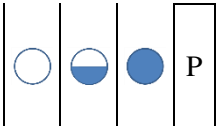


ORAL CARE

Oral care involve to promote, organize and, in incapacitated patients, even to perform for them a daily hygiene of teeth (flossing, brushing), gums (mechanical stimulation), mouth (rinsing); to promote/arrange regular dental controls; to inspect oral area and accordingly to the problems identified in the evaluation to promote/arrange further consultations with oral care specialists (dentists, oral surgeons etc.).



1.	Assess patient's condition (<i>consciousness, movements, speech, breathing</i>): <i>preserved vital functions</i> <input type="checkbox"/> ; <i>cardiopulmonary arrest</i> <input type="checkbox"/> (if so, proceed to cardiorespiratory protocol) Good morning/afternoon. My name is I am your doctor / nurse					0 2 5
2.	Can you tell me your name, please And your date of birth Thank you. (<i>This is done to avoid performing the procedure on the wrong patient as there may be several patients with the same name. Also, do not ask e.g. "Are you Mr. Smith?" to avoid receiving false confirmation from patients distracted by their symptoms or other reasons</i>). Or, especially in patients with difficult communication (<i>confused, comatose, etc.</i>) verify the conformity between data's from observation sheet and bracelet (<i>if it exist at patient wrist</i>) in terms of patient identity. <i>Confused, comatose, depressive, severely ill or those simply necessitating nasogastric tubes or oxygen therapy or in long term care settings are in an increased risk for oral health problems beneficiating the most from oral hygiene procedures.</i>	ESSENTIAL				
3.	Secure a private examination environment (<i>room with one bed, curtains, paravans etc.</i>) What we need to do is wash your mouth and your teeth. (<i>what we will do</i>)					0 1 3
4.	The manoeuvre involves to inspect your mouth for caries, teeth deposits, odour, secretions, and aspect of gums We will brush and floss your teeth, flush the mouth. This is generally easy to perform, involves no cuts or punctures, so it should not hurt. (<i>what the manoeuvre consists of</i>)					0 1 3
5.	You will be placed in a sitting position (or laying down on a side). It will be difficult for you to sustain such a position for, let's say 20 minutes? It is very important that you stay relaxed and calm during the procedure. When I will ask you so, you should spit the liquid from the mouth in a special container that will be at your reach (<i>how to contribute to the procedure</i>)					0 1 3
6.	Performing a good hygiene of your mouth is an important element of your medical condition. The failure in achieving it will result in high risks for associated local and also respiratory tract infections, pneumonia for example. A prolongation in your healing process or even a failure in obtaining it. (<i>the benefit of the procedure</i>)					0 1 3
7.	Now, are you clear about the procedure? Would you like to ask me anything else?	ESSENTIAL				
8.	Have you undergone oral care procedure sometimes before? Can you tell me how often, when and how you clean teeth and mouth, by yourself? (<i>Assessing patient perception and involvement in own health issues. Lack of knowledge in maintaining oral hygiene predispose to oral problems</i>)					0 1 3
9.	Did your health insurance include dental care? How often you had dental controls in the last three years?					0 1 3

10.	Food still have taste or, thinking back, you prefer salty or the sweets ones. Like what? (<i>high salt intake, refined sugars are more prone to cause enamel erosions</i>)				0 1 3
11.	Do you have frequent sensations of dryness of mouth? Do you wake up at night to drink water? (<i>diminish salivary secretions lead to dried and thin oral mucosa that favour local injuries and lesions to appear</i>)				0 1 3
12.	How much liquids do you drink in a day time? Adding soup, tea, any intake of liquid, is it a total of 2000 ml per day? Or less? (<i>diminish fluid intake lead to dried and thin oral mucosa that favour local injuries and lesions to appear</i>)				0 1 3
13.	Do you smoke tobacco? How many cigarettes per day? For how long? (<i>heavy smoking, defined by a smoker who reports consuming 20 cigarettes or more per day or by > 20 packet-year ☞ calculation: number of packets smoked each day multiplied with the number of years of smoking ☞, lead to dried and thin oral mucosa that favour local injuries and lesions to appear</i>)				0 1 3
14.	What kind of alcohol do you prefer, cognac, wine, beer, vodka? In what amount per week? (<i>at risk alcohol drinker, defined by a consume of > 14 alcohol unit per week ☞ one unit is 10 ml or 8 g of pure alcohol retrieved in 25 ml strong drinks ≈ 40%-, 76 ml wine like drinks ≈ 13,5%, 250 ml beer like drinks ≈ 4% ☞, lead to dried and thin oral mucosa that favour local injuries and lesions to appear</i>)				0 1 3
15.	Consulting the observation sheet, verify the prescribed medication in term of drugs that can associate dryness of the mouth as side effect (ex. diuretics, laxatives, tranquilizers mainly if used excessively) or past head and neck radiation treatment (<i>due to salivary glands fibrosis process, developed as result of radiation leading to secretory insufficiency. Saliva have antiinfectives features.</i>)				0 1 3
16.	If they have not been recently evaluated: BP measurement, pulseoximetry, thermometry: BP..... mmHg, SaO2 %, T °C. Hand wash. Apply clean medical gloves as part of standard precautions.				0 1 3
17.	Use a rubbing alcohol swab to decontaminate any furniture surfaces with which there will be contact during the manoeuvre.				0 1 3
18.	Evaluation of the patient's medical records from the standpoint of associated conditions that could contraindicate either high Fowler position (e.g. cerebral hypoperfusion syndrome) or lateral decubitus (orthopedic / rheumatologic diseases, local conditions)				0 1 3
19.	Dispose of used gloves in the non-sharp infectious waste container. Hand wash. Apply a new pair of medical gloves as part of standard precautions. (<i>to avoid infections spreading from and to the patient</i>). Place patient in high Fowler position (<i>sitting in bed with upper body in a 60 – 90 degree angle from horizontal</i>) or if this is not possible, use lateral decubitus (<i>sitting in bed on a side</i>) (<i>these postures prevent patient to aspirate in the bronchial tree the liquids used in mouth hygiene procedure</i>). Raise patient's bed to the waist level of the staff performing oral care. (<i>to avoid overloading of paravertebral muscles, otherwise overused in the medical activities performed at bedside</i>)				0 1 3
20.	Consulting the observation sheet: Do you have dentures, bridgeworks, previous dental interventions. Using a flashlight, examine oral cavity for caries, broken teeth, partial edentation, teeth deposits, odour, secretions, aspect of gums, existence of bridgeworks, dentures. (<i>In case of artificial dentures they must be cleaned regularly and should be constantly worn, in order to maintain facial conformation, prevent gingival atrophy, allow good masticatory potency.... For cleaning purposes they must be removed from mouth by patient alone or, if he is not able to do so, by the medical professionals that perform oral care: the upper teeth from front of</i>)				0 1 3

	<i>dentures must be grasp via a gauze and the plate dislodge from oral ceiling with up and down short movements. The lower dentures can be dislodge from mandibular gums by lifting it on one side or another. Partial dentures can be dislodge by exerting pressure on artificial teeth avoiding the clasps - that aren't from such a hard material as teeth are).</i>			
21.	Are you allergic to anything, rubber products, toothpaste, dentures cleaning products mouthwashes maybe? <i>(evaluating possible allergies to the materials commonly used in the procedure)</i>	ESSENTIAL		
22.	When did you last eat? It is advisable to perform mouth hygiene before and after each meal <i>(according to local oral conditions, mouth hygiene may be necessary from a repetition of three times per day to an every 2 hours interval)</i>			0 1 6
23.	Place a device under patient chin able to retain liquids that might flow from oral area during mouth hygiene procedure (ex. towel, absorbent cloth or pad, curved basin)			0 1 5
24.	Selection of the devices more suitable to be used in mouth hygiene. Are you comfortable with the use of toothbrush for the hygiene of your mouth? Or this is unpleasant or even harm you? Did your gums bleed easily when a toothbrush is used? Consulting the observation sheet, check for oral problems that could contraindicate the use of a toothbrush (diagnostics, old or recent local interventions). If so we can use a soft-bristled one or even replace it with an oral swab, from foam, by example. But in this case we won't be able to remove tartar from the surface of your teeth. The same if we will use a gauze soaked with saline, which is another possible device to utilize for your oral care. <i>(swabs impregnated with lemon glycerine that can be also found as an option for oral care must be avoided due to them irritative effect on oral mucosa that can become dry and on teeth that can be decalcified)</i>			0 1 5
25.	Using tap water or saline, wet the head of the toothbrush. Apply on the bristles sodium bicarbonate toothpaste <i>(an acid saliva will favour oral flora grow; so diminishing its acidity will result in a decrease in microbial load at the level of the mouth; also sodium bicarbonate will help the process of cleaning, by dissolving mucus).</i>			0 1 3
26.	Would you prefer to wash your teeth by yourself, under my guidance, or you prefer that I will do it for you?	ESSENTIAL		
27.	Ensure there is a good lighting for examination <i>(use of a flashlight may be appropriate)</i>			0 1 3
28.	Position yourself at the right side of the patient <i>(or left side if staff performing the manoeuvre is left-handed)</i>			0 1 3
29.	Please slightly open your mouth spreading lips apart in order to allow me to have a good look at your teeth and to insert toothbrush. Do not open it to large because you should maintain this posture for some minutes.			0 1 3
30.	Position the bristles of the toothbrush in close contact with two or three teeth, the upper ones from the front of the mouth (incisors) at the level of insertion of the tooth in the gum (gingival sulcus) at a 45 degree angle with teeth surface.			0 1 3
31.	Press gently the bristles into the gingival sulcus and rotate the head of the toothbrush in order to brush the surface of the teeth <i>(by doing so the bristles angle with teeth will change from a 45 facing downwards to a perpendicular position and finally to a 45 but facing upwards)</i> in a firm movement from the base of the tooth to its tip <i>(from its gingival insertion to the crowns)</i> in the intention to remove whatever are deposits left inside the gingival sulcus and also the			0 1 3

	deposits from the surface of the teeth.			
32.	At any moment, whenever you consider, signal it us, by rising a hand, if you need to rinse your mouth from toothpaste. <i>(in this purpose tap water can be use, as well as saline or mouthwash products as original solutions or in dilution with saline; hydrogen peroxide represent a good choice for rinsing mouth in oral care but alcoholic mouthwashes can irritate and dry oral mucosa)</i> A good rinse will eliminate from your oral cavity all the particles removed within the brushing process.			0 1 3
33.	Reposition the bristles of toothbrush at gingival sulcus, 45 degree angle and repeat the movement until, for the area that was processed, the teeth and them gingival area gain a clean aspect.			0 1 3
34.	Please rinse your mouth now with a bit from this liquid. Offer to the patient a cup with the chosen rinsing liquid or, in case he is too weak to drink from the cup or is lying in a lateral decubitus, offer it with the help of a straw. If you can discard the liquid from your mouth in this basin, please do so. Place a curved basin under patient chin. Spit all out, please. For comatose patients that must be positioned in a lateral decubitus, rinsing liquids are administered with the help of a 10 ml syringe and removed with the use of a suction device. <i>(In order to prevent bronchoalveolar aspiration due to loss in swallowing reflex that characterise comatose condition).</i> Remove the basin from patient side and place it at hand reach.			0 1 3
35.	Move than to the next, right or left side, association of two –three teeth to be cleaned next and repeat the manoeuvres of brushing using same technique. Finalize the whole external surface of the upper maxilla.			0 1 9
36.	Place a curved basin under patient chin. Please rinse your mouth again. Discard it now in the basin. Thank you. Remove the basin from patient side and place it at hand reach. Inspect the area of denture and gum that just was brushed. Continue brushing that area if the result do not meet expectancies.			0 1 3
37.	Please relax your lips now and open your mouth a little bit more in order to allow me to have a better look at the inner side of your teeth and to insert toothbrush. Still, do not open it to large because you should maintain this posture for some minutes.			0 1 3
38.	Repeat the manoeuvres of brushing using same technique, but now for the inner surface of upper maxilla			0 1 3
39.	Repeat the movements until, for the area that was processed, the teeth gain a clean aspect. Finalize the whole internal surface of the upper maxilla.			0 1 9
40.	Place the curved basin under patient chin. Please rinse your mouth again. Discard it now in the basin. Thank you. Remove the basin from patient side and place it at hand reach. Inspect the area of denture and gum that just was brushed. Continue brushing that area if the result do not meet expectancies.			0 1 3
41.	Now, please spread your lips apart again, your mouth being only slightly open. We will brush now the tip of your teeth. Do not open it to large because you should maintain this posture for some minutes.			0 1 3

42.	Position the bristles of toothbrush at the tip of the teeth (<i>the biting side of the tooth</i>), the upper ones from the front of the mouth, perpendicular with dental arcade in order to move toothbrush inside and outside the mouth to brush them apex.				0 1 3
43.	Move than to the next, right or left side, association of teeth to be cleaned next and repeat the manoeuvres of brushing using same technique. Finalize the whole biting surface of the upper maxilla.				0 1 9
44.	Place the curved basin under patient chin. Please rinse your mouth again. Discard it now in the basin. Thank you. Remove the basin from patient side and place it at hand reach. Inspect the area of denture and gum that just was brushed. Continue brushing that area if the result do not meet expectancies.				0 1 3
45.	Please slightly open your mouth spreading lips apart in order to allow me to have a good look at your teeth and to insert toothbrush. Do not open it to large because you should maintain this posture for some minutes.				0 1 3
46.	Position the bristles of the toothbrush in close contact with two or three teeth, the inferior ones from the front of the mouth (incisors) at the level of insertion of the tooth in the gum (gingival sulcus) at a 45 degree angle with the teeth surface.				0 1 3
47.	Press gently the bristles into the gingival sulcus and rotate the head of the toothbrush in order to brush the surface of the teeth (<i>by doing so the bristles angle with teeth will change from a 45 facing downwards to a perpendicular position and finally to a 45 but facing upwards</i>) in a firm movement from the base of the tooth to its tip (<i>from its gingival insertion to the crowns</i>) in the intention to remove whatever are deposits left inside the gingival sulcus and also the deposits from the surface of the teeth.				0 1 3
48.	Reposition the bristles of toothbrush at gingival sulcus, 45 degree angle and repeat the movement until, for the area that was processed, the teeth and them gingival area gain a clean aspect.				0 1 3
49.	Move than to the next, right or left side, association of two –three teeth to be cleaned next and repeat the manoeuvres of brushing using same technique. Finalize the whole external surface of the mandible.				0 1 9
50.	Place the curved basin under patient chin. Please rinse your mouth again. Discard it now in the basin. Thank you. Remove the basin from patient side and place it at hand reach. Inspect the area of denture and gum that just was brushed. Continue brushing that area if the result do not meet expectancies.				0 1 3
51.	Repeat the manoeuvres of brushing using same technique, but now for the inner surface of mandible. Please relax your lips now and open your mouth a little bit more in order to allow me to have a better look at the inner side of your teeth and to insert toothbrush. Still, do not open it to large because you should maintain this posture for some minutes.				0 1 3
52.	Repeat the movements until, for the area that was processed, the teeth gain a clean aspect. Finalize the whole internal surface of the mandible.				0 1 9
53.	Place the curved basin under patient chin. Please rinse your mouth again. Discard it now in the basin. Thank you. Remove the basin from patient side and place it at hand reach. Inspect the area of denture and gum that just was brushed. Continue				0 1 3

	brushing that area if the result do not meet expectancies.				
54.	Now, please spread your lips apart again, your mouth being only slightly open. We will brush now the tip of your teeth. Do not open it to large because you should maintain this posture for some minutes				0 1 3
55.	Move than to the next, right or left side, association of teeth to be cleaned next and repeat the manoeuvres of brushing using same technique. Finalize the whole biting surface of the mandible.				0 1 9
56.	Place the curved basin under patient chin. Please rinse your mouth again. Discard it now in the basin. Thank you. Remove the basin from patient side and place it at hand reach. Inspect the area of denture and gum that just was brushed. Continue brushing that area if the result do not meet expectancies.				0 1 3
57.	Now, please largely open your mouth. We will clean now your tongue. Still, do not open it to large because you should maintain this posture for some seconds. Thank you.				0 1 3
58.	Place the head of toothbrush with the opposite side to that of bristles, specially designed for this purpose over the tongue. <i>(If such an area does not exist bristles can be used too).</i> Gently brush the upper surface of the tongue, being cautious not to induce nausea with vomit. <i>(In the lack of efficiency to clean tongue a lot of bacteria will persist in oral cavity maintaining a high risk for oral and respiratory infectious complications to appear and affecting breath odour).</i>				0 1 9
59.	Place the curved basin under patient chin. Please rinse your mouth again. Discard it now in the basin. Thank you. Remove the basin from patient side and place it at hand reach. Inspect the area of tongue that just was brushed. Continue brushing that area if the result do not meet expectancies. <i>(Deposits on tongue surface can be determined by poor oral hygiene but also by decreased hydration, fungal infections, medications).</i>				0 1 3
60.	Using a towel, wipe patient lips. Let's wipe your mouth a bit				0 1 3
61.	In order to remove the debris that might have accumulated in the tiny space between your teeth it is possible to use floss. It is not part of a basic mouth hygiene (by not having the necessary amount of proves for it) but is logically the only way to clean that side of tooth and the related gingival area.				0 1 3
62.	Unwrap 45 cm of waxed floss <i>(better than the unwaxed one that is more prone to fray and attach residue from between teeth)</i> and turn the edges around the third finger of each hand two or three laps to be able to hold the floss well, leaving about 15 cm free floss between them.				0 1 3
63.	Reduce this 15 cm free length of floss to around 2.5 cm and tense the floss by placing the thumb of one hand pointing upward and the index from the other one, also pointing upward for a good instrumentation on upper maxilla teeth.				0 1 3
64.	Insert the 2.5 cm of floss in the space between the upper incisors having the side hold by index placed inside the mouth and that sustain by the thumb outside it.				0 1 3
65.	Advance, in an upward motion with the help of index and thumb, until floss reach the gum, gentle, careful not to harm it. Position the floss from between teeth in the gingival sulcus and bend it around the lateral side of one or the other tooth from the space that is instrumented, in a C shape manner.				0 1 3
66.	From this position move the floss downward in an intent to dislodge the potential				0 1

	residues from gingival sulcus and the lateral side of the instrumented tooth outside from the interdental space.			3
67.	Repeat this operation, of up and down motion of floss, several times, until the desired hygiene is obtained. Then bend floss towards the other tooth of the interdental space, also in a C shape manner to clean the remaining side of that space, too.			0 1 3
68.	Move than to the next, right or left side, association of teeth to be cleaned next and repeat the manoeuvres of brushing using same technique. Finalize the whole interdental spaces of the upper maxilla.			0 1 9
69.	Please rinse your mouth now with a bit from this liquid. Offer to the patient a cup with the chosen rinsing liquid or, in case he is too weak to drink from the cup or is lying in a lateral decubitus, offer it with the help of a straw. If you can discard the liquid from your mouth in this basin, please do so. Place a curved basin under patient chin. Spit all out, please. For comatose patients that must be positioned in a lateral decubitus, rinsing liquids are administered with the help of a syringe and removed with the use of a suction device. <i>(In order to prevent Broncho alveolar aspiration due to loss in swallowing reflex that characterise comatose condition).</i> Remove the basin from patient side and place it at hand reach.			0 1 3
70.	Unwrap another 45 cm of waxed floss and turn the edges around the third finger of each hand two or three laps to be able to hold the floss well, leaving about 15 cm free floss between them.			0 1 3
71.	Reduce this 15 cm free length of floss to around 2.5 cm and tense the floss by placing the thumb of one hand pointing downward and the thumb from the other one, also pointing downward for a good instrumentation on mandibular teeth.			0 1 3
72.	Insert the 2.5 cm of floss in the space between the lower incisors having one side placed inside the mouth and the other outside it.			0 1 3
73.	Advance, in a downward motion by pressing with both thumbs, until floss reach the gum, gentle, careful not to harm it. Position the floss from between teeth in the gingival sulcus and bend it around the lateral side of one or the other tooth from the space that is instrumented, in a C shape manner.			0 1 3
74.	From this position move the floss downward in an intent to dislodge the potential residues from gingival sulcus and the lateral side of the instrumented tooth outside from the interdental space.			0 1 3
75.	Repeat this operation, of up and down motion of floss, several times, until the desired hygiene is obtained. Then bend floss towards the other tooth of the interdental space, also in a C shape manner to clean the remaining side of that space, too.			0 1 3
76.	Move than to the next, right or left side, association of teeth to be cleaned next and repeat the manoeuvres of brushing using same technique. Finalize the whole interdental spaces of the mandible.			0 1 9
77.	Please rinse your mouth now with a bit from this liquid. Offer to the patient a cup with the chosen rinsing liquid or, in case he is too weak to drink from the cup or is lying in a lateral decubitus, offer it with the help of a straw. If you can discard the liquid from your mouth in this basin, please do so. Place a curved basin under patient chin. Spit all out, please. For comatose patients that must be positioned in a lateral			0 1 3

	decubitus, rinsing liquids are administered with the help of a syringe and removed with the use of a suction device. <i>(In order to prevent Broncho alveolar aspiration due to loss in swallowing reflex that characterise comatose condition).</i> Remove the basin from patient side and place it at hand reach.				
78.	Apply hydrosoluble moisturiser over patient lips <i>(mineral oil type of moisturiser expose patients, in case of them aspiration inside lungs, to lipid pneumonia, so them use is contraindicated)</i>				0 1 3
79.	Apply saliva substitutes in case of dry mouth due to deficient salivary secretion				0 1 3
80.	Dispose of used gloves in the non-sharp infectious waste container. Medical hand wash.				0 1 3
81.	It is important for your health to brush teeth at least four times per day, after meals and at bedtime and floss them at least once daily. If brushing or flossing is not available, at least rinse your mouth vigorously with water. It is not the same but it could help in maintaining the hygiene of your mouth.				0 1 3
82.	Use a rubbing alcohol swab to decontaminate all furniture surfaces that were involved in the procedure. Remove previously used gloves and throw them in the non-sharp infectious waste container. Wash hands.				0 1 3
83.	Fill out the patient's medical record with all the details related to the realisation of the procedure, accidents, complications - as the case may be, date and time.	ESSENTIAL			
84.	All steps must be taken for the patient's safety <i>(adjust the bed at an inferior height level and lift the lateral limiters).</i> Make sure the patient can easily reach personal objects <i>(e.g. mobile phone, book, crossword puzzle etc.)</i> , the glass of water and the remote control for calling medical help. Give details about the medical schedule to follow and the time when the patient will be re-examined).				0 1 3
Total score: 300		<input type="radio"/>			%
		<input type="radio"/>			%
		<input type="radio"/>			%

Legend: - unfulfilled criterion; – partially fulfilled criterion; – completely fulfilled criterion

(score according to column P)

Selective references

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www.gov.uk/government/uploads/system/uploads/attachment_data/file/545937/UK_CMOs__report.pdf
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