****NHS Ayrshire & Arran ICU

**Write or attach label**

HCR No: ….......………………………………..

CHI No: …………………………………………

Surname: …...…………………………………..

Forename: ….………………....… Sex: …..…

Address: …...…………………………………...

…………………………………………………….

Date of Birth: …………………………………...

**Daily Oral Hygiene Bundle**

**Oral care Criteria All patients should have teeth & gums brushed twice daily with Fluoride toothpaste unless**

**Excluded. Please record if:**

**Coagulopathic (**1) (gel suitable) Refusal (2)

**Is patient intubated? YES □ NO □ *Grade 3 or 4 Intubation?* YES □ NO** ( Yes-2x trained staff carry out oral care)

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Date** | Teeth/Gums  Brush twice a day with fluoride toothpaste | Corsodyl Gel  Apply to gums and teeth 30 mins after tooth brushing | Daily Replacment of ET Tape | ET tube  Does this require to be repositioned | Dentures  Must be taken out and left out | Lips  Apply water based gel | Tongue/Dry Mouth  Carry out 2-4 hrly oral hygiene (ventilated ptnts) | Name/ /Signature /Designation |
| **Day 1 …/…/….** | **Dayshift**  Yes □ No □  **Night shift**  Yes □ No □ | **Dayshift**  Yes □ No □  **Night shift**  Yes □ No □ | Yes □  No □ | Yes □  No □ | **Dayshift**  Yes □ No □  **Night shift**  Yes □ No □ | **Dayshift**  Yes □ No □  **Night shift**  Yes □ No □ | **Dayshift**  Yes□No □NA □  **Night shift**  Yes□ No □NA□ | **Dayshift**    **Night shift** |
| **Day 2 …/…/….** | **Dayshift**  Yes □ No □  **Night shift**  Yes □ No □ | **Dayshift**  Yes □ No □  **Night shift**  Yes □ No □ | Yes □  No □ | Yes □  No □ | **Dayshift**  Yes □ No □  **Night shift**  Yes □ No □ | **Dayshift**  Yes □ No □  **Night shift**  Yes □ No □ | **Dayshift**  Yes□No □NA □  **Night shift**  Yes□ No □NA□ | **Dayshift**    **Night shift** |
| **Day 3 …/…/….** | **Dayshift**  Yes □ No □  **Night shift**  Yes □ No □ | **Dayshift**  Yes □ No □  **Night shift**  Yes □ No □ | Yes □  No □ | Yes □  No □ | **Dayshift**  Yes □ No □  **Night shift**  Yes □ No □ | **Dayshift**  Yes □ No □  **Night shift**  Yes □ No □ | **Dayshift**  Yes□No □NA □  **Night shift**  Yes□ No □NA□ | **Dayshift**    **Night shift** |
| **Day 4 …/…/….** | **Dayshift**  Yes □ No □  **Night shift**  Yes □ No □ | **Dayshift**  Yes □ No □  **Night shift**  Yes □ No □ | Yes □  No □ | Yes □  No □ | **Dayshift**  Yes □ No □  **Night shift**  Yes □ No □ | **Dayshift**  Yes □ No □  **Night shift**  Yes □ No □ | **Dayshift**  Yes□No □NA □  **Night shift**  Yes□ No □NA□ | **Dayshift**    **Night shift** |
| **Day 5 …/…/….** | **Dayshift**  Yes □ No □  **Night shift**  Yes □ No □ | **Dayshift**  Yes □ No □  **Night shift**  Yes □ No □ | Yes □  No □ | Yes □  No □ | **Dayshift**  Yes □ No □  **Night shift**  Yes □ No □ | **Dayshift**  Yes □ No □  **Night shift**  Yes □ No □ | **Dayshift**  Yes□No □NA □  **Night shift**  Yes□ No □NA□ | **Dayshift**    **Night shift** |
| **Day 6 …/…/….** | **Dayshift**  Yes □ No □  **Night shift**  Yes □ No □ | **Dayshift**  Yes □ No □  **Night shift**  Yes □ No □ | Yes □  No □ | Yes □  No □ | **Dayshift**  Yes □ No □  **Night shift**  Yes □ No □ | **Dayshift**  Yes □ No □  **Night shift**  Yes □ No □ | **Dayshift**  Yes□No □NA □  **Night shift**  Yes□ No □NA□ | **Dayshift**    **Night shift** |
| **Day 7 …/…/….** | **Dayshift**  Yes □ No □  **Night shift**  Yes □ No □ | **Dayshift**  Yes □ No □  **Night shift**  Yes □ No □ | Yes □  No □ | Yes □  No □ | **Dayshift**  Yes □ No □  **Night shift**  Yes □ No □ | **Dayshift**  Yes □ No □  **Night shift**  Yes □ No □ | **Dayshift**  Yes□No □NA □  **Night shift**  Yes□ No □NA□ | **Dayshift**    **Night shift** |

Daily Evaluation

|  |  |  |
| --- | --- | --- |
| **Date** | **Comments** | **Name/Signature/Designation** |
| **Day 1** | **Dayshift**    **Night shift** | **Dayshift**    **Night shift** |
| **Day 2** | **Dayshift**    **Night shift** | **Dayshift**    **Night shift** |
| **Day 3** | **Dayshift**    **Night shift** | **Dayshift**    **Night shift** |
| **Day 4** | **Dayshift**    **Night shift** | **Dayshift**    **Night shift** |
| **Day 5** | **Dayshift**    **Night shift** | **Dayshift**    **Night shift** |
| **Day 6** | **Dayshift**    **Night shift** | **Dayshift**    **Night shift** |
| **Day 7** | **Dayshift**    **Night shift** | **Dayshift**    **Night shift** |

ICU/Ver1 Review date: Nov 18