PROCEDURE CHECKLIST  
Chapter 22: Providing Oral Care for an Unconscious Patient

Check (✓) Yes or No

<table>
<thead>
<tr>
<th>PROCEDURE STEPS</th>
<th>Yes</th>
<th>No</th>
<th>COMMENTS</th>
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<tbody>
<tr>
<td>1. Determines whether the patient has dentures or partial plate; assesses gag reflex.</td>
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<td>2. Positions side-lying, head turned to side and, if possible, with head of bed lowered slightly.</td>
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   a. Places waterproof pad and then towel under patient’s cheek and chin. |     |    |          |
| b. Places emesis basin under patient’s cheek. |     |    |          |
| c. Moistens toothbrush and applies a small amount of toothpaste. |     |    |          |
| d. Uses padded tongue blade or bite-block to hold mouth open. |     |    |          |
| e. Brushes teeth, holding bristles at a 45° angle to the gum line. |     |    |          |
| f. Uses short, circular motions. |     |    |          |
| g. Gently brushes the inner and outer surfaces of the teeth, including the gum line. |     |    |          |
| h. Brushes the biting surface of the back teeth by holding the toothbrush perpendicular to the teeth and brushing back and forth. |     |    |          |
| i. Brushes the patient’s tongue. |     |    |          |
| 5. Draws about 10 mL of water or mouthwash (e.g., dilute hydrogen peroxide) into a syringe; ejects it gently into the side of the mouth. Allows the fluid to drain out into the basin; or suctions as needed. |     |    |          |
| 6. Cleans the tissues in the oral cavity according to agency policy.  
   a. Uses foam swabs or a moistened gauze square wrapped around a tongue blade. |     |    |          |
<p>| b. Uses a clean swab for each area of the mouth: cheeks, tongue, roof of the mouth, and so forth. |     |    |          |
| 7. Removes basin, dries face and mouth, applies water-soluble lip moisturizer. |     |    |          |</p>
<table>
<thead>
<tr>
<th>Recommendation: Pass _____ Needs more practice _____</th>
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<tr>
<td>Student: ____________________ Date: ________________</td>
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<td>Instructor: __________________ Date: ________________</td>
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