

Your three step approach to a fresh healthy mouth.



1. CLEANSE: MOISTURISING TOOTHPASTE

- Cleans away the bacteria associated with bad breath, sore gums, cavities and plaque
- Low foaming, no sodium Lauryl Sulphate (drying agent)
- With fluoride and calcium
- Can be used in place of your regular toothpaste

CODE 07101S ORAL 7 Moisturising Toothpaste

2. BALANCE: MOISTURISING MOUTHWASH

- No alcohol + no methanol = no burning or stinging
- Keeps breathe fresh
- Promotes healthy gums
- Cleans away the bacterial associated with bad breath, sore gums, cavities and plaque
- Re balances the Oral Bio-system with natural enzymes when used in-between brushing

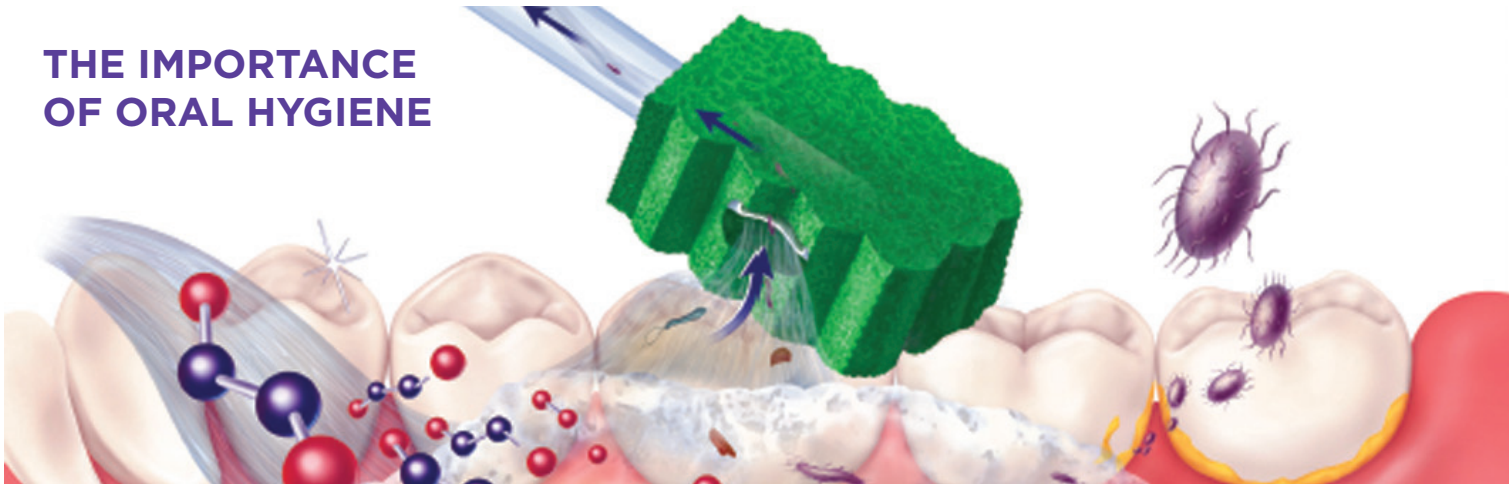
CODE 07103S ORAL 7 Moisturising Mouthwash

3. MOISTURE: MOISTURISING MOUTH GEL

- Extra beneficial for Dry Mouth sufferers
- 7 hours relief enables uninterrupted sleep
- Helps swallowing
- Soothes and protects gums
- Suitable for denture wearers and mouth breathers

CODE 07102S ORAL 7 Moisturising Mouth Gel

THE IMPORTANCE OF ORAL HYGIENE



“The mouth is the mirror of the body...but often overlooked in healthcare”.

Colonisation of dental plaque (biofilm) in compromised patients, including those with high dependency needs and those at risk of aspiration contribute to development of pneumonia (VAP/HAP) in both intubated and non-intubated persons. Studies show that poor oral care and proliferation of oral biofilm plays a significant role in pneumonia rates among the elderly and dependent residents in long-term care.

ORAL HYGIENE: RECOMMENDED APPROACHES AND TOOLS

THERE ARE FOUR COMPONENTS TO PROVIDING EVIDENCED BASED ORAL CARE.

1. Routine oral health assessment using a standardised tool, minimum of once per day and on admission; an oral dysfunction 'scoring' system is preferred over those that use only 'tick marks'
2. Oral cleansing using appropriate cleansing agents to maintain mucosal integrity and pH
3. Debridement of oral structure using appropriate implements to reduce presence of dental plaque and debris
4. Moisturising of the oral cavity and its' structures particularly in those with significant xerostomia

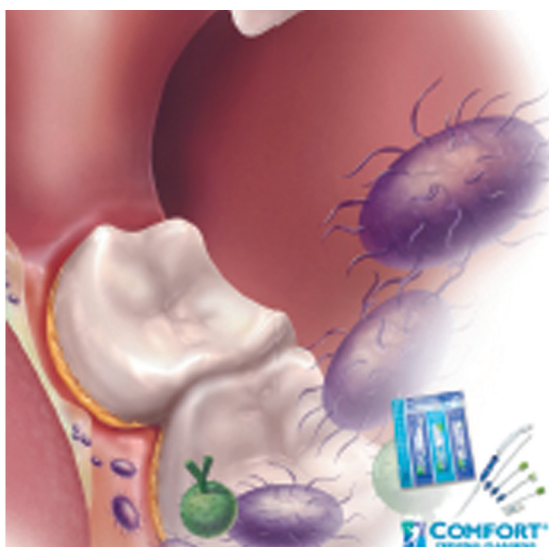
MECHANICAL DEBRIDEMENT BRUSHING:

TOOTHBRUSHES:

- Use an ultra-soft, small headed or paediatric sized toothbrush or, flexible three-headed toothbrush (aka Surround® Toothbrush) for those with short tolerance due to behavioural issues as all surfaces are brushed simultaneously in a shorter period of time
- For those with high risk for aspiration during oral care, a suction toothbrush and suction oral swab is preferred

TOOTHBRUSH 'ALTERNATIVES' / ADJUNCTS TO ORAL CARE:

- Foam oral swabs (aka Toothette Swabs®) to stimulate and cleanse the oral mucosa, buccal areas, gum line, temporal-mandibular ridges, tongue, hard pallets and lips
- Oral swabs don't replace toothbrushes in those who are dentate or can tolerate brushing and have no contraindications such as low platelets, oral trauma, etc
- Oral swabs are recommended for in-between AM and PM tooth brushing and used every 2-4 hours for those with moderate to severe oral dysfunction
- Frequent swabbing stimulates and moisturises the mucosal tissue to minimise oral dysfunction
- Foam swabs impregnated with sodium bicarbonate avoids under or overdosing with incorrectly prepared sodium bicarbonate solutions mixed / stored at the bedside; aids in cleansing, lubricating, preventing crusting and gently removing debris between brushing
- Foam swabs used with 1.5% hydrogen peroxide and sodium bicarb increases effectiveness of the debriding action and helps thin ropey, thickened secretions found in those with severe oral dysfunction and aids in removing oral secretions
- Plain/non-impregnated foam oral swabs are preferable over "jumbo swabs" or gloved fingers to apply mouth gels or medications



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