

**INVESTIGATION OF THE EFFECT OF TWO DIFFERENT ORAL CARE
METHODS ON ORAL FLORA AND VENTILATOR ASSOCIATED PNEUMONIA IN
MECHANICALLY VENTILATED PATIENTS:
A RANDOMIZED CONTROLLED STUDY**

NCT ID not yet assigned

INFORMED CONSENT FORM

Study Title:

Effect of Two Different Oral Care Methods on Oral Flora and Ventilator-Associated Pneumonia in Mechanically Ventilated ICU Patients

Purpose of the Study:

The purpose of this study is to investigate the effects of different oral care methods (pediatric toothbrush vs. sponge stick) on oral flora and the risk of ventilator-associated pneumonia (VAP) in mechanically ventilated ICU patients.

Study Duration:

Each patient will be followed for 6 days.

Procedures:

Patients will receive daily oral care using either a pediatric toothbrush or sponge stick with 0.12% chlorhexidine solution.

Oral swab samples will be collected on Day 1 and Day 6 (approximately 20 minutes).

Routine blood tests and chest X-rays will be monitored.

Oral care will be provided by ICU nurses or study investigators.

Number of Participants:

A total of 72 patients (36 per group)

Risks and Discomforts:

Oral swab collection is brief and poses no harm.

Mild discomfort may occur during oral care.

Pneumonia may still develop in some patients despite oral care.

Benefits:

Patients may have improved oral hygiene and reduced risk of VAP.

The study may help improve oral care protocols in ICUs.

Voluntary Participation:

Participation is completely voluntary.

You can withdraw from the study at any time.

Choosing not to participate will not affect your medical care.

Confidentiality:

Patient information will be kept confidential.

Data will be used only for scientific research purposes.

Contacts for Questions:

Anesthesiology Specialist Physician

PhD Candidate

Consent:

I have read and understood the information above. I voluntarily consent for my ICU patient to participate in this study without any pressure. I will receive a copy of this form.

Participant Name and Signature:

Guardian Name and Signature (if applicable):

Investigator Name and Signature:

Witness Name, Signature, Role:

Date: ... / ... / ...