



## Benchmark: Mouth Care

<b>Score relates to practice in (unit):</b>	
<b>Date of next meeting to share good practice and compile action plan:</b> / /	
<b>Scored by:</b>	<b>Date scored:</b> / /

<b>Statements:</b> To ensure that all infants have a clean, functional and comfortable oral cavity, free from infection
<b>Standards:</b> To ensure that all infants have a clean, functional and comfortable oral cavity (1) To promote early positive taste and smell learning experiences (2) To provide protection against disease and infection (3, 4, 5)
<b>Patient Group:</b> All neonates within the neonatal unit
<b>Drivers for the development of the benchmark</b> Department of Health - Essence of Care (6) Professional concerns - Lack of evidence Consensus of expert opinion Documentation Audit Education
<b>Criteria for scoring:</b> Review 6 sets of infant notes and observe practice.

Key Factors		Individual Scores	Possible score
<b>F:1</b>	There is an evidenced based guideline to support practice		<b>3</b>
<b>F:2</b>	There is an assessment tool for mouth care		<b>7</b>
<b>F:3</b>	There is information and education to support parents in meeting the mouth care needs of their infant.		<b>3</b>
<b>Overall Score</b>			<b>13</b>

<b>Original version</b>	May 2001	<b>8<sup>th</sup> version</b>	September 2018
<b>7<sup>th</sup> version</b>	November 2015	<b>Next review due</b>	

Factor 1: There is an evidence-based guideline to support practice

Evidence based practice guidelines ensure that care delivered to the infant is of the highest standard (7).

Clinical guidelines are systematically developed statements to assist practitioner and patient decisions about appropriate health care for specific circumstances, statements about different aspects of the patients' condition and the care to be given.

**Criteria for Best Practice**

- 1. The guideline is evidence-based and referenced.
- 2. The guideline is reviewed regularly according to Trust policy.
- 3. Compliance with the guideline is audited

There is no evidence based guideline.	<b>(Related to criteria above)</b> Score 1 for every criterion met and justify.	There is an evidence-based referenced guideline that is reviewed & audited regularly according to Trust policy.
<b>0</b>	<b>1 - 2</b>	<b>3</b>

<b>Score</b> <b>3</b>	<b>Factor 1: There is an evidence-based guideline to support practice</b>
Statements to justify score:	



**Factor 2: There is an assessment tool for mouth care**

Standardised assessment should be carried out at regular intervals to monitor and adapt the care plan as clinical improvement or deterioration occurs. Providing appropriate and individual oral care requires effective and thorough oral assessment.

Record keeping should be able to demonstrate a full account of your assessment and the care you have planned and provided (8).

**Criteria for Best Practice**

1. Staff performing the assessment of mouth care needs will have received instruction in the use of the tool and mouth care
2. There is an appropriate evidence based risk assessment tool for mouth care that determines the frequency of mouth care
3. The risk assessment score is documented at the beginning of each shift
4. There is an appropriate evidence based mouth assessment tool that must include examination of:
  - Lips
  - Tongue
  - Oral secretions
  - Consistency of oral secretions
5. Condition of the mouth is assessed and scored with each mouth care
6. The score recorded and reason for the score is documented in the notes
7. Any deviation from the plan of care or rationale for exclusion of care is documented
8. The choice of mouth care fluid is documented in the notes

There is no validated assessment tool in use and no recorded evidence of mouth care assessment.	<b>(Related to criteria above)</b> <i>Score 1 for every criterion met and justify.</i>	A recognized assessment tool is used by staff trained in its use who have documented scores and taken action
<b>0</b>	<b>1-7</b>	<b>8</b>

<b>Score</b> <b>3</b>	<b>Factor 2: Clinical practice relating to the insertion &amp; fixation of gastric tubes</b>
Statements to justify score:	

**Factor 3: There is information and education to support parents in meeting the mouth care needs of their infants**

The objective of information given to parents is to facilitate informed decisions regarding their infant's health.

**Criteria for Best Practice**

1. There is documented evidence that parents have received instruction in delivery of mouth care to their infant
2. There is documented evidence that parents have been signposted to written information on mouth care
3. There is documentation of the parents' involvement in delivering their babies' mouth of care

There is no evidence that parents are supported to meet the mouth care needs of their infant.	<b>(Related to criteria above)</b> <i>Score 1 for every criterion met and justify.</i>	Parents have received instruction and written information regarding the mouth care needs of their infant and have been involved in the infants' plan of care.
<b>0</b>	<b>1 - 2</b>	<b>3</b>

<b>Score</b>	<b>Factor 3: Preparation for administration of tube feed</b>
<b>3</b>	
Statements to justify score:	

## References

1. Whiteing, N. & Hunter, J. (2008) Nursing management of patients who are nil by mouth. *Nursing Standard*. 22(26): 40-45.
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3. Meeks, M; Hallsworth, M. & Yeo, H. (2009) *Nursing the Neonate*. 2<sup>nd</sup> Edition. Wiley-Blackwell.
4. Rodriguez, N. A; Meier, P.P; Groer, M.W. & Zeller, J.M. (2008) Oropharyngeal administration of colostrum to extremely low birth weight infants: theoretical Perspectives. *Journal of Perinatology* 29 1-7.
5. Unicef (2016) *Guidance for Neonatal Units*. The Baby Friendly Initiative: Unicef. Accessed at <http://www.unicef.org.uk/babyfriendly/wp-content/uploads/sites/2/2015/12/Guidance-for-neonatal-units.pdf> on 25/06/18 @ 13.14.
6. Department of Health. (2010) *How to use –Essence of care*
7. Ellis J (2000) Sharing the evidence: clinical practice benchmarking to improve continuously the quality of care. *Journal of Advanced Nursing*. 32(1): 215-225.
8. NMC (2010) Record Keeping – Guidance for Nurses and Midwives. NMC. London