

ORAL HYGIENE

PROCEDURE FOR INTENSIVE CARE/ HIGH DEPENDENCY CARE

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Authors		Approved by	Date
J. Easo			

CONTENTS

Introduction	1
Aims	2
Procedure for Oral Hygiene	3-5
ITU Oral Hygiene Tool	6
Oral Hygiene Assessment Tool	7
Mouth Care Audit Tool	8
References	9

INTRODUCTION

Oral care is a fundamental and integral part of nursing (Department of Health 2001). It is an important component of critical care nursing, but it is often given a low priority when compared to other life preserving tasks (Jones et al. 2004). It is an important part of the overall care that every patient admitted to hospital receives and the more critically ill the patient is, the more reliant he/she is on the nurse to provide oral hygiene (Watson & Jenkins 1989).

Ventilator Associated Pneumonia (VAP) is a healthcare-associated infection which affects patients receiving mechanical ventilation and significantly contributes to morbidity and mortality (Munro et al, 2006). Oral care is a vital preventive task against VAP and not merely a comfort measure. Recent evidence indicates that aspiration of oral colonisation has been one of the common causes of VAP (Munro et al, 2006).

Dental plaque provides a reservoir for the microbes that cause VAP. Effective mouth care prevents this build up. Oral hygiene is considered an important strategy in combination with other activities, such as subglottic suctioning. Brushing teeth, gums and tongue at least twice a day, using a soft toothbrush has been found to be an effective strategy for preventing VAP (Stonecipher, 2010).

AIMS

- ❖ To maintain the patient's hygiene needs, prevent formation of dental plaque, reduce development of infection and promote patient comfort.
- ❖ Oral assessment and care will promote normal oral hygiene while preventing trauma and infection (Ashurst.1997).
- ❖ Oral care will maintain a moist, clean, intact oral mucosa, lips, tongue and gums and will eliminate oral pain and discomfort (Daeffler. 1981).
- ❖ Identify at risk patients.
- ❖ Alleviate pain and discomfort to enhance oral intake. (Mallett and Dougherty, 2000).
- ❖ To provide staff with a guideline for performing mouth care, and therefore introduce standardisation of care within the unit as well as the critical care network.

Patient Inclusion:

Oral care is indicated for all patients admitted to ITU/ HDU.

Patient Exclusion:

Patient with faciomaxillary trauma/surgery, oropharyngeal burns and patient with severe inflammation i.e. Crohns - refer to parent team for advice prior to care intervention.

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.

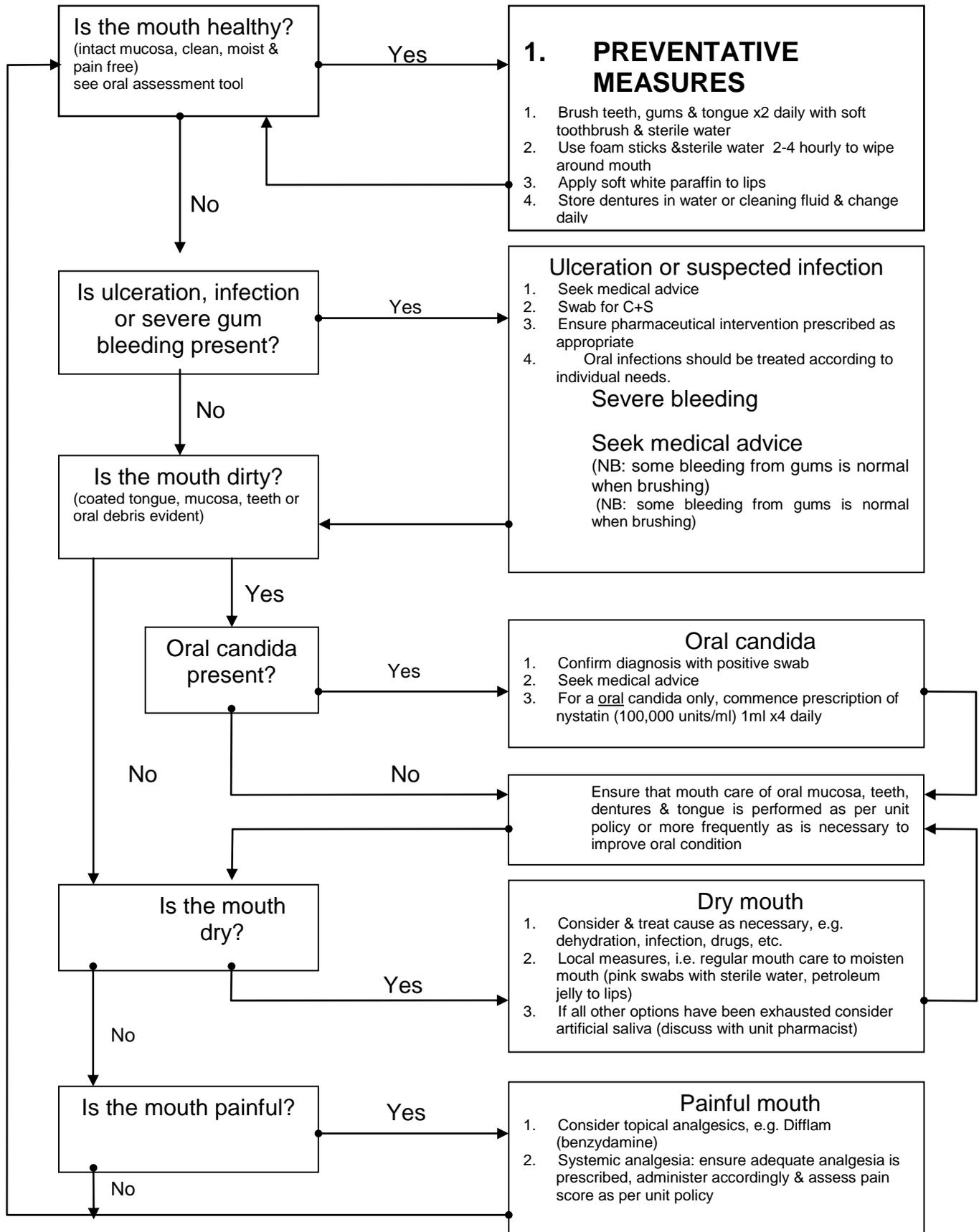
Using soft, small toothbrush sterile water +/- toothpaste.	To remove debris and plaque from oral surfaces.
Every 12 hours brush teeth, gums and tongue.	To stimulate circulation to the gums.
Use short, horizontal strokes to inhibit bacterial growth.	Prevent bacterial colonisation of dental plaque and potential development of VAP.
Oral secretions are suctioned regularly.	These are colonised with pathogens which will lead to VAP (Schleder, 1993).
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 soft paraffin to the lips of patient's own lip salve.	To prevent lips from drying and cracking. To keep the lips moist.
Renew endotracheal tapes daily or when soiled or wet, changing position of tube if possible or use an anchor fast.	To prevent friction and pressure from the tube and tapes. To ensure patient comfort and help relieve pressure on the skin and lips. Change position 2-4 hourly.
Wash hands thoroughly and discard	To prevent risk of cross infection.

apron.	
Document care implemented, in to nursing notes.	To maintain accurate records.
Evaluate effectiveness of oral hygiene.	To optimise patient's oral condition.

ACKNOWLEDGEMENT

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ITU ORAL HYGIENE TOOL



All evaluations should be documented clearly in the daily notes & handed-over verbally at the end of each shift.

Oral Hygiene Assessment Tool

- B** BLEEDING - observe gums and mucosa for bleeding, cracked areas and dryness. Coagulation status.
- R** REDNESS - check gum margins and tongue for areas of redness.
- U** ULCERATION - observe size and shape. Does it look infected or herpetic.
- S** SALIVA - is there hyper salivation, dryness of the mouth or coating.
- H** HALITOSIS - is infection or acidosis present.
- E** EXTERNAL FACTORS - e.g. ET tapes.
- D** DEBRIS - visible plaque or are foreign particles evident.

MOUTH CARE AUDIT TOOL

1. **On questioning, has the 'Brushed' assessment tool been used to assess oral status?**

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 daily progress?**

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

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