Oral hygiene care includes:
- mouthwash;
- antiseptic (a substance that destroys harmful micro-organisms in the mouth) gel for the gums and teeth;
- a soft foam sponge (swab) or toothbrush, to clean the mouth and teeth;
- tools (e.g. a suction tube) to suck away excess fluid, toothpaste or other debris from the mouth. These can be used alone, or in combination.

To find out if oral hygiene care does prevent VAP, and whether some types of oral hygiene care are better than others, we reviewed the evidence from research studies.

How did we identify and evaluate the evidence?

To assess the effects of oral hygiene care (OHC) on incidence of ventilator-associated pneumonia in critically ill patients receiving mechanical ventilation in hospital intensive care units (ICUs).

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To assess the effects of oral hygiene care (OHC) on incidence of ventilator-associated pneumonia in critically ill patients receiving mechanical ventilation in hospital intensive care units (ICUs).

Search strategy

Oral Care book. Read reviews from world’s largest community for readers. Oral Care: The Mouth I by Austin H. Kutscher. Other editions. Want to Read saving… Error rating book. Refresh and try again. Rate this book. Clear rating. 1 of 5 stars 2 of 5 stars 3 of 5 stars 4 of 5 stars 5 of 5 stars. Open Preview. See a Problem? We’d love your help. Oral care is an essential nursing management for critically ill patients who cannot carry out his activity by themselves in critical care units. Oral care of the critically ill patients affect the incidence of periodontal illness. The study aimed to evaluate the effect of comprehensive versus routine oral care on oral health of critically ill patients at intensive care unit. To achieve this aim, a quasi experimental research design was utilized. Terminal illness affects not only the individual who is diagnosed, but also their friends and family members. Loved ones face the process of saying goodbye to the person who is dying, and many may find it difficult to deal with their feelings of grief and loss. Those who care for people with terminal illness are at increased risk for anxiety and depression, and they may also experience feelings of guilt if they take time off from caretaking, even though not devoting adequate time to self-care may lead to resentment, stress, and caregiver burnout. One of the most important decisions individuals