Translating What I learned into What I Do

I recently attended the Clinical Practice Forum in Pittsburgh for the third year in a row. I was again impressed with the topics, discussions and the opportunity to learn and exchange ideas with other professionals who share my passion for palliative care. Several speakers caught my undivided attention and one of them was a speech therapist who stressed the importance of oral care and the significant risk for aspiration pneumonia from accumulated bacteria from poor/absent oral hygiene.

Shortly after my return from this conference I cared for an elderly man who had severe mucositis and bleeding mouth sores from recent chemotherapy. He had great difficulty eating and taking his oral medications due to awful oral discomfort and was additionally diagnosed this admission with "aspiration PNA." When I looked into his mouth it did indeed look like the bottom of a bird cage! After giving him very thorough oral care using a suction toothbrush (one side brush, the other side soft sponge), having him rinse his mouth with normal saline, and giving him his Nystatin/Benadryl/Lidocaine cocktail it was like night and day! I repeated this a few hours later. By that afternoon he was eating so much better and able to take his oral meds without difficulty! He was about to be transferred to the step down unit to initiate IV cardiac medications since he was having such trouble taking his meds orally, but simple thorough oral hygiene prevented this transfer! I often see this simple intervention as being a low priority in all the tasks we need to get done, but so very important.

I was also impressed with the nurse practitioner who spoke about evidence-based practice. When I hear the word "research" I run the other way. I'm the person who fast-forwards to the conclusions and recommendations, but she made it seem so doable! Shortly after the conference I read an article on EBP and the oral hygiene/pneumonia correlation which led me to do a Pubmed search on this topic. It is now being considered as an active EBP project on my unit. Our patient population includes those with PEG feeds, CVAs, stomatitis, end-of-life, some receiving chemotherapy and others, all who need assistance with thorough oral hygiene. We need to get this important task prioritized in our daily routines. It's always been a priority for me, and when I explain it to my patients and families they ask me, "How come none of the others have done this?" It is my hope that by actively engaging our entire unit this will become a priority task.

While all of the speakers added to my learning experience, I was also inspired by the spiritual care coordinator (AKA "chaplain") and his discussion on spiritual assessment using dignity therapy. In fact, I'm presenting this information at out next Palliative Care meeting!

Sharing ideas, exchanging stories, commiserating and just being in the same room with others who feel passionate about palliative care is so inspiring and powerful! Looking forward to next year!

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