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<b>Oral Care Policy</b>		
Approval:	Corporate Clinical Policy Committee	
Approval Date:	28-JUN-2021	Effective Date: 8-JUL-2021

### **SCOPE:**

This policy and procedure applies to all employees of the Royal Victoria Regional Health Centre (RVH), as well as volunteers and students who provide oral care for patients. This policy applies whether oral care is being provided on RVH property or on behalf of, or representing RVH elsewhere.

### **POLICY STATEMENT:**

It is the policy of RVH that oral care shall be provided for all patients. Staff shall provide, assist, supervise or remind patients to complete oral care as appropriate. Patients shall have oral care routinely as per best practice guidelines.

1. Invasive and non-invasive mechanically ventilated patients shall have oral care provided every four hours, and as needed.
2. Stroke patients and patients who have been identified as having dysphagia are at elevated risk for aspiration, therefore oral care for these patients shall be provided after all meals, snacks and at bedtime, or every four hours if not taking anything by mouth (NPO).
3. For patients who have reactive behaviours, such as biting/choking, staff shall use a toothbrush instead of a toothette when providing oral care.
4. Oral care shall be supervised or completed for the patient if at risk of aspiration.

### **DEFINITIONS:**

**Aspiration:** Entry of material (secretions, food, drink, gastric contents) from the oropharynx or gastrointestinal tract into the larynx and lower respiratory tract.

**Bland rinse:** One teaspoon salt, one teaspoon baking soda in four cups of water used for swishing and spitting for patients with cancer for prevention and reduction of therapy related complications.

**Bridge or Partial denture:** A dental appliance that replaces one or several teeth. It may be fixed permanently to other natural teeth or it may be fastened with a clasp that allows it to be removed from the mouth.

**Dental implants:** A prosthetic tooth held by a small metal post that is surgically implanted into the jawbone. It may be inserted to support false teeth or a fixed bridge.

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**Dentures:** Artificial teeth that are a substitute for a person's lower and/or upper teeth.

**Dysphagia:** An impairment or disorder of deglutition (swallowing) affecting the oral pharyngeal and/or esophageal phases of swallowing.

**Fluorosis:** A common disorder characterized by hypermineralization of tooth enamel caused by the ingestion of excessive fluoride during the development of enamel.

**Oral care:** The practice of ensuring the oral cavity, including the teeth, tongue, palate, cheeks and lips are clear of debris and organisms.

**Oral mucositis:** Mucosal injury of the oral cavity associated with cancer therapy.

### **PROCEDURE:**

Equipment (as required based on assessment of patient ability to provide own mouth care):

1. Small, soft-bristled toothbrush (patient to provide own)
2. Denture brush (patient to provide own)
3. Toothettes
4. Fluoride toothpaste and/or denture cleaner (patient to provide own)
5. Alcohol-free antiseptic mouth rinse
6. Water
7. Clean emesis basin
8. Gloves and other personal protection equipment (PPE) based on risk assessment
9. Gauze square
10. Facecloth or towel
11. Denture adhesive (patient to provide own)
12. Denture cup
13. Oral suction and/or suction toothbrush
14. Non-petroleum based lip balm
15. Saliva substitute (refer to RVH Policy and Procedure Medication Administration) or water based moisturizers (if needed)
16. Light source (pen light or flashlight)
17. 0.12% chlorhexidine gluconate solution for patient's that are intubated (a Most Responsible Provider's [MRP] order is required for this)
18. Bland rinse
19. Sterile water
20. Waxed dental floss

**Oral Care Policy**Oral Care for Adult Patients:

1. Perform hand hygiene and don PPE as per risk assessment.
2. Introduce self, using RVH's standard introduction. Obtain the patient's consent for oral care when possible, and explain procedure to patient.
3. Verify patient using two patient identifiers.
4. If the patient is completing their own oral care, remind them to perform hand hygiene before and after.
5. Assess your patient to reduce risk when providing oral care and ensure suction equipment is set-up for patients at risk of aspiration.
6. Assemble supplies.
7. Have patient in a seated position at 90 degrees or standing, if permitted. Side-lying position or turning head to the side can be used, if tolerated.
8. For patients with dentures or bridges, have them remove the item before starting oral care. If they are unable to remove these independently, use a gauze square or clean facecloth to grasp and remove them from the patient's mouth (take care to hold the dentures or bridge over a plastic basin or towel to ensure they do not break if dropped).
9. Use a flashlight to inspect all areas of the mouth for colour, hydration, texture and lesions.
10. Brushing:
  - a. If patient is unable to expectorate or is at risk of aspiration, use yankauer suction tip or a suction toothbrush to remove excess accumulation of saliva/secretions.
  - b. Moisten toothbrush with warm water and apply toothpaste (denture(s)/bridge(s) that are removed may be brushed with denture cleaner).
  - c. Position the toothbrush or toothette at a 45 degree angle to the teeth, directing the bristles to where the gums and teeth meet. Use a gentle circular massaging motion, up and down for approximately 20 seconds. After 20 seconds, roll the brush head away from the gum line so the bristles sweep the surface of the tooth, removing plaque and food particles. Brushing too hard may cause gums to recede.
  - d. Clean every surface of each tooth.
  - e. Gently brush the tongue, avoid stimulating the gag reflex, if present.
  - f. Rinse the mouth/dentures with warm water periodically, and at the end of the procedure, to remove any debris that has come loose.
  - g. Where there are no teeth, gently clean and massage the gums and inside of the patient's mouth with a soft toothbrush or toothette.
  - h. If there is no risk of the patient swallowing mouthwash, rinse patient's mouth with alcohol-free antiseptic mouthwash for 30 seconds and have patient spit rinse into an emesis basin or suction out as necessary.
  - i. Dispose of single use supplies (i.e. gauze, toothettes). Put away reusable supplies (i.e. toothpaste, toothbrush, denture cup) in patient's own environment.
  - j. Doff PPE and perform hand hygiene.

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- k. If the patient requires assistance replacing dentures/bridges in mouth after oral care:
  - i. Perform hand hygiene and don new gloves.
  - ii. Moisten the denture with water.
  - iii. Add thin layer of denture adhesive in thin short strips as indicated on product instructions if applicable.
  - iv. Insert and press firmly into place (often easier to place top denture first).
  - v. Ask patient if the denture feels comfortable.
  - vi. Remove gloves and perform hand hygiene.
11. Lip care (single use product, or labeled and dated for individual patient use):
  - a. Perform hand hygiene and don new gloves.
  - b. Apply moisturizer to lips (no petroleum based products if patient is on oxygen therapy).
  - c. To prevent contamination, apply lip moisturizer from a pot using a clean applicator (i.e. cotton swab) or dip a clean gloved finger in once.
  - d. Remove gloves and perform hand hygiene.
12. Moisturize:
  - a. Perform hand hygiene and don new gloves.
  - b. If the patient requires moisturizing of the oral cavity, sips of water can be used (if safe). Saliva substitutes, or water based moisturizes, and bland rinse for oncology patients may be used to hydrate. Toothettes may be used to assist in moisturizing the oral cavity.
  - c. Remove gloves and perform hand hygiene.
13. Routine nighttime care for dentures/bridges (oral appliance):
  - a. Perform hand hygiene, don new gloves and remove or assist patient with removal of their oral appliance(s). Refer to #8 for removal directions.
  - b. Clean thoroughly and rinse off loose food particles.
  - c. A toothbrush with denture cleaner can be used to gently brush all the surfaces of the appliance. Do not use toothpaste as it is too abrasive and could cause damage.
  - d. Store overnight in a denture cup filled with water ensuring the appliance(s) is fully submerged. Use warm water, not hot, if using a denture cleaning tablet. Ensure the denture cup is labeled with patient information, placing label on the denture cup, not on the lid.
  - e. Rinse the appliance(s) well, prior to reinserting in the patient's mouth.
14. Document the condition of the oral cavity and care provided.
15. If concerns with implementing oral care are identified, consider contacting the Most Responsible Provider (MRP), Dentist, Occupational Therapist (OT), Speech Language Pathologist (SLP) and/or Dental Hygienist.
16. If there are concerns identified with a patient's oral health and/or their dental appliance(s), patient should be referred to a dentist for consultation and management as soon as possible.

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17. Provide education to help patients understand the necessity of good oral care, and to help them understand and cope with symptoms of oral complications including but not limited to loose teeth, dental cavities, gum disease and pneumonia.

Intubated Patients (Endotracheal Tube or Tracheostomy)

1. Care as identified in above procedure ensuring these specifics:
  - a. Tube positioning:
    - i. Once per shift and as needed, check the positioning of the endotracheal tube (ETT) and document the depth of insertion.
  - b. Cuff pressure monitoring by RRT:
    - i. Cuff pressure shall be monitored at least every shift.
    - ii. Cuff pressure shall be maintained at 20 to 25 cmH<sub>2</sub>O (greater pressures decrease blood flow to the capillaries in the tracheal wall and lesser pressures increase the risk of aspiration).
  - c. Suctioning:
    - i. Suction the patient to remove secretions before providing oral care. Provide suction as needed to remove any oropharyngeal and subglottic secretions throughout procedure (please refer to RVH Corporate Clinical policy: *Suctioning the Adult Patient*).
    - ii. Oropharyngeal and subglottic secretions shall be suctioned every 12 hours and before repositioning of the tube, prior to oral care or deflation of the cuff.
  - d. Administer oropharyngeal suctioning with yankauer suction or suction toothbrush during brushing and rinsing.
  - e. Oral decontamination shall be completed every 12 hours following oral care using a toothette swab and 20 mL of 0.12% chlorhexidine gluconate for 30 seconds.
  - f. Oral care and chlorhexidine gluconate should be staggered by a minimum of two hours to ensure proper decontamination.
  - g. The oral mucosa and lips shall be moisturized every two to four hours.

Oral Care for Paediatric Patients

1. Children under three years of age:
  - a. Shall have their teeth and gums brushed by an adult.
  - b. The teeth shall be brushed by an adult using a toothbrush moistened with water or non-fluorinated toothpaste.
  - c. Antiseptic oral rinse shall not be used for children under three years old unless directed by a dentist or MRP.
2. Children from three to six years of age:
  - a. Shall be assisted by an adult to brush their teeth and gums.
  - b. Only a small amount of fluorinated toothpaste (a portion the size of a green pea) shall be used.
3. Children greater than six years of age to under 18 years of age:

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- a. Follow procedure for adult patients
- 4. Infants:
  - a. Without teeth:
    - i. An adult shall use a small amount of colostrum or breast milk to coat the inside of the infant's mouth and lips after every care intervention. This process is acceptable for infants who are NPO or receiving tube feeding.
    - ii. If colostrum or breast milk is unavailable, use ready to feed water from a nursette dispensed into a med cup. Dip the gauze into the water and cleanse the infant's gums after each feeding. A new nursette shall be utilized every 12 hours.
  - b. With teeth:
    - i. An adult shall use warm water and gauze or a soft paediatric toothbrush to clean the teeth and gums after each feeding and before bed.

Oral Care for Acute Stroke Patients

1. On or soon after admission all stroke patients should have an oral/dental assessment, including screening for signs of dental disease, level of oral care and appliances.
2. For patients wearing full or partial dentures, it should be determined if the patient has the neuromotor skills to safely wear and use the appliance(s).
3. Oral care for stroke patients should be provided as outlined in the policy statement and procedure detailed above in Oral Care for Adult Patients.

Oral Care for Patients with Cancer

1. Assessment:
  - a. Assess patients for intra-oral infections and/or complications each shift and PRN.
  - b. Use the OPQRSTUV pain rating (Refer to Appendix I: *OPQRSTUV Pain Rating*) as per Cancer Care Ontario guidelines to assess and new symptoms or change in symptoms.
  - c. Notify MRP of significant findings, including: infection, mucositis, excessive secretions or bleeding. Pharmacological treatment may be indicated.
  - d. Consult interprofessional team as necessary.
2. Flossing:
  - a. Patients who have not flossed routinely before treatment, shall not begin flossing at this time.
  - b. For patients whose platelet count is greater than  $20 \times 10^9$  cells/L, advise/assist patient with flossing at least daily if they routinely flossed before treatment.
  - c. Discontinue if flossing causes bleeding of the gums which does not stop after 2 minutes, or if discomfort is too great.
  - d. For end of life patients, discontinue flossing if patient chooses.
3. Brushing:

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- a. For patients whose platelet count is greater than  $20 \times 10^9$  cells/L, advise/assist patient to brush their teeth after eating and before bed, using an ultra-soft toothbrush dipped in hot water to soften bristles and fluoride toothpaste.
  - b. If patients find toothpaste too astringent, the toothbrush may be dipped in bland rinse for brushing instead.
  - c. Advise/assist patient to brush their tongue gently from back to front and to rinse the toothbrush in hot water allowing the toothbrush to dry between uses.
  - d. If there has been an oral infection, a new toothbrush shall be used after the infection has resolved.
  - e. Discontinue if brushing causes bleeding of the gums which does not stop after two minutes.
  - f. For patients who are unable to brush, teeth can be cleaned with gauze or foam swab moistened with bland rinse, and/or bland rinse can be used to rinse, swish and spit.
4. Rinsing for prevention of oral complications:
- a. Bland rinse shall be prepared at least once daily and should not be refrigerated. Transfer to cups for single patient use and ensure accurate labeling of each cup.
  - b. Do not refill cups, obtain new cup/bland rinse. It is imperative to ensure the patient does not swallow the rinse – it is for swishing and spitting only.
  - c. Patients shall rinse, swish and spit with bland rinse several times after each brushing and/or flossing, after emesis, and as needed. This helps to maintain moisture in the mouth, remove remaining debris and toothpaste, reduces the accumulation of plaque and bacteria and minimizes tooth enamel.
5. Dentures:
- a. Advise/assist patients to remove, brush and rinse dentures after meals and at bedtime.
  - b. After removing dentures, rinse mouth thoroughly with bland rinse.
  - c. Dentures shall be removed for at least eight hours a day and soaked in rinsing solution.
  - d. Rinse dentures with rinsing solution before placing in mouth.
  - e. Patients with head and neck cancers, stem cell transplant patients, those with mucositis or other infections and palliative patients should keep dentures out of their mouth as much as possible, especially if painful.
6. Patients with head or neck cancers, those who have undergone hematopoietic stem cell transplant, have oral mucositis, or those that are palliative, require care as listed above, with increased frequency of rinsing (every one to two hours while awake and every four hours through the night if awake), mouth moisturizing and lip care.
7. For palliative patients, their condition, preference and ability to tolerate oral care will determine the frequency, intensity and agents used to provide oral care.

**Oral Care Policy****CROSS REFERENCES:**

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**Appendix I: OPQRSTUV Pain Rating**

OPQRSTUV Pain Rating	
Onset	<ul style="list-style-type: none"> <li>• When did the symptoms begin?</li> <li>• How often do they occur?</li> <li>• How long do they last?</li> </ul>
Provoking/Palliating	<ul style="list-style-type: none"> <li>• What makes it better?</li> <li>• What makes it worse?</li> <li>• What do you think may be causing the symptom?</li> <li>• What are the aggravating or alleviating factors (e.g. medications, active treatment, dietary changes)?</li> </ul>
Quality	<ul style="list-style-type: none"> <li>• Do you have a dry mouth? (e.g., decrease in amount or consistency of saliva).</li> <li>• Do you have any redness, blisters, ulcers, cracks, or white patchy areas? If so, are they isolated, generalized, clustered or patchy?</li> </ul>
Region/Radiation/Related Symptoms	<ul style="list-style-type: none"> <li>• Where are your symptoms? (e.g., on lips, tongue, mouth).</li> <li>• Does your pain radiate anywhere?</li> <li>• Do you have any other related or associated symptoms?</li> </ul>
Severity	<ul style="list-style-type: none"> <li>• What is the intensity of this symptom (on a scale of 0 to 10 with 0 being none and 10 being worst possible)?</li> <li>• Right Now?</li> <li>• At Best?</li> <li>• At Worst?</li> <li>• On Average?</li> </ul>
Treatment	<p>If dry mouth:</p> <ul style="list-style-type: none"> <li>▪ Fluid intake?</li> <li>▪ Are you using any oral rinses?</li> <li>▪ What type?</li> <li>▪ Are they effective?</li> <li>▪ Are you using any saliva substitutes or stimulants?</li> <li>▪ What type?</li> <li>▪ Are they effective?</li> </ul> <p>If associated pain in mouth:</p> <ul style="list-style-type: none"> <li>▪ Are you using any pain medications?</li> <li>▪ What type – topical/local, oral/injection?</li> <li>▪ Are they effective?</li> <li>▪ Are there any other treatments that you are using to help with pain? Alteration in diet texture?</li> </ul> <p>If associated bleeding from mouth:</p> <ul style="list-style-type: none"> <li>▪ Does it occur spontaneously?</li> <li>▪ Where is it located?</li> </ul>

**Appendix I: OPQRSTUV Pain Rating**

	<ul style="list-style-type: none"> <li>▪ What aggravates it?</li> <li>▪ What treatments have been recommended and have been used?</li> <li>• What is your current oral care routine?</li> <li>• How effective is it?</li> <li>• Have you had oral infections?</li> <li>• What treatments have you used?</li> <li>• How effective have they been?</li> <li>• Do you have any side effects from the medications/treatments you have used for any of the above?</li> <li>• What tests have you had for your oral symptoms, if any?</li> </ul>
Understanding/Impact on you	<ul style="list-style-type: none"> <li>• How bothered are you by this symptom?</li> <li>• Is your ability to eat or drink affected?</li> <li>• By how much? Are you having difficulty swallowing or chewing?</li> <li>• Is it for solids and/or liquids?</li> <li>• Do you have any weight loss?</li> <li>• How much?</li> <li>• Over what time frame?</li> <li>• Do you have taste changes (dysgeusia)?</li> <li>• Do you have difficulty speaking? Are you able to wear dentures?</li> <li>• Do any of your symptoms interfere with other normal daily activities?</li> <li>• How does this symptom affect your day to day life?</li> </ul>
Values	<ul style="list-style-type: none"> <li>• What is an acceptable level of severity for this symptom (0 to 10 scale)?</li> <li>• What does this symptom mean to you?</li> <li>• How has it affected you and your family and/or caregiver?</li> </ul>

Adapted from Cancer Care Ontario 2012