

PAEDIATRIC NURSING PRACTICE MANUAL
SECTION 3

GENERAL CARE OF THE SICK CHILD

3.2 HYGIENE

3.2.1 ORAL ASSESSMENT AND HYGIENE

Aims

1. To keep the oral mucosa and lips clean, soft, moist and intact.¹
2. To minimise the risk of infection and mucositis.¹
3. To remove food debris/dental plaque without damaging the gingiva.¹
4. To enhance oral intake by minimising pain / discomfort associated with eating.¹
5. To aid control and removal of plaque.

Exclusions

1. For known oncology patients and/or neutropenic patients refer to Ward 3B Oncology Standard no. 16 and [PNPM 1.5](#) Care of the Neutropenic Patient.
2. For children undergoing specific plastic surgery eg. cleft lip repair, pharyngoplasty refer to 6A departmental manual.
3. For patients being cared for in the Paediatric Intensive Care Unit (PICU) refer to the PICU Clinical Protocol; mouth care.

Key points

1. Normal practice from home should be continued if appropriate.
2. The most effect means of cleaning teeth is with a soft headed tooth brush.¹⁻³
3. Dental floss should be used with care and is not recommended for children under 10 years of age.¹
4. Chlorhexidine mouthwash is not a substitute for tooth brushing and should be used as an adjunct to other oral hygiene measures.¹⁻²

Oral Assessment

Assess the oral cavity as frequently as determined by the patients individual need.
Use of a pen torch can help illuminate the oral cavity and aid assessment.¹

1. Assess the oral cavity noting the condition of the structure and function of the following

Physical Feature	Observe for +/- Report
Teeth	Plaque /debris, dental caries
Mucous membrane	Coating, redness, ulceration, candidiasis +/- bleeding
Tongue	Coating, cracking, blisters, candidiasis +/- redness
Lips	Cracking, bleeding +/- ulceration
Saliva	Excessive drooling, thick or absent secretions
Gums	Redness, ulceration, bleeding +/- swelling
Swallowing	Pain, discomfort

2. If pain, ulceration, candidiasis, inflammation and/ or spontaneous bleeding present request a medical review.
3. Document assessment/oral hygiene regime in notes and/or on nursing care plan.

Oral Hygiene

Equipment

Small, soft nylon bristled toothbrush headed tooth brush¹⁻³

Fluoride toothpaste

Clean water

Water based emollient cream/ointment

Towel

+/- Jumbo swab sticks

+/- Syringe

PROCEDURE	ADDITIONAL INFORMATION
Perform oral hygiene at least twice daily. ¹⁻³	The frequency of oral hygiene should be determined by the status of the patient's oral cavity and comfort. ⁴
Position the patient in a position that allows access to all teeth.	Maintain privacy.
For patient with dentures Remove and clean with a toothbrush and paste and soak in cold water.	When not worn, place the dentures in a labelled carton in the patient's locker.
For infants with no teeth; Moisten swab sticks with water and clean inner and outer aspects of gums. ¹	Renew swabs frequently.

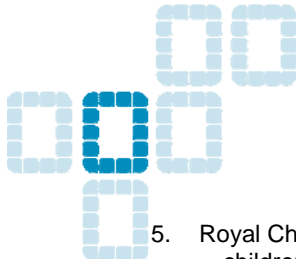
PROCEDURE	ADDITIONAL INFORMATION
<p>For general oral hygiene; Apply toothpaste to the tooth brush.</p>	<p>Recommended to use;¹</p> <ul style="list-style-type: none"> • smear toothpaste (<3yr) • pea sized amount (>3yr)
<p>Brush teeth in circular movements, brushing small areas at a time, behind, on top and in front of the teeth.¹</p>	
<p>During brushing encourage patient to spit out excess toothpaste</p> <p>Note; If unable to spit out gentle suction with an appropriate sized yankauer sucker may be required.</p>	<p>Fluoride can have drying effect to oral mucosa.^{1,4}</p>
<p>Once brushing completed, rinse mouth with water.</p> <p>Alternatively use syringe/swab stick to gently instil water and suction out.</p>	<p>Do not repeatedly rinse with water as this will reduce the caries preventative effect of the toothpaste.¹</p>
<p>Clean lips and apply water based emollient.</p>	<p>Prevents drying and cracking.⁵</p> <p>Aloe based lip balm such as petroleum based can increase dryness of the tissues.⁵</p>
<p>Do not use oils and oil-based petroleum products in the vicinity of oxygen.</p>	<p>Spontaneous ignition has been known to occur.⁶</p>
<p>Encourage oral intake to assist with oral mucosa hydration.</p>	
<p>Alternatively, moisten the mouth with water using swab stick.</p>	<p>Foam cleaning sponges are useful for moistening oral mucosa but are ineffective at removing plaque/debris from teeth.¹⁻³</p>
<p>Where applicable educate the child/family on appropriate and/or specialist mouth care regimes.</p>	

References:

1. Great Ormond Street Hospital for Children NHS Trust. Clinical guidelines: Mouth care. 2009. Available from: www.ich.ucl.ac.uk/clinical_information/clinical_guidelines/cpg_guideline_00116. Accessed: 29 January 2010.
2. Evans G. A rationale for oral care (level IV literature review). Nursing Standard.15(43):33-36; 2001.
3. Pearson L & Hutton J. A controlled trial to compare the ability of foam swabs and toothbrushes to remove dental plaque [Level II]. Journal of Advanced Nursing.39(5):480-489; 2002.
4. Joanna Briggs Institute. Evidence summary: Mouth care; clinical information. 2009. Available from: http://www.rch.org.au/rchcpg/index.cfm?doc_id=9504. Accessed: 28 January 2010.

All protocols should be read in conjunction with the disclaimer in the preface of this manual

Oral Assessment and Hygiene

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5. Royal Children's Hospital M. Clinical Guidelines (hospital); Mouth care - oral hygiene for haematology-oncology children. Available from: http://www.rch.org.au/rhcpg/index.cfm?doc_id=9504. Accessed: 3 January 2010.
 6. Bowden V & Smith Greenberg C. Pediatric nursing procedures. 2nd ed. Philadelphia USA: Lippincott Williams & Wilkins; 2008.

Date Issued: January 1974
Date Revised: February 2010
Review Date: February 2012
Authorised by: Paediatric Nursing Practice Committee
Review Team: CNM, 3B

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Hygiene
Paediatric Nursing Practice Manual (PNPM)
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