

Policy	3J-50 Oral Hygiene
Manual	Integrated Care Manual
Author	Speech-Language Pathologist
Approved by	Executive Advisory Committee
Date	Last Approved: July 26, 2023
	Original: June 24, 2015
This is a CONTROLLED document. Any documents appearing in PAPER FORM should be checked against the electronic document in the respective manuals.	

POLICY

In accordance with Runnymede Healthcare Centre’s commitment to patient safety and utilization of best practices, all patients will have their oral health assessed and an individual oral hygiene care plan developed.

Nurses will provide, at minimum twice a day, oral hygiene and assessment. Patient’s oral hygiene care plan requires updating based on changing patient condition. Oral care audits will be completed on a monthly basis by the Patient Care Manager (PCM), Advanced Practice Nurse (APN) or Clinical Team Lead, for all patients.

If a patient is deemed at high risk for aspiration by the Speech-Language Pathologist (SLP) due to a history of aspiration pneumonia and/or requirement of thickened fluids, the SLP will then develop/revise an individual oral hygiene care plan in collaboration with the interprofessional team.

In order for an SLP to assess a patient due to concerns with regards to chewing, swallowing, or possible risk of aspiration, a referral for the SLP to assess the patient must be initiated.

PROCEDURE

Oral Hygiene Care Standard:

Oral Hygiene includes:

- Mouth care including cleaning of dentures
- Physical assistance or cuing to brush his/her own teeth
- Assistance, if required, to insert dentures prior to meals and at any other time as requested by the patient or required by the patient’s plan of care; and
- Visual inspection of oral cavity to identify signs or oral health issues
- For patients with dysphagia and/or at risk of aspiration, oral care will be provided as per SLP recommendations.

Oral hygiene is provided by Nurses to all patients twice per day (07h00 – 15h00) and evening shift (15h00 – 23h00) and when indicated based on the patient’s condition. Oral hygiene is provided as outlined in Appendix A and B of this document.

Personal Oral Hygiene Plan

1. For patients that are not at risk for aspiration or who do not present with responsive behaviours, oral hygiene 2-3 times a day with a toothbrush and toothpaste is recommended.
2. If there is any foreseeable risk with the provision of care as per the above standard for patients with a high risk of aspiration, please notify the SLP.
3. Patients with a high risk of aspiration and/or who present with responsive behaviours may require an individual oral hygiene plan based on their needs. This may include use of a suction toothbrush, use of disposable oral swabs, or use of a mouth prop as needed. This will be updated in the patient’s ICP-Part A.

Assessments Required for Developing an Oral Hygiene Care Plan:

The Interprofessional Team will assess:

1. Oral health needs of the patient
2. Level of assistance required for oral hygiene and feeding
3. Patient’s risk for aspiration
4. Oral hygiene equipment needs for the patient

Documentation of Oral Hygiene Care Plan and Interventions

The Interprofessional Team will document:

1. The oral hygiene care plan on the Integrated Care Plan (ICP)-Part A
2. Patient’s risk for aspiration and relevant findings on the Integrated Care Plan Part A and B.
3. Daily documentation of completion of oral hygiene in the Nursing Shift ADLs and Hygiene section of Worklist in Meditech.

Health Disciplines Specific Actions:

Nursing
<p>Nursing staff, in collaboration with the interprofessional team, will:</p> <ol style="list-style-type: none"> a. Assess and document patient’s oral hygiene daily in the Nursing Shift ADLs and Hygiene section of Worklist in Meditech. b. Identify oral health care needs using the Oral Hygiene Decision Table (Appendix A) and document procedure type(s) on the ICP-Part A. c. Notify SLP regarding the specific oral hygiene needs for patients who present with a risk of aspiration. d. Notify SLP of patients who present with new/worsening symptoms of dysphagia. e. Provide oral hygiene for the patient’s teeth, dentures, tongue and soft tissues at least twice daily using the appropriate products and techniques. f. If the patient is independent with oral care; supervise, remind or cue oral hygiene for the patient’s teeth, dentures, tongue and soft tissues at least twice daily using the appropriate products and techniques.

<ul style="list-style-type: none"> g. Provide education to both the patient and/or their family members on the importance of oral hygiene, using the appropriate techniques and equipment. h. Recommend the Physician refer to an oral health professional (e.g. Dentist or hygienist) as needed. i. Provide oral care as per oral care standard and as per the patient's care plan.
<p>Speech-Language Pathologist</p> <p>The Speech-Language Pathologist, in collaboration with the interprofessional team, will:</p> <ul style="list-style-type: none"> a. Recommend oral care using a suction toothbrush for patients on thickened fluids and/or enteral feeds. b. Complete an oral health assessment as part of the initial clinical swallowing assessment for patients with dysphagia. c. Liaise with nursing staff to develop individualized oral hygiene care plans for patients who present with a risk for aspiration. d. Ensure that the oral hygiene care plan is documented in the patient health record and on the ICP-Part A. e. Follow up on patients who are acutely ill or medically unstable to determine if they require changes to their diet texture/fluid consistency which thereby may subsequently indicate changes to their oral hygiene care plan. f. Provide education to both the patient and/or their family member(s) on appropriate diet textures, fluid consistencies and the importance of oral hygiene using the appropriate techniques and equipment. g. Refer to the appropriate oral health professional when indicated. h. Consult with Nursing staff and Physician as needed.
<p>Pharmacist</p> <p>The Pharmacist, in collaboration with the interprofessional team will:</p> <p>Provide consultation services with respect to medications that can result in xerostomia or medications that can be utilized to treat xerostomia, candidiasis and/or oral ulcers.</p>
<p>Physician</p> <p>The Physician, in collaboration with the interprofessional team, will:</p> <ul style="list-style-type: none"> a. Identify and implement medical interventions to address oral health issues such as xerostomia, candidiasis and/or oral ulcers. b. Collaborate with Nurses, Speech-Language Pathologists and Pharmacists regarding outcomes of the pharmacological interventions. c. Refer to the appropriate oral health professional when indicated.

REFERENCES

Langmore, S. E., Terpenning, M.J., Schork, A., Chen, Y., Murray, Y.T., Lopatin, D. & Loesche, W.J. etal. (1998). Predictors of aspiration pneumonia: How important is dysphagia? *Dysphagia*, 13 (2) 69-81.

Pace, C.C. and McCullough, G.H. (2010). The association between oral microorganisms and aspiration pneumonia in the institutionalized elderly: review and recommendations. *Dysphagia* 25, 307-322.

Registered Nurses' Association of Ontario. (2008). *Oral Health: Nursing Assessment and Interventions*. Toronto, Canada. Registered Nurses' Association of Ontario.

Yakiwchuk, C-A., Bertone, M., Ghiabi, E., Brown, S., Liarakos, M. and Brothwell, D.J. (2013). Suction toothbrush use for dependent adults with dysphagia: A pilot examiner blind randomized clinical trial. *Canadian Journal of Dental Hygiene* 47 (1), 15.

Mosby's Oral care module: https://point-of-care.elsevierperformancemanager.com/skills?virtualname=runnymedehealthcarecenter_oncanada

APPENDICES

Appendix A Oral Hygiene Decisions Table

Appendix B Oral Care for Responsive Behaviours

APPENDIX A

Oral Hygiene Decisions Table

Condition	Protocol
Healthy mouth	Refer to Mosby's Oral Hygiene module
Dentures present	Refer to Mosby's Dental Care module
Patient is receiving thickened fluids and/or enteral feeds Patient cannot rinse and spit.	Complete assessment of patient's oral cavity. Use a suction toothbrush instead of a regular toothbrush.
Ulceration or mouth pain in present	Examine for ill-fitting dentures, dental decay, mouth sores or infection. If ulcer due to ill-fitting dentures, remove denture until ulcer is healed. Rinse mouth with warm salt water. It may be appropriate to use an analgesic for patients experiencing mouth pain due to ulcers if prescribed. Compounded analgesic oral rinses should be avoided as these can delay healing of conditions such as oral mucositis.
Tongue, teeth or mucosa are coated	The physician may order chlorhexidine in a rinse or gel form. If prescribed, brush teeth and tongue with chlorhexidine at least 2 hours before or after using products with fluoride.
Candida (Thrush) is present	The physician may order Nystatin. Use as prescribed. For patients who are unable to swish and spit, apply Nystatin to all oral cavity surfaces using a swab.
Patient's mouth is dry (xerostomia is present)	Assess for cause of dry mouth (medication/inhaler, dehydration, tracheostomy and/or enteral feeds). Patients who use inhalers should rinse their mouth well after each use. Offer, encourage and provide water/ice chips/extra thickened fluids to patients between meals. If dry mouth persists, consider use of a mouth-moistening agent, such as Biotene.
Broken dentition/dentures	Advise patient/SDM to make appointment with dentist.
Dentures are loose-fitting	Determine if a denture adhesive, such as Poligrip or Fixodent, can help to keep the dentures in place. Patient/SDM to provide denture adhesive as needed. If the dentures are still loose-fitting, an appointment with a denturist might be required.
Patient exhibits responsive behaviours	Refer to Appendix B Oral Care for Responsive Behaviours

APPENDIX B

Oral Care for Responsive Behaviours

Behaviour	Strategy
Patient won't open mouth	<p>Massage the cheeks and over the TMJ area to relax the muscles and encourage mouth opening.</p> <p>Use a mouth prop (wide open mouth rest) to keep the mouth open during oral care.</p>
Dentures can't be taken out or put in patient's mouth	<p>Discuss with other caregivers who look after the patient to see if they are more successful at denture care for this patient and see what they do.</p> <p>Provide education to patient and SDM regarding the importance of removing dentures nightly.</p>
Patient refuses oral hygiene care	<p>Assess for cause for the refusal of oral hygiene care – environmental, pain, fear.</p> <p>Seek assistance of a family member.</p>
Patient bites toothbrush or clinician	<p>Assess if biting is of an aggressive origin or a movement disorder.</p> <p>Use a mouth-prop (wide open mouth rest) to keep the mouth open.</p> <p>Consult with Interprofessional Team re: movement disorders.</p>
Patient cannot rinse and/or spit and swallows all liquids/toothpastes.	<p>Use a suction toothbrush for oral care.</p> <p>Complete oral suctioning with a Yankauer to remove secretions from the oral cavity if needed.</p>
Patient has responsive behaviours	<p>Assess feasibility of completing oral hygiene care at that time.</p> <p>Manage the response behaviours.</p> <p>Attempt oral hygiene at another time of day when a patient has less responsive behaviours or in a different environment.</p> <p>Seek assistance of a family member as needed.</p>
Patient is tired/sleepy	<p>Attempt oral hygiene care at another time of day when patient is more alert.</p>
Head positioning	<p>When completing oral care, raise the patient's head of bed so that they are in a standard fowler's position.</p> <p>If a patient's head is tilting downwards or to the side, attempt to prop the patient's head in an upright position by using a pillow as needed.</p>