

Background

- An onco-dental collaboration that emphasizes consistent oral healthcare has been shown to improve the incidence of oral pathogen mucosal barrier injury-central line-associated bloodstream infections (MBI-CLABSIs) ^{1,2,3}.
- Hospitals that utilized an oral hygiene and oral health assessment protocol found an increase in timely recognition and recording of mucositis, leading to appropriate referrals to the pediatric dentistry department and an overall decrease in secondary infections ^{4,5}.
- Oral health assessments are a best practice recommendation for pediatric oncology patients ⁶, so ensuring nurses have high comfort and knowledge performing them can result in this being a routine preventive care measure.

Purpose

- To assess the knowledge and comfort of nurses in performing oral health assessments on pediatric oncology patients following a lesson plan developed by a pediatric dental resident.

Methods

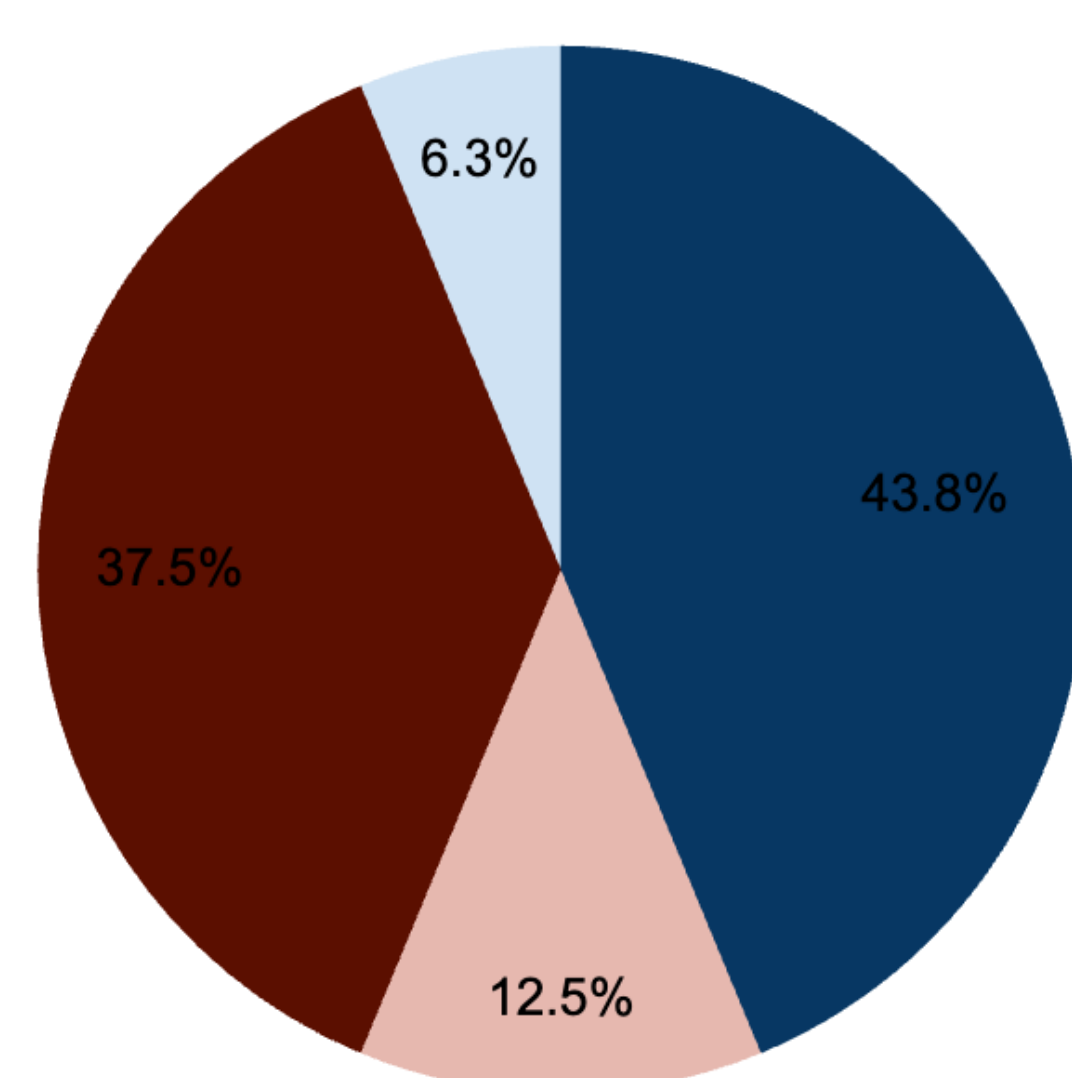
- A survey was given to pediatric oncology nurses who attended a lecture given by a pediatric dental resident to determine their current oral health assessment practices during routine exams.
- The surveys were anonymous and online, accessed by a QR code, and consist of single best answer, Likert-like scale and open-ended responses.
- Data collection began in October 2025 and is ongoing.
- Unanswered survey questions were excluded from data analysis.
- Data analysis was performed by descriptive statistics and frequencies.

Results

- A total of 9 surveys were completed and included in the analysis.
- Most (43.8%) nurses learned how to perform oral health assessments on the job (*Figure 1*).

Figure 1: Location of Nurses' Education for Oral Health Assessments

- On the job
- Undergraduate training
- Graduate training
- Continuing education courses

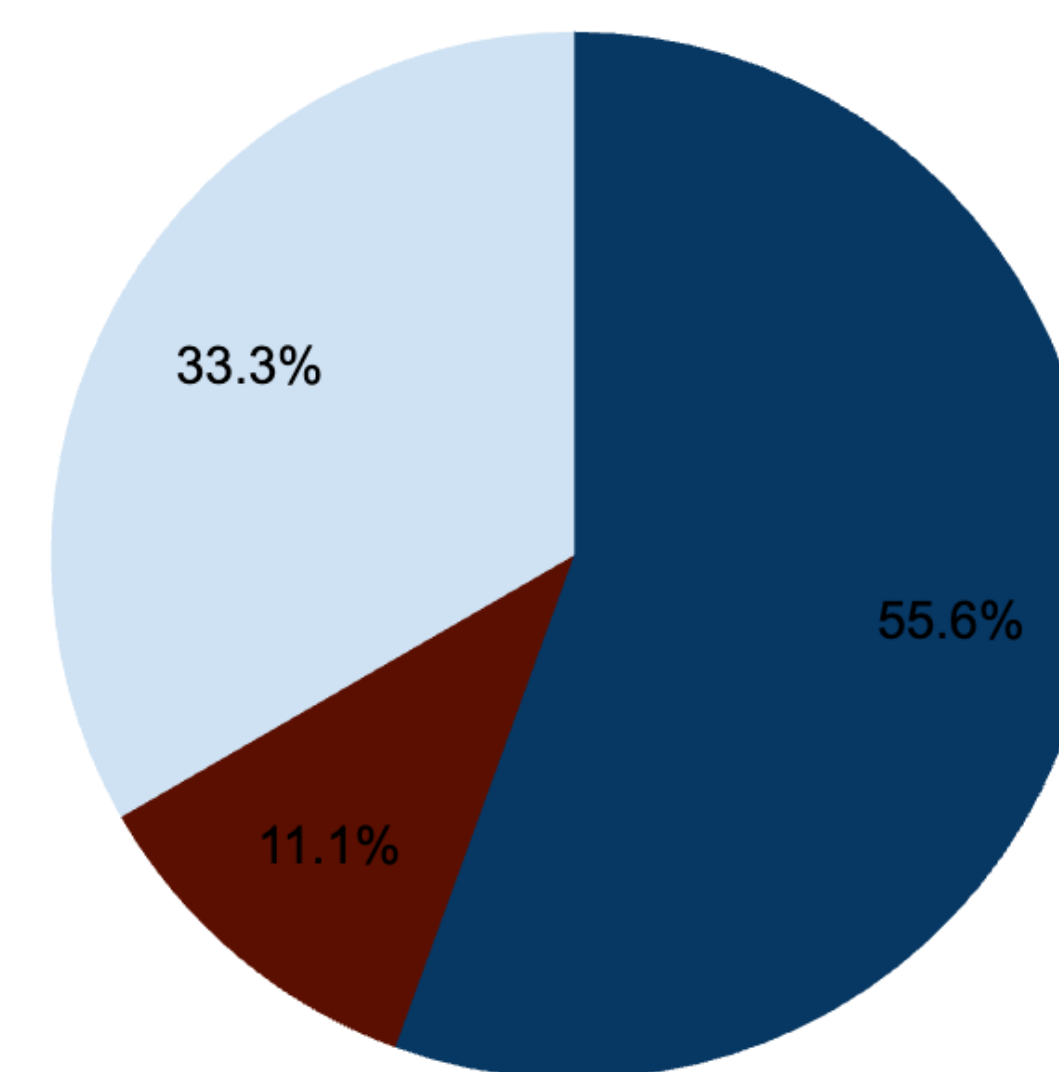


Results (cont.)

- Majority (55.6%) of nurses perform oral health assessments on every routine exam (*Figure 2*).

Figure 2: Frequency of Oral Hygiene Assessments by Nurses During Routine Exam

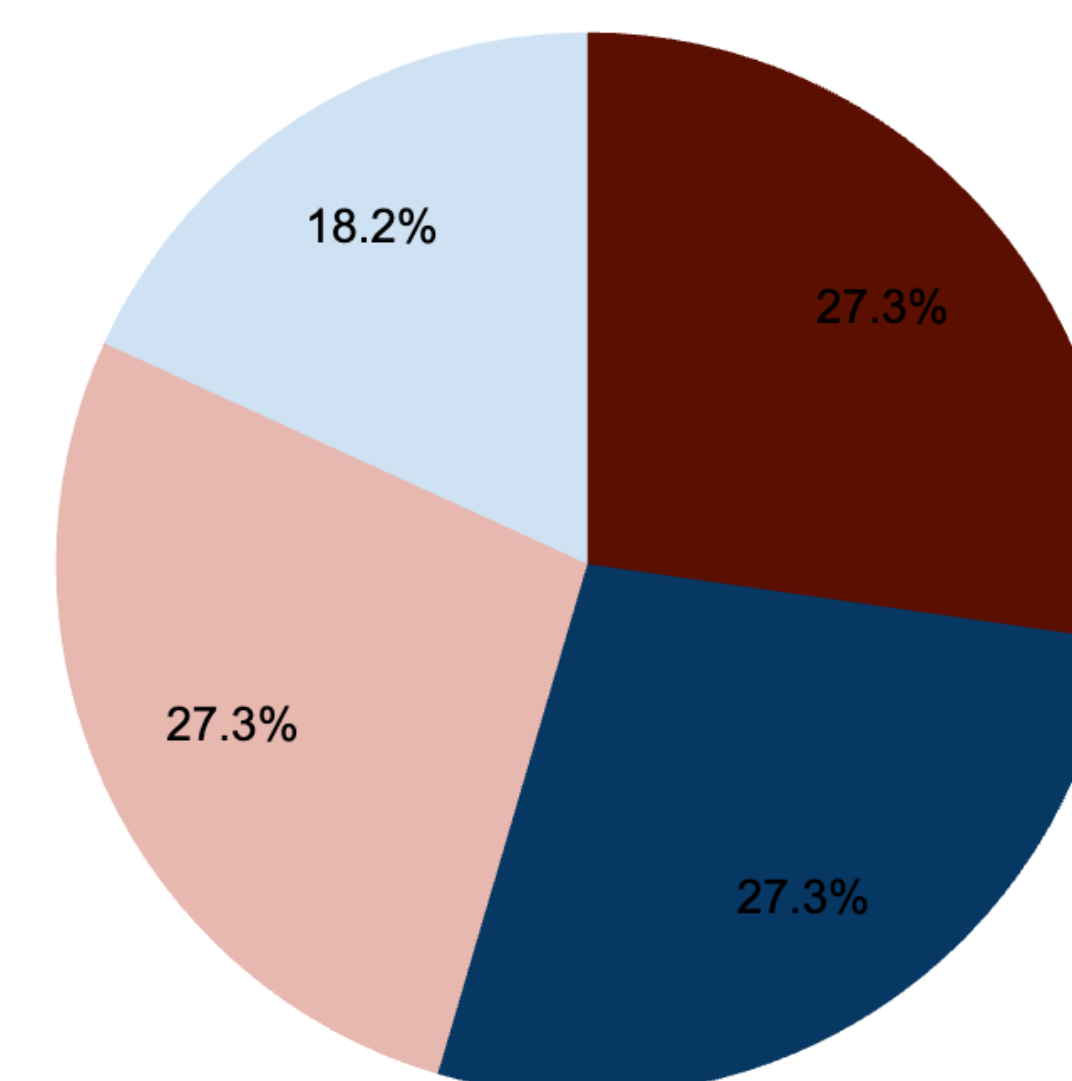
- Every routine exam
- Rarely
- Most of the time



- Some nurses perform oral health assessments as they would on any healthy child, while others focus on mucositis, infection, and the side effects of chemotherapy in broad (*Figure 3*).

Figure 3: Difference in Oral Health Assessments Performed by Nurses on Pediatric Oncology Patients versus Non-oncology Patients

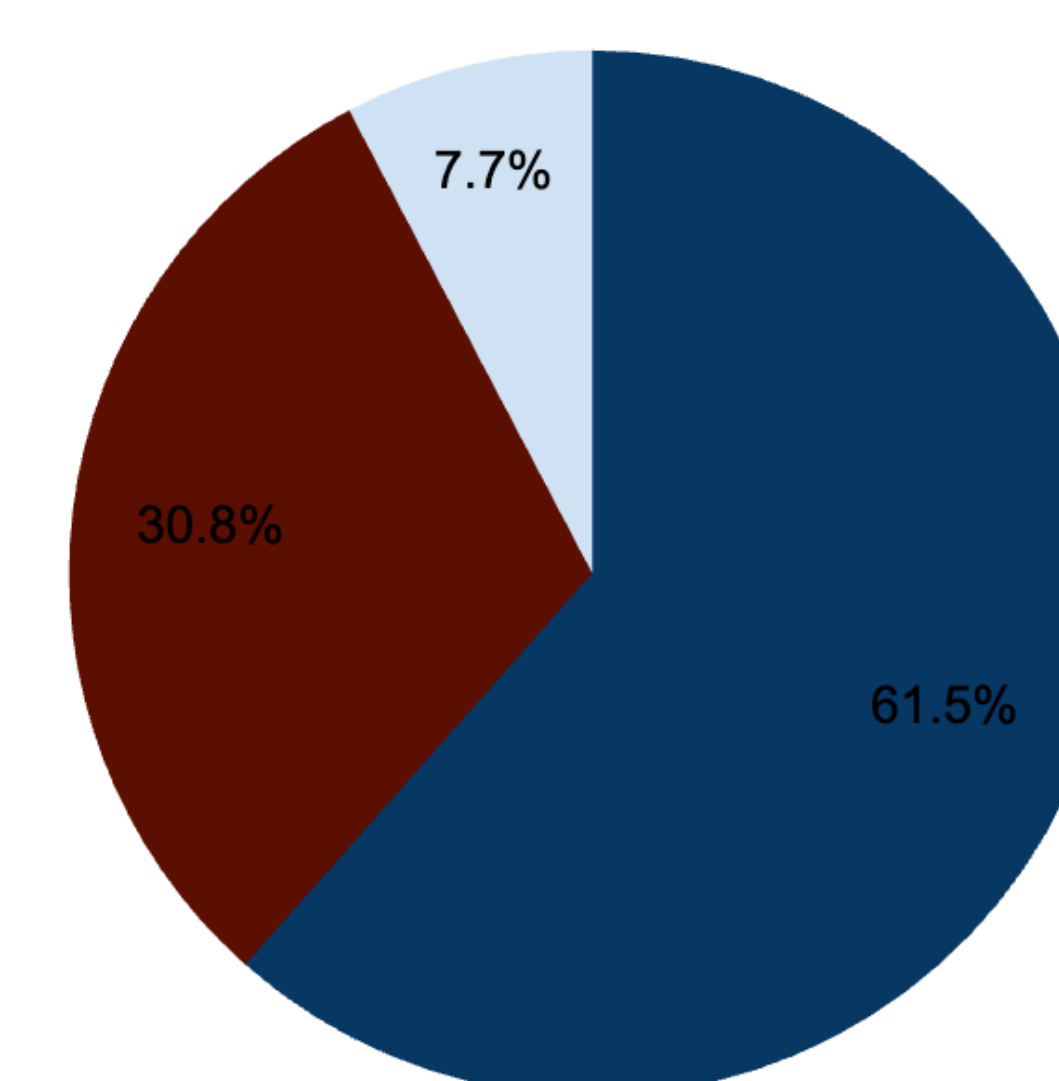
- No difference
- Mucositis focused
- Infection focused
- Chemotherapy side effects focused broadly



- Patient cooperation was reported to be the greatest barrier to performing a quality oral health assessment (*Figure 4*).

Figure 4: Nurses' Reported Barriers to Performing Oral Health Assessments

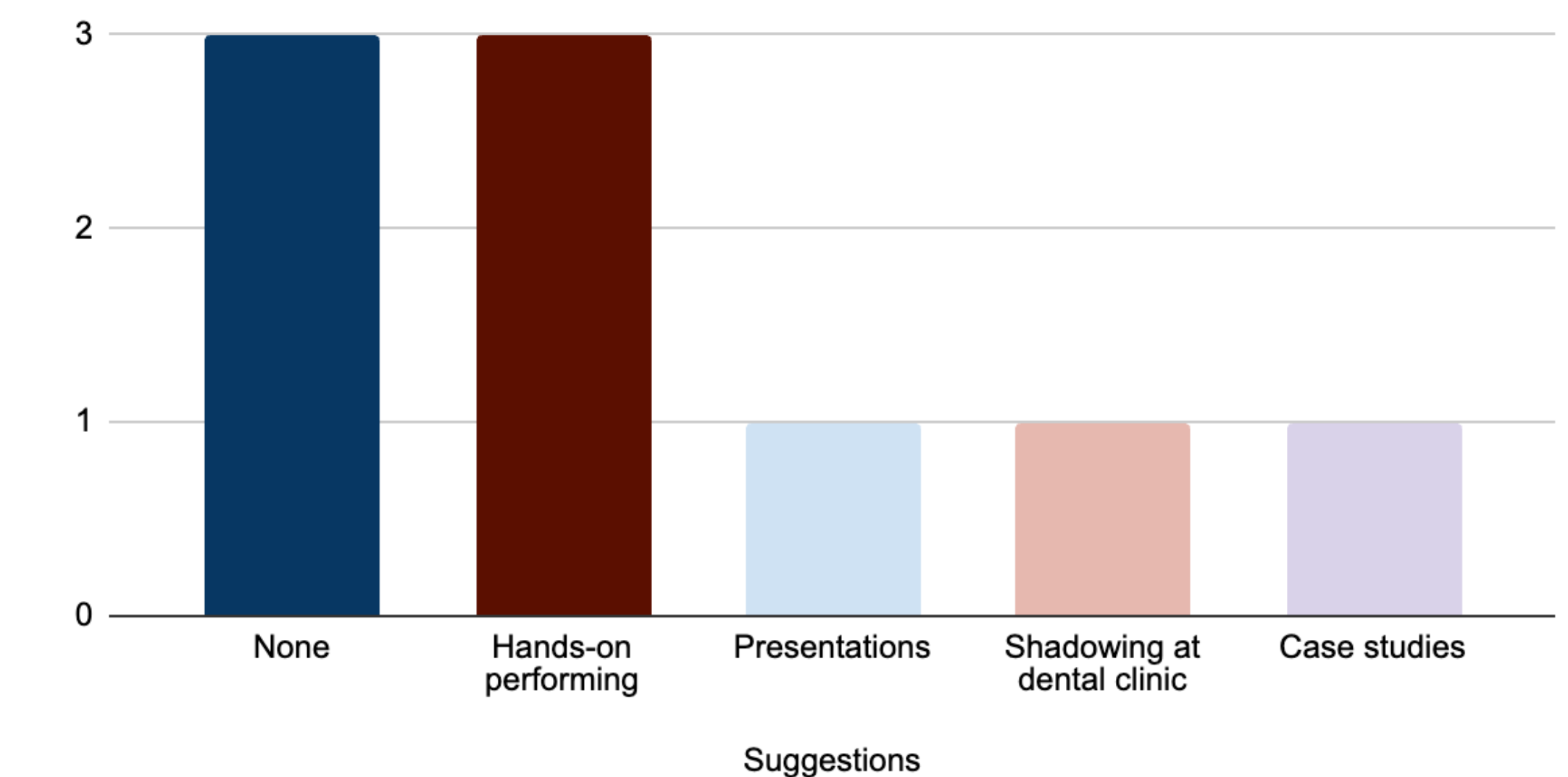
- Patient cooperation
- Age
- Lack of knowledge



Results (cont.)

- The most common suggestion received was **incorporating hands-on lessons** to help nurses improve their practices (*Figure 5*).

Figure 5: Nurses' Suggestions for Best Way to Learn Oral Health Assessments



Conclusions

- Nurses reported varying focuses when it came to performing oral health assessments on pediatric oncology patients, highlighting a need to standardize the practice.
- With a standardized oral health protocol, the incidence of oral mucositis was cut in half at one hospital ², demonstrating the positive impact a tailored oral hygiene and oral health assessment can have.
- A nurse trained in quality oral health assessments can prevent infection, especially given the most frequent documented source of sepsis in immunosuppressed cancer patients is the mouth ¹.
- Oral complications can lead to a lack of treatment compliance, as it affects eating, drinking, and overall daily function ³, and this may make oral health assessments more difficult during nurses' routine exam.
- The survey results underscore the need to provide oral health education for nurses on how to conduct an oral health assessment, particularly on uncooperative, young patients.
- By identifying patient cooperation as the greatest barrier in performing a quality oral health assessment, oral health education can focus on this aspect during hands-on lessons.

Limitations and Future Directions

- This baseline data is based on a small sample size; at this time, an evolving curriculum has been presented to a group of 3 more nursing cohorts and data collection is ongoing.
- This onco-dental collaboration may lead to an oral health curriculum designed specifically for the care team of pediatric oncology patients in the hospital setting.

References

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