



Mouth care for patients with confirmed or suspected COVID-19

Supporting seriously ill patients' mouth care is an important part of overall patient care. If oral hygiene is neglected, the mouth rapidly becomes dry and sore. The aim of good mouth care for patients in hospital is to maintain oral cleanliness, prevent additional infection and reduce the likelihood of developing bacterial pneumonia. On admission include the mouth in the patient's assessment and care plan (an example of a form to record this can be found at the URL below).

This guidance outlines mouth care for hospitalised adults and children with confirmed or suspected coronavirus (COVID-19) who are non-ventilated, ventilated and those having step down or end of life care.

When providing mouth care for patients with COVID-19 wear personal protective equipment (PPE) to prevent contact and droplet transmission. This means wearing disposable gloves, plastic apron, eye protection and a fluid resistant surgical mask. Delivering mouth care is not an aerosol generating procedure. However, the environment you are working in may require the use of enhanced PPE (for example if working where patients are ventilated).

Mouth care for non-ventilated patients

For non-ventilated patients:

- if patients are having oxygen via a face mask, check with the nurse in charge before removing this for the time needed to carry out mouth care
- assess the patient and consider if they can brush their own teeth, or if you need to help them to keep their mouth moist and clean
- these patients are more likely to cough when performing mouth care, be gentle, stand to the side or behind them, take breaks to allow the patient to rest and swallow
- if possible, sit the patient upright
- if the patient has a dry mouth, encourage sips of fluid (unless nil by mouth), hydrate with a toothbrush dipped in water or apply available dry mouth product to their tongue, inside of their cheeks and roof of their mouth
- make sure the patient's lips are kept moist (with products available) particularly before cleaning
- if the patient can brush their own teeth give them a soft, small headed toothbrush with a smear of toothpaste (use non-foaming toothpaste if available)
- do not use an electric toothbrush as this may cause droplets and splash
- if the patient can spit, give the patient a disposable bowl to spit into
- if the patient is unable to spit and bedside suction is available, and you are trained to use it, then use gentle oral suctioning to remove excess saliva and toothpaste

- after brushing rinse their brush, and store with their toothpaste in a sealed named container or washbag
- if a patient has false teeth (dentures) encourage them to remove these after meals to clean off debris with a toothbrush. Remove dentures at night and store dry, in a named denture pot
- patients may not wish to wear dentures when unwell and it is important that they are stored in a named denture pot to avoid them getting lost
- if eating, encourage patients to have a few sips of water after meals to clear any left-over food from their mouth
- if a patient is confused, refuses, or resists care, stop and try again later

Mouth care for ventilated hospital patients - under the direction of the nurse in charge

Patients with COVID-19 will largely be ventilated because of viral pneumonia; their mouths become very dry and will benefit from regular care to reduce the risk of getting bacterial pneumonia.

- before commencing mouth care check with the nurse in charge that this is appropriate and for any specific care advice
- work under the direction of the nurse in charge who will make sure that the endotracheal tube cuff is inflated to prevent aspiration, it is vital that you do not displace or disconnect the tube
- moisten the patients mouth with chlorhexidine mouthwash (or Corsodyl alcohol free mouthwash) using a green general oral swab or a soft toothbrush
- keep the patients lips moist with regular applications of products available
- dentures are likely to have been removed and should be stored dry in a named pot

End of life care

During end of life care:

- in the last days and hours of a patient's life, keeping their mouth moist and comfortable is the main aim of mouth care
- continue to carry out mouth care if it is not causing distress
- if the patient has a dry mouth, hydrate with a toothbrush dipped in water or apply a dry mouth product to the tongue, inside of their cheeks and roof of mouth
- keep the patients lips moist with products available

Step down care - patients no longer ventilated

For patients no longer ventilated:

- continue with mouth care as for non-ventilated patients
- if patients are transferred to step down care it is important to facilitate continued mouth care and where relevant safe transfer of dentures

Further information can be found online at: www.gov.uk/government/publications/covid-19-mouth-care-for-patients-with-a-confirmed-or-suspected-case