

Oral Care

Purpose: To provide guidelines for the critical care nurse/cardiopulmonary therapist in providing effective oral care for the critically ill patient.

To aid in the prevention of ventilator associated pneumonia.

I. Expected Practice:

- A. Ventilated patients shall have routine oral care preformed at least every 8 hours.
- B. Ventilated patients at high risk for ventilated associated pneumonia shall have oral care performed every 4 hours. See definition for high risk patients.
- C. Assessment of the endotracheal tape job will be done every 12 hours by the respiratory therapist.
- D. The endotracheal tube shall be re-taped according to cardiopulmonary policy.
- E. The healthcare team will initiate a nutritional consult upon admit and assess for initiation of enteral nutrition.
- F. The use of undiluted sodium bicarbonate, hydrogen peroxide and lemon glycerin swabs shall be avoided.

II. Guidelines:

Routine Oral Care

Routine oral care shall be done on all intubated patients.

- 1. The critical care nurse shall initiate oral care on a routine bases on all patients who are intubated.
- 2. The physician shall place order on chart if special considerations are to be made.
- 3. Teeth shall be brushed at least every 12 hours with preferably a small headed soft toothbrush or foam stick.
 - a. Patients with low platelet counts, DIC or coagulopathies shall have teeth cleaned with soft foam sticks.
 - b. With extreme coagulopathies the nurse/therapist may forgo oral care during the acute phase of bleeding. Documentation of reasoning shall be done.
- 4. Oral moistening shall be done every 8 hours with moisturizer or saline.
- 5. Lip Care shall be done every 8 hours with soft moist cloth and placement of a moisturizer.
- 6. The yaunker oral suctioning device shall be changed every 24 hours.
- 7. Assessment of the endotracheal tape job will be done every 12 hours by the respiratory therapist.

High Risk Patients

High risk patients are defined as that group of patients who have developed an increased number of VAP via infection control surveillance or deemed high risk by the nurse or physician. Unit managers provide monthly infection control surveillance to staff during staff meetings.

1. Oral care shall be provided every 4 hours using the Toothette Oral Care Kit.
2. A 24 hour Oral Care Kit shall be placed at the bedside at the start of the day.

MD/RN

Assess the patient for risk of acquiring ventilator associated pneumonia.

RN/Cardiopulmonary Therapist

1. Assess the oral cavity and endotracheal tube at least every shift and document findings.
2. Complete oral care routine at least every 8 hours for routine oral care and every 4 hours for high risk care.
 - a. Wash hands
 - b. Don gloves
 - c. Suction oral cavity
 - d. Rinse oral cavity with moisturizer/saline
 - e. Suction oral cavity
 - f. Wipe mouth with moist cloth
 - g. Place lip moisturizer
 - h. Use oral care kit per instructions on Kit.
 - i. Remove gloves
 - j. Wash hands
 - k. Document procedure
3. Complete tooth brushing with small headed soft toothbrush/foam stick and cleanser at least every 12 hours.
4. Assist cardiopulmonary with re-taping as needed.
5. Enter nutritional consult once patient is intubated in hospital ordering system.

Resources:

1. AACN Practice Alert: Oral Care In the Critically Ill. (8/2006)
2. Abidia, R. (2007) Oral Care in the Intensive Care Unit: A Review. The Journal of Contemporary Dental Practice 8 (1) 1 – 8.
3. Jones, H., Newton, J., Bower, E. (2004). A survey of the oral care practices of intensive care nurses. Intensive and Critical Care Nursing 20 69 – 76.
4. Centers for Disease Control, Guidelines for Prevention of Health-Care-Associated Pneumonia, Recommendations of CDC and the Healthcare Infection Control Practices Advisory Committee, 2003.