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SOP32

Standard Operating Procedure (SOP)
Management of Oral Health (Adult In-patient/s)

1.0 Procedure Statement (Purpose / Objectives of the Procedure)

- This SOP applies to all staff involved in the assessment of oral health and the delivery of mouth care to adult in-patient/s.
- This SOP aims to ensure the safe and effective identification and management of oral health care needs.
- The Royal Wolverhampton NHS Trust aims to ensure the early identification of oral health concerns and safe, effective and caring management of oral health in adult patients.
- The Trust aims to support staff to understand their role in the identification and management of patients with oral health concerns and to work together as a multidisciplinary team (MDT) in partnership with patients and their families.
- To acknowledge the importance of mouth care and effective oral health and the links to general health and well-being.
- To promote prevention and early diagnosis of poor oral hygiene.
- To promote best practice care of patients with poor oral hygiene.
- To ensure that all patients receive an appropriate oral care assessment with 24 hours of admission to hospital using the Trust Oral Health Care Assessment

  (Order code MI_7827614_25.11.21_V_2).
- To review mouth care as per assessment findings.
- To ensure staff follow the Oral Health Care Assessment Care Plan when providing oral hygiene and document care provided.
  (Order code MI_7827614_25.11.21_V_2).
- To reduce the risk of hospital-acquired infections and other adverse events due to poor oral health/hygiene (NICE 2011, NICE 2016, Torres et al 2021).
- To reduce the length of hospital, stay and increased care costs associated with poor oral health/hygiene.
  - To promote a proactive education and awareness of incident reporting due to poor oral health/hygiene.

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2.0 Accountabilities

The Royal Wolverhampton NHS Trust will work across organisational boundaries and in partnership with other organisations in the interests of patients, local communities, and the wider population.

2.1 Trust Board

The Trust Board are responsible for assuring that all Trust and public policies, procedures, and monitoring systems are in place to ensure that the Trust is compliant in its obligations under the Care Act 2014, Equality Act 2010, Mental Capacity Act 2005, Human Rights Act 1998, Data Protection Act 1998, Quality and Safety Standards and Government requirements.

2.2 Chief Nursing Officer

The Chief Nursing Officer (sponsor) is the professional lead for nursing and midwifery services. They have the responsibility to ensure that service needs are met for the diverse population of people who access The Royal Wolverhampton NHS Trust and that the services are appropriate, accessible, and delivered in a manner that respects the privacy and the dignity of all patients.

2.3 Chief Medical Officer

The Chief Medical Officer is responsible for overall professional leadership of all medical staff. They have the responsibility to ensure that service needs are met for the diverse population of people who access The Royal Wolverhampton NHS Trust and that the services are appropriate, accessible, and delivered in a manner that respects the privacy and the dignity of all patients.

2.4 Dental Health Specialist

The role of the Dental Health Specialist is to

- Train and support health care staff to carry out the best possible oral care, helping to maintain patients’ oral health whilst they are in hospital.
- Provide advice on oral health and mouth care in relation to eating and drinking.
- Provide guidance to registered health care professionals in assessment of the mouth/lips and to identify oral health problems that may affect a person’s overall comfort and quality of life.

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2.5 Registered Nurses are responsible for

- Completing the Trusts Oral Health Care Assessment within 24 hours of patients' admission to the hospital, to review this weekly or if there any changes in clinical condition.
- Delivering or assisting patients with mouth care.
- Identifying potential oral health issues and make appropriate referrals to medical and specialist teams.
- Implementing recommendations made by the relevant professional teams.
- Advising patients/family/carers about seeking dental care after discharge from hospital and provide leaflet as appropriate (Order code MI_9505214_10.08.22_V_1).

2.6 Clinical area managers are responsible for

- Ensuring the Oral Health mandatory training package is completed by all relevant ward/clinical staff.
- Ensuring that staff comply with the oral health care assessment and care plan documentation standard.
- Ensuring the appropriate standardised equipment products (please see 5.0 on page 8) are available in the clinical ward area.
- Ensuring any lack of compliance with the SOP is identified and addressed.

2.7 Medical Teams are responsible for

- The on-going care of patients, and this may involve consultant to consultant referral for oral examination.
- Prescribing treatment for common oral condition such as thrush and severe dry mouth.
- Following up on staff's concerns regarding new symptoms or deterioration regarding patients' oral health.

2.8 Speech and Language Therapists (SLT) are responsible for

- Routinely examine patients' mouth during a swallowing assessment.
- Communicate any concerns with oral health or hygiene to nursing and medical team.

2.9 Allied Health Professionals are responsible for

- Communicating any concerns with oral health or hygiene to nursing and medical team.

3.0 SOP Detail / Actions

Oral Health Care documentation

- All staff who are involved directly or indirectly with patient care should complete the Oral Health mandatory training package on MyAcademy.

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- The initial Oral Health Care Assessment and Care Plan should be completed within 24 hours by a registered nurse as per NMC Guidelines. Subsequent assessments can be completed by a registered nurse or a nursing associate.
- Gain consent prior to carrying out the assessment. If the patient is unable to give informed consent, staff must consider if the assessment is in the patients best interest and document outcomes on the recording sheet.
- Any actions or comments that arise from the mouthcare assessment must be included on the care plan. This may include relevant information for example the patient's mouth care routine is supported by a named carer, they have an electric toothbrush, or they are more cooperative at certain times of the day.
- Frequency and/or assistance with mouth care is patient specific and can vary depending on patient circumstances, i.e., change in medical condition/deterioration.

3.1 Preventing Infection

When carrying out mouth care and oral assessments it is important that

- The Trust infection prevention operational policy is always followed.

  IP_08_Policy_Printable_Version.pdf (xrwh.nhs.uk)

- Hand hygiene is carried out immediately before and after contact with the patient's mouth.
- A fresh pair of gloves and apron should be used immediately before contact with the patient's mouth.
- Fresh drinking water to support with bedside mouth care should be available.
- Mouth care products are stored appropriately away from risk of splash/exposure of pathogens wherever possible e.g., inside patient locker/in a container.

3.2 Defining risks.

- A low-risk patient is someone identified as being able to self-care and does not have any condition that would increase their chances of having problems with their mouth.
- A medium risk patient is someone identified as needing assistance to maintain their oral health.
- A high-risk patient is either fully dependent on others for care of their mouth or falls within any of the following categories – this is not an exhaustive list.

Examples of high-risk groups

- Palliative/end of life care
- Stroke
- Nil by mouth
- Dysphagia
- Delirium

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- Ventilated/Intubated
- Tracheostomy
- Poor cognition
- Unconscious
- Unable to remove excess fluid/mucus from oral cavity.
- Risk of aspiration

All patients irrespective of risk level should have their mouth care risk assessment reviewed every seven days or if there has been any significant change in their clinical condition.

3.3 Dysphagia

- Hospitalised patients with swallowing difficulties require regular and thorough oral care.
- When cleaning the mouth extra care should be taken to reduce the risk of a patient aspirating toothpaste (a non or low foaming toothpaste should be used) or any other debris that may be present in the oral cavity.
- The mouth should be cleaned pre and post meals to ensure comfort whilst eating.
- If possible, sit the patient in a semi upright position with their head tilted forward a Yankeur suction may need to be considered.
- Nursing staff should be aware and follow any special guidance from the SLT team relating to oral care for high-risk patients.
- Please refer to the management of Dysphagia Policy
  CP_68_Policy_Printable_Version.pdf (xrwh.nhs.uk)

3.4 Intensive care and oral health

- Ventilated patients are at an increased risk of developing ventilator-assisted pneumonia. Oral plaque can form and travel through endotracheal tubes in ventilated patients and can harbor respiratory pathogens increasing their risk of ventilated associated pneumonia. Oral hygiene care for such patients reduces this risk (Shi et al. 2013).
- Pneumonia carries a risk of mortality of up to 25 percent. It is important that oral hygiene care is provided for all hospitalised patients whether they are intubated, non-ambulatory or independent (Torres et al. 2021).
- Access to the mouth due to space for cleaning can also be challenging in patients that are intubated. Toothbrushes should have a small head and a long handle.
- Trauma to teeth may have occurred when a patient has been intubated resulting in broken or loose teeth. Staff to assess and document any damage.
- The pressure of the endotracheal tubes can lead to the development of traumatic ulceration to the lips.

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- Please refer to mouth care for the Adult Patient with an endotracheal tube, tracheostomy tube or nasogastric tube.

Clinical Practices / Protocols / Guidelines / Information (xrwh.nhs.uk)
Percutaneous Tracheostomy Insertion Procedure for the ICCU
NatSSIP_Percutaneous_Tracheostomy_Insertion_Procedure_for_the_ICCU.pdf

3.5 Dementia and oral health

- The loss of awareness and ability to complete everyday tasks such as tooth brushing can cause rapid development of dental caries and periodontal disease.
- There is also an increased risk of dry mouth due to medication and mouth breathing. In turn this may lead to decreased function, such as difficulty in eating and drinking and increased dental pain (Brennan and Strauss 2014).
- Patients with dementia can be supported by hospital staff to care for their mouth. Some patients may simply require a reminder to brush their teeth, others may be dependent for their oral care.
- A kind and calm approach is required as well as the possibility of asking relatives/carers for advice and support and to see how the patient normally receives mouthcare.

3.6 Palliative care

- Oral care is an essential component of good quality nursing care. Palliative patients are known to be at higher risk of developing oral health problems (Salamone et al. 2013).
- The aim of assessing and providing good regular oral care at the end of life is to clean and hydrate the mouth promoting comfort and dignity.
- It is recognised that a pain free mouth impacts positively upon a patient’s physical, sociological, and psychological wellbeing (Chan 2023; Costello and Coyne 2008).
- The Palliative Care team assess palliative patients in their last days of life.
- Patients should be supported if required with their oral care. The teeth should be brushed with soft bristled toothbrush using a low foaming fluoride toothpaste (NICE 2023; Marie Curie.org.uk 2023).
- Please refer to end of life care guidelines

Care_in_last_days_guide_v3.pdf (xrwh.nhs.uk)

3.7 Suctioning

- Some patients may require oral suctioning during mouth care to reduce the risk of saliva or residue from mouth care products such as toothpaste being aspirated (content entering the lungs).
- This can be due to multiple reasons e.g., the patient is too drowsy, the patient cannot follow instructions due to confusion and/or the patient has severe dysphagia which puts them at high risk of aspiration.
- Staff who have received training on delivering suctioning can make use of ‘Yankeur’ suction which are available to order on all wards.

- Regular suctioning is recommended for patients with swallowing problems and excessive saliva.

4.0 Dentures

- Losing or breaking a denture can have a detrimental impact on eating, speaking, and socialising especially for vulnerable adults in hospitals.
- Accessing a dental service for individuals to have dentures remade may be complex.
- Hospital patients will need to wait until they are discharged before accessing a dentist.
- Remaking a denture can take up to 6 to 8 weeks and can be costly.
- The financial burden associated with denture loss in hospitals in England has been estimated to be around 1.9 million pounds per annum.
- Denture loss is very distressing, which can lead to many complaints from individuals, families, and their carers.
- Denture loss is often underreported in hospital because of no standardised prevention or management policies regarding denture loss (Doshi et al. 2022).
- All patients admitted should have a mouth care assessment completed within 24 hours upon admission to the hospital. This should identify patients' oral health needs and document whether they brought dentures with them on admission. Emergency departments should ask patients on admission whether they are wearing dentures and provide a labelled denture pot.
- Staff/patients must put dentures in a labelled denture pot with a lid when the dentures are not in the mouth.
- Broken or ill-fitting dentures (very loose) must be removed out of the mouth and placed in a denture pot with lid.
- Wards must have a supply of denture pots and lids (Appendix 1 - Standardised equipment list), to provide patients where necessary to help prevent the loss of a denture during a hospital stay.
- If a patient's dentures are deemed to be lost the ward or department manager must conduct an initial investigation including asking General Office to check lost property.
- Please refer to patient's property policy

OP_18_Policy_Printable_Version.pdf (xrwh.nhs.uk)

- A Datix must be completed by ward staff if a denture is lost during a hospital stay. A losses and compensation claim form will need to be given to the patient or carer as well as the ward manager completing an investigation form.
- The Royal Wolverhampton NHS Trust – Losses and compensation claim mangers investigation report.

THE ROYAL WOLVERHAMPTON HOSPITALS NHS TRUST (xrwh.nhs.uk)

- New dentures will only be made on a patients discharge from hospital within a dental setting.
- Patients should be provided with an information leaflet on how to access local dental services (Order code MI_9505214_10.08.22_V_1.).

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- Please refer to the guidelines for Preventing and Managing Denture Loss in Hospitals and community Residential Settings – August 2023

https://portal.e-lfh.org.uk/Component/Details/822513

5.0 Equipment Required

Standard Equipment List - (Order code MI_12509414_23.10.23_V_1.pdf)

To carry out mouth care assessments and provide mouth care, hospital wards must have a supply of the following.

- Small or standard soft-headed toothbrush
- Standard toothpaste and Non-Foaming Toothpaste
- Pen torch
- Tongue depressors
- Products for dry mouth – mouth moisturizing gel
- MouthEze oral cleanser
- Yankeur sucker
- Comfort swab – palliative care team / palliative patients only
- Denture pot (with lid)

5.1 Pen torch

A suitable light source such as a pen torch is essential to be able to see clearly in a patient's mouth. Without a light source it is impossible to fully assess the mouth and many conditions especially towards the back of the mouth will be missed.

5.2 Toothbrushes

- Patients/family/carers should be strongly encouraged to bring/provide their own mouth care products including toothbrushes.

- If a patient does not have access to a toothbrush at the time of their mouth care assessment, they should be provided with a standard toothbrush or a small-headed toothbrush if more appropriate.
- A small headed toothbrush is more effective at reaching all parts of the mouth especially in frail hospitalised patients or patients with limited mouth opening. A soft toothbrush can be used for patient with very sore mouths, or those suffering from acute ulceration or mucositis.

5.3 Toothpaste

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- Patients/family/carers should be strongly encouraged to bring/provide their own mouth care products including toothpaste.
- Wards should have a supply of standard toothpaste and non-foaming toothpaste.
- Non-Foaming Toothpastes should be used on patients who have dysphagia/learning disabilities/non cognitive function or have any sensory issues.
- A pea-sized amount of toothpaste must be used on a toothbrush. Patients should be encouraged to spit out any excess toothpaste and not rinse their mouths out for 30 minutes so that the residual fluoride is not washed away.
- If a patient cannot spit out, gauze can be used to remove any access or suctioning if available.
- It is important to note that some toothpastes such as Oralieve contain proteins extracted from milk and will not be suitable for patients with a confirmed allergy to milk or patients that are vegan. This must be checked with the patient and their notes (Oralieve 2023).

5.4 MouthEze oral cleansers

- MouthEze oral cleansers can be used to provide dry mouth care, including the application of dry mouth gels, the soft rubbery head can hold water to help hydrate and cleanse the mouth.
- They can also be used to clean secretions off the soft tissues within the mouth and remove food debris and tenacious dried saliva. They are gentle enough to use on patients with sore mouths and yet strong enough with a hard plastic handle to reduce the choking hazard.
- The integrity of the MouthEze should be checked by tugging the head before use and should be used with care for patients who have strong biting reflexes.
- MouthEze oral cleansers must not be used to brush teeth. Tooth brushing with a toothbrush is the only effective way to remove dental plaque from teeth.
- MouthEze oral cleansers must be available on all wards.

5.5 Dry mouth products

- Dry mouth is a common problem for hospitalised patients. Mouth moisturising gel can be very useful in lubricating the mouth to alleviate symptoms.
- Wards should have a stock of mouth moisturising gel that can be provided for patients that are assessed as having a dry mouth.
- Doctors can also prescribe additional dry mouth gels and sprays.

(Haresaku et al. 2020; Oralieve 2023).

5.6 Denture pots and lids

- Denture pots and lids are available for patients where necessary. This will help prevent the loss of dentures during a hospital stay.

5.7 Comfort swabs

- In 2012 the Medicines and Healthcare Regulations Agency (MHRA) published a medical device alert on the safety of oral swabs with a foam head and the risk of choking. The alert advised not to use the swabs in patients who were likely to bite down and not to soak them before use.
- Research shows that foam swabs are not an effective means to remove dental plaque and must not be used as an alternative to tooth brushing (Pearson and Hutton 2002).
- Comfort swabs must only be used for patients in their last days of life to provide oral hydration, taste, and comfort.
- Comfort swabs may be indicated for use in palliative patients for symptom management. Advice can be sought from the palliative care, medical/senior nursing, SLT or Dietician teams.
- Comfort swabs can only be used on patients in the last days of life by Registered Nurse/Health Care Assistance/Student Nurse/Nurse Associate and the Palliative Care team.
- Patients, patients' families, and friends should be trained by the above staff if providing care.
- Please refer to the product safety guidance.

  Oral swabs with a foam head - heads may detach during use - GOV.UK

6.0 Training

- Oral Health Training is mandatory for all staff involved in direct patient care; this can be accessed via My Academy. This will only need to be completed once.
- The trust's Dental Health Specialist will provide ward-based training sessions to nursing staff if required. This can include as part of an induction program or part of specialist study days, ward away days and nurse preceptorship days.
- Individual staff/ward areas can also request bespoke training sessions.

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7.0 Financial Risk Assessment

1	Does the implementation of this document require any additional Capital resources	Yes – No
2	Does the implementation of this document require additional revenue resources	Yes – No
3	Does the implementation of this document require additional manpower	Yes – No
4	Does the implementation of this document release any manpower costs through a change in practice	Yes – No
5	Are there additional staff training costs associated with implementing this document which cannot be delivered through current training programs or allocated training times for staff.	Yes – No
	Other comments	N/A

8.0 Equality Impact Assessment

An equality analysis has been carried out and it indicates that:

Tick	Options
√	There is no impact in relation to Personal Protected Characteristics as defined by the Equality Act 2010.

9.0 Maintenance

The Oral Health Working Group will meet bi-monthly to ensure this SOP is maintained including any updates needed to ensure current best practice.

10.0 Communication and Training

- The procedure will be launched through Senior Managers' Briefing and disseminated via Trust Communication by email to all staff.
- Oral Health Training is mandatory for all staff involved in patient care; this can be accessed via My Academy. This will only need to be completed once.
- The trust's Dental Health Specialist will provide ward-based training sessions to nursing staff if required. This can include as part of an induction program or part of specialist study days, ward away days and nurse preceptorship days.
- Individual staff/ward areas can also request bespoke training sessions.
- The Oral Health mandatory training package is available on MyAcademy for all relevant staff members.

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11.0 Audit Process

Criterion	Lead	Monitoring method	Frequency	Committee
Training compliance	IMTG/Dental Health Specialist.	Training database	Monthly	Monitoring and progressing reports fed back to Deputy Director of Nursing.
Audit	Matrons/Ward Managers	Excellence in Care PEER & Self Audits	Monthly	Report sent to DDON

12.0 References - Legal, professional, or national guidelines

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Part A - Document Control

<table>
<tr><td>Procedure/ Guidelines number and version V1.0

SOP32</td><td>Title of Procedure/Guidelines– Standard Operating Procedure (SOP)- Management of Oral Health Adult In-patient/s</td><td colspan="2">Status:

Final</td><td>Author:
Dental, Oral Health Specialist Lead

For Trust-wide Procedures and Guidelines Chief Officer Sponsor:

Chief Nursing Officer</td></tr>
<tr><td rowspan="3">Version / Amendment History</td><td>Version</td><td>Date</td><td>Author</td><td>Reason</td></tr>
<tr><td>1.0</td><td>Jan. 2024</td><td>Dental, Oral Health Specialist Lead</td><td>Implementation of SOP</td></tr>
<tr><td></td><td></td><td></td><td></td></tr>
<tr><td></td><td></td><td></td><td></td><td></td></tr>
<tr><td colspan="5">Intended Recipients: Trust Wide - This policy applies to all clinical staff involved with direct care of adult inpatients employed by The Royal Wolverhampton NHS Trust on a permanent or temporary basis and for whom The Royal Wolverhampton NHS Trust have a legal responsibility. This includes clinical staff, students, and bank staff.</td></tr>
<tr><td colspan="5">Consultation Group / Role Titles and Date: Oral Health Working Group – see version control</td></tr>
<tr><td colspan="2">Name and date of group where reviewed</td><td colspan="3">Trust Policy Group – January 2024</td></tr>
<tr><td colspan="2">Name and date of final approval committee (if trust-wide document)/ Directorate or other locally approved committee (if local document)</td><td colspan="3">Trust Management Committee – January 2024</td></tr>
<tr><td colspan="2">Date of Procedure/Guidelines issue</td><td colspan="3">January 2024</td></tr>
<tr><td colspan="2">Review Date and Frequency (standard review frequency is 3 yearly unless otherwise indicated – see section 3.8.1 of Attachment 1)</td><td colspan="3">January 2027 (every 3 years)</td></tr>
</table>

Training and Dissemination: Available on Trust intranet policy section, in conjunction with oral health guidelines for staff. Clinical staff to complete mandatory oral health training in accordance with Trust compliance. Additional training will be available to enable The Royal Wolverhampton NHS Trust staff to comply with this policy and with best practice to enable optimum outputs and experiences for patients.

To be read in conjunction with:

Consent Policy
CP_06_Policy_Printable_Version.pdf (xrwh.nhs.uk)

Electronic Prescribing and Medicines Administration (ePMA) Policy
MP_09_Policy.pdf (xrwh.nhs.uk)

End of life care guidelines
Care_in_last_days_guide_v3.pdf (xrwh.nhs.uk)

Feed At Risk guidelines
Risk_Feeding_Guidelines.pdf (xrwh.nhs.uk)

Guidelines for Preventing and Managing Denture Loss in Hospitals and Community Residential Settings – August 2023
https://portal.e-lfh.org.uk/Component/Details/822513

Infection Prevention Operational Policy
IP_08_Policy_Printable_Version.pdf (xrwh.nhs.uk)

Management of Adult Inpatients at Risk of Under Nutrition
CP_17_Policy_Printable_Version.pdf (xrwh.nhs.uk)

Management of Dysphagia Policy
CP_68_Policy_Printable_Version.pdf (xrwh.nhs.uk)

Mental Capacity Act 2005
https://www.legislation.gov.uk/ukpga/2005/9/contents

Mouth care for the Adult Patient with an endotracheal tube, tracheostomy tube or nasogastric tube
Clinical Practices / Protocols / Guidelines / Information (xrwh.nhs.uk)

NMC – The Code
https://www.nmc.org.uk/standards/code

Patients' Property policy
OP_18_Policy_Printable_Version.pdf (xrwh.nhs.uk)

Percutaneous Tracheostomy Insertion Procedure for the ICCU
NatSSIP_Percutaneous_Tracheostomy_Insertion_Procedure_for_the_ICCU.pdf

The Royal Wolverhampton NHS Trust – Losses and compensation claim mangers investigation report.

THE ROYAL WOLVERHAMPTON HOSPITALS NHS TRUST (xrwh.nhs.uk)

Safeguarding Adults CP_53_Policy_Printable_Version.pdf (xrwh.nhs.uk)	
Initial Equality Impact Assessment: Completed Yes If you require this document in an alternative format e.g., larger print please contact Policy Management Officer 85887 for Trust- wide documents or your line manager or Divisional Management office for Local documents.	
Contact for Review	Caroline Bestwick Dental Health Specialist
Monitoring arrangements	Oral Health Working Group.
Document summary/key issues covered. The Aim of the policy is to: • Acknowledge the importance of optimum mouth care and the potential risks associated with poor oral health/hygiene. • Promote evidenced based, best practice relating to the management and support of patients with poor oral hygiene. To ensure that all patients receive an oral care assessment and are followed up with the appropriate intervention/s within twenty-four (24) hours of admission using the Trust, Oral Health Risk Assessment and Care Plan (MI_7827614_25.11.21_V_2) Oral Health is an integral part of nursing and midwifery care (Bestwick et al. 2023; Paulsson et al. 2008; Otukoya & Doshi 2018; Haresaku et al 2020). Research shows that the provision of optimal oral health care is lacking in hospitals and community care settings, especially for patients who are unable to perform oral hygiene for themselves (Bestwick et al. 2023).	
Key words for intranet searching purposes	Oral Health Risk assessment and care plan