**Practice review**

**Toothpaste**
Fluoride prevents dental caries by protecting gums and teeth and toothpastes containing this should be used. A pea-sized amount is sufficient (BDA, 2009).

**Finger/forceps and gauze**
Finger/forceps and gauze cleansing is not effective (Holmes, 1996) and the scrubbing action is likely to be traumatic to oral tissues. This method also puts nurses at risk of being bitten by patients.

**Sponge swabs**
These are also ineffective for removing plaque (Pearson and Hutton, 2002) and present a significant choking risk to patients when moistened before use (Department of Health, Social Services and Public Safety, 2008). They have been used for moisture delivery with unconscious patients or where a patient’s medical condition increases their risk of bleeding from the gingiva, but their ineffectiveness and risk to patients should be considered.

**Oral cavity moisturisers**
Sucking ice chips or pineapple is advocated for alleviating the dry mouth that patients frequently experience with a variety of treatments (Clay, 2000). Replacement saliva substitute is advocated for dry mouth xerostomia, but not in excessive volume (Bovsher et al, 1999). Although this replaces moisture, it does not provide the antibacterial properties of natural saliva.

**Paraffin**
Cracked, dry lips are a risk for infection and affect speech ability. Moisturising them maintains integrity and function. The use of soft paraffin or lip salve is effective for this (Cooley, 2002).

**Other**
Sodium bicarbonate or hydrogen peroxide mouthwashes need specialist administration and should not be considered in routine oral care.

There is a substantial evidence base indicating that glycerine products, including glycerine and lemon swabs, are detrimental to patients’ oral care (Rawlins and Trueman, 2001). Detrimental effects of these products include: increased alkalinity; decalcification of teeth; adverse effects to oral mucosa and micro-organisms; and the loss of saliva owing to over-stimulation by glycerine and lemon mix.

**DENTURE CARE**
Well-fitted dentures are essential for speech and oral intake. There is significant increased risk of infection from poorly fitted dentures, which can chafe the gums and harbour debris (Fitzpatrick, 2000).

Once-daily cleansing by toothbrush is effective for cleansing dentures using toothpaste. Soaking overnight or when not worn, in commercial denture cleaners, will help prevent infection (Johnson and Chalmers, 2002). Daily replacement of cleansing fluids is necessary to prevent contamination by bacteria such as pseudomonas. Drying dentures before reinsertion helps to reduce yeast infections such as candida.

**TECHNIQUE**
Equipment used incorrectly will not cleanse teeth or dentures effectively. The technique for brushing teeth effectively includes going up and down in parallel with teeth to remove debris from crevices, as well as brushing over the grinding surfaces (BDA, 2009).

**CONCLUSION**
Patients’ oral care requirements, as identified during assessment, should drive the selection of appropriate evidence-based tools and

![FIG 1. GINGIVITIS](image-url)