1. INTRODUCTION

1.1. Effective oral hygiene practices (oral care) are necessary to ensure the maintenance of effective oral health through the removal of bacterial plaque, dry mouth care and denture care. Good oral health is important for eating and drinking, communication, the absence of pain and infection, and paramount for dignity and comfort.

1.2. Critically ill patients have an increased risk for colonization by microorganisms associated with poor oral hygiene. Patients on mechanical ventilation often have a very dry mouth due to prolonged mouth opening, which may be exacerbated by the side effects of medications used in their treatment. In healthy individuals, saliva functions to maintain oral health through its lubricating and antibacterial functions, but patients on ventilators lack sufficient saliva for this to occur, and the usual stimuli for saliva production are absent.

1.3. Ventilator Associated Events (VAE) is a complication of prolonged mechanical ventilation. The risk for acquiring Ventilator Associated Pneumonia (VAP) can be reduced by Implementing, intervening and developing oral care to support good oral hygiene for mechanically ventilated patients.

2. PURPOSE

2.1. To provide guidance and standards for all staff whose role can positively impact oral health and achieve a safe and effective oral hygiene care to ventilated and non-ventilated Adult patients.

2.2. To give a way of providing best practice guided by evidence based practices to prevent VAP.

3. APPLICABILITY:

All Intensive Care Services (ICS) Physicians, Registered Nurses (RNs) and Respiratory Therapists (RTs)

4. POLICY

4.1. All ICS Staff must be knowledgeable of the importance and how to perform oral hygiene care.

4.2. An oral assessment must be performed upon admission and as required unless otherwise indicated.

4.2.1. RN must perform oral assessment before start the care.

4.3. ICS Physician must involve oral examination as part of a general examination to rule out oral causes of ill health for example, oral ulceration.

4.4. RTs/RNs must ensure the proper securement of endotracheal/tracheostomy tube at all times.

4.5. Oral hygiene care is given to all ICS patients every 4 hours or as needed.

4.6. Ventilator Care Bundle for Adults must be implemented for all ventilated patients and the checklist (Form No. 4-1-9451-03-029) must be utilized.

5. PROCEDURES

5.1. Identify the Patient correctly. (Refer to Patient Identification Policy, 1-1-8062-01-011)

5.2. Explain procedure and its importance for to the patient. Ensure patient's privacy.

5.3. Hold feeding prior to commence care.

5.4. Prepare the equipment and supplies :

5.4.1. Soft-bristle toothbrush
5.4.2. Oral swab stick
5.4.3. Sterile water
5.4.4. Yankuer suction catheter
5.4.5. Suction system at the bedside
5.4.6. 10ml syringe
5.4.7. 0.2% Chlorhexidine mouth wash
5.4.8. Lip lubricant
5.4.9. Gauze or Facial tissue or towel
5.4.10. Pen torch
5.4.11. Clean wooden spatula/ tongue depressor

5.5. Perform hand hygiene and wear proper Personal Protective Equipment (PPEs).

5.6. Position the patient on his/her back with Head of Bed (HOB) elevated to high Fowler;s position ($\geq$ 45 degree angle) or as high as tolerated by the patient unless contraindicated.

5.6.1. Alternative position: Turn the patient on his/her side or if on his/her back, turn patient's head to the side.

5.7. Perform hand hygiene and a new pair of gloves should be used immediately before contact with the patient's mouth.

5.8. Apply and maintain strict aseptic technique throughout the procedure.

5.9. Inspect the oral cavity using a pen torch, gauze and spatula for any abnormalities.

5.10. For ICS patients capable of self-care, encourage patient to perform own oral hygiene care.

5.11. For patients with endotracheal tube (ETT), RT should check cuff pressure of ETT with cuff manometer.

5.12. Secure ETT with non-dominant hand to prevent dislodging.

5.13. Monitor patient's vital signs including oxygen saturation.

5.14. Perform oral and/or subglottic suction on vented and unconscious patients to remove oropharnygeal secretions prior to and during oral care to prevent aspiration.

5.15. Apply toothpaste onto toothbrush.

5.16. Brush patient's teeth with toothbrush using circular movements starting from the left upper to right upper gingival surface and; moving towards right lower and left lower gingival surface of the teeth.

5.17. Brush patient's tongue from anterior to posterior direction, holding toothbrush at a right angle to the tongue's midline (without toothpaste).

5.18. Brush patient's gums and roof of the mouth gently using toothbrush without toothpaste.

5.19. Brush for approximately one to two minutes.

5.20. Rinse the patient's mouth with a small amount of sterile water each time and suction simultaneously using a Yankuer suction catheter to remove excess secretions and toothpaste.

5.20.1. For conscious and oriented and or non-vented patients, offer a cup of water for rinsing.

5.21. Apply 5ml to 10ml of mouthwash with 2% chlorhexidine to all areas of patient's oral cavity using a swab stick (30 minutes after brushing with toothpaste). Then suction the patient's mouth to remove excess secretions or the mouthwash solution.

5.21.1. For conscious and oriented and or non-vented patients, provide the mouthwash solution to gargle (30 minutes after brushing with toothpaste) and instruct to properly discard in a basin (i.e. Emesis Basin).

5.22. Apply a water-based moisturizer on patient's lips or if needed.

5.23. Recheck the ETT securement by RT.

5.24. Check for airway entry and auscultate for breath sounds.

5.25. Documentation

5.25.1. Date and time of the procedure
5.25.2. Vital signs and oxygen saturation
5.25.3. Patient's response
5.25.4. Any abnormal findings

6. REFERENCES

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