

# Oral Care Protocol

Your patient's details

Date: \_\_\_/\_\_\_/\_\_\_

Please initial the box reflecting the approximate time the intervention was provided.

Intervention	06:00	07:00	08:00	09:00	10:00	11:00	12:00	13:00	14:00	15:00	16:00	17:00	18:00	19:00	20:00	21:00	22:00	23:00	00:00	01:00	02:00	03:00	04:00	05:00	
Every 24 hours																									
Oral Assessment																									
<b>Every 12 hours</b>																									
Brush, rinse and suction Teeth Tongue Gums Hard Palate																									
<b>Every 2-6 hours</b>																									
Moisturiser applied in mouth and on lips																									
<b>Advanced Care</b>																									
Hourly Saline 0.9% Rinse																									
Prescribed medication applied, eg anti-fungals																									
<b>As needed:</b>																									
Mouth and Pharynx Suctioned																									
Other Care Examples: ETM =ET tube manipulation TC =Trach Care ETS=ET tube suctioned																									

Please use this form to document **ONLY** the care actually provided. This will not become part of the patient's permanent record.



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# Oral Care

## Assessment guide

Your patient's details

	Date					
Check list						
<b>Voice</b>						
Normal 0						
Deep/raspy/hoarse 1						
Difficult/painful speech 2						
<b>Swallow</b>						
Normal 0						
Painful 1						
Unable to swallow 2						
<b>Tongue</b>						
Pink, papillae present, moist						
Coated 1						
Blistered and cracked 2						
<b>Saliva</b>						
Watery 0						
Thick or ropery 1						
Absent 2						
<b>Mucous membranes</b>						
Pink and Moist 0						
Reddened/ coated 1						
Ulcerated/ bleeding 2						

	Date					
Check list						
<b>Gums</b>						
Pink and Firm 0						
Oedematous/red 1						
Spontaneous bleeding 2						
<b>Teeth/dentures</b>						
Clean/nodebris 0						
Localised plaque/ debris 1						
Generalised plaque/ debris 2						
<b>Lips</b>						
Smooth/ moist/ pink 0						
Dry/ cracked 1						
Ulcerated/ bleeding 2						
<b>Candida</b>						
Yes 1						
No 2						
Oral score						
<b>Oral Cavity Score</b>	<b>Interventions</b>					
<b>8 or below</b>	<b>Basic oral care</b>					
<b>8-12</b>	<b>Basic oral care/add Aspirin gargles, Mucaine on order of physician</b>					
<b>12 or over</b>	<b>Advanced oral care</b>					

**Basic Oral Care:**

- Brush teeth/ gums with toothbrush and paste or mouthwash every 12 hours
- Rinse with sterile water or saline 0.9% and suction off liquid
- Swab teeth/ gums with chlorohexidine solution every 6 hours
- Apply moisturising cream or lubricating jelly to lips if required

**Advanced Oral Care:**

- Brush teeth/ gums with toothbrush and paste or mouthwash every 12 hours
- Rinse with sterile water or saline 0.9% and suction off liquid
- Swab teeth/ gums with chlorohexidine solution every 2 hours
- Rinse hourly with Saline 0.9%
- Apply topical antifungals if required on direction of physician
- Apply moisturising cream or lubricating jelly to lips if required



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