

An oral hygiene excerpt from: **Guidelines for Preventing Health-Care-- Associated Pneumonia, 2003**

*Recommendations of CDC and the Healthcare Infection
Control Practices Advisory Committee (HICPAC)*

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This report updates, expands, and replaces the previously published CDC "Guideline for Prevention of Nosocomial Pneumonia." The new guidelines are designed to reduce the incidence of pneumonia and other severe, acute lower respiratory tract infections in acute-care hospitals and in other health-care settings (e.g., ambulatory and long-term care institutions) and other facilities where health care is provided.

Prevention of Health-Care--Associated Bacterial Pneumonia

IV. Modifying Host Risk for Infection

B. Precautions for prevention of aspiration

3. Prevention or modulation of oropharyngeal colonization
 - a. Oropharyngeal cleaning and decontamination with an antiseptic agent; develop and implement a comprehensive oral-hygiene program (that might include the use of an antiseptic agent) for patients in acute-care settings or residents in long-term--care facilities who are at risk for health-care--associated pneumonia (II) (156,157).
 - b. Chlorhexidine oral rinse
 - 1) No recommendation can be made for the routine use of an oral chlorhexidine rinse for the prevention of health-care-associated pneumonia in all postoperative or critically ill patients and/or other patients at high risk for pneumonia (Unresolved issue) (II) (158).
 - 2) Use of an oral chlorhexidine gluconate (0.12%) rinse during the perioperative period on adult patients who undergo cardiac surgery (II) (158).
 - c. Oral decontamination with topical antimicrobial agents
 - 1) No recommendation can be made for the routine use of topical antimicrobial agents for oral decontamination to prevent VAP (Unresolved issue) (159).

Categorization of Recommendations

In this document, each recommendation is categorized on the basis of existing scientific evidence, theoretical rationale, applicability, and potential economic impact. In addition, a new category accommodates recommendations that are made on the basis of existing national or state health regulations. The following categorization scheme is applied in this guideline:

Category IA. Strongly recommended for implementation and strongly supported by well-designed experimental, clinical, or epidemiologic studies.

Category IB. Strongly recommended for implementation and supported by certain clinical or epidemiologic studies and by strong theoretic rationale.

Category IC. Required for implementation, as mandated by federal or state regulation or standard.

Category II. Suggested for implementation and supported by suggestive clinical or epidemiologic studies or by strong theoretic rationale.

No recommendation; unresolved issue. Practices for which insufficient evidence or no consensus exists about efficacy.

References

156. Schleider B, Stott K, Lloyd RC. The effect of a comprehensive oral care protocol on patients at risk for ventilator-associated pneumonia. *J Advocate Health Care* 2002;4:27-30.
157. Yoneyama T, Yoshida M, Ohru T, et al. Oral care reduces pneumonia in older patients in nursing homes. *J Am Geriatr Soc* 2002;50:430-3.
158. DeRiso AJII, Ladowski JS, Dillon TA, Justice JW, Peterson AC. Chlorhexidine gluconate 0.12% oral rinse reduces the incidence of total nosocomial respiratory infections and nonprophylactic antibiotic use in patients undergoing heart surgery. *Chest* 1996;109:1556-61.
159. Bergmans D, Bonten M, Gaillard C, et al. Prevention of ventilator-associated pneumonia by oral decontamination: a prospective, randomized, double-blind, placebo-controlled study. *Am J Respir Crit Care Med* 2001;164:382-8.

Centers for Disease Control and Prevention. *Guidelines for Preventing Health-Care--Associated Pneumonia, 2003: recommendations of CDC and the Healthcare Infection Control Practices Advisory Committee (HICPAC)*. *MMWR* 2004;53(No. RR-3):8-9.

Full report is available online at <http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5303a1.htm>