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Evaluationof awareness Program on Mouth Care for Trauma Patients among staff nurses.

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Introduction

Trauma is well acknowledged as a major cause of mortality and morbidity worldwide. Working with patients who have had catastrophic injuries is a tremendous challenge for those who work in critical care. Many trauma patients may need to be admitted to the critical care unit after receiving initial care in the emergency room, radiology department, or operating room (ICU). The intensive care unit (ICU) provides high-tech, high-quality treatment for patients with the aim of stabilising them, improving their hemodynamic condition and oxygenation, keeping them clean, and reducing their risk of developing both local and systemic diseases. Clients in this group often need long-term care, including help with bowel and bladder function, limited ambient stimulation, safe placement, and mechanical breathing.

Good oral hygiene is of paramount importance in intensive care units (ICUs), but the link between this practise and a reduced risk of oropharyngeal colonisation by pathogens is not well acknowledged at this time. An increased risk of ventilator-associated pneumonia (VAP) and other systemic and respiratory disorders has been linked to oropharyngeal and dental plaque infections.

It has been shown that monitoring a patient's oral hygiene while they are on a ventilator is an effective method of preventing VAP (11). The aspiration and colonisation of bacteria in the lungs may lead to pneumonia if people don't brush their teeth regularly (12). Avoiding proper oral hygiene may lead to a multitude of problems, such as an excess of saliva, dry mouth, the development of plaque and tartar, gum inflammation, bacterial colonisation, stomatitis (mouth sores), tooth infections, and dental caries. Training in clinical awareness, skills, and problem-solving abilities, as well as regularly scheduled practise sessions, are essential for preventing performance deterioration over time. For instance, being adept at recognising and responding to a variety of client- and ventilator-related difficulties paves the way for greater patient-centered treatment.

Methodology

This research used a quasi-experimental design. The research was carried out in a hospital in Indore, India, that has a specialised ICU for treating trauma patients. Get 30 of the best ICU nurses working in various Indore hospitals and choose them at random. A total of 100 RNs (50 GNMTs and 50 BSNs) are on staff to care for patients (N). We sampled in a way that was most practical for us. The nurses' pre- and post-training awareness was measured by means of a questionnaire. Second, a pre- and post-observation checklist sheet is used to evaluate the nurses' abilities. Collecting data. For this study, we had a total of 100 participants, split into 5 groups of 20 nurses for each session. All participants who took the pre-test, attended the course, and filled out the post-training survey received a certificate of completion. This survey was designed by the researcher to test nurses' knowledge on a variety of topics, such as how often they see patients, what kinds of oral care solutions they use, how to look for signs of infection in the mouth and throat, and how to care for patients who are being mechanically ventilated. The survey includes 25 questions and demographic information (name, age, sex, and years of experience). Expertise in oral health care among nurses was studied, and observational criteria were developed for that purpose. There were a total of six sessions of the educational programme spread out over the year. A short time after the program's introduction, an awareness evaluation was conducted using the same questionnaire (the post-test). If the nurse correctly timed more than half of the items on the questionnaire sheet, she was rated excellent; if she failed to do so, she was rated unsatisfactory.

About three-quarters were married, nearly seventy-eight percent had completed high school, and nearly three-quarters (72.1%) had between one and five years of experience. This information demonstrates that neither the general nurses nor the BSc nurses had any expertise in this field prior to undergoing training.

The program's results show that approximately 68% of GNMs and (.%) of BSc Nurses maintained awareness after completing the program, indicating a statistically significant difference in awareness between the two types of staff nurses.

There was not a single GNM who had a passing score on a pre-educational exam that measured their ability to perform even the most fundamental aspects of oral care, including preparing equipment, evaluating oropharyngeal health, and brushing correctly (0.0 percent). As a result, the number of people with post-secondary degrees went up by 92 percentage points for nursing diplomas and by 87 percentage points for bachelor's degrees in dental care,

with the difference between the two being statistically significant (P 0.01) for bachelor's degrees.

A statistically significant difference exists between the pretest and posttest scores of diploma- and bachelor's-level nurses who were tested (p = 0.01).

Before the training, a large proportion of nurses (35.1% at the diploma level and 43.2% at the bachelor level) had an inadequate overall understanding of oral care procedures, but this quickly improved (84.5 percent in GNM and 92.4 percent in BSc Nurses). In a statistically significant finding, 92.0% of nurses with 1–5 years of experience had a sufficient degree of knowledge of post-graduate education, but only 73.0% of nurses with 5+ years of experience had the same level of awareness. On the other hand, 89% of bachelors with more than 5 years of experience were satisfied with their level of awareness, whereas only 10% of bachelors with 1 to 5 years of experience felt the same way; this difference was statistically significant at the p. value of 0.01.

Discussion

Basic nursing education often includes instruction in dental hygiene, but little attention is paid to the need for this skill while caring for patients who must constantly depend on mechanical ventilation. There is a lack of programmes that specifically address the need for dental hygiene for ventilator patients, despite the fact that it is commonly included in beginning nursing courses. This study's findings provide valuable insight into nurses' oral hygiene knowledge and practises as they relate to caring for critically ill patients. Most nurses lack the training and tools to adequately address their patients' most basic oral health concerns. It is essential that nurses get ongoing training on the importance of oral hygiene while caring for the severely ill. A statistically significant difference was found between the nurses' levels of awareness before and after the education course. Potentially at play here is the fact that the pre- and post-educational periods varied greatly since not a single nurse in the study had ever received training in oral care techniques before the study's educational phase.

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