



Oral Health Care Tips for Invasively Ventilated Patients/Clients

- “Oral care should be integrated into the care plan of all intubated patients”¹
- Use routine precautions and additional precautions (including personal protective equipment) when aerosolized droplets are anticipated
- Follow provincial infection prevention and control guidelines (e.g., Ontario’s Ministry of Health and Long-Term Care’s best practice documents: Provincial Infectious Diseases Advisory Committee’s [PIDAC’s] Knowledge Products)²
- When possible oral decontamination prior to intubation
- *Safer Healthcare Now! Prevent VAP Getting Started Kit*¹



- Mechanical decontamination with a toothbrush is recommended as well as flossing whenever possible
- Maintain the cleanliness (and sterility) of your environment and oral care tools/products
- Document your care in the patient’s/client’s medical records
- Monitor and inquire about the quality improvement and safety outcomes of providing best practices for oral health care

“The components of **Safer Healthcare Now! VAP Bundle** (not listed in order of importance):

- ◇ Elevation of the head of the bed to 45° when possible, otherwise attempt to maintain the head of the bed greater than 30° should be considered
- ◇ Daily evaluation of readiness for extubation
- ◇ The utilization of endotracheal tubes with subglottic secretion drainage
- ◇ **Oral care and decontamination with Chlorhexidine (e.g., 15mL of 0.12% every 12 hours)**
- ◇ Initiation of safe enteral nutrition within 24-48h of ICU admission.”



PREVENT VENTILATOR ASSOCIATED PNEUMONIA

- Reduce risk, have two people perform oral care together for invasively ventilated patients/clients
- For optimal results do not rinse the oral cavity within 30 minutes of oral decontamination with chlorhexidine
- Chlorhexidine may cause staining of the teeth but can be professionally removed – consult an RDH

Take a moment...to reflect on your professional practice

- Act in the interest of the patient/client to ensure safe and ethical care. Consider the scenario, health and wellness, and timing
- Be aware of the benefits of good oral health
- Be part of the oral health care team; clarify and know your scope and role on the oral health care team
- Act where you are competent (i.e., have the knowledge skills and judgment)
- Advocate for evidence-based best practice which includes interprofessional collaboration (IPC)
- IPC means the professional standards of all on the team must be met; have a plan in place to address
 - ◇ Who Can?
 - ◇ Who Could?
 - ◇ Who Should? and
 - ◇ Who Will?
- Include **RDHs** and **RRTs** on the team – they are competent and accountable regulated health care professionals with expertise in the area of oral health care; airway management and the **prevention of VAP.**

1 *Safer Healthcare Now! Prevent VAP Getting Started Kit* (2012, p.22-25) retrieved from: <http://www.saferhealthcarenow.ca/EN/Interventions/VAP/Documents/VAP%20Getting%20Started%20Kit.pdf>
2 PIDAC Knowledge Products available at: <http://www.oahpp.ca/resources/pidac-knowledge/>