Mouth Care Guidelines

AIM: To provide guidance on the management of oral hygiene
SCOPE: All adult ICUs within Brighton and Sussex University Hospitals

1. INTRODUCTION

Effective oral hygiene practices (mouth care) are necessary to ensure the maintenance of effective oral health through the removal of bacterial plaque, dry mouth care and denture care. Good oral health is important for eating, drinking, communication, the absence of pain and infection, and paramount for dignity and comfort. Evidence suggests that poor oral health contributes to systemic diseases including cardiovascular disease, diabetes and hospital acquired pneumonia (Winning et al., 2015).

Research has shown that hospitalisation is associated with deterioration in oral health, and this in turn may lead to hospital acquired infections, poor nutritional intake, increased pain & discomfort, longer hospital stays and increased care costs (Terezakis et al., 2011).
Promoting and supporting patients with regular effective mouth care can improve patients' overall health and wellbeing (Locker et al., 2002).

2. ASSESSMENT

MOUTH CARE SCREENING TOOL

INITIAL ASSESSMENT TO BE COMPLETED WITHIN 12 HOURS OF ADMISSION TO CRITICAL CARE FOR **ALL** PATIENTS

1. Does the patient have?

	YES	NO	PROVIDED	AT HOME	N/A
Toothbrush					
Toothpaste					
Upper denture					
Lower denture					
Named denture pot					
No teeth					

IF THE PATIENT HAS DENTURES PLACE THE SUNFLOWER SIGN AT THE BEDSIDE.

EXPLAIN PROCEDURE TO THE PATIENT AND OBTAIN CONSENT

GATHER EQUIPMENT REQUIRED:

- Pen torch / light source
- Tongue depressor
- Toothbrush / suction toothbrush
- Non foaming toothpaste
- Dry mouth gel
- Yankeur sucker / soft suction wand
- Mouthease cleansing sticks
- PPE
- Working suction

FOLLOW INFECTION CONTROL GUIDELINES
WASH HANDS & PUT ON PPE

Following the daily care assessment and recording tool, complete the assessment of the following *at least once per shift*:

	LOW RISK	MEDIUM RISK	HIGH RISK
BREATHING	Self ventilating – room air	Oxygen mask	Ventilated (ETT or Tracheostomy)
LIPS	Pink & moist	Dry/cracked/difficulty opening mouth	Swollen / ulcerated
TONGUE	Pink & moist	Dry / fissured / shiny	Looks abnormal / white coating / very sore or ulcerated.
TEETH & GUMS	Clean / unbroken	Unclean / broken teeth / inflamed gums	Severe pain / facial swelling
CHEEKS / PALATE / UNDER TONGUE	Clean / healthy	Dry mouth / food debris / ulceration	Very dry / painful Widespread ulceration / looks abnormal
SALIVA	Present / thin / clear	Sticky secretions	Thick / purulent secretions.
DENTURES	Clean / comfortable	Unclean / loose	Lost / broken & unable to wear.

Medium and High risk patients require more frequent mouthcare

3. PROCESS

Recommendation (Action)	Justification (Rationale)
1. Put on PPE Hand Hygiene	Reduce risk of infection / cross contamination. Requirement of the BSUH Infection Control Policy.
2. Using a paediatric toothbrush & a pea size amount of the non foaming ultra mild toothpaste, brush the patient's teeth in a circular motion, ensuring you brush behind the teeth & along the gum line. ***This should be done at least 12 hourly.***	A paediatric toothbrush has softer bristles for Critical Care patients who may have clotting disorders / sensitive gums. A toothbrush is also the **ONLY** tool demonstrated to effectively remove dental plaque.
3. **Do not** rinse the toothpaste out from the mouth. **IMPORTANT – Some toothpastes e.g. Oralieve, contain milk proteins and are not suitable for patients with a confirmed milk allergy or those who are vegan.**	Rinsing with water straight after tooth-brushing will wash away the concentrated fluoride in the remaining toothpaste. This dilutes it and reduces its preventative effects.
4. In patients with severe gum disease or clotting disorders or following maxillo-facial surgery, the use of foam swabs to provide mouth care is appropriate.	The use of a toothbrush may exacerbate damage or bleeding.
5. Using the mouthease sticks remove any dry secretions from the palate & oral mucosa. Mouthease sticks can be used for 24 hours and are single patient use.	Dry secretions can cause discomfort for the patient and interfere with swallowing.
6. Using the suction wand, suction oral secretions	To prevent the build up of oral secretions that may contain VAP-causing pathogens.
7. Dispose of the suction wand in the clinical waste	All suction equipment is single use, as per BSUH Trust Policy.

Recommendation (Action)	Justification (Rationale)
8. For ventilated patients & those not able to eat and / or drink, provide dry mouth care with 2 – 3 hourly application of dry mouth gel to the mouth & lips (if required).	To provide comfort & reduce the risk of damage to the oral mucosa.
9. Apply a water soluble lip moisturiser (e.g. Oralieve™ moisturising mouth gel) to the lips	Orally intubated patients have difficulty re moistening their lips, resulting in dryness & cracking which provides a site for bacterial colonisation.
10. The toothbrush should be rinsed thoroughly after use and placed in a protective cover. **If your patient has oral thrush / candida the toothbrush should be replaced after each use.**	To reduce the risk of bacterial contamination.
11. Remove all PPE and dispose of in clinical waste.	
12. Wash hands thoroughly using the correct method	Reduces the risk of bacterial contamination.
13. Document actions on the CIS under the hygiene section.	
14. Report any inflammation, ulceration, pain or signs of infection to the medical team.	May need to consider increasing the frequency of oral care or additional treatment / analgesia / antibiotics.

THE USE OF ET TAPES MAY INCREASE THE RISK OF PRESSURE DAMAGE TO THE SURROUNDING SKIN.
Unless contraindicated, and ANCHORFAST ET tube holder should be applied if the patient is predicted to be ventilated for longer than 6 hours.

IF YOU HAVE ANY CONCERNS ABOUT A PATIENT'S MOUTH OR NEED FURTHER GUIDANCE, PLEASE SPEAK TO THE NURSE IN CHARGE OR THE MOUTH CARE LINK NURSE FOR CRITICAL CARE (Kate Hirsch).

4. DENTURES

- Patients with dentures require regular mouth care.
- Rinse dentures after meal times to avoid left over food debris sticking.
- Clean dentures with water & foamy soap over a bowl to reduce risk of breakage.
- Ensure dentures are kept safe whilst the patient is in hospital as they are crucial for the patient's dignity and ability to eat and drink.
- If the patient wears dentures when oral thrush is suspected, dentures must be removed and soaked in 0.2% chlorhexidine solution twice daily for 15 minutes. The patient should be advised to leave their dentures out whilst the mouth heals. Place the dentures in a named pot to keep safe.

5. REFERENCES

Brighton & Sussex University Hospitals Mouth Care for Adults Patient Policy (V1). 2017.

Hua, F., Xie, H., Worthington, H.V., Furness, S., Zhang, Q., Li, C. 2017. Oral Hygiene care for critically ill patients to prevent ventilator – associated pneumonia (Review). *Cochrane Database of Systematic Reviews.* 10. Article number: CD008367.

Locker, D., Matear, D., Stephens, M., Jokovic, A. 2002. Oral health – related quality of life of a population of medically compromised elderly people. *Community Dental Health;* 19 (2): 90 – 97.

Terezakis, E., Needleman, I., Kumar, N., Moles, D., Agudo, E. 2011. The impact of hospitalisation on oral health: a systematic review. *Journal of Clinical Periodontology;* 38 (7): 628 – 636.

Winning, L., Linden, G.J. 2015. Periodontitis and systemic disease. Nature (BDJ team); Article number 15163.

These guidelines also incorporate BSUH Trust Policies: IC002 Infection Prevention Standard Principles Policy & IC003 Hand Hygiene Policy

5. ONLINE RESOURES