

# Mouth Care Matters in Critical Care: A QI Project

Practice Development Team 2023



Mouth Care  
Matters



# Introduction



Emerging from the post COVID era has given nurses an opportunity to reset, review and improve how fundamental nursing care is delivered in critical care. Practice Development focuses on both ensuring our practice is evidence based and creating a culture of innovation and effectiveness.



Hospitalisation is associated with a deterioration in oral health of patients . Poor oral health has been linked to an increase in hospital acquired infections, poor nutritional intake, longer hospital stays and increased care costs, in addition to quality of life, experience and dignity related issues for patients <sup>1</sup>. Oral hygiene is an essential part of the care of critically ill patients. An evidenced based oral care assessment and regime reduces the incidence of VAP/HAP and promotes patient comfort <sup>2</sup>



Following safety alerts, sponge mouthcare packs were no longer available leaving a gap in our mouthcare product provision.

1. Mouthcare matters a guide for hospital healthcare professionals, second edition [MCM-GUIDE-2019-Final.pdf \(see nhs.uk\)](#)
2. BACCN [BACCN - Oral Consensus Paper FINAL.pdf](#)



# Our Purpose

The Critical Care Practice Development team and Trust lead for mouth care embarked on a collaborative project to standardise and improve nursing practice and patient experience. The British Association of Critical Care Nursing. (BACCN) oral consensus paper and Mouth Care Matters (MCM) underpinned our QI work.

## Our change ideas

- Implement an oral admission screen to critical care.
- Develop evidence-based mouth care guidance in line with BACCN recommendations.
- Introduce and standardise mouth care products.
- Improve staff knowledge with a package of education.



1. Mouthcare matters a guide for hospital healthcare professionals, second edition [MCM-GUIDE-2019-Final.pdf \(hee.nhs.uk\)](#)
2. BACCN [BACCN - Oral Consensus Paper FINAL.pdf](#)



# Our Methods

Adopted a PDSA QI methodology to improve mouth care practices across NUTH critical care units in collaboration with the Trusts lead for Mouth Care

## How we know its an improvement?

Mouth care matters toolkit to carry out a three-part audit of current practices on the four adult critical care

- Staff surveys
- Inpatient surveys
- Documentation of mouth care.



## Audit Results


- 88% staff felt they would benefit from more training.
- Staff keen to improve practice and state having mouthcare guidance would be useful
- Only 35% patients had an oral assessment within 6 hours of admission.
- Frequency of ongoing oral assessments varied widely.
- 85% patients reported their oral health was worse since being in hospital.

**Patient mouth care assessments showed standards needed to be improved.**



# Our Methods

- Networked with critical care units' nationwide
- Reviewed our current oral assessment tool.
- Introduced the MCM screening tool bedside nursing document to be completed within six hours.
- Developed evidence-based pathway adapted from BACCN guidelines based on level of risk.
- Developed a package of education materials



The Newcastle upon Tyne Hospitals  
NHS Foundation Trust

Patient addressograph here

Mouth Care Screening  
To be completed within 6 hours of admission.

Patient has: (Circle applicable)	Does the patient have any pain or discomfort in the mouth? (Circle applicable)	Patients receiving any of the following:	Level of Care:
Toothbrush: Y N Toothpaste: Y N Upper Dentures: Y N Lower Dentures: Y N Denture Pot (Labelled): Y N No Teeth: Y N	Severe dry mouth: Y N Ulcers: Y N Painful Mouth: Y N Painful Teeth: Y N Sore Tongue: Y N Other: (Please Specify)	Chemotherapy Delirium Dementia Oxygen Dependent Dysphagia Head and Neck Radiation LD	Completed By: _____ Date: _____ Independent: Needs no assistance with mouthcare Requires some Assistance: Unable to get to visit or needs help with mouthcare. Fully Dependent: Unable to provide or assist with any mouthcare or oral hygiene.

Complete Mouthcare Assessment in 'ICU Systems Assessments' to calculate Beck Score

LOW 5-11  
8-12hourly

Ensure regular sips of water unless nil by mouth

Promote & support with twice daily toothbrushing using non-foaming toothpaste with a standard toothbrush for 2 -3 minutes

Moisturise lips as required.

Medium 12-15  
4-6 Hourly

Ensure regular sips of water unless nil by mouth

Promote & support with twice daily toothbrushing with non-foaming toothpaste for 2-3 mins. Consider using suction toothbrush.

Clean oral mucosa using an appropriate oral brush and sterile water

After cleaning consider applying water-based mouth gel to oral mucosa, palate, and tongue.

Moisturise lips

High 16-20  
2-4 Hourly

Ensure regular sips of water unless nil by mouth

Promote & support with twice daily toothbrushing with non-foaming toothpaste and suction toothbrush for 2-3 mins

Clean oral mucosa with an appropriate oral brush


After cleaning apply a water-based mouth gel to oral mucosa, palate and tongue.

Moisturise lips.

Subglottic/pharyngeal suction

Request medical review of mouth.

\*Oralieve gels contain traces of dairy/Lactose products. Consider alternative if allergies reported \*



Healthcare at its best  
with people at our heart



## Our Products

Tested and evaluated a range of products using Harm Free Care Leaders from each unit.

The trials were small and tightly controlled

After evaluating costings alongside staff and patient evaluation for 24-hour packs vs essential NUTH mouth care products, it was decided to opt for a bespoke pack.

Packs made up of products suitable for all levels of critical care patients and allowed us to follow BACCN consensus of cares



## Our Education

- BACCN & MCM under pinned our educational resources.
- 2 week education prior to changes 'going live'
- Face to face delivery of educational power point
- Narrated PowerPoint when F2F teaching
- Bedside teaching on how to use products & complete screen
- Support for HCAS and housekeepers on stocking and ordering products





## Implications for practice

Established multi-professional working relations with speech and language therapy as recommended by GIPCS.

This QI project has changed the way we deliver mouth care. We achieved our aim of standardising practice across four units aligning with national consensus of best practice.

Utilised different methods of delivering education - 243 staff educated across four adult critical care units.

Developed a process of designing and delivering QI work that we have been able to replicate in other projects.

The PDT handed the project to individual unit for ongoing sustainability with focus on continued education and promotion

## Barriers/ Challenges

Each unit faced their own logistical challenges to procuring, storing, and distributing the guidance and products. The PDT supported the units to find working solutions, utilising support staff and ward clerks and store cupboard space.

The current IT system is inadequate for nursing documentation. Local IT services currently suspended post CQC report - prioritising other work

Handing over projects to unit leads for sustainability & transition of ownership/  
responsibility



ANY  
QUESTIONS

