



Oral Care in Critical Care



To provide guidance on oral care for patients in Critical Care Aim:

Scope: All adult patients in Critical Care

ASSESS ORAL HYGEINE

- Using appropriate assessment tool¹
- Within 6 hours of admission¹
- At least 12 hourly thereafter 1

Seek advice from senior medical team, Dentists, Dental Hygienist or Oral/Maxo-facial surgeons in the case of oral surgery, trauma, post radiotherapy or chemotherapy or allergies to fluoride.

Each shift assess and document

- Condition of teeth/dentures
- Condition of gums
- Ulceration
- Oral Candida
- Saliva and halitosis
- Piercinas
- Debris
- Device related lip integrity

Standard Oral Care

- Brush teeth/dentures, gums and tongue twice daily with a soft toothbrush and toothpaste (fluoride/non foaming)¹. More often for those patients receiving 1 oxygen therapy.
- Rinse afterwards to prevent drying from excess toothpaste, then suction with a 2 soft tipped catheter
- Apply water-based moisturiser/lip balm at least every 4 hours¹ 3
- Store dentures in water or denture cleaning fluid and change daily¹

Additional Considerations

Consider, with medical advice:

- artificial saliva for dry mouth¹ (every 4 hours)
- topical analgesia for painful mouth
- topical anti-fungal liquid for oral candida
- chlorhexidine gel or liquid may be used if prescribed and in line with your local policy e.g. after cardiac surgery, intubation, patients with increased risk factors

SEDATED AND VENTILATED PATIENTS

- In addition to standard care, rinse mouth with water on a foam sponge, 2-4hrly and suction with a soft tipped catheter
- Aspirate subalottic ETT/TT suction port 4 hourly, if present
- Move position of ETT 2-4 hourly

Intubation inhibits the production of natural saliva which normally protects the oral cavity.

Please see your units full guidelines for more information











References
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