



Home > Policies & Procedures > Clinical Documents > Interdisciplinary Clinical Manual > Oral Care for Inpatients

**Disclaimer:** the information contained in this document is for educational purposes only. Any PRINTED version of this document is only accurate up to the date of printing. Always refer to the Policies and Procedures Intranet site for the most current versions of documents in effect.

<b>PROCEDURE</b>	<b>Manual:</b> Clinical	<b>Section:</b> Interdisciplinary Clinical	<b>Code No.:</b> I O023	<b>Old Code No.:</b> PRO023, I O23
<b>Title:</b> Oral Care for Inpatients			<b>Original Effective Date:</b> May 01, 2008	
			<b>Review/Revised Effective Date:</b> Feb 05, 2020	
			<b>Next Review Date:</b> Feb 01, 2023	
<b>Cross Index:</b>	<b>Authoring Committee/Program/Dept:</b> Professional Practice		<b>Approved By:</b> SLT	

**Purpose:**

- To provide oral hygiene to all patients

**Responsibility:**

- Nurse
- Patient Service Partner (PSP)

**Initiate the appropriate level of oral care based on the following categories:**

1. **Basic Oral Care** for all patients without orally placed tubes (e.g. endotracheal {ETT}, oral gastric tube {OGT}) and patients with tracheostomy tubes;
2. **Advanced Oral Care** for all patients with orally placed tubes (eg intubated patients with ETT or OGT);
3. **Extensive Oral Care** for patients requiring individualized oral care based on oral cavity assessment findings as outlined below.

If oral care being performed by the PSP he/she will report any significant findings (e.g. bleeding) to the primary RN.

The Nurse will assess oral cavity for:

<b>B</b>	<b>Bleeding</b>	(Gums, mucosa, coagulation status)
<b>R</b>	<b>Redness</b>	(Gum margins, tongue)
<b>U</b>	<b>Ulceration</b>	(Size, Shape, herpetic? Infected?)
<b>S</b>	<b>Saliva</b>	(Dryness, hypersalivation)
<b>H</b>	<b>Halitosis</b>	(Character, Acidotic? Infected?)

**Equipment:**

- See specific equipment requirements listed under each category of oral care.

**Method:**

**Basic Oral Care:**

- Ensure patient is positioned upright for oral care to reduce the risk of aspiration.

## Supplies:

1. Toothbrush, preferably soft
2. Toothpaste
3. Towel
4. Cup of water
5. Kidney basin and or Yankauer suction
6. foam stick(s)

- Brush teeth q 12 hours with toothbrush.
- Oral freshening q 2-4 hours PRN with foam stick and water.
- Suction excess secretions with oral suction, if required.
- Encourage patient to wear dentures when possible and remove them during evening care.
- Brush dentures at night before soaking.
- Provide independent patients with supplies to perform self care and assist as necessary.

**Advanced Oral Care:**

## Supplies:

1. Toothbrush, preferably soft
2. Toothpaste
3. Yanker suction
4. 0.12% Chlorhexidine mouthwash - order required
5. Medicine cup
6. Foam stick(s)
7. Water soluble ointment
8. Sterile water or 1.5% hydrogen peroxide

- Brush teeth q 12 hours with a soft toothbrush.
- Chlorhexidine 0.12% mouth rinses bid.
  - Pour 15 mL of chlorhexidine 0.12% into medicine cup.
  - Soak foam stick in chlorhexidine 0.12% until saturated.
  - Rub soaked foam stick along buccal, gingival, tongue and teeth surfaces in a circular motion.
  - Avoid any other oral agents 30 mins after chlorhexidine 0.12% mouth rinse.
  - Do not use nystatin 2 hours before or after the use of chlorhexidine solution.
- Mouth freshening q 2-4 h and PRN with either:
  - Foam stick and cup of sterile water.
  - Foam stick and 1.5% hydrogen peroxide
- Lubrication of lips and oral mucosa every 2-4 hours with a water soluble ointment (do not use petroleum based ointment due its flammable properties).
- Do not use nystatin 2 hours before or after the use of chlorhexidine solution.

**Extensive Oral Care:** (Individualized based on assessment, diagnosis or physician orders)

- **Dry mucosa/tongue:** Artificial saliva replacement.
- **Excessive bleeding:** gentle mouth rinses with foam stick and water every hour and PRN
- Assess for pain, ulceration, infection or bleeding gums.
- Document oral care and any significant findings (e.g. bleeding or ulceration) in the patient's electronic chart
- Notify MRP (most responsible physician) of any significant findings e.g bleeding or ulceration

**Special Considerations:**

N/A

**References:**

- AACN (2016) Procedure Manual High Acuity, Progressive, and Critical Care
- Berry et al (2007) *Systematic Review of Oral Hygiene Practices for Intensive Care Patients receiving Mechanical Ventilation*, AJCC, 16; 6, 553-562
- Abidia, R. (2007) *Oral Care on the Intensive Care Unit: A review*. J Contemp Dent Pract 2007, January; (8)1, 76-82
- Chlebicki, M P and N Safdar. (2007) *Topical chlorhexidine for prevention of ventilator-associated pneumonia: A meta-analysis*. Crit Care Med 2007 vol. 35, no. 2 pp 595-602

Copyright ©1997 - 2021 Southlake Regional Health Centre