

BPG 09: Oral Care

These recommendations are bound by the current evidence and best practice at the time of writing and so will be subject to change as further developments are made in this field.

Statement of Best Practice

Individual patients' oral hygiene needs are met to achieve optimum comfort and function.

1: 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

2: 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-spasmodics can all alter oral flora, pH or salivary gland activity. Antibiotics will also increase the risk of developing candida or herpes.
- **Intubation** – this can cause a dry mouth, inflammation of the mucous membranes, impaired access for oral care and the development of oral lesions from pressure.

3: 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 12 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
- Routine use of oral chlorhexidine gluconate (0.12%) is not recommended in the general population. (Use of oral chlorhexidine gluconate (0.12%) rinse is recommended patients undergoing cardiac surgery) ⁴

References

- 1: 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.
- 2: Berry et al. (2011) **Consensus based clinical guideline for oral hygiene in the critically ill**. Vol 27, (180-185) Intensive and Critical Care Nursing.

3: Khezri et al. (2014) The Importance of Oral Hygiene in Prevention of Ventilator-Associated Pneumonia (VAP): A Literature Review. Vol 7 Issue 1, International Journal of Caring Sciences

4: Guidelines for the Provision of Intensive Care Services, 2015, The Faculty of Intensive Care Medicine / The Intensive Care Society

Appendix 1

NSECH - Oral assessment tool

Category	Score 1	Score 2	Score 3
LIPS	Smooth, pink and moist	Cracked, dry and may bleed	Ulcerated sores, oedematous, bleed easily
TONGUE	Normal texture, red/pink, moist, papillae	Slightly coated, dry smooth	Coated with shiny appearance, very dry, ulcerated blisters. Cracking with or without redness
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 mucousy	Absent
BREATH	Pleasant or odourless	Slightly offensive	Extremely offensive
AIRWAY BREATHING	Normal, humidified oxygen, nasal cannula	Oral or nasally intubated, oral or nasal airway insitu	Dry oxygen, open mouth breathing
NUTRITION / HYDRATION	Normal diet and fluid by mouth	Oral fluids only, IV fluids, TPN, NG feeding	Nil orally, anorexia

Score	Action
0-8	Brush Teeth twice a day
9-15	Brush Teeth twice a day, identify specific problem area
16-24	Seek medical / dental advice

Appendix 2

Beck Oral Assessment Score (BOAS) Modified

Area	Score 1	Score 2	Score 3	Score 3
LIPS	Smooth, pink, moist and intact	Slightly dry and red	Dry swollen isolated blisters	Oedematous, inflamed blisters
GINGIVA & ORAL MUCOSA	Smooth, pink, moist and intact	Pale, dry, isolated lesions	Swollen red	Very dry and oedematous, inflamed
TONGUE	Smooth, pink, moist and intact	Dry, prominent papillae	Dry, swollen, tip and papillae are red with lesions	Very dry and oedematous, engorged coating
TEETH / DENTURES	Clean no debris	Minimal debris	Moderate debris	Covered with debris
SALIVA	Thin, watery plentiful	Increased in amount	Scanty and somewhat thicker	Thick and ropery, viscid or mucid

N.B. Provide moisture care more often than oral care

Score	Assessment frequency	Care
0-5	Once a day	Perform oral care twice a day
6-10	12 hourly	Moisten lips / mouth every 4 hrs. Perform oral care twice a day
11-15	6 hourly	Use an ultra-soft toothbrush, moisten lips 2 hourly
16-20	4 hourly	Use an ultra-soft toothbrush, moisten lips 1-2 hourly

	Date						
Checklist							
Voice							
Normal							
Deep/raspy/hoarse							
Difficult/painful speech							
Swallow							
Normal							
Painful							
Unable to swallow							
Tongue							
Pink, papillae present, moist							
Coated							
Blistered and cracked							
Saliva							
Watery							
Thick or ropery							
Absent							
Mucous Membranes							
Pink and moist							
Reddened / coated							
Ulcerated / bleeding							
Section 1 total							

	Date						
Checklist							
Voice							
Normal							
Deep/raspy/hoarse							
Difficult/painful speech							
Swallow							
Normal							
Painful							
Unable to swallow							
Tongue							
Pink, papillae present, moist							
Coated							
Blistered and cracked							
Saliva							
Watery							
Thick or ropery							
Absent							
Mucous Membranes							
Pink and moist							
Reddened / coated							
Ulcerated / bleeding							
Section 1 total							

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