



Oral Care in Critical Care

Aim: To provide guidance on oral care for patients in Critical Care

Scope: All adult patients in Critical Care

ASSESS ORAL HYGEINE

- Using appropriate assessment tool
- Within **6 hours** of admission
- At least **12 hourly** thereafter

Seek advice from senior medical team, Dentists, Dental Hygienist or Oral/Maxo-facial surgeons in the case of oral surgery, trauma, post radiotherapy or chemotherapy or allergies to fluoride.

Each shift assess and document

- Condition of teeth/dentures
- Condition of gums
- Ulceration
- Oral Candida
- Saliva and halitosis
- Piercings
- Debris
- Device related lip integrity

Standard Oral Care

1	Brush teeth/dentures, gums and tongue twice daily with a soft toothbrush and toothpaste (fluoride/non foaming). More often for those patients receiving oxygen therapy.
2	Rinse afterwards to prevent drying from excess toothpaste, then suction with a soft tipped catheter
3	Apply water-based moisturiser/lip balm at least every 4 hours
4	Store dentures in water or denture cleaning fluid and change daily

Additional Considerations

- Consider, with medical advice:
- artificial saliva for dry mouth (every 4 hours)
 - topical analgesia for painful mouth
 - topical anti-fungal liquid for oral candida
 - chlorhexidine gel or liquid may be used if prescribed and in line with your local policy e.g. after cardiac surgery, intubation, patients with increased risk factors

SEDATED AND VENTILATED PATIENTS

- In addition to standard care, rinse mouth with water on a foam sponge, 2-4hrly and suction with a soft tipped catheter
- Aspirate subglottic ETT/TT suction port 4 hourly, if present
- Move position of ETT 2-4 hourly

Intubation inhibits the production of natural saliva which normally protects the oral cavity.

Please see your units full guidelines for more information

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