Oral care approach to COVID-19 patients

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As in all other diseases, nursing care is of great importance in the treatment of patients with Coronavirus 2019 (COVID-19). During the pandemic, nurses who directly contribute to recovery by displaying a comprehensive and systematic approach performed extremely well.^[1]

In COVID-19 patients, the mouth, which is the entry point for many microorganisms, has once again proved its importance. Poor oral hygiene weakens body resistance, lowers the defense system, and slows the healing process. In this regard, maintaining good overall health requires good oral hygiene.[2] The importance of adequate and high-quality oral health has been demonstrated in many studies. One of the fundamental nursing care services is to maintain oral health and integrity, which is important for sustaining nutrition, adequate fluid intake, and oral drug administration. With their knowledge and skill training, nurses take on a variety of responsibilities for patient care. [2,3] They are in charge of providing and maintaining effective respiration, as well as ensuring the humidity and oxygen level of the environment, monitoring respiratory activity, aspiration procedures, providing and maintaining oral hygiene, preventing oral infections, and providing oral or enteral nutrition.[3]

Mouth breathing, mechanical ventilation, dehydration, deep and frequent breathing, malnutrition, and dry environment are the main causes of poor oral hygiene in COVID-19 patients. The oral mucosa is weakened, and the mucosal integrity is damaged as a result of these conditions.^[2,3]

The patient's condition should be considered in providing adequate mouth care. Dry mouth, aphthae, bad breath, fungal infection, and gingivitis are all common oral problems.^[4]

In mild and moderate COVID-19 patients who are conscious and able to meet their own needs, maintaining mucosal integrity is crucial. These measures include:

- Ensuring hydration
- Careful observation of the oral mucosa
- Brushing the teeth with a soft brush twice a day
- Rinsing with plenty of water after brushing
- Wiping with carbonated water once a day if there is redness, burning, or pain
- Consuming large amounts of vitamin C
- Humidification of the environment
- Providing a protein-rich diet

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The approach to the unconscious patient receiving treatment in the intensive care unit is an important part of the treatment. Oral integrity is impaired by overuse of medications, mouth breathing, frequent aspiration, and intubation procedures.^[1-4]

Good oral hygiene allows for the preservation and maintenance of the oral mucosa as well as the treatment of wounds. In such cases, patients require special oral hygiene, including:

- Oral hygiene is carried out by wearing gloves and upholding septic conditions.
- During oral hygiene, the nurse should pay attention to the use of self-protective equipment against splashes of secretion, saliva, etc.
- After aspiration, oral hygiene should be administered with carbonated water.
- A tongue depressor can be used with a special oral hygiene kit or soft gauze.
- The patient's mouth is wiped with an oral care sponge swab after dipping it in solution and squeezing out excess water.
- The wiping process is repeated several times in each area of the mouth.
- The tongue, inner cheeks, gums, and sublingual region should be wiped with gentle motions.
- When oral care swabs are unavailable, a tongue depressor in gauze can be used to clean the patient's mouth.

• Finally, the oral protective solution is applied and left on.

Oral hygiene is performed 2-4 times a day using antimicrobial and antifungal solutions (0.12-0.2% Chlorhexidine) or 4-6 times a day depending on the patient's condition. $^{[1-5]}$

Declaration of conflicting interests

The authors declared no conflicts of interest with respect to the authorship and/or publication of this article.

Funding

The authors received no financial support for the research and/or authorship of this article.

REFERENCES

- Gök Metin Z. COVID-19 hastalığının fizyopatolojisi ve holistik hemşirelik yaklaşımı. Huhemfad-Johufon 2020;7(Özel Sayı):15-24.
- Kıraner E, Terzi B. COVID -19 pandemi sürecinde yoğun bakım hemşireliği. Yoğun Bakım Hemşireliği Derqisi 2020;24:83-8.
- 3. Kebapçı A. COVID-19 hastaların yoğun bakım ünitelerinde tedavi ve bakım girişimlerine ilişkin güncel yaklaşımlar. Yoğun Bakım Hemşireliği Derg 2020;24:46-56.
- Bahar A, Buldak Cİ. Yoğun bakımda COVID-19 tanılı hastanın hemşirelik yönetimi. YIU Saglik Bil Derg 2020:1:78-84.
- Kıraner E, Terzi B, Bozkurt G, Kebapcı A, Türkmen E. Yoğun bakım ünitesinde görev alacak hemşireler için kaynak kitapçık. COVID -19 pandemisine özel. İstanbul: Türk Yoğun Bakım Hemşireleri Derneği; 2020.