

## Mouth Care Procedure For All Hospitalized Patients **SAMPLE**

Steps	Rationale	Special Considerations
1. Wash hands and put on examination gloves.	Decreases transmission of microorganisms and body secretions; standard precautions.	Use non-latex (e.g., nitrile exam gloves) if patient is allergic to latex.
2. Explain to the patient that his/her mouth will be cleaned with toothpaste and mouthwash and then a water soluble moisturizer will be applied to the lips.		
3. Assist the patient to a sitting position in bed, if health permits. If not, assist the patient to a side-lying position with the head on a pillow so that he/she can spit out the rinse water.	Minimizes potential for aspiration of oral secretions.	Have oral suctioning equipment available to remove secretions if patient is unable to expectorate.
4. If an airway (i.e. bite block) is present, remove, clean and replace it after mouth care is completed.		The bite block may be a barrier to providing good oral care.
5. If the patient is unresponsive and/or has clenched the mouth shut, use a mouth prop to gently open the mouth.		
6. Perform oral hygiene, using pediatric or adult (soft) toothbrush, at least twice a day. Gently brush patient's teeth to clean and remove plaque from teeth. Hold the brush against the teeth with the bristles at a 45 degree angle. Move the bristles back and forth using a vibrating or jiggling motion, from the gums to the crowns of the teeth.  Clean the biting surfaces by moving the brush back and forth over them in short strokes. If the tongue is coated, brush it gently (to prevent gagging or vomiting) with the toothbrush.	Good oral hygiene reduces oropharyngeal colonization, which is associated with ventilator-associated pneumonia.  The soft bristles reduce potential for trauma and bleeding and remove plaque without disturbing oral tubes.	When tooth brushing is not possible, a foam stick soaked in an antiseptic oral rinse may be effective in reducing oral bacteria, but the foam stick is not effective in removing dental plaque.  0.12% chlorhexidine oral solution is efficient against gram-positive and gram-negative bacteria as well as fungi and yeasts. Chlorhexidine has a persistent bacteriostatic action lasting in excess of 12 hours.
7. Rinse the toothpaste from the patient's mouth with an alcohol-free mouth rinse using an irrigation syringe or swab and suction as needed.	Alcohol-free and antibacterial products enhance the mechanical effects of oral care without drying mucous membranes.	



**Kimberly-Clark**

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<p>8. Apply water-soluble oral moisturizing gel to a gloved finger and gently massage into the lips and mucosal membranes of the patient's mouth.</p>	<p>Reduces tissue drying.</p>	<p>Lemon glycerin swabs are not recommended for oral care as they have a drying effect on the oral mucosa.</p>
<p>9. Document assessment of the teeth, tongue, gums and oral mucosa. Include any problems such as sores or inflammation and swelling of the gums.</p>	<p>Identify problem areas that may require specific interventions.</p>	<p><b>MUCOUS MEMBRANES INTERVENTIONS</b></p> <p>0. Healthy Mouth- Follow standard mouth care protocol.</p> <p>1. Mild-Moderate Mucositis – Continue standard mouth care protocol, increasing tooth brushing to following meals and at bedtime.</p> <p>Use the chlorhexidine mouthwash twice daily, if able to tolerate. Introduce saline rinses 4 times daily. Continue anti-fungal agents, if prescribed.</p> <p>2. Severe Mucositis – Continue standard mouth care protocol. Use the chlorhexidine mouthwash twice daily, if able to tolerate. Introduce saline rinses 1-2 hrly. Continue anti-fungal agents, if prescribed. IV fluids/ parenteral support may be required.</p> <p><b>LIPS/CORNERS OF MOUTH</b> Observe for herpes simplex and refer to Dr.</p> <p><b>CANDIDA/INFECTION</b> Observe for white patches or creamy white areas. These could be an indication of infection or thrush. Observe for any signs of halitosis. Refer to Doctor.</p> <p><b>TONGUE Coated</b> Advise patient to brush tongue, if not sore, from back to front using a soft toothbrush 4 times daily.</p> <p><b>TONGUE Blistered/Cracked</b> Increase fluid intake, particularly water. Initiate mouth care protocol for severe mucositis.</p> <p><b>DRY MOUTH</b> Increase fluid intake. Drink plenty of water, particularly while eating. Consider use of crushed ice, artificial saliva and sugar free chewing gum or ice pops.</p> <p><b>TEETH/DENTURES</b> Ensure any patients with loose teeth, ill fitting dentures or caries are referred to Dental Dept. Remove dentures overnight and soak in water or patient's usual solution.</p> <p><b>SWALLOW/CHEWING</b> Consider nutritional impact. Refer to dietitian.</p>