



SOP GEN 14 Mouth Care (Child and Adult)

Procedure Number	SOP GEN 14
Purpose of Document	To ensure that the correct preparation, procedure & outcome are achieved by implementing a consistent and systematic approach to the procedure of mouth care
Target Audience	All Nurses & appropriately trained carers
Version	V3
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Next Review Date	November 2025
About Acacium Group	Details of all Acacium Group trading companies that this policy applies to are detailed within Appendix A

Document History

Acacium Group Standard Operating Procedure

1. Introduction

The mouth is important for eating, drinking, speech, communication, taste, breathing and defence.

Oral hygiene is an integral part of total care. Assessment and planned interventions can help prevent, minimise or reverse changes in the oral cavity (Gibson and Nelson, 2000).

More update reference (Hatchett 2021)

Mouth care may be required when a client is unconscious, undergoing chemotherapy or radiotherapy, has a neurological condition, maxillofacial injury, cerebral palsy, cleft palate, HIV, fever, poor nutritional intake, nil by mouth, or drug induced poor oral health.

Poor oral health may lead to bad breath, ulcers, thrush, dry mouth and inflammation and/or gum disease.

2. Aim

The principal objective of oral care is to maintain the mouth in a good condition. It specifically aims to:

- Keep the oral mucosa clean, soft, moist and intact, thus preventing infection
- Keep the lips clean, soft, moist and intact
- Remove food debris/dental plaque without damaging the gingiva (gums)
- Alleviate pain/discomfort, thus enhancing oral intake
- Prevent halitosis and freshen the mouth
- Decrease the risk of oral and systemic infection
- Increase general well-being

3. Who may undertake this procedure

All Acacium Group workers may undertake this procedure as long as they are trained and competent to do so.

4. Consent

Please read Acacium Group Policy on consent thoroughly and ensure valid consent has been gained.

Please now ensure you understand the Consent Policy and Mental Capacity Act in full.

5. Hazards/complications

Care must be taken not to damage the oral mucosa, brush the teeth too hard or insert the toothbrush further than required. Acacium Group nurses and carers should be aware of any clotting disorders or anticoagulation therapy that may increase the risk of bleeding.

6. Frequency

As a minimum provide oral health care twice a day however it may be required much more frequently and should be detailed within the clients specific care plan.

NICE guidance on Oral Health for Adults 2016 recommends that care staff provide clients with daily support to meet their mouth care needs and preferences, as set out in their personal care plan after their assessment.

7. Assessment of need

An effective oral assessment should involve the following eight aspects of the mouth

- Swallow
- Lips and corner of the mouth
- Tongue
- Saliva
- Mucous membranes
- Gingiva
- Teeth
- Voice

Oral assessment would need to be documented in the care record to document clinical findings.

8. Client and relatives/carers involvement

Whenever possible the client should be involved in the oral assessment so that they are involved in making decisions about the level of mouth care required and are able to choose the appropriate mouth care solutions appropriate to their needs.

The client and or family or carers should be supported to provide the oral care where this is possible for the client and or the family or carers.

9. Client information

As part of obtaining valid consent the risks, benefits and alternatives to treatment will have been discussed.

The procedure must be explained fully in order to gain full cooperation.

10. Additional information

Water or sodium chloride solutions are the most commonly used mouthwashes. They are soothing, do no harm, and are safe to use as often as required.

Mouthwashes should be detailed within the MAR chart

Chlorhexidine mouthwash is sometimes advised if the client is at risk of mouth infection. However, this should not normally be used more than twice a day. It contains alcohol which may sting, especially if the mouth is inflamed. If this is required twice a day, water or sodium chloride mouthwashes can be used as often as liked in between.

Other mouthwashes and treatments, such as ascorbic acid solution and sodium bicarbonate mouthwash may be prescribed by a Doctor/Dentist or Nurse, in certain circumstances. These must be on the MAR chart to administer.

It is best not to use glycerine or lemon mouthwashes. They often increase the sensation of a dry mouth.

Consideration should be given as to whether a referral to a dentist may be necessary. There are some that offer a domiciliary service especially where new dentures are required.

Chewing pineapple, if appropriate, may also help to clean the mouth as pineapple contains ananase which is an enzyme (chemical) which may help to break down debris in the mouth. Fresh pineapple or unsweetened tinned pineapple may be used. (Ensure that the client is not nil-by-mouth or diabetic)

11. Equipment

- Mouthwash or denture solution (of client's choice) or as prescribed
- Clean receiver or bowl
- Paper tissues/gauze
- Small-headed, soft toothbrush, if appropriate
- Toothpaste
- Disposable gloves
- Denture pot, if required
- Small torch
- Waste disposal bag
- Suction, if applicable
- Lip lubricant, if applicable (care plan dependant)

12. Procedure (ADULTS)

	Action	Rationale
1.	Explain and discuss the procedure with the client.	To ensure that the client understands the procedure and gives his/her valid consent (NMC 2006).
2.	Wash hands with bactericidal soap and water/bactericidal alcohol hand rub and dry.	To reduce the risk of cross-infection (Health Act 2006).
3.	Prepare solutions required.	Solutions must always be prepared immediately before use to maximise their efficiency and minimise the risk of microbial contamination (Health Act 2006).
4.	If the client cannot remove their own dentures, using a tissue or piece of gauze, grasp the upper plate at the front teeth with the thumb and second finger and move the denture up and down slightly. Lower the upper plate,	Removal of dentures is necessary for cleaning of underlying tissues. A tissue or topical swab provides a firmer grip of the dentures and prevents contact with the Client's saliva. The slight movement breaks the suction that secures the plate

	remove and place in denture pot.	
5.	Lift the lower plate, turning it so that one side is lower than the other, remove and place in denture pot.	Lifting the lower plate at an angle helps removal of the denture without stretching the lips.
6.	Remove a partial denture by exerting equal pressure on the border of each side of the denture.	Holding the clasps could result in damage or breakage.
7.	Inspect the client's mouth, including teeth. Ask the client's if they have any oral discomfort or difficulty swallowing. Report any concerns as per the escalation plan within the clients care plan this may be to the community nurse/SALT team.	To identify issues early.
8.	Using a soft, small toothbrush and toothpaste (if the gums are damaged or susceptible to bleeding) brush the client's natural teeth, gums and tongue. Where applicable a suction may be required to support removal of waste. Please refer to Suction SOP.	To remove adherent materials from the teeth, tongue and gum surfaces Hatchett (2021). Brushing stimulates gingival tissues to maintain tone and prevent circulatory stasis (Pearson & Hutton 2002; Clay 2000). Glycerine stick reduces possibility of trauma (Walton et al. 2002).
9.	Hold the brush against the teeth with the bristles at a 45° angle. Then move the bristles back and forth using horizontal or circular strokes and a vibrating motion. Repeat until all teeth surfaces have been cleaned. Clean the biting surfaces by moving the toothbrush back and forth over them in short strokes and brush tongue to remove any debris.	Brushing loosens and removes debris trapped on and between the teeth and gums (Kozier et al. 1998). This reduces the growth medium for pathogenic organisms and minimises the risk of plaque formation and dental caries.
10.	Give a beaker of water or mouthwash to the client, if appropriate as per care plan. Encourage client to rinse the mouth vigorously with water, normal saline, and then void contents into a receiver. Paper tissues should be to hand. Where applicable suction may be	Rinsing removes loosened debris and toothpaste and makes the mouth taste fresher. The glycerine content of toothpaste will have a drying effect and an after taste if left in the mouth.

	required and commissioned to support removal of waste/toothpaste. Please refer to Suction SOP and client specific care plan.	
11.	<p>If the client is unable to rinse and void, use a rinsed toothbrush to clean the teeth and to wipe the gums and oral mucosa.</p> <p>CHECK THAT THE SWAB IS SECURELY ATTACHED TO THE STICK PRIOR TO USE and is still intact post use.</p> <p>Glycerine sticks should be used with a rotating action so that most of the surface is utilised.</p>	To remove debris as effectively as possible
12.	Apply suitable lubricant to dry lips. (NB Do not use Vaseline based lubricant to a client's lips if they are on oxygen therapy).	To increase the client's feeling of comfort and well-being and prevent further tissue damage
13.	<p>Clean the client's dentures on all surfaces with denture brush or toothbrush.</p> <p>Check the dentures for cracks sharp edges and missing teeth. Rinse them well and return them to the client.</p>	Cleaning dentures removes accumulated food debris which could be broken down by salivary enzymes to products which irritate and cause inflammation of the adjacent mucosal tissue
14.	Dentures should be removed at night and placed in a suitable cleaning solution.	Some commercial denture cleaners may have an abrasive effect on the denture surface. This then attracts plaque and encourages bacterial growth.
15.	Dentures should be soaked in diluted antifungal solution for 4 - 6 hours daily if oral Candida species are present.	Soaking with diluted antifungal reduces the risk of re-infecting the mouth with infected dentures.
16.	Discard remaining mouthwash solutions.	To prevent infection (Health Act 2006).
17.	Clean and thoroughly dry the toothbrush.	To prevent the risk of contamination.
18.	Wash hands with soap and water or alcohol hand rub and dry with paper towel.	To reduce the risk of cross-infection (Health Act 2006).

13. Procedure (Children)

Action	Rationale
1. Explain the procedure with the child and family, appropriate to the child and parents' level of understanding.	Ensure that the child and family understand and provide verbal consent.
2. Wash and dry hands thoroughly.	To minimise the risk of cross-infection.
3. Examine the condition of the child's mouth and lips.	To assess for any changes in condition.
4. Moisten tooth brush with water (sterile for infants and immunosuppressed children), apply appropriate amount of toothpaste.	Soft headed toothbrush provides the most effective means of debris and plaque removal from teeth, tongue and gum surface Uppal et al (2019).
5. Brush teeth using individual strokes away from the gums.	To reduce the risk of trauma to the gums.
6. As a child may be unable to rinse and gargle use oral sponges slightly wet with sterile water. ENSURE THAT THE SPONGE IS SECURELY ATTACHED TO THE STICK PRIOR TO USE. Where applicable suction may be required and commissioned to support removal of waste/toothpaste. Please refer to Suction SOP and client specific care plan.	To remove debris left from brushing and freshen mouth. Suction prevents the water from being swallowed/aspirated as child may cough or gag.
7. Assess lips, clean with sterile water using gauze swabs and apply lubricant as required (NB do not use Vaseline based lubricants when the child is on supplementary oxygen.	To clean and moisturise the lips for the child's comfort.

14. Related Documents

POLICY:

CLIN 22 General Care Policy
 CLIN 07 Infection Prevention Policy
 CLIN 06 Consent Policy

SOP:

SOP MEDS 20 Oxygen Therapy: Adult and Child
SOP VENT 16 Oral and Nasal Suctioning

15. References

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- Hatchett R (2021) How to undertake effective mouth care and oral assessments. Nursing Standard. doi: 10.7748/ns.2021.e11756
- Uppal S et al (2019) The nurseâ€™s role in oral assessment and care of children in hospital Nursing Times [online]; 116: 1: 30-34.

Appendix A: About Acacium Group

Acacium Group consists of a number of trading companies, each providing services within core niche areas of the health and social care industries. Therefore, as this document is a Group standard operating procedure (SOP), the SOP herein applies to all trading companies detailed below:

Thornbury Community Services (TCS)

At Thornbury Community Services (TCS), high quality care is our number one priority. With a team of exceptional and conscientious nurses and care staff, we're able to deliver the best complex care at home or in the community, 24/7 or whenever you need it. With compassion, integrity and dedication, we help empower individuals to achieve personal aspirations, as well as providing care tailored to their needs. Making a positive difference to our client's lives is our passion and it's this that sets us apart.



Thornbury Community Services Learning Disability & Autism (TCS LDA)

Thornbury Community Services (TCS), provide specialist outcome-focused support for children and adults who are diagnosed with a learning disability and/or autism, who may present with behaviours of concern. Working in close partnership with commissioners, local authorities, hospital teams, our clients and their families; providing bespoke healthcare services, offering tailored care for every individual we support. We have a proven track record of supporting individuals with learning disabilities and/or autism and a reputation for delivering excellence across all aspects of case management.



Our vision is to increase personal choice and to empower people with a learning disability and/or autism to live fulfilling and rewarding lives and be an active member of their own community.

Pulse Nursing at Home

Pulse Nursing at Home provides flexible, bespoke care for people living in their own homes and communities. We provide a lifetime solution that can adapt to changing healthcare needs.



We're passionate about our people and proud that the services we provide achieve the highest standards of compassionate care, supporting choice and empowering our clients to live the life they want.

Thornbury Nursing Services (TNS)

Established in 1983, TNS is one of the UK's leading independent nursing agencies, providing skilled nurses on a temporary or permanent basis throughout England and Wales.



Part of Acacium Group

TNS believe it is more important than ever to offer high quality, clinical care at home and in the community.

TNS specialist community nurses and carers provide temporary nursing and care support for clients at home. They're ready to step in to support discharge plans, prevent hospital admissions, maintain client safety and support uncertain rosters.

Service TNS offers

- Temporary staffing to cover shortfalls in existing shift rotas
- Backfilling for interim cover during recruitment periods
- Rapid response to facilitate early discharge and to avoid hospital admission
- A staffing solution to stabilise complex mental health cases in crisis
- A CQC registered staffing service – currently rated 'outstanding'
- Assistance in stabilising staffing in long term complex care packages
- Support for both adults and paediatrics
- A nurse-led team contactable 24 hours a day, 7 days a week

Scottish Nursing Guild (SNG)

Established in 1995, SNG, as part of Acacium Group, is one of Scotland's leading independent nursing agencies, providing skilled nurses on a temporary basis to major NHS trusts, and private sector clients, throughout Scotland, Northern Ireland and Republic of Ireland.



Part of Acacium Group

Service SNG offers

- A nurse-led team with full case management if needed, including compiling individualised care plans and risk assessments with ongoing support from Case Manager
- Care support for as long as you need us, from a few hours to 24/7
- Our office is contactable 24 hours a day, 7 days a week
- Rapid response to make early discharge possible or to avoid hospital admission
- Highly skilled nurses to provide home-based specialist care tailored to the specific needs of clients with complex care requirements
- Ad-hoc staffing to cover shortfalls in existing shift rotas or provide interim cover during recruitment periods
- Help stabilising staffing in long term complex care packages
- Palliative / end of life nursing care for clients who wish to remain at home
- Care provision for clients who need assistance with personal and/or social care support
- Support for both adults and children
- Support for clients no matter how complex their care needs
- Respite care to support clients either at home or away from home