

Oral Hygiene

Statement of Best Practice

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

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 suggested as an important factor in the prevention of ventilator associated pneumonia (VAP).

Risk Factors for patients in Critical Care

- **Patient condition** – patients who are anaemic, diabetic, immuno-compromised are all at increased risk of developing oral problems.
- **Drugs** –Antidepressants, antibiotics, steroids, antihistamines, antispasmodics can alter oral flora, pH or salivary gland activity. Antibiotics will also increase the risk of developing candida or herpes.
- **Intubation** – this can cause dry mouth, inflammation of the mucous membranes, impaired access for oral care and the development of oral lesions from pressure.

Assessment Guide

- A standard tool is used to perform a comprehensive assessment of the patients' mouth (lips, oral tissue, tongue, teeth, and saliva). This is performed by an appropriately trained staff member.
- Patients' should be assessed daily and within 24 hours of admission to the critical care unit.

Recommendations

- All patients should have Chlorhexidine (0.12 - 2%) solution prescribed and treatment should be four times a day.
- Chlorhexidine gel is applied to the oropharynx four times a day.
- Teeth, tongue and gums should be brushed using a soft toothbrush to remove dental plaque twice a day.
- Water based lubrication should be applied to the lips.
- Use of subglottic tubes in the ventilated patient to decrease the risk of VAP.
- Record all assessments and oral care according to local trust documentation.
- Use of an Oral assessment tool may be beneficial as part of the assessment (Appendix 1)

N.B. Toothpaste interacts with Chlorhexidine rendering it ineffective and that a separation of 2 hours between the use of tooth brushing and Chlorhexidine rinse is recommended.

Education and Training

- All staff performing in oral hygiene should have received the appropriate training and be able to demonstrate competence in accordance with local trust policies.

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Oral Hygiene – Critical Care Network North West London

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Appendix 1

Examples of Oral Assessment Tools From Northumbria Healthcare NHS FT

Category	Score1	Score2	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
Salvia	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 0-8 Brush Teeth twice a day

Score 9-15 Brush teeth twice a day, identify specific problem area

Score 16-24 Seek medical/dental advice

Beck Oral Assessment Score (BOAS) Modified from Beck

Area	Score1	Score2	Score 3	Score 4
Lips	Smooth, pink, moist and intact	Slightly dry, and red	Dry, swollen isolated blisters	Oedematous, inflamed blisters
Gingiva and 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	Clean no debris	Minimal debris	Moderate debris	Covered with debris
Salvia	Thin, watery plentiful	Increased in amount	Scanty and somewhat thicker	Thick and ropy, viscid or mucid
Total Score	No dysfunction	Mild dysfunction	Moderate dysfunction	Severe dysfunction
<i>N.B. Provide moisture more often than oral care</i>	<i>Minimum care every 12h</i>	<i>Minimum care every 8-12h</i>	<i>Minimum care every 8h</i>	<i>Minimum care every 4h</i>

Interpretation of total score:

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- BOAS 0-5 Perform an oral assessment once a day. Perform oral care twice a day.
- BOAS 6-10 Perform an oral assessment twice a day. Moisten lips/mouth every 4 hours. Perform oral care twice a day.
- BOAS 11-15 Perform oral assessment every shift (8-12 hours). Use an ultra-soft toothbrush, moisten lips 2 hours.
- BOAS 16-20 Perform oral assessment every 4 hours. If an ultra-soft toothbrush is not possible use a gauze wrapped finger, moisten lips 1-2h hours.