



ORAL CARE PROTOCOL

Introduction

Most bacterial nosocomial pneumonias occur by aspiration of bacteria colonizing the oropharynx or upper GI tract of the patient. Intubation and mechanical ventilation alter first line patient defenses, thus greatly increasing the risk for ventilator associated pneumonia (VAP). Frequent oral care can decrease the risk of acquiring VAP.

Assessment

1. Is the patient intubated, trached, or unresponsive?
2. Evaluate the patient for contraindication for q 2 hr. Oral Care Protocol.
 - Thrombocytopenia (platelets < 60,000)
 - Leukopenia (WBC < 2,000)
 - Massive oral trauma
3. Inspect the oral cavity for inflammation, ulcers, blisters, or lesions q 12 hr. (0800 and 2000).

Interventions

If the patient is intubated, trached or unresponsive, perform oral care q 2 hr. as follows:

- Replace/exchange 24 Hour Kits and cover yankaur (contained within the kit) daily at 0800. Start first cleaning at 0800.
- Suction toothbrush to be used twice daily and as needed (recommend 0800 and 2000). Brush teeth with PEROX-A-MINT solution (enclosed in packet.) Do not use toothpaste due to excessive foaming. Brush for approximately 1 to 2 minutes applying suction at completion and as needed during the brushing. Gently brush the surface of the tongue.
- Suction swabs to be used every 2 hours on the even hours with the exception of the twice a day brushing times. Use the swab to clean the teeth and tongue.
- Moisturizer to be applied every 2 hours after the completion of oral care. Apply moisturizer to mucous membranes, buccal cavity and lips. Aquaphor may be applied if more aggressive moisturizer is desired.

If the patient is not on a ventilator, oral care can be administered q 4 hr. at a minimum and as needed.

Deep oropharyngeal suctioning should be performed every 6 hours or prior to any major position changes (i.e. up to chair), extubation, or as needed to assist in controlling secretions which have pooled in the hypopharynx. **DEEP SUCTIONING IS RECOMMENDED EVEN IF THE PATIENT ALREADY HAS HILO EVAC ET TUBE (CASS).**

Patient Teaching

Inform patient and family of rationale to decrease risk for complications.

Documentation

All oral care is to be documented on the 24 hour flow sheet.