack of documentation at the weekly MDM.
• Patients, their family members and/or carers were not provided with information about the benefits of oral hygiene and how to perform mouth care.

Action Plan
• Raise awareness about oral hygiene.
• Produce an evidence based policy.
• Devise a mouth care assessment tool and treatment regimes that are evidence based and user friendly.
• Educate doctors, nurses, and therapists about oral hygiene.
• Educate patients and their carers about the benefits of good oral hygiene.