

ORAL CARE is CRUCIAL!

And YOU are part of the oral care team!



- Check the patient's mouth when you see them!
- Ask the RN/CNA to brush teeth/mouth if see or smell it is needed
- When **you** ask **they** listen!
- Oral care helps provide the best care to our patients especially while admitted (higher stress, less likely to follow usual hygiene habits, etc.)

Who cares about oral care?

- ▶ Scrape a cubic millimeter of your teeth in the morning and you would collect up to 10 billion microorganisms
- ▶ Typical person's oral microbiome maintains homeostasis facilitated by SALIVA
- ▶ Saliva is important for protecting and repairing oral mucosa, warding off viral, bacterial, and fungal colonization, digestion, taste, lubrication, cleansing, fostering a healthy microbial community, decay prevention, & dental prevention.
- ▶ Poor oral hygiene will cause dental plaque to form a dense bacterial biofilm that becomes too dense for the saliva to penetrate causing lower salivary pH.
- ▶ 1.5 hour of stress can alter saliva chemistry
- ▶ Given the high levels of stress and pathogens in critical care, vigilant oral care is essential

The **best** predictors of aspiration pneumonia are:

- ▶ Inability to self-feed/ dependent for feeding
- ▶ Dependent for oral care
- ▶ Number of decayed teeth
- ▶ Tube feeding
- ▶ More than one medical diagnosis
- ▶ Number of medications
- ▶ Smoking

** Dysphagia was concluded to be an important risk for aspiration pneumonia, but generally **not sufficient to cause pneumonia unless other risk factors are present as well.**

The type of oral care matters

- ▶ Use a toothette is NOT the same as using a toothbrush
- ▶ Brushing and rinsing stimulate salivary flow and remove harmful bacteria
- ▶ Brushing = improved quality of saliva and balance in oral cavity
- ▶ Biofilm can coat the teeth, tongue, and palates – risk is the same whether have dentition, dentures, or edentulous
- ▶ Foam swabs/toothettes are NOT successful in removing plaques and biofilm that harbor pathogenic microorganisms
- ▶ The teeth, tongue, and palate need to be well cleaned and brushed. Using a foam swab/toothette is not enough.
- ▶ A nurse training program on the benefits of toothbrushing over foam swabs resulted in a 50% reduction in vent-acquired PNA (Ross & Crumpler, 2005).
- ▶ Ideally would brush and rinse

Citation: Sheffler, K. The Toothbrush Defense. The ASHA Leader, May 2018.

A bit more proof

- ▶ Yoneyama (2002) found that 6% of participants with good oral care passed away whereas 20% without an oral care protocol passed away. Additionally, 9% of participants were diagnosed with PNA with good oral care v. 21% without an oral care protocol.
- ▶ For tube fed patients, Maeda & Akagi (2014) found that standard oral care given 2x/day resulted in a 40% decrease in hospitalizations. And PNA was twice as high in the group that had no oral care protocol as compared to those getting oral care.