

Departmental Policy:	Oral Care
Owner of Policy:	Clinical Neurosciences
Department/Program:	Clinical Neurosciences
Approved By:	Clinical Neurosciences and Nursing Professional Practice
Date:	2012/10/11

Original Effective Date: Oct 11, 2012	Reviewed Date(s): Oct 11. 2012	Revised Date(s):
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This policy applies to: LHSC – University Hospital <input checked="" type="checkbox"/> Clinical Neurosciences, 7 Inpatients

<p>There is a similar/same policy at St. Joseph's yes <input type="checkbox"/> no <input checked="" type="checkbox"/></p> <p>If yes: Policy Name: _____ Policy owner: _____</p>

POLICY

Purpose:

To improve oral care for our patients by providing a tool for oral assessment and guidelines for cleaning teeth, dentures, and the oral cavity, this is important for preventing secondary complications.

Definition:

The care and cleaning of the mouth (teeth, tongue, palate, cheeks and lips) using appropriate products and equipment to promote oral hygiene, maintain patients' health and quality of life.

Population:

Clinical Neuroscience (CNS) patients admitted to the 7th floor of University Hospital.

Who Can Perform:

Every health care professional within the acute care CNS team has the ethical and professional responsibility **to identify** the existence of an oral care concern related to their patient.

These guidelines are not intended to over-ride clinical judgment based on the individual patient. When oral care is indicated, health care professionals are expected to proceed using their knowledge, skills and judgment. If the patient's needs exceed one's scope of practice, it is the responsibility of the health care professional to ensure that the appropriate service is consulted.

The primary health care professionals likely to be involved in the management of oral care on a regular basis include nursing, speech-language pathology, occupational therapy and physiotherapy. This group of professionals addresses patient care issues related to oral care in their routine assessments and treatments.

Precautions:

Exceptional circumstances may exist that require further clarification with the Medical or Surgical Team. Examples may include:

- Oro-facial trauma or surgery patients
- Dental patients
- Otolaryngology patients
- Patients with baseline poor oral health

Complications/Adverse Effects:

- Vagal stimulation (gagging)
- Nausea and Vomiting
- Ingestion of oral care product
- Aspiration
- Mucosal trauma or bleeding
- Dislodgment of loose dentition
- Infection
- Patient agitation
- Patient anxiety

PROCEDURE

1) Roles and Responsibilities

a) Registered Nurse (RN)

- i) The RN is the primary health care professional responsible for assessing and providing the patient's oral care and ensuring that their oral health is optimized.
- ii) The formalized oral health assessment, Oral Health Assessment Tool (OHAT) (see attached), is completed within 24 hours of admission.
- iii) Informal oral health assessment and oral care procedures occur daily by the RN at a *minimum* of twice per 24 hours. Ideally, one of these two times should be in the morning before breakfast to prevent aspiration of bacteria accumulated overnight.
- iv) In addition, inspection should also occur following treatment of an identified oral care issue (e.g., oral thrush, bleeding gums etc.) to determine treatment efficacy. The RN coordinates care by engaging necessary professionals available to the CNS program as listed above.

b) Speech-Language Pathology (S-LP):

- i) As part of a clinical swallowing assessment the S-LP completes an inspection of the oral cavity to determine structural integrity of the teeth, lips, tongue, hard and soft palate and visible oro-pharyngeal mucosa.
- ii) The S-LP arranges with the RN for pre-assessment mouth care to minimize the presence of harmful bacteria in oro-pharyngeal secretions.
- iii) The S-LP participates in making recommendations regarding oral care methods and equipment based on a patient's swallowing status and oro-motor function (e.g., use of a suctioning toothbrush for patient who is NPO and cannot manage oral secretions safely).

c) Physiotherapy (PT):

- i) As a component of cardiorespiratory physiotherapy, a PT performs and promotes oral secretion clearance through various suctioning techniques.
- ii) The PT assists in the identification and management of patients who are unable to clear secretions independently, require suctioning, are at risk of developing aspiration pneumonia and obstructing the oral cavity and/or oropharynx due to secretions.

d) Occupational therapy (OT):

- i) OT will assess the patient and make recommendations regarding the level of assistance required for completing oral care.

- ii) OT will make recommendations for optimal patient positioning while doing oral care, compensatory strategies to facilitate patient independence and recommend/provide adaptive equipment to facilitate patient's participation in oral care.

Indications: All CNS patients admitted to the 7th floor of University Hospital.

2) Required Equipment (may or may not be required):

- Personal Protective Equipment
- Wall suction apparatus
- Sterile suction catheters
- Yankauer oral suction handle
- Sterile saline
- Suction toothbrush
- Toothbrush
- Toothpaste
- Water
- Cup
- Tongue depressors
- Flashlight
- Bite block K-basin
- Towel
- Assisted devices as prescribed by OT
- Water soluble lubricant
- Prescribed oral medications (Chlorhexidene, Nystatin, moisture spray etc.)
- Denture cups
- Denture tablets (product from home)
- Denture brush (product from home)
- Denture paste (product from home)
- Denture adhesive (product from home)

3) Preparation:

- i) Inform the patient that an oral care assessment and/or procedure will be completed.
- ii) Encourage and educate those patients who may not routinely participate in oral care.
- iii) Under certain circumstances, a second person (e.g., family, health care worker) may be required to perform oral care.
- iv) Within 24 hours, ensure required oral care products are at the bedside. If not brought in by family, supply from 7th floor stock.
- v) Check suction, if required, to ensure properly functioning.
- vi) Ideally patient will be sitting up at 90 degrees, unless medically contraindicated. Exceptional circumstances may exist that require further clarification with the Medical or Surgical Team.
- vii) Complete hand hygiene, refer to the following LHSC policy.
- viii) Use clinical judgment as to whether a mask or face shield is required.
- ix) Examination gloves to be worn for performing oral care.

Based on the patient's Antibiotic Resistant Organism (ARO) status there may be a modification of the above preparation. Refer to the LHSC policies under references.

4) Procedure: Daily Assessment:

- a) RN completes visual oral health inspection. Look for integrity of mucosa and any abnormalities such as loose teeth, pocketed food, oral lesions, excessive or dried secretions etc. Note any evidence of pain (verbal or non-verbal).
- b) RN identifies those patients who are at high risk for not receiving oral care (e.g., patients who are in isolation, communication barriers, resistant to mouth care).
- c) The inter-professional team uses the following chart to identify:
 1. Patient's current dysphagia status
 2. Appropriate tool selection
 3. Frequency of oral care

Patient's swallowing and feeding status (4 categories) →	<i>Dysphagia & NPO</i>	<i>Dysphagia & Non-NPO</i>	<i>No Dysphagia & NPO</i>	<i>No Dysphagia & Non-NPO</i>
Features:	<ul style="list-style-type: none"> At risk for aspiration with oral care Oral health visual inspection or swallowing assessment indicates patient has difficulty with oral secretions At risk for aspiration with food/liquid based on S-LP assessment 	<ul style="list-style-type: none"> Modified textured diet Managing oral secretions 	<ul style="list-style-type: none"> NPO for surgery and/or tests No concerns around oral secretion management 	<ul style="list-style-type: none"> Patient consumes a regular diet No concerns around oral secretion management No procedure scheduled requiring NPO status
Tools:				
a) Can swish and spit	<ul style="list-style-type: none"> Toothbrush Toothpaste 	<ul style="list-style-type: none"> Toothbrush Toothpaste 	<ul style="list-style-type: none"> Toothbrush Toothpaste 	<ul style="list-style-type: none"> Toothbrush Toothpaste
b) Cannot swish and spit (e.g., patient with apraxia)	<ul style="list-style-type: none"> Suction toothbrush utilized Face shield for Health Care provider 	<ul style="list-style-type: none"> Suction toothbrush utilized Face shield for Health Care provider 	<ul style="list-style-type: none"> Suction toothbrush utilized Face shield for Health Care provider 	<ul style="list-style-type: none"> Suction toothbrush utilized Face shield for Health Care provider
Frequency:	<ul style="list-style-type: none"> Minimum twice per day or as frequently as ordered 	<ul style="list-style-type: none"> Minimum twice per day 	<ul style="list-style-type: none"> Minimum twice per day 	<ul style="list-style-type: none"> Minimum twice per day

5. Identify Patient's Dependency Status:

- a. Patients may fall into one of the following three categories:
 - i. **Independent:** provide patient with necessary equipment to complete oral care including any assistive devices provided by OT.
 - ii. **Assistance required:** assist patient with subtasks of oral care that s/he cannot do (e.g., preparation of toothpaste on toothbrush, taking a sip of water from a cup, rinse toothbrush).
 - iii. **Dependent:** patient cannot participate in oral care, complete task for the patient completely.

5.1 Oral Care Procedure for Dependent Patient (natural dentition):

- a. Use mouth propping devices (e.g., bite block) for those patients who cannot maintain mouth opening, have altered level of consciousness, or cannot follow directions.
- b. If the patient is unable to spit out water, use suction toothbrush.
 - i. Before opening, turn package over and burst solution with thumbs.
 - ii. Peel lid to open.
 - iii. Remove the toothbrush and attach to the suction line.
 - iv. Brush mouth tissues, tongue, teeth, cheeks and hard palate.
 - v. To suction, place thumb over the port.
 - vi. Repeat cleaning with the other toothbrush if required.
 - vii. To clear tubing, rinse with sterile saline.

- viii. Discard toothbrush after use.
- c. If the patient is able to swish and spit water, use a toothbrush.
 - i. Use a pea size amount of toothpaste.
 - ii. Brush the mouth tissues, tongue, teeth, cheeks and hard palate.
 - iii. Present a small amount of water from a cup.
 - iv. Have patient swish and spit into a basin.

5.2 Oral Care Procedure for Dependent Patient (dentures full & partial):

- a. Remove dentures by sliding your index finger along the denture's side then push gently against the back of the denture to break the seal. Grasp it and remove by rotating it. Grasp lower dentures at the front and rotate. For partial dentures, place thumbnails over or under the clasps, apply pressure, being careful to not bend the clasps and catch them on lips or gums.
- b. Brush dentures using a denture brush with denture paste. Alternatively, a regular or electric toothbrush can be used. Do not use toothpaste.
- c. Rinse thoroughly with water.
- d. Soak dentures in cool water overnight. Soak with denture tablets if available.
- e. Ensure that the cup the dentures are stored in is labeled correctly with the patient's name.
- f. Oral care stills needs to be completed following removal of dentures, regardless of whether there is any natural dentition. Follow the aforementioned oral care procedure, depending upon the patient's ability to swish and spit water.
- g. Replace dentures or partial plates.

REFERENCES

1. http://appserver.lhsc.on.ca/policy/search_res.php?polid=INF011&live=1
2. http://intra.sjhc.london.on.ca/depts/icontrol/policies/precautions/contact_precautions_acute_care.pdf
3. http://appserver.lhsc.on.ca/policy/search_res.php?polid=INF012&live=1
4. <http://intra.sjhc.london.on.ca/depts/icontrol/>
5. Oral Care Education link on CNS Website
6. Terezakis E, Needleman I, Kumar N, Moles D, Agudo E: The impact of hospitalization on oral health: a systematic review. *Journal of Clinical Periodontology*, 2011 Jul; 38(7): 628-36
7. Canadian Best Practice Recommendations for Stroke Care, 2010, p. 90
8. Oral Health: Nursing Assessment and Interventions, RNAO, December 2008, p.67
9. Chalmers JM, King PL, Spencer AJ, Wright FAC, Carter KD: The Oral Health Assessment Tool - Validity and reliability. *Australian Dental Journal*, 2005 Sept; 50(3): 191-199



**London Health
Sciences Centre**

**Neurology and Neurosurgery
ORAL HEALTH
ASSESSMENT TOOL (OHAT)**

Date of Assessment (YYYY/MM/DD): _____

SEE GUIDELINES ON REVERSE

PATIENT INFORMATION: (Plate)

Name: _____

PIN#: _____

DOB: _____

HC#: _____

Address: _____

Phone: _____

KEY: Asterisk (*) and Grey indicates referral required to an interprofessional team member (e.g., oral health professional, dentist).

CATEGORY	0 = HEALTHY	1 = CHANGES	2 = UNHEALTHY	SCORE	ACTION REQUIRED	ACTION COMPLETED
Lips	Smooth, pink, moist	Dry, chapped, or red at the corners	Swelling or lump, white/red/ulcerated patch; bleeding/ulcerated at corners*		1 = Intervention 2 = Refer	<input type="checkbox"/> Yes <input type="checkbox"/> No
Tongue	Normal, moist, pink	Patchy, fissured, red, coated	Patch that is red and/or white, ulcerated, swollen*		1 = Intervention 2 = Refer	<input type="checkbox"/> Yes <input type="checkbox"/> No
Gums and Tissues	Pink, moist, Smooth, no bleeding	Dry, shiny, rough, red, swollen around 1 to 6 teeth, one ulcer or sore spot under denture*	Swollen, bleeding around 7 teeth or more, loose teeth, ulcers and/or white patches, generalized redness and/or tenderness*		1 or 2 = Refer	<input type="checkbox"/> Yes <input type="checkbox"/> No
Saliva	Moist tissues, watery and free flowing saliva	Dry, sticky tissues, little saliva present, patient thinks they have dry mouth	Tissues parched and red, very little or no saliva present; saliva is thick, ropey, patient complains of dry mouth*		1 = Intervention 2 = Refer	<input type="checkbox"/> Yes <input type="checkbox"/> No
Natural Teeth <input type="checkbox"/> Yes <input type="checkbox"/> No	No decayed or broken teeth/roots	1 to 3 decayed or broken teeth/roots*	4 or more decayed or broken teeth/roots, or very worn down teeth, or less than 4 teeth with no denture*		1 or 2 = Refer	<input type="checkbox"/> Yes <input type="checkbox"/> No
Denture(s) <input type="checkbox"/> Yes <input type="checkbox"/> No	No broken areas/teeth, dentures worn regularly, name is on	1 broken area/tooth, or dentures only worn for 1 - 2 hours daily, or no name on denture(s)	More than 1 broken area/tooth, denture missing or not worn due to poor fit, or worn only with denture adhesive*		1 = ID Denture 2 = Refer	<input type="checkbox"/> Yes <input type="checkbox"/> No
Oral Cleanliness	Clean and no food particles or tartar on teeth or dentures	Food particles/tartar/debris in 1 or 2 areas of the mouth or on small area of dentures; occasional bad breath	Food particles, tartar, debris in most areas of the mouth or on most areas of denture(s), or severe halitosis (bad breath)*		1 = Intervention 2 = Refer	<input type="checkbox"/> Yes <input type="checkbox"/> No
Dental Pain	No behavioural, verbal or physical signs of pain	Verbal and/or behavioural signs of pain such as pulling of face, chewing lips, not eating, aggression*	Physical signs such as swelling of cheek or gum, broken teeth, ulcers, "gum boil", as well as verbal and or behavioural signs*		1 or 2 = Refer	<input type="checkbox"/> Yes <input type="checkbox"/> No

REFERRAL: Referral to interprofessional team member Name: _____ Date (YYYY/MM/DD): _____

INDICATE Speech Language Pathologist (SLP) Acute illness management Medication review Patient/Client/Family education

INTERVENTION: Oral health professional Medical Doctor (MD) Nurse Dietician Social Worker
 Occupational Therapist (OT)
 Other _____

Comments: _____

Completed By (Name/Designation): _____

GUIDELINES FOR USE OF ORAL HEALTH ASSESSMENT TOOL (OHAT) FOR NON-DENTAL PROFESSIONALS

PURPOSE:

- To provide direction for the use of the OHAT
- To ensure continuity of care between and amongst interprofessional team members

COMPLETING THE RECORD:

- To be kept as a permanent part of the Health Record
- To be completed within 24 hours of admission

THERAPEUTIC INTERVENTIONS:

- LIPS** use lanolin, lip lubricant (Blistex); do not use petroleum based products (vaseline)
- TONGUE** clean at minimum twice daily with soft brush or tongue scrapper; consider bite block for maintaining open mouth
- GUMS AND TISSUES** bleeding is not an indication to stop oral care - continue with caution to provide care
- SALIVA** check for medications that may cause dry mouth; increase fluid intake if able; consider use of saliva substitute products (Oral Balance, Gel, Moisture Spray)
- DENTURES** ensure dentures are labelled and stored in an appropriate container; dentures should be removed for cleaning, and kept out overnight

Identify patient's swallowing status and which oral care tools to use:

Patient's Swallowing Status:	Dysphagia and NPO	Dysphagia and non-NPO	No Dysphagia and NPO	No Dysphagia and non-NPO
Features:	- Difficulty managing oral secretions - At risk for aspiration with oral care - Oral health visual inspection suggests patient has difficulty with oral secretions - At risk for aspiration with food/liquid based on SLP assessment	- Modified texture diet - Managing oral secretions	- NPO for surgery and/or tests - No concerns around oral secretion management	- Patient consumes a regular diet - No concerns around oral secretion management - No procedure scheduled requiring NPO status
Oral Care Tools: A. Can swish and spit	- Toothbrush - Toothpaste	- Toothbrush - Toothpaste	- Toothbrush - Toothpaste	- Toothbrush - Toothpaste
B. Cannot swish and spit (e.g., patient with apraxia)	- Suction toothbrush utilized* - Face shield for Health Care provider	- Suction toothbrush utilized* - Face shield for Health Care provider	- Suction toothbrush utilized* - Face shield for Health Care provider	- Suction toothbrush utilized* - Face shield for Health Care provider
Frequency of Oral Care:	- Minimum twice per day, or more frequently as ordered by the Team	- Minimum twice per day	- Minimum twice per day	- Minimum twice per day

Identify patient's dependency status:

Patients may fall into one of the following three categories:

- i. **Independent:** provide patient with necessary equipment to complete oral care including any assistive devices provided by OT.
- ii. **Assistance Required:** assist patient with subtasks of oral care that s/he is unable to do (e.g., preparation of toothpaste on toothbrush, taking a sip of water from a cup, rinse toothbrush).
- iii. **Dependent:** patient unable to participate in oral care; task is entirely completed by interprofessional team member.



**London Health
Sciences Centre**

Neurology and Neurosurgery
**ORAL HEALTH
ASSESSMENT TOOL (OHAT)**

SMITH, MARY
0000 0000
1942 / 01 / 01
123456789 AB

Date of Assessment (yy/mm/dd): 2012/06/01
see guidelines on reverse

KEY: Asterisk (*) and Care indicates referral required to an interprofessional team member (e.g., oral health professional, dentist).						
CATEGORY	0 = HEALTHY	1 = CHANGES	2 = UNHEALTHY	SCORE	ACTION REQUIRED	ACTION COMPLETED
Lips	Smooth, pink, moist	Dry, chapped, or red at the corners	Swelling or lump, white/red ulcerated patch; bleeding/ulcerated at corners*	1	1 = Intervention 2 = Refer	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Tongue	Normal, moist, pink	Patchy, fissured, red, coated	Patch that is red and/or white, ulcerated, swollen*	1	1 = Intervention 2 = Refer	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Gums and Tissues	Pink, moist, smooth, no bleeding	Dry, shiny, rough, red, swollen around 1 to 6 teeth, one ulcer or sore spot under denture*	Swollen, bleeding around 7 teeth or more, loose teeth, ulcers and/or white patches, generalized redness and/or tenderness*	0	1 or 2 = Refer	<input type="checkbox"/> Yes <input type="checkbox"/> No
Saliva	Moist tissues, watery and free flowing saliva	Dry, sticky tissues, little saliva present, patient thinks they have dry mouth	Tissues parched and red, very little or no saliva present; saliva is thick, ropey, patient complains of dry mouth*	1	1 = Intervention 2 = Refer	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Natural Teeth <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	No decayed or broken teeth/roots	1 to 3 decayed or broken teeth/roots*	4 or more decayed or broken teeth/roots, or very worn down teeth, or less than 4 teeth with no denture*	0	1 or 2 = Refer	<input type="checkbox"/> Yes <input type="checkbox"/> No
Denture(s) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	No broken areas/teeth, dentures worn regularly, name is on	1 broken area/teeth, or dentures only worn for 1 - 2 hours daily, or no name on denture(s)	More than 1 broken area/teeth, denture missing or not worn due to poor fit, or worn only with denture adhesive*	1	1 = ID Denture 2 = Refer	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Oral Cleanliness	Clean and no food particles or tartar on teeth or dentures	Food particles/tartar/debris in 1 or 2 areas of the mouth or on small area of dentures; occasional bad breath	Food particles, tartar, debris in most areas of the mouth or on most areas of denture(s), or severe halitosis (bad breath)*	1	1 = Intervention 2 = Refer	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Dental Pain	No behavioural, verbal or physical signs of pain	Verbal and/or behavioural signs of pain such as pulling of face, chewing lips, not eating, aggression*	Physical signs such as swelling of cheek or gum, broken teeth, ulcers, "gum boil", as well as verbal and/or behavioural signs*	0	1 or 2 = Refer	<input type="checkbox"/> Yes <input type="checkbox"/> No
REFERRAL:	<input type="checkbox"/> Referral to interprofessional team member Name: _____ Date (yy/mm/dd): _____					
INDICATE INTERVENTION:	<input type="checkbox"/> Speech Language Pathologist (SLP) <input type="checkbox"/> Acute illness management <input type="checkbox"/> Medication review <input type="checkbox"/> Patient/Client/Family education <input type="checkbox"/> Oral health professional <input type="checkbox"/> Medical Doctor (MD) <input type="checkbox"/> Nurse <input type="checkbox"/> Dietician <input type="checkbox"/> Social Worker <input type="checkbox"/> Occupational Therapist (OT)					
Comments:	<input checked="" type="checkbox"/> Other indicate plan on Kardex oral care twice daily use toothbrush with toothpaste, lubricant for lips, dentures kept in labeled container					
Completed By (Name/Designation):	Mary Jones RN					

M2819 (2012/05/07) 01.1

Approved and prepared by the Oral Health Team at London Health Sciences Centre (OHSC)

Guidelines on reverse



London Health
Sciences Centre

ADULT GRAPHIC RECORD

YEAR: _____ MONTH: _____

KEY: Point of Care (POC) Glucose: Fasting = 3.9 - 6.1 mmol/L pc = 3.3 - 7.8 mmol/L
See Online LLSG Lab Test Information Guide

KEY (continued):		Diet:	Temperature:	Pain Quality:	Hygiene:	Sputum:	Colour:
✓ = Routine care given/ normal findings	✓ = Diet is tolerated	Car = Cardiac	A = Axilla	A = Aching	C = Complete	Amount:	B = Bloody
* = Significant findings	CF = Clear fluids	O = Oral	O = Oral	B = Burning	P = Partial	0 = Nil	G = Green
Rest/Sleep:	FF = Full fluids	Oxygen:	R = Refused	C = Cramping	R = Refused	1 = Small	M = Mucoid
G = Good P = Poor	NPO = Nothing by mouth	RA = Room air	S = Shooting	F = Family assisted	F = Family assisted	2 = Moderate	P = Purulent
I = Intervals	P = Partial	NP = Nasal prongs	ST = Stabbing	S = Self	CC = Callhater care	3 = Copious	W = White
Activity:	PUR = Puree	NRB = 100% non-rebreather	SH = Sharp	CC = Chlorhexidine bath	CB = Chlorhexidine bath	Y = Yellow	
A = Ambulating	RI = Refused	SM = Simple mask	T = Throbbing	M = Mouth care	M = Mouth care		
BRP = Bathroom privileges	R = Regular	VM = Venturi mask	NT = Nasotracheal	Sh = Shower	Sh = Shower	Stools:	Character:
CBR = Complete bed rest	T = Total taken	FT = Face tent	OT = Oral tracheal			# and Size:	L = Liquid
C = Up to chair	Tr = Transitional	HH = High humidity	TR = Trach tube			S = Small	M = Medium
		HFN = High flow nebulizer	NA = Nasal airway			L = Large	SF = Semi-formed
		TM = Trach masks	OA = Oral airway				F = Formed
FLACC = Face Leg Arm Cry Consolability							
Day							
Time							
Post-op Day							
Weight (kg)							
Diet							
Temperature (°C) / Code							
Pulse R = Radial A = Apical M = Monitor							
Blood Pressure Right (mmHg)							
Left							
Respiratory Rate							
SpO ₂							
Oxygen Delivered at Device							
Pain Score: 0 - 10 Rest Activity OR (FLACC) (non verbal) Pain Quality							
Opioid Induced N = Nausea P = Puritus							
Suctioning Route							
Sputum Amount Colour							
Dorsalis Pedal Right D = Doppler P = Palpable A = Absent							
Left							
Posterior Tibia Right D = Doppler P = Palpable A = Absent							
Left							
POC Glucose (mmol/L)							
Activity							
Rest/Sleep							
Hygiene							
Stools Number and Size Character							
INITIALS							