Calderdale and Huddersfield
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Mouth Care in the Intensive Care

These guidelines have been adapted from the NOECCN Oral Care Guidelines and the Harrogate and District Oral Hygiene Procedure for ICU and HDU.

Introduction

Oral care is a fundamental aspect of nursing care, and critically ill patients may be more vulnerable to oral disease and discomfort. The principle objective is to maintain the mouth in good oral condition, which is comfortable clean, moist and free from infection. Oral care has been identified as an essential component of care to prevent ventilator associated pneumonia (VAP) [1]

Risk Factors for patients in Critical Care

◉ **Patient Condition** – patients who are anaemic, diabetic, immune-compromised are all at increased risk of developing oral problems

◉ **Drugs** – Anti-depressants, antibiotics, steroids, antihistamines, anti-spasmodic can all alter oral flora, pH or salivary gland activity. Antibiotics will also increase the risk of developing candida or herpes.

◉ Int**ubation** – this can cause a dry mouth, inflammation of the mucous membranes, impaired access for oral care and the development of oral lesions from pressure.

Recommendations

◉ Comprehensive oral hygiene programme using a standard tool is used to perform a comprehensive assessment of the patients' mouth (lips, oral tissue, teeth and saliva.[2,3] This assessment is performed by a competent practitioner

◉ Patients should be assessed with 8 hours of admission then as identified in the risk assessment.

◉ Brush teeth, gums and tongue at least twice a day (as per risk assessment) using a soft paediatric or adult toothbrush

◉ Provide oral (water based) moisturising to oral mucosa and lips every 2-4 hours

◉ Promote independence with oral care whenever possible

Assessment

Check patients' assessment documentation for abnormalities normally present prior to proceeding with oral assessment and care. This should be undertaken within 4 hours following admission and at least every 12 hours.

Category	Score 1	Score 2	Score 3
Lips	Smooth, Pink and Moist	Cracked, Dry and May Bleed	Ulcerated Sores, Oedematous, Bleeds Easily
Tongue	Normal Texture, Red/Pink, Moist, Papillae	Slightly Coated, Dry and Smooth	Coated With a Shiny Appearance, Very Dry, Ulcerated Blisters, Cracked.
Teeth/Dentures	Clean, No Debris	Localised Plaque/Debris	Generalised Plaque/Debris
Gums	Pink, Moist and Firm	Slight Inflammation, Red, Bleeding on Brushing	Ulcerated, Spontaneous Bleeding
Saliva	Watery	Thick and Mucous	Absent
Breath	Pleasant or Odourless	Slightly Offensive	Extremely Offensive
Airway/Breathing	Normal, Humidified O2, Nasal Cannula	Oral or Nasal Intubation, or Oral/Nasal Airway	Dry Oxygen, Open Mouth Breathing
Nutrition/Hydration	Normal Diet and Fluids by Mouth	Oral Fluids only, IV fluids, TPN, NG Feeding	Nil Orally, Anorexia

Score 0 – 8 **Brush Teeth Twice a Day**
Score 9 – 15 **Brush Teeth Twice a Day -Identify and Treat Specific, Problem Area**
Score 16 – 24 **Seek Medical/Dental Advice**

Document the Mouth Care Assessment Score in the EPR Oral Care Plan and Identify Interventions in order to maintain accurate nursing records and evaluate the effectiveness of oral hygiene.

Standards of Care

PROCEDURE FOR ORAL HYGIENE ACTION	RATIONALE
Explain procedure fully to patient and obtain consent.	To ensure patient understands procedure and gives consent.
Wash hands and ensure wearing of an apron and gloves.	To reduce the risk of infection.
Examine the oral cavity with the aid of a torch, if necessary, and using the oral assessment guide assess the condition of the mouth and document in the nursing records.	To establish the condition of the mouth and to detect any signs of deterioration/improvement. To implement appropriate treatment quickly.
If dentures are present remove and place in a named denture pot with clean solution or sterile water. Discard any remaining cleaning solution.	To enable inspection and cleaning of mouth beneath dentures and maintain optimal denture integrity. To prevent infection and cross contamination.
Using soft, small suction toothbrush sterile water +/- toothpaste from SAGE dental packs.	To remove debris and plague from oral surfaces.
Every 12 hours brush teeth, gums and tongue.	To stimulate circulation to the gums.
Use short, horizontal strokes to inhibit bacterial growth.	Prevent bacterial colonisation of dental plague and potential development of VAP.
Oral secretions are suctioned regularly.	These are colonised with pathogens which will lead to VAP
If patient able, give them a beaker of water and encourage them to rinse mouth and then spit contents in to a bowl.	To remove debris and toothpaste as effectively as possible. Toothpaste will have a drying effect if left in the mouth.
If patient intubated or unconscious use moistened foam swabs to wipe around the teeth, gums and oral mucosa N.B. care must be taken that sponge is not left in patient's mouth. In between brushing teeth, moisten foam swabs with sterile water and wipe around the mouth, teeth, gums and oral mucosa.	To maintain a clean and moist mucosa.
Once mouth care has been given, apply beeswax lip salve to the lips. Renew endotracheal tapes daily or	To prevent lips from drying and cracking. To keep the lips moist. To prevent friction and pressure from

when soiled or wet, changing position of tube if possible or use an anchor fast.	the tube and tapes. To ensure patient comfort and help relieve pressure on the skin and lips.
Reposition ETT to alternate sides of the mouth at least 8 hourly and document skin integrity at the corners of the mouth in EPR.	**This must be undertaken with 2 nurses- one of which being a senior nurse.**

Intensive Care Oral Hygiene Tool

Is the mouth healthy?
(intact mucosa, clean, moist & pain free) see oral assessment tool

PREVENTATIVE MEASURES
1. Brush teeth, gums & tongue x2 daily with soft toothbrush & sterile water
2. Use foam sticks &sterile water 2-4 hourly to wipe around mouth
3. Apply Beeswax lip salve to the lips
4. Store dentures in water or cleaning fluid & change daily
5. Reposition ETT where possible & renew tape daily or when wet/soiled

Is the mouth dirty?
(Coated tongue, mucosa, teeth or oral debris evident)

Ensure that mouth care of oral mucosa, teeth, dentures & tongue is performed as per unit policy or more frequently as is necessary to improve oral condition

Is ulceration, infection or severe gum bleeding present?

Ulceration or suspected infection
1. Seek medical advice
2. Swab for C+S
3. Ensure pharmaceutical intervention prescribed as appropriate
4. Oral infections should be treated according to individual needs.

Severe bleeding
Seek medical advice
(NB: some bleeding from gums is normal when brushing)
(NB: some bleeding from gums is normal when

Is Oral candida present?

Oral candida
1. Confirm diagnosis with positive swab
2. Seek medical advice
3. For a oral candida only, commence prescription of nystatin (100,000 units/ml) 1ml x4 daily

Is the mouth dry?

Dry mouth
1. Consider & treat cause as necessary, e.g. dehydration, infection, drugs, etc.
2. Local measures, i.e. regular mouth care to moisten mouth (pink swabs with sterile water, beeswax salve to lips)
3. If all other options have been exhausted consider artificial saliva (discuss with unit pharmacist)

Is the mouth painful?

Painful mouth
1. Consider topical analgesics, e.g. Difflam (benzydamine)
2. Systemic analgesia: ensure adequate analgesia is prescribed, administer accordingly & assess pain score as per unit policy

References

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Hellyer et al. (2016) The Intensive Care Society recommended bundle of interventions for the prevention of ventilator associated pneumonia. Vol 17(3) 238-243, Journal of Intensive Care Medicine.

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MOUTH CARE AUDIT TOOL

1. **On questioning, has the assessment tool been used to assess oral status and a score been document?**

YES/NO
How frequently?

2. Has care plan been individualised?

Yes individualised
Yes, care planned but not individualised
No care planned

3. Has care been delivered according to oral hygiene tool / flow chart?

YES/NO
If yes, evidence of delivered care was established through;
Observation
Questioning
Documented evidence

4. Is there evidence of documentation of care been delivered?
YES/NO

5. Is there evidence of the condition of the mouth, documented in oral care plan?
YES/NO

6. Is there evidence of evaluation of implemented care, documented in daily progress?
YES/NO

7. Is all individual equipment readily available at the patient bedside?
N/A
Disposables
Pharmaceuticals
Microbiology

8. Tick as appropriate
Hands washed
Gloves worn
Apron worn