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SPEECH PATHOLOGIST: \_\_\_\_\_

SPECIAL INSTRUCTIONS: \_\_\_\_\_

DATE: \_\_\_\_\_



### **HANDOUT-ABLE: Strict Nothing by Mouth – Aggressive NPO Oral Care Instructions**

The patient has been determined to be unsafe at this time for oral intake. A major part of preventing aspiration is to perform aggressive NPO oral care. Taking care to address bacteria that could grow orally will lessen the risk of aspiration pneumonia or other further medical complications. An aspiration-risk can remain, especially via alternative means of feeding methods. Patients can still aspirate on saliva.

Listed are recommendations for performing NPO oral care, from the orientation of the caregiver.  
A person who has been recommended to be a strict NPO would benefit from the following:

1. At least every 24 hours (more frequent if possible) — perform NPO oral care. Up to three times a day would be optimal.
2. Gather the materials: (speech pathologist to circle the tools to utilize)
  - Gloves (from two sets to 10, as needed)
  - Choose:
    - Oral toothettes – 5-15, as needed (plain, without mouthwash is preferable to prevent oral drying),
    - suction toothbrush,
    - manual toothbrush.(Utilize these in the same manner as described below, modifying as indicated due to different tools being utilized. The focus should remain: that the least amount of water or other substance be provided in order to reduce the risk of aspiration, but to as well provide for the most effective oral care/cleaning process to remove bacteria to the highest level possible)
    - bottled water in a hard/non-flexible cup
    - bowl of warm water,
    - a stack of washcloths, as needed
    - Yankauer suction tip system, if indicated
3. Explain to the patient that oral care will be occurring.
4. Elevate the patient to as close to 90 degrees as possible prior to starting — the posture of sitting upright, just as in an erect chair. In a wheelchair or actual chair is ever better, if it can be tolerated by the patient.
5. Place gloves on both hands.

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6. Take one oral toothette out of the package.
7. Wet it in the bottled water thoroughly.
8. To drain -- press the wet toothette against the glass in a turning motion so that water can be drained out as much as possible.
9. Once the water has been drained as much as possible, hand the toothette to the patient and ask the patient to clean their mouth.
10. Cue the patient to clean the following areas, if possible: the front and back parts of the tongue, under the tongue, between the lips and gums/teeth, under the tongue, the roof of the mouth (hard palate), as much of the back of the throat as possible and the back part of the roof of their mouth (soft palate).
11. After use, do not re-douse the toothette in the same water -- but place the used toothette in the trash.
12. Repeat steps 6-11. This may take from 4 to 15 toothettes or more, depending upon the severity of the oral residue, or phlegm in the patient's mouth.
13. For the areas that the patient is not able to effectively clean, caregivers should clean the indicated areas for the patient. Having the patient try to perform as much of the oral care as independent as possible is optimal.
14. If hard or sticky phlegm exists, wet a washcloth with warm water and squeeze out the water as much as possible, then use to remove phlegm out of the mouth. Do not reuse; utilize a fresh drained-washcloth each time in re-entering the mouth for NPO oral care. If needed, use a Yankauer suction tip.
15. Notify nursing if there is thick, hairy film on the tongue — sometimes it may be white or yellow. Request that that the patient be evaluated for possible thrush.
16. Remain upright, if possible, for an additional 15-30 minutes.

**Additional Notes:** If a patient is to maintain a strict NPO status, it is recommended to not utilize mouthwash or cup sips of water — there is a risk of accidental premature spillage into the back of the throat. It is recommended that NPO patients remain elevated to at least 30 degrees at all times, even during sleep.