

Standard VIII. Oral Hygiene

Many residents in LTCFs require assistance with oral hygiene. The TCEP shall contain subject matter describing:

- Goals of oral hygiene; and
- Demonstrations of general practices of oral hygiene including toothbrushing, [interproximal dental cleaning](#), care of dentures and mouth care for an [edentulous patient](#), and [mouth care residents with dry mouth](#), [residents who have suffered from strokes](#), [residents with cognitive impairments](#), and unconscious resident or one who cannot take food or fluids orally.

Objective	Content Curriculum	Method of Evaluation/ Teaching Alerts/Clinical Alerts
<p>I. Discuss the importance of proper oral hygiene.</p> <p>a. A resident's overall health is affected by their oral health. Residents with poor oral health are at greater risk for heart disease, stroke, and aspiration pneumonia. Aspiration pneumonia occurs when bacteria from the mouth is inhaled and infects the lungs. It is a major cause of death among nursing home residents.</p> <p>b. Most oral diseases can be prevented with simple and consistent oral hygiene care. Oral disease is not inevitable with aging, and tooth loss is not a natural result of aging.</p> <p>c. A resident's quality of life is improved by good oral health. This means they should be without pain, able to eat well, content with the way they look,</p>	<p>I. Identify characteristics of good oral health versus poor oral health</p> <p>a. Healthy teeth are clean and intact, without plaque buildup or cavities.</p> <p>b. Healthy lips are pink, moist, and intact. Unhealthy lips may be dry and chapped or may have sores or blisters.</p> <p>c. The soft parts inside the mouth (including the tongue, gums, and cheeks) are healthy when pink, moist, and free of bleeding and sores.</p> <p>II. Identify characteristics of common oral problems. Any of these observations must be reported so that residents can receive the appropriate dental care. Additional observations to report include pain or sensitivity, persistent bad breath, dentures that fit poorly or are broken.</p> <p>a. Tooth decay, commonly called cavities, may appear as dark</p>	<p>Utilize a current nurse aide textbook to develop skills checklists for demonstrations in the following areas:</p> <ul style="list-style-type: none"> • Toothbrushing • Interproximal cleaning • Denture care and edentulous patients (residents without natural teeth) <p>Utilize current best practices to test acquired knowledge in the following areas:</p> <ul style="list-style-type: none"> • Resident independence • Stroke patients • Cognitively impaired and care-resistant residents • Unconscious residents <p>Teaching Alert</p> <p>Utilize a current NA textbook to develop the</p>

<p>and able to communicate clearly.</p> <p>The NA trainee will be able to:</p> <p>1. Discuss reasons for performing oral hygiene</p>	<p>areas or holes in the teeth. This is caused by sugary foods and drinks, dry mouth, and poor hygiene.</p> <p>b. Gum disease can include red, swollen gums, or loss of support around the teeth, which can lead to tooth loss. Signs of this disease include swelling, redness, bleeding, and pus. Gum disease is caused by bacteria in the mouth that can be removed through proper oral hygiene.</p> <p>c. Oral cancer can be life-threatening. Identifying unusual signs in the mouth (such as red or white areas, or bumps or growths) can save lives.</p> <p>d. All oral problems should be reported to the resident's nurse for follow-up examination, documentation, and referral.</p> <p>1. Oral hygiene</p> <p>a. Prevent mouth inflammation and tooth damage by removing food particles that are a site for bacterial growth</p> <p>b. Refresh the resident's mouth</p>	<p>skills checklist for mouth and denture care</p>
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<p>II. Identify general practices for proper oral hygiene</p>	<p>I. Nurse aids should be trained and demonstrate competency in the following areas:</p> <ul style="list-style-type: none"> • Toothbrushing • Interproximal cleaning • Dentures care • Independence • Stroke patients • Cognitive impairments • Unconscious patients <p>II. When providing any oral care, nurse aids should always be sure to:</p> <ol style="list-style-type: none"> a. Follow the resident's plan of care. b. Inform the resident of the care to be provided. c. Ask for the resident's permission. d. Wash hands before and after providing care. e. Use a clean pair of gloves to provide oral care only. <p>II.—General practices</p> <ol style="list-style-type: none"> a. Teeth or dentures should be brushed after every meal or at least in the morning and at bedtime b. Inspect the mouth for broken teeth and sores c. Check dentures for proper fit d. The resident should be encouraged to help as much as possible e. Food particles are most likely to accumulate and remain in the side of the mouth affected by a stroke. 	<p>The following is a list of additional resources for training nurse aids to provide oral care</p> <ul style="list-style-type: none"> • American Red Cross Nurse Assistant Training, chapter 13 <ul style="list-style-type: none"> ◦ American Red Cross Nurse Assistant Training • Smiles For Life: A National Oral Health Curriculum <ul style="list-style-type: none"> ◦ Smiles for Life • Best Practice Geriatric Oral Health Training <ul style="list-style-type: none"> ◦ University of Iowa Geriatric Oral Health Training (This resource has an extensive collection of images, including images of soft tissue and teeth both in health and disease.) • Practical Oral Care (National Institute of Dental and Craniofacial Research, National Institute of Health) <ul style="list-style-type: none"> ◦ Practical Oral Care for People with Developmental Disabilities ◦ Practical Oral Care for People with Developmental Disabilities <p>Teeth that are not visible do not always get brushed. As a result, mouth damage can occur</p> <p>Demonstrate the correct method for brushing a resident's teeth</p>
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	Take special care to rinse or wipe out mouth	
<p>III. Demonstrate proper toothbrushing techniques</p> <p>III. Demonstrate the correct method for brushing a resident's teeth</p>	<ul style="list-style-type: none"> • Use only a soft-bristle toothbrush. • Brush all tooth surfaces (inner, outer, and biting surfaces). • Brush at least two times per day, especially before bed. • Brush after each meal. • Use toothbrush to clear all visible plaque from tooth surface and gumline. • Replace toothbrush every three months, after an illness, or if bristles are frayed. <p>III. Tooth brushing</p> <p>a. Follow skills check list for brushing teeth</p> <p>b. Brushing technique should move food particles away from gums</p>	<p>Utilize a current nurse aide textbook to develop a skills checklist for demonstrating toothbrushing.</p> <p>This is a link to the American Dental Association guide to proper toothbrushing: ADA Guide to Toothbrushing</p> <p>Tooth brushing may be neglected because unbrushed teeth are not visible and mouth damage occurs over a long period of neglect</p>
IV. Demonstrate proper interproximal cleaning techniques	<ul style="list-style-type: none"> • Clean between teeth at least once per day. • Stretch floss against surface of tooth to remove plaque from as much tooth surface as possible. • Take care not to snap floss between teeth and injure gums. • Follow plan of care to use recommended method for cleaning between the teeth (for example, floss, floss holder, interproximal brush). 	<p>Utilize a current nurse aide textbook to develop a skills checklist for demonstrating interproximal cleaning.</p> <p>This is a link to the American Dental Association guide to proper flossing: ADA Guide to Flossing</p>
V. Demonstrate proper denture care techniques and care for the edentulous	<ul style="list-style-type: none"> • Refer to plan of care to learn what full or partial dentures residents have. 	<p>Utilize a current nurse aide textbook to develop a skills checklist for</p>

<p>resident</p> <p>IV. Demonstrate how to safely care for the resident's dentures</p>	<ul style="list-style-type: none"> • Report any signs of dentures or partials that do not fit well (for example, the denture does not stay in place or the resident cannot wear it comfortably). • Keep denture in water or denture cleaning solution in a denture cup whenever it is out of the resident's mouth. • Rinse denture cleaning solution off of denture before placing in resident's mouth. • Clean dentures and partials after every meal. • Handle dentures with care as they are very expensive. • Make sure all dentures and partials have resident names on them. • Examine the inside of the edentulous resident's mouth and report any sore or injured areas observed or mentioned by resident. • Clean and massage gums and inside of cheeks with wet cloth or soft toothbrush after removing dentures. • Allow the gums and cheeks of edentulous residents to rest by keeping dentures out at night. <p>IV. Denture care</p> <p>a. Dentures are slippery, handle with care</p> <p>b. Follow check list for denture care</p>	<p>demonstrating denture care and care for the edentulous resident.</p>
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<p>VI. Describe mouth care for the resident with dry mouth</p>	<ul style="list-style-type: none"> • Report dry mouth to the resident's nurse. This is a common problem in older adults and residents taking multiple medications. • Because these residents don't have enough saliva, which is a major cause of tooth decay, provide frequent sips of water throughout the day and mouth care after each meal. • As dry mouth in residents with dentures causes sores and discomfort, report these problems to the resident's nurse. • Following the plan of care, use mouth rinses, oral gels, lozenges, or other products to relieve dry mouth. 	<p>Utilize current best practices to test acquired knowledge of mouth care for the resident with dry mouth.</p>
<p>VII. Describe mouth care methods for residents that have suffered from strokes</p>	<ul style="list-style-type: none"> • With stroke patients who have swallowing trouble or no control on side of face, prevent saliva and toothpaste from being choked by keeping resident upright and helping them lean forward. • Promote as much resident independence as possible 	<p>Utilize current best practices to test acquired knowledge of stroke patients.</p>
<p>VIII. Describe how to effectively provide mouth care for residents with cognitive impairments</p>	<ul style="list-style-type: none"> • For residents with dementia or confusion, assist with oral care every morning, every evening, after each meal, and after any episode of vomiting. • For residents that forget, are unable, or are resistant to care, follow best practices to ensure optimal cooperation and oral hygiene (see Mouth Care Without a Battle link in box to the right). 	<p>Utilize current best practices to test acquired knowledge of cognitively impaired and care-resistant resident.</p> <p>This is a recommended resource for providing oral care to residents with cognitive impairments: Mouth Care Without a Battle</p>

	<ul style="list-style-type: none"> • Be observant of resident discomfort or problems in the mouth since residents may not be able to perceive or report pain. • Promote as much resident independence as possible. 	
<p>IX. Describe mouth care for unconscious residents</p> <p>V. Demonstrate safe mouth care for the unconscious resident and those who cannot take food orally</p>	<ul style="list-style-type: none"> • Provide oral care every two hours for residents that are unconscious, cannot take food or drink by mouth, or are on oxygen. • Turn resident to side to prevent fluid from going into airway (this can cause a serious lung infection called aspiration pneumonia). • Use lightly moistened mouth swabs to clean inside of mouth (do not use lemon swabs since they are acidic). • Use a moist soft toothbrush without toothpaste to clean all tooth surfaces. • Keep lips moist with water-based lubricant each time oral care is given. • Do not use toothpaste or try to rinse, which may cause choking. • Look inside mouth and report any red or white areas on gums or tongue. <p>V. Mouth care for unconscious residents or those residents not receiving food or fluids by mouth</p> <ol style="list-style-type: none"> a. Position the resident on their side or have their head turned to the side to prevent aspirations b. Use packaged mouth care swabs c. Wipe all mouth surfaces d. Moisten lips with lubricant e. Provide mouth care according to 	<p>Utilize current best practices to test acquired knowledge of unconscious residents.</p> <p>Traditional mouth wash is only one means of rinsing the unconscious resident's mouth. Discuss other alternatives</p> <p>Clinical Alert</p> <p>Mouth care can be done more frequently for those residents who are not receiving food or fluids by mouth or those residents who may be unconscious. The resident may not have enough saliva secretion to keep their mouth moist and their lips and gums may become cracked and sore. This can lead to infection.</p> <p>Do not put toothpaste, liquid or fingers in an unconscious resident's mouth</p>

	resident's plan of care	
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