PURPOSE

To describe the purpose of oral care and a process for performing oral care for intubated and non-intubated patients. Oral Health has been identified as one of five key elements by the Institute for Healthcare Improvement (IHI) to help prevent ventilator associated pneumonia.

These five prevention activities include
- Maintaining the Head of the Bed at 30-45 degree angle
- Daily sedation interruption and daily assessment of the readiness to extubate
- Peptic Ulcer Disease (PUD) Prophylaxis
- Deep Vein Thrombosis (DVT) Prophylaxis
- Daily Oral Care

PROCEDURE

ASSESSMENT

1. The oral cavity is assessed initially and (at a minimum) every 8 hours by the Registered Nurse to document changes in the patient’s oral health in the medical record.
   1.1 Unconscious or intubated patients are provided oral care every 2-4 hours and prn.
   1.2 Intubated patients will be assessed to determine the need for removal of oropharyngeal secretions as well as prior to repositioning of the endotracheal tube or deflation of the endotracheal cuff.

2. Perform hand hygiene prior to starting the oral care procedure.

3. Don clean, non-sterile gloves; wear a mask with eye shield or goggles to protect from splash or spray.

4. Complete an oral care assessment include – lips, teeth, tongue, buccal wall, pharynx.

(Continued on back)
SUCTIONING and POSITIONING
5. Set up suction equipment and either the 2 hour or 4 hour Oral Care Kit with CHG.
   5.1 Label oral care kit with patient’s name, start date, and time.

6. Position patient’s head to the side or place in semi-fowlers position, maintaining the head of the bed
   30-40 degrees, unless medically contraindicated.
   Note: In patients with altered levels of consciousness, use a bite-block, Berman airway, etc. to avoid being bitten as a result of a Tonic Bite Reflex

7. Provide suctioning of oral secretions using the yankauer as needed.
   7.1 Intubated patients may require more frequent removal of subglottic secretions with the 14 Fr oropharyngeal catheter, as these secretions can migrate down the endotracheal tube and settle on top of the endotracheal cuff.
   7.2 Clean yankauer with sterile saline between use and cover with sheath to keep clean.

   All other oral care kit equipment is single use and disposable.

BRUSHING and APPLICATION of ORAL ANTISEPTIC
Apply Chlorhexidine Gluconate (CHG) 0.12% oral rinse per physician or standing order.
8. Brush teeth and gums for approximately 1-2 minutes using a suction toothbrush with 0.12% CHG oral rinse.
   8.1 Open the CHG bottle and pour the 0.12% CHG oral rinse into the plastic reservoir.
   8.2 With the suction off, moisten the suction toothbrush with the 0.12% CHG oral rinse
   8.3 Turn the suction on and brush the teeth and gums with gentle pressure while moving in short horizontal or circular strokes.
   8.4 Gently brush the teeth and the surface of the tongue for approximately 1-2 minutes.
   8.5 Use the suction swab to clean the teeth and tongue if brushing causes discomfort or bleeding.
   8.6 Moisten the oral suction swab with the 0.12% CHG oral rinse, hold the suction swab parallel to the gum line, applying gentle mechanical action for approximately 1-2 minutes. Turn the swab in a clockwise rotation to remove mucus and debris.
   8.7 Moisten the plain swab with 0.12% CHG oral rinse and evenly coat each tooth, the tongue, and palate. This may potentially help reduce bacterial colonization of the oral cavity.
   8.8 Use CHG every 12 hours. Do not use any other oral care product within one (1) hour of CHG application.

9. Apply Biotene Oral Balance mouth moisturizer inside mouth at the intervals you are not using Chlorhexidine Gluconate 0.12% oral rinse, as antiseptics can be drying to the oral mucosa.

10. Apply lip balm if needed.