B S D H

UNLOCKING BARRIERS TO CARE

Guidelines for the Development of Local Standards of Oral Health Care for Dependent, Dysphagic, Critically and Terminally Ill Patients

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Revised January, 2000

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Registered Charity No: 1044867

GUIDELINES FOR DEVELOPMENT OF LOCAL STANDARDS FOR DEPENDENT, DYSPHAGIC, CRITICALLY AND TERMINALLY ILL PATIENTS

INTRODUCTION

Patients in intensive care units may be more vulnerable to oral disease and discomfort than the general population. Mouthcare is of great importance for patients who are critically ill and/or who are reliant on nursing staff for oral hygiene[1].

It is essential that oral health and comfort is maintained and promoted for patients with percutaneous endoscopic gastrostomy (PEG) and nasogastric feeding. These patients will have special problems as the oral tissues are more prone to disease and discomfort than those who receive their nutrition orally[2]. The effects of nasal oxygen, mouth-breathing, intermittent suction of the airway, continually open mouth as in intubated patients and restriction of oral food and fluid will lead to xerostomia. Oral health may be further compromised by the fact that many ITU patients are therapeutically dehydrated to maximise respiratory, renal and cardiac function[3,4].

ASSESSMENT

Oral assessment on admission by trained staff using agreed criteria is recommended[5]. Nurses are ideally placed to ensure thorough and regular assessment and early identification of problems amenable to nursing, medical or dental intervention[6]. This should take place as soon as possible to provide information about the type of oral care required[7] (Appendix 1).

ORAL CARE PLAN

Mouth care is an essential part of overall patient care. An oral care plan appropriate to individual needs should be developed for each patient. Factors such as general health, medical condition and prognosis, medication and therapeutics as well as previous standard of oral hygiene and oral care skills should be taken into account. Whenever possible there should be cooperation and participation of patients, carers and/or relatives in drawing up a care plan.

ORAL HYGIENE NEEDS

Assessment and care planning will help identify individual needs to maintain a good standard of oral hygiene. Nurses and care staff should be trained in the knowledge and skills required to preserve and maintain oral health[6,8]. Written advice kept at the bedside is essential for reference (Appendix 2). Frequency of oral care may need to be increased when the patient has acute xerostomia[4]. A toothbrush is not usually the nurse's first choice of oral hygiene tool[9,10]. However a small soft toothbrush is the most effective tool[11,12]. Foam sticks should only be used when other techniques are not appropriate[11]. When brushing is not possible, mucosa and tongue may be cleaned by swabbing with a gloved finger wrapped in gauze[13]. The patients' ability to swallow will affect the management of oral care. An aspirating toothbrush can be used in severely dysphagic patients[2,8].

All necessary oral and denture hygiene aids should be easily available. Relatives or carers can be involved in supplying these if considered appropriate. Hospital shops should stock recommended and approved toothbrushes, toothpaste, denture cleaners and mouthwashes[5].

DENTAL SERVICES

Access to specialist services is essential for advice, support with individual care and treatment when necessary. All staff should be aware of available dental services and how to contact them.

EVALUATION

The effectiveness of oral care should be evaluated after an interval appropriate to the patient's individual needs. The oral care plan can then be revised, if necessary, on the basis of evaluation.

TRAINING

Staff should be trained in basic oral assessment, the provision of oral care and criteria for the need to refer to a dental service. Regular appraisal and further training should be provided when required.

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Appendix 1

ORAL CARE PROCEDURE

ORAL ASSESSMENT ON ADMISSION

ARE THERE ANY ABNORMALITIES
e.g. colour of mouth, texture of soft tissue, lesions, bleeding

YES - Refer for further examination

NO - Move on to next stage

IS THE PATIENT INTUBATED?

IS THE PATIENT INTUBATED?

YES- Reposition tube frequently
and ensure secure before
proceeding with oral care

NO - Move on to next stage

DOES THE PATIENT HAVE HIS OWN TEETH?

DOES THE PATIENT HAVE HIS OWN TEETH?

YES
Place patient in appropriate position
Cover patient
Lubricate lips (petroleum jelly)

Retract lips/tongue with gauze
Brush all surfaces of the teeth with
a fluoride toothpaste/chlorhexidene gel

Rinse with water (10ml syringe)
Aspirate using Jenker

Clean patient's face
Lubricate lips

NO
Patient's mouth still requires oral care
Place patient in appropriate position
Cover patient

Lubricate lips
Retract lips-tongue with gauze
Gently brush palate and soft tissue

If not possible, use a gauzed finger
soaked in chlorhexidine gel
Rinse with water (10ml syringe)

Aspirate with Jenker
Clean patient's face
Lubricate lips

DOES THE PATIENT HAVE DENTURES?

DOES THE PATIENT HAVE DENTURES?

YES
Always store dentures in cold water as hot will distort them
Clean dentures over a basin of water to prevent breakage
Clean with unperfumed, household soap and a denture/nail brush

Rinse well before replacing
Clean after each meal
Over-use of denture cleaners will bleach/discolour dentures

NO
Continue with oral care, as above, every hours

Appendix 2

Summary of oral care for the dependent patient

Prepare appropriate oral hygiene materials
Place the patient in a sitting or semi-fowler's position to protect the airway
Protect clothing
Remove dentures or other removable appliances

- **Dentate patient**

If necessary insert a mouth prop to gain access
Floss interproximal surfaces of teeth, taking care not to traumatise gingivae
Brush all surfaces using Fluoride toothpaste or Chlorhexidine gel
Rinse or aspirate to remove saliva and toothpaste

- **Dentate and edentulous patients**

Gently retract cheeks and brush inside surfaces with soft, gentle strokes
Using gauze to hold the tongue, gently pull the tongue forward and brush surface gently from rear to front
Gently brush palate
Towel or swab mouth if toothbrushing is not possible
Aspirate throughout procedures if airway is at risk

- **Dentures and removable appliances**

Brush vigorously with unperfumed household soap
Pay particular attention to clasps
Rinse well in cold water
Saliva substitute may be required before replacing denture in the mouth

- **Intubated patients**

Reposition tube frequently to prevent lip soreness
Ensure tube is secure before proceeding with oral care
Proceed with oral care as appropriate.

Reproduced from Griffiths and Boyle, 1993 [8]