

PROTOCOL

TITLE: Oral Care Maintenance

PURPOSE: To promote oral care maintenance and prevention of infections related to bacterial colonization of the oropharyngeal area in the acute care setting.

LEVEL: Dependent _____ Independent x Interdependent _____

- SUPPORTIVE DATA:**
1. Colonization of bacteria within the oropharynx has been associated with systemic disease such as cardiovascular disease and ventilator associated pneumonia.
 2. Colonization in the oropharynx is promoted in the hospital environment by nasogastric tubes (NGT), endotracheal (ET) tubes and administration of antibiotics.
 3. Factors that increase risk of oropharyngeal and gastric colonization include the elderly, altered level of consciousness, critical illness, malnutrition, shock, trauma, smoking and dental plaque.
 4. Oral hygiene has been proven to help reduce healthcare-associated pneumonias including ventilator associated pneumonia and aspiration pneumonia.
 5. Clinical conditions that contribute to the risk of bacterial colonization include hypotension, acidosis, azotemia, alcoholism, and diabetes.
 6. Frequent oral care benefits mouth breathers, patients using O₂, those unable to eat or drink, patients with an NGT, ET tube, trauma and/or surgery of the mouth.
 7. CDC Guideline for Preventing Health Care associated Pneumonia:
 - To reduce the incidences of pneumonia and other severe, acute lower respiratory tract infections in acute care hospitals, other health care settings and other facilities where health care is provided.
 - For prevention of oropharyngeal colonization- develop and implement a comprehensive oral hygiene program for patients in acute care setting; Oropharyngeal cleaning and decontamination with an antiseptic agent.

CONTENT: A) Assessment B) Monitoring C) Infection Control Principles D) Procedure E) Reportables F) Documentation

A. ASSESSMENT

Assess the patient every 8 hours for the following

- a. Inspect the integrity of the lips, teeth, buccal mucous, gums and tongue.
- b. Identify common oral problems such as inflammation or bleeding gums, bad breath, cracking of the lips and inflammation of the mouth.
- c. Assess for nasal drainage and excess oral secretions.
- d. Assess patient for risk of oral hygiene problems such as:
 - Intubation
 - Dehydration
 - Inability to take fluids or food by mouth, NPO
 - Presence of nasogastric or oxygen tubes
 - Mouth breathers
 - Oral surgery or trauma to mouth
 - Aging
 - Diabetes Mellitus
- e. Assess patient ability to complete oral hygiene and level of assistance required.

B. MONITORING

Monitor the patient every four (4) hours for:

- a. Pressure areas on nares, corner of mouth or tongue.
- b. Changes in patients conditions that puts them at risk for oral hygiene problems
- c. Head of the bed remain elevated unless contraindicated.
- d. Changes in amount type and color of secretions

**C. INFECTION
CONTROL
PRINCIPLES**

1. To decrease transmission of microorganisms and body secretions, perform hand hygiene before and after oral hygiene maintenance.
2. Good oral hygiene reduces oropharyngeal colonization.
3. Brushing patient's teeth cleans and removes plaque from teeth. Foam swabs are effective in stimulating mucosal tissue but not in plaque removal.

D. INTERVENTIONS

I. Intubated Patient

1. All Intubated patients will have oral care provided q 4 hours using the 24-hour Qcare suction system.
 2. Suction - functional set up
 3. Place patient in semi fowlers position unless contraindicated or place patient's head to the side if laying flat.
 4. At the start of the day shift, a new 24 hour suction system is set up. (0800) If the patient is admitted in the evening, start a new system at 2000.
 5. 0800- Suction secretions from the oropharyngeal areas above the vocal cords.
 6. Brush teeth, exert gentle pressure while moving in short horizontal or circular strokes
Suction as needed using the thumb port on the toothbrush.
 7. Use the sponge side of the toothbrush; gently brush the surface of the tongue.
 8. After suctioning and teeth are brushed, apply mouth moisturizer to the applicator swab. Apply to inside of mouth and lips.
 9. Repeat this procedure at 2000.
 10. Suction patient's oral cavity using the covered yankeur.
 11. Swab oral cavity to clean mouth, suction as needed using the thumb port of the swab.
 12. After swabbing and suctioning the oral cavity, apply mouth moisturizer to the applicator swab. Apply to inside of mouth and lips.
 13. Repeat this procedure at 1600, 0000 and 0400
 14. Oral Care Maintenance for the mechanically ventilated patient will be completed by the RN or Respiratory Therapist.
- To remove oropharyngeal secretion that can migrate down the tube and settle above the cuff. Intermittent deep oral cleansing as part of a comprehensive oral care program has been shown to reduce VAP. Removes dental plaque, debris and secretions.
- Soothes and moisturizers lips and oral tissue with vitamin E and coconut oil.
- Oral care given every 2-4 hours seems to show a greater improvement in oral care. If not done, previous benefits are thought to be lost.

II. Independent patient

- A. Assessment, monitoring and infection control principles remain the same.
B. Interventions
- Twice a day perform oral care.
 - Patient who can provide their own oral care are to be instructed to brush their teeth twice a day and pm.
 - If patient doesn't have teeth, use foam swabs with antiseptic.
 - Oral care can be provided using swabs and mouth moisturizer as needed in between brushing times.

III. Dependent patients who are able to expectorate.

- A. Assessment, monitoring and infection control principles remain the same.
B. Interventions
- Twice a day perform oral care using a tooth brush if patient has teeth permanent or temporary.
 - Instruct the patient that staff will be assisting them to complete their oral care.
 - Patient must be able to follow directions and expectorate.
 - If patient doesn't have teeth, use foam swabs with antiseptic.
 - Oral care can be provided using swabs and mouth moisturizer as needed in between brushing times.

IV. Dependent patients who cannot expectorate
(i.e. unresponsive patients, some stroke patients, altered LOC)

- A. Assessment, monitoring and infection control principles remain the same.
B. Interventions
- Twice a day perform oral care using a tooth brush if patient has permanent teeth or temporary.
 - Instruct the patient that staff will be assisting them to complete their oral care.
 - Set up functional suction and follow the steps for the intubated patient for 0800 and 2000 interventions.
 - If patient doesn't have teeth, use foam swabs with antiseptic.
 - Oral care can be provided using swabs and mouth moisturizer as needed in between brushing times.

V. Chemotherapy or Radiation therapy

- A. Assessment, monitoring and infection control principles remain the same. In addition examine entire mouth for redness, bleeding or white patches, record and report to physician.
B. Interventions
- Clean teeth with very soft toothbrush and toothpaste 4 times a day, after each meal and before bed
 - Rinse mouth thoroughly
 - If mouthwash is used, it needs to be an alcohol free product
 - If patient does not have teeth, follow same interventions using foam swabs and cleansing oral cavity/gums.
 - Keep lips moist with water soluble lubricant, mouth moisturizer.

E. REPORTABLES

1. Inability to suction patient.
2. Changes in quantity or characteristics of secretions or any new drainage from nasal/oral cavity.
3. Breakdown of lip, tongue or oral cavity
4. Presence of mouth sores

F. PATIENT/FAMILY EDUCATION

1. Educate patient and/or family about the importance of oral care to assist in the prevention of infections.
2. Document patient /family education in the Interdisciplinary Teaching Record.

G. DOCUMENTATION

1. Checking off oral care is completed with "S" for self on the nurses notes indicates that the patient has completed oral care themselves without assistance, they are independent.
2. Checking off oral care is completed without an explanation, indicated the protocol was used and oral care performed by the nurse. (suctioning, brushing and/or swabbing, moisturizer)
3. Respiratory Therapist will document completion of oral care in the progress notes.
4. In addition to oral care maintenance the following is also documented when appropriate:
 - Secretion amount, type and color
 - Presence of nasal drainage
 - Repositioning of the endotracheal tube
 - Condition of lips, mouth or tongue is abnormal

REFERENCES:

- Center for Disease Control and Prevention Guidelines for Preventing Health Care Associate Pneumonia, 2003 Recommendations of CDC and Heathcare Infection Control Practice Advisory Committee. MMWR 2004;53 (no. RR-3): 8-9
<http://www.cdc.gov/mmwr>
- Grap, M., Munro, C. (1997) "Ventilator -associated pneumonia: Clinical significance and implications for nursing", *Heart and Lung* Volume 26, No.6 page 419-429.
- Lynn-McHale Wiegand, D., Carlson, K. (2005). AACN Procedure Manual for Critical Care 5th Edition. Elsevier Saunders. Chapter 4. ISBN: 0-7216-0452-8
- Priefer, L., Orser, L., Gefen C. "Preventing Ventilator -Associated Pneumonia, What all nurses should know" *AJN Vol 101 No. 8* (August 2001)
- Perry, A., Potter, P. (2006) *Clinical Nursing Skills and Techniques* 6th Edition. Elsevier Mosby. Chapter 14
- Schleder, B. Stott, K. "The Effect of a comprehensive oral care protocol on patients at risk for ventilator- associated pneumonia", *Journal of Advocate Health Care Volume 4 No.1* (2002)
- Vollman, K., Garcia, R., AACN News 2005 August 22 (8): 12-6
- Watando, A., Ebihara, S., "Daily Oral Care and Cough Reflex Sensitivity in Elderly Nursing Home Patients". *Clinical Investigations, Chest* October 2004.
- Chemotherapy Source Book 4th edition Ed. Perry, Lippincott 2007
Standards of Oncology Nursing Practice 2006
Chemotherapy and Biotherapy Guidelines-ONS 2nd edition 2005