



Paediatric Intensive Care unit Nursing Procedure: **Mouth Care**

Definition, Mouth care is defined as the scientific care of mouth and Teeth (Thomas 1997)

Objective:

- To prevent infection
- Keep oral cavity clean, moist and intact,
- To remove and prevent the build up of plaque,
- To remove food debris from the teeth and gums
- To prevent dental caries
- To freshen mouth and breath
- To maintain oral function
- To promote child's dignity, comfort and well being
- To keep lips clean, soft, moist and intact
- To reduce risk of ventilator associated pneumonia

Oral assessment

Provide a baseline assessment, monitoring response to treatments, identifying changes to the condition of the mouth.(Use GOSH assessment in the bedside folders)

Examine the condition of the following Assessment for

Lips	Smooth, pink moist, Report dry/cracked Ulcerated/bleeding
Tongue	Pink, moist-papillae present. Report Coated/shiny, increased/decreased redness. Inflamed blistered or cracked
Mucus membranes	Pink, moist. Report reddened or coated, increased whiteness/bleeding
Saliva	Watery, thick, ropy or absent
Teeth and gum line	Are they clean? Is there debris, plaque or loose teeth

Risk assessment, is the child:

- Ventilated
- Paralysed
- Sedated/comatose
- Immuno-suppressed
- Receiving antibiotics
- Fluid restricted
- Haemofiltered/ PD
- Receiving Diuretics
- Receiving Chemotherapy
- Dental decay, fixed brace
- Candida Positive

Procedure

Frequency: Mouth care should be carried out at least 4 hourly, more frequently if child is high risk and therefore mouth care requested more frequently by consultant/senior nurse.

Equipment needed,

- Dressing Towel (clean field)
- Galipot
- Chlorhexidine mouth wash or cleaning solution
- Toothpaste
- Wooden spatula
- Small headed toothbrush
- Suctioning
- Pen torch
- Disposable gloves
- Gauze swabs
- Towel
- Sterile water for rinsing

Action

Explain and discuss procedure with child and family, appropriate to the child and parents level of understanding

Wash Hands

Prepare clean field and gather all the necessary equipment required. Decant oral solutions into gallipots for the procedure and discard at the end.

Perform risk assessment and examine condition of child's mouth and lips

Rationale

Ensure that the child and family understand and provide verbal consent

To minimize cross infection

Clean field and freshly prepared solutions are required to reduce contamination

Risk assessment for e.g. Is child co-operative? Are ET types safe and secure? The mouth is examined for changes in condition

<p>Moisten toothbrush with sterile water, apply appropriate amount of toothpaste. Brush teeth using individual strokes away from the gums</p> <p>As child is unable to rinse and gargle, use oral sponges soaked in sterile water to rinse and remove toothpaste. Suction applied throughout this procedure</p> <p>Assess lips clean with sterile water using gauze swabs, apply Vaseline as necessary</p> <p>Apply mouthwash (0.2% Chlorhexidine) 30minutes after brushing with oral sponges.*</p> <p>Nystatin or any other oral medications if prescribed, should be applied into mouth one hour after the application of chlorhexidine.</p>	<p>Soft small headed toothbrush provides the most effective means of debris and plaque removal from teeth, tongue and gum surface</p> <p>To remove debris left from brushing and freshen mouth. Suction prevents water from being swallowed/aspirated as child may cough or gag</p> <p>Do not use Vaseline on lips if baby has over head heater in use</p> <p>Follow dose prescribed</p>
--	---

***Toothpaste can render chlorhexidine less effective when used together.**

Children with bleeding disorders may require alternative mouth care regime which should be discussed with PIC consultant and decided as per case requirements.

Oral Agents

Fluoride toothpaste: used to prevent and delay tooth decay and dental caries.

Nystatin: an anti fungal agent used in the treatment of Candida

Chlorhexidine Gluconate: an anti-septic mouth wash, which inhibits the formation of plaque on the teeth.

REFERENCES

Thomas CL (1197) Taber's Cyclopedic Medical Dictionary cited in The importance of mouth care in preventing infection Xavier G 200 Nursing Standard 1/19 vol. 14 no.18 pg. 47-51.

Evan G (2001) A rationale for oral care Nursing Standard 15, vol.43 pg. 33-36.

Oral care to reduce mouth and throat infections in critically ill patients. (2005) The national institutes of health clinical centre
www.clinicaltrials.gov/ct/gui/show/NCT00078663

NICE, 2008 "Technical patient safety solutions for prevention of ventilator-associated pneumonia in adults: costing statement".

Grap MJ, Munro CL, Ashtiana B, Bryant S (2003) Oral care interventions in critical care: Frequency and documentation

Jiggins M and Talbot J (2000) Mouth care in Picu. Paediatric Nursing Vol.11 No.10 23 – 26

Furr LA, Binkley CJ, McCurren C and Carrio R (2004) Factors affecting quality of oral care in intensive care units. Journal of Advanced Nursing 48 Vol.5 pg. 454 – 462.

Bower EJ, Newton JT and Jones H (2004) A survey of the oral care practice of intensive care nurses. Intensive and Critical Care Nursing (20) pg.69-76.

Authors

Isabel Thomas & Hannah Williams

Date produced July 07

next review due Sept 2010

Review date July 08