

Version	Date	Comments / Changes
1.0	November 2017	Initial Clinical Protocol released

PURPOSE: To promote oral health and comfort, and best practice for the maintenance of oral health

1. BACKGROUND

This protocol has been developed to standardize and guide the care of adult/[clients](#)/residents in Fraser Health residential care facilities and group homes. The protocol identifies best practice and specifies the necessary oral care, equipment, procedures, concerns, and documentation.

2. DEFINITIONS

Assisted Oral Care: Client is able to achieve appropriate plaque control with assistance from a caregiver in hard to reach areas or by using the hand-over-hand toothbrushing technique.

Client: An all-inclusive term referring to resident, patient, or client. This also includes the person's family and significant others.

Client Care Review: Term referring to Resident Care Conferences, Service Planning, Rounds and Case Conferences.

Dental Health Care Professional (DHCP): A dentist, dental hygienist or denturist.

Dependent Oral Care: Client requires full assistance from a caregiver to achieve appropriate oral care.

Edentulous: Lacking teeth, with or without dentures.

Dysphagia: Difficulty swallowing.

Health Professional: A person who exercises skill or judgment or provides a service related to:

- the preservation or improvement of the health of individuals, or;
- the treatment or care of individuals who are injured, sick, disabled, or infirm.

Health Care Provider: A person, who, under a prescribed Act, is licensed, certified or registered to provide health care. Includes, but not limited to, Registered Nurses, Licensed Practical Nurses, SLP's, and Health Care Assistants.

High-Fowler: Head of bed is raised to 90 degrees.

Independent Oral Care: The client is able to brush all areas of the mouth including tooth surfaces, gumline, tongue and inside cheeks adequately (minimal or no retained plaque/food particles).

Semi-Fowler: Bed is raised to 30 degrees.

Yankauer: A suction tip used for oral suctioning.

3. RELATED RESOURCES

- [Fraser Health Dental Services](#)
- [Clinical Skill: Oral Hygiene](#)
- [Residential Care and Dental Health Services for Community Living \(DHSCCL\)](#)
- [Appendix A: Challenging Oral Care Due to Responsive Behaviours](#)
- [Appendix B: Oral Assessment](#)
- [Appendix C: Oral Care During and Post Chemo/Radiation Therapy](#)
- [Appendix D: Dysphagia/Individuals at High Risk for Aspiration of Thin Fluids or Nothing by Mouth](#)
- [Appendix E: Oral Care for Persons at a Reduced Level of Consciousness or Who Are Unresponsive](#)
- [Appendix F: End-of-Life Oral Care](#)
- [Appendix G: Oral Health Adult – Integrated Standards Audit](#)
- [Appendix H: Oral Care Supplies](#)

4. APPLICATION PARAMETERS

- 4.1. As outlined in the Residential Care Regulation of the Community Care and Assisted Living Act, each client's mouth and anticipated oral care needs will be assessed by a [health professional](#): on admission/intake/move in; when there is a change or potential change in health or treatment; or prior to an annual [Client Care Review](#) (e.g. client to receive radiation treatment) (Appendix G).
- 4.2. A [health care provider](#) will observe and assess the mouth daily.
- 4.3. Oral health care and comfort needs will be documented as appropriate in client's chart.
- 4.4. Appropriate oral care will be provided (assisted or dependent oral care clients) or encouraged (independent oral care clients) morning and evening, and as needed.
- 4.5. Refer to designated client care record as determined by unit/site/program.
- 4.6. The client and/or their families will be encouraged to participate in their oral care.
- 4.7. Each client will be provided a soft toothbrush and recommended oral care supplies. These supplies are to be clean and in good working condition.
- 4.8. Clients in facilities will have their dentures and oral care supplies labelled. All oral care supplies will be stored separately and away from other personal hygiene items.
- 4.9. Toothbrushes will be replaced if bristles are visibly worn, at least every three months, after an infectious process, or other contamination.
- 4.10. Clients in facilities will be encouraged to be examined by a [DHCP](#) (dentist, dental hygienist, denturist) at least once every year, and follow a recommendation or order for dental treatment made by a DHCP.

5. ASSESSMENT

As per Standards 4.1 and 4.2 ([Appendix B](#))

6. INTERVENTIONS

This section details the equipment and procedures for basic mouth care, denture care, and for many common oral concerns.

6.1. Equipment (Appendix G)

- **Basic Oral Care Supplies**
 - Soft toothbrush
 - Fluoride toothpaste for teeth unless otherwise indicated
 - Liquid hand soap for dentures
 - Individual container to hygienically store supplies
- **Specialized equipment to meet individual needs**
 - Non alcohol antimicrobial mouthrinse
 - Fluoride mouthrinse
 - 250 ml denture cup
 - Carbonated or distilled water or saline in cup
 - Salivary substitute
 - Denture brushes
 - Interdental aid (e.g. floss, soft pik, proxabrush, etc.)
 - Tongue brush/tongue cleaner
 - Client drape (towel or water resistant bib)
 - Water soluble gel
 - [Denture cleaning unit](#) (ultrasonic)
 - [Baking soda mouth rinse](#)
 - [Mouth prop](#)
 - Xylitol products, as recommended by health care provider
 - Fluoride varnish, as recommended by health care provider
 - OraMoist dry mouth patch (www.OraMoist.com). Also available through London Drugs and Shopper's Drug Mart.
 - Suction toothbrush, as recommended by health care provider (available through Fraser Health Stores; [Trademark Medical](#))
 - Portable suction machine (with motor, gauge, vacuum, filter, and bottle)
 - Suction catheter
 - Connecting tubing
 - Yankauer tip, as recommended by DHCP (available through FH Stores)
 - Supplemental oxygen as recommended by client's health care team.
- **Care Provider Equipment**
 - Non-latex gloves
 - Indelible marker/pencil for labelling oral care supplies
- **Care Provider Equipment for Clients with Specialized Individual Needs**
 - Masks to cover mouth and nose (place before eye protection)
 - Eye wear (sufficient to protect from splatter from all directions)

6.2. Basic Mouth Care Procedure

See [Clinical Skill: Oral Hygiene](#)

- Inform client it is time to have oral care provided
- Prepare supplies
- Wash hands with soap and water or use hand sanitizer and apply gloves
- Position yourself in the most comfortable manner to facilitate effective oral care
- Observe mouth as per [Appendix B](#) (Oral Assessment)
- Moisten toothbrush with water

- As necessary use moist toothbrush to sweep out food debris or thick saliva
- Rinse brush
- Place a pea-sized amount of toothpaste on toothbrush
- Place the toothbrush at a 45 degree angle toward the gum line and massage gently back and forth or in a circular motion to remove the plaque from every tooth
- Brush the cheek side, tongue side and chewing surfaces of the teeth
- Rinse brush
- Clean the tongue by gently rolling the toothbrush/tongue cleaner in a forward direction
- Brush lining of mouth using a sweeping motion
- For edentulous clients, brush gums, tongue, cheeks, and palate using a soft bristled toothbrush moistened with water or non-alcohol antimicrobial mouthrinse
- Ask the client to rinse his/her mouth with water to remove toothpaste and food debris. A toothbrush can be used to clear the mouth of toothpaste and debris for clients not able to rinse and/or expectorate.
- Gently wipe face with soft cloth as needed.
- Rinse brush and dry with paper towel. Store dry, separate and away from other personal hygiene items
- Assist client to clean between teeth once daily if possible with an interdental aid; if using floss, curve the floss against each tooth and scrape the floss in an up and down motion
- To protect airway ensure client is upright with chin at a maximum 90 degree angle to the chest unless contraindicated.

***Note: If basic oral care is compromised due to any of the following refer to [Appendix](#) section for additional information**

- Responsive behaviours
- Chemo/radiation therapy
- [Dysphagia](#)/high risk for aspiration of thin fluids or nothing by mouth
- Reduced level of consciousness/unresponsiveness
- End of life

6.3. Denture Care (complete or partials)

[Basic Mouth Care: Caring for those with dentures/false teeth/no teeth](#)

[Dental Hygiene Canada – Denture Care: Advice for Caregivers](#)

Refer to [Clinical Skill: Denture Care](#)

- Dentures and partial dentures will be brushed a minimum of twice daily using tepid water, liquid hand soap, and a denture brush, unless otherwise indicated
- Rinse well to remove soap from dentures
- Encourage dentures and mouth be brushed/rinsed after meals
- Clean the tongue by gently rolling the toothbrush/tongue cleaner in a forward direction
- Brush gums, cheeks and palate (lining of mouth) using a soft bristled toothbrush moistened with water or non-alcohol antimicrobial mouthrinse
- When dentures are not worn they should be brushed and stored in a clean, **dry** container (clean container with soap and water, rinse and dry)
- If a client chooses and /or insists to store dentures wet, ensure the container is cleaned and filled with fresh water daily
- Clients will be encouraged to remove their dentures before sleeping

- If a client chooses to wear dentures while sleeping ensure the dentures are clean
- Ensure that dentures are still in place upon waking
- If a client chooses to wear dentures continually, encourage removal for a minimum of 1-2 hours per day to promote soft tissue health
- Label all dentures for proper identification (see [Denture Labelling](#))
- Transport dentures in a denture cup to sink lined with clean paper towels and water in order to soften impact if dentures should fall while cleaning

6.4. Procedures for Common Oral Concerns

- **Thick Copious Mucous**
 - Moisten a toothbrush with carbonated water, or non-alcohol mouthrinse or fluoride rinse and gently cleanse mouth
 - Repeat as necessary
 - Once mucous is removed rinse the mouth with plain water or use toothbrush to wipe the mouth with plain water
 - Procedure may need to be repeated as recommended
- **Thick Coating on Tongue**
 - Moisten toothbrush/tongue brush/tongue cleaner with carbonated water or anti-infective alcohol-free mouthrinse and cleanse tongue in a forward direction
 - Repeat as necessary
 - Once tongue is cleansed, rinse the mouth with plain water or use toothbrush to wipe the mouth with plain water
 - Procedure may need to be repeated as recommended
- **Dry Mouth**
 - Observe for indications of dry mouth (i.e. soft tissue breakdown, generalized redness, oral malodour, person complains of dry and/or burning mouth)
 - Ensure client is well hydrated; offer fluids (sugar-free, caffeine-free) or ice chips frequently when awake as long as there are no contraindications. Avoid acidic juice/foods.
 - Lubricate lips and mouth with water soluble lubricant/pericare gel before mouth care, meals and at bedtime.
 - If dry mouth continues to be a concern provide basic oral care using toothpaste and/or mouthrinse specifically designed to relieve dry mouth and assist to prevent oral infection (i.e. anti-infective, alcohol free mouthrinse can be used as a toothpaste substitute), as well as fluoride or xylitol products as recommended by a health care provider.
 - If unable to rinse apply mouthrinse with a toothbrush to all soft tissues of the mouth
 - Apply salivary substitute mouth moisturizer to all soft tissues of the mouth including under the tongue
- **Dry, Cracked, Encrusted, or Inflamed Lips/Corners of Mouth**
 - Ensure client is well hydrated; offer fluids (sugar-free, caffeine-free) frequently when awake as long as there are no contraindications.
 - Cleanse lips with a warm, damp cloth
 - Lubricate with water-soluble gel (i.e. salivary substitute/mouth moisturizing gel/pericare gel)
 - Consult with physician/dental provider if inflammation at corners of mouth is present

- **Mouth Sores**
 - Leave dentures out as much as possible
 - Avoid acidic juice or food
 - Encourage client to rinse with saline mouthrinse (1 teaspoon salt in 8 ounces of warm water) four times daily if able to do so.
 - Monitor and contact DHCP (dentist, dental hygienist, denturist) if no improvement after one week.
 - Refer to a dental professional if a non-urgent lesion or another non-urgent concern does not resolve in 14 days.
- **Bleeding Gums**
 - Continue basic mouth care procedure using a soft toothbrush and toothpaste.
 - Rinse frequently with toothbrush that has been dipped in water.
 - Monitor for reduction in bleeding. Contact DHCP if bleeding is not reduced within one week.
- **Persistent Red, Irritated Tissue That Does Not Respond to Basic Oral Care**
 - If red, irritated, painful, tissue and/or malodour is present and does not improve within one week with regular oral care interventions, consult nurse, physician, dentist, dental hygienist, or denturist
- **Severe Pain, Trauma, or Infection**
 - Immediate referrals will be made to client's physician and/or dental professional in the case of severe pain, trauma, and/or infection
 - Individuals will be supported to access professional dental services (See yourdentalhealth.ca)
- **Reflux and Regurgitation**
 - Persons experiencing chronic nausea/vomiting, reflux, and regurgitation are at a high risk of dental caries and sensitivity due to enamel erosion from acid contact.
 - Apply baking soda/salt solution to teeth after episodes of acid contact (See [Dental "Recipes"](#))

7. Client EDUCATION/Discharge Information

Continue daily oral care as recommended by your oral health care professional

8. DOCUMENTATION

[Fraser Health Dental Services](#)

8.1. Dental Health Services for Community Living (DHSCCL)

- Oral Care Plan
- DHSCCL Needs Assessment
- DHSCCL Client Health History Template
- DHSCCL Dental Health Appointment Record

8.2. Residential Care

- [Oral Health Assessment Tool for Dental Screening](#)
- [Regional Moving Day Interview - Form](#)
- [Maintenance of Oral Health](#)
- Oral Assessment ([Appendix B](#))
- [Short Term Care Plan](#)
- [Resident Care Plan](#)
- Progress/Focus Notes

- Oral Health Adult - Integrated Standards Audit (see Appendix G)
- **Admission Assessment/Moving Day Interview**
 - Presence or absence of teeth and or dentures
 - Condition of oral cavity
 - Daily oral care – dependent, assisted, independent
 - Date of last dental visit
 - Name of regular dental provider and whether the client will continue to visit him/her in or outside of the facility (*Residential Care only*)
- **Progress/Focus Notes**
 - Summary and analysis of assessment findings as per Standard 4.1
 - Any changes in condition pertaining to oral care
 - When client declines/refuses receiving oral care
 - Responses to oral care interventions or to prescribed treatments
- **Resident Care Plan**
 - State specific oral health concern as foci of care; (e.g. dry mouth, thick copious mucous, oral pain)
 - Record interventions for each oral foci of care
 - For each intervention record date it is to be re-evaluated
 - Sign or initial and indicate your professional designation
 - Oral Health Adult - Integrated Standards Audit completed annually (see Appendix G)

9. CLINICAL OUTCOMES

Patients/clients/residents receive standardized oral care to ensure optimal oral health. Emergent oral issues are identified and treated appropriately.

10. REFERENCES

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Websites:

[Community Care and Assisted Living Act](#)
[Dalhousie University Faculty of Dentistry: Brushing up on Mouth Care](#)
[Health Professions Act](#)
[Healthcare \(Consent\) and Care Facility \(Admissions\) Act](#)

11. APPENDICES

[Appendix A: Challenging Oral Care Due to Responsive Behaviours](#)
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APPENDIX A: CHALLENGING ORAL CARE DUE TO RESPONSIVE BEHAVIOURS

As per [Standards 4.4](#) and [6.2 Basic Mouth Care](#) will be provided (assisted or dependent oral care clients) or encouraged (independent oral care clients) twice daily and as required. Individuals exhibiting excessive behaviours may not be able to accept standard oral care therefore special consideration and or adaptations may be required to promote oral health and comfort.

Recommendations:

In addition to following the Oral Health: Adult – Integrated Standards:

- Develop an individualized daily oral care guide for a client who is resistive to oral care and is at increased risk of harm if adequate oral care is not provided. Individualized daily oral care guide will include:
 - Oral, general health and behaviour issues that influence oral care
 - Recommended oral care supplies
 - Behavioural strategies
 - Step-by-step process to deliver oral care
- Least restrictive method possible to provide oral care while respecting the client's dignity and individual rights and the caregivers' comfort and safety.
- The daily oral care guide will be compatible with the service principles, clinical practice guidelines, standards, and regulations that guide personal care in Fraser Health as well as being mutually agreeable to the members of the client's support network. Refer to:
 - [Nursing Best Practice Guideline - Oral Health: Nursing Assessment and Interventions](#)
 - [yourdentalhealth.ca – Caregiver Presentations and Resources](#)
 - [Brushing Up on Mouth Care: Facilitating uptake of daily oral care program in continuing care](#)
 - [Daily Mouth Care: Special Considerations](#)

APPENDIX B: ORAL ASSESSMENT

Area of observation	Observation findings: Normal	Observation findings: Potential Problems
Natural teeth	<ul style="list-style-type: none"> • Appear healthy • Appear secure 	<ul style="list-style-type: none"> • Appear loose • Broken • Missing • Obvious decay • Evidence of discomfort (decreased eating, increased behaviours) • Heavy stain, deposits present • Infection
Dentures: Complete upper and or lower Partial upper and or lower	<ul style="list-style-type: none"> • Intact • Secure • Routinely worn • Clean • Labelled 	<ul style="list-style-type: none"> • Chipped surfaces • Loose fitting • Broken clasp • Stained • Poor comfort level • Not worn routinely • Missing/broken teeth • Poor oral hygiene
Lips	Pink and healthy (colour can vary depending on client's natural skin pigmentation)	<ul style="list-style-type: none"> • Appear dry • Cracked • Sore • Lesions present
Gums	Pink and healthy (colour can vary depending on client's natural skin pigmentation)	<ul style="list-style-type: none"> • Appear red, swollen • Bleeding upon brushing • Painful • Lesions present • Dry
Tongue	Appears pink and healthy <ul style="list-style-type: none"> • Under side of tongue may have dark blue/purple vascular areas 	<ul style="list-style-type: none"> • Appears red • Fissured • Coated • Bald (smooth) • Painful • Lesions present • Dry
Soft Tissues (e.g. inner cheeks and lips, palate back of mouth and throat)	<ul style="list-style-type: none"> • Pink and healthy • Moist 	<ul style="list-style-type: none"> • Appear red • Painful • Red and/or white patches • Lesions present • Dry
Overall condition of mouth	<ul style="list-style-type: none"> • Appears healthy • No offensive odour • Saliva flows freely 	<ul style="list-style-type: none"> • Appears dry • Saliva is sticky, ropery or thick • Inflamed • Coated • Retained food • Excessive mucous and/or saliva is visible (drooling) • Offensive odour

APPENDIX C: ORAL CARE DURING AND POST CHEMO/RADIATION THERAPY

Clients receiving chemotherapy and radiation therapy may experience some or all of the following symptoms:

- Inflammation and ulceration of the oral tissues
- Painful mouth and gums
- Xerostomia (dry mouth)
- Burning, peeling, or swelling of the tongue
- Increased risk for developing oral and systemic infections
- Taste alteration
- Reduced ability to speak, eat, or swallow
- Tooth decay

Recommendations:

In addition to following the Oral Health: Adult – Integrated Standards:

- Consult with other health care providers as appropriate (e.g. Speech Language Pathologist, Occupational Therapist, Physiotherapist, Registered Dietician/ Nutritionist, Dentist, Dental Hygienist, Denturist, Physician, or Registered Nurse)
- Sip water frequently and suck ice chips
- Take small bites of food, chew slowly, and sip liquid with meals
- Use an oral moisturizing gel prior to meals and as needed
- Gently exercise/stretch jaw muscles several times a day to reduce jaw stiffness
- If a denture wearer, try a dry mouth denture adhesive
- Avoid hard candies that contain sugar and carbonated drinks
- Avoid sharp, crunchy, acidic, and spicy foods
- Use xylitol products as recommended by a health care provider

APPENDIX D: DYSPHAGIA/INDIVIDUALS AT HIGH RISK FOR ASPIRATION OF THIN FLUIDS OR NOTHING BY MOUTH

Clients at high risk for aspiration of thin fluids or those who take nothing by mouth require oral care at least twice a day as well as before and after meals to help reduce bacteria in the mouth and prevent infection if aspiration occurs.

Recommendations:

In addition to following the Oral Health: Adult – Integrated Standards:

- Refer to and follow dysphagia team recommendations (if any)
- Position should be the same as for eating: usually with chin at 90 degrees to chest or leaning slightly forward. **DO NOT** hyperextend the neck.
- Moisten toothbrush in water or anti-infective alcohol-free mouthrinse, fluoride mouthrinse or non-foaming toothpaste
(**Note:** regular toothpaste is contraindicated for persons unable to handle thin fluids)
- Dab excess moisture (mouthrinse) off toothbrush to ensure only damp brush is used to prevent excess thin fluid in the mouth
- Ensure no excess fluid is left in the mouth at the conclusion of oral care.
- Check the mouth and remove any food debris following all meals.
- Salivary substitutes in pastille or spray form are contraindicated for clients with dysphagia

For clients requiring suctioning (separate suction or suction toothbrush) during oral care:

- Position client upright (preferred).
- If client is lying in bed use Semi-Fowler or High Fowler position.
- Place personal mouth, nose and eye protection.
- Place client drape.
- Note baseline pulse and respiratory rates.
- Connect Yankauer tip or suction toothbrush to suction source.
- Turn suction on
- Place thumb over control port and check if suction is working by suctioning a small amount of saline or distilled water.
- Place thumb over control port. If suction toothbrush has a control port on its shaft, leave it open.
- Brush as per [Standard 6.2](#). Allow 10-15 second breaks to breathe and swallow as needed.
- Observe for signs of respiratory distress during oral care (coughing, gasping, difficulty talking, cyanosis, pallor, rapid pulse, gurgling sounds, watery eyes). STOP oral care if this happens. DO NOT continue oral care until pulse and respiratory rates have returned to baseline. Permit a 5-10 minute rest period as needed for client to relax and confirm oral care can continue.
- Flush and clean suction toothbrush and connection tubing.
- Turn off suction.
- Disconnect suction tip/toothbrush. Dispose of single use suction tips and toothbrushes.
- Empty and clean suction bottle, and allow to dry.
- Store suction equipment as per manufacturer's instructions. Store toothbrush upright.
- Disinfect bottle and tubing weekly in 1:3 vinegar/water solution for 60 minutes and then air dry.
- Change suction machine tubing monthly.
- Change filter monthly.
- Replace reusable suction toothbrush as per [Standard 4.8](#).

Follow client specific protocols for oxygen administration set out by the health care professional recommending the oxygen.

APPENDIX E: ORAL CARE FOR PERSONS AT A REDUCED LEVEL OF CONSCIOUSNESS OR WHO ARE UNRESPONSIVE

Special precautions are required when providing oral care to minimize risk of choking and aspiration.

Recommendations:

In addition to following the Oral Health: Adult – Integrated Standards and recommendations listed in [Appendix D](#):

- Position the client in a manner to allow excess moisture to be easily removed or flow from the mouth
- Use a mouth prop as required (See [Product Suppliers](#))
- Provide oral care at a frequency required to maintain a clean, moist mouth and minimize risk of aspiration (i.e. oral care may be required every two hours).
- **DO NOT** use toothpaste for clients at reduced consciousness or who are unresponsive.

APPENDIX F: END-OF-LIFE ORAL CARE

The purpose of end-of-life oral care is to provide comfort and maintain the client's sense of dignity.

Recommendations:

In addition to following the Oral Health: Adult – Integrated Standards and applicable Appendices:

- Repeat procedures as often as necessary to provide comfort
- To moisten the mouth use a toothbrush soaked in fluid and/or non-alcohol/fluoride mouthrinse then gently press bristles against tongue or inside of cheek to release fluid
- Use toothbrush to gently apply water-soluble lubricant
- Use toothbrush dipped in water or non-alcohol mouthwash to loosen and remove debris and mucous from the mouth

APPENDIX G: ORAL HEALTH ADULT - INTEGRATED STANDARDS AUDIT

Agency/site:	Location:
Signature of Evaluator:	Reporting Period:
Review 5% of clients:	Key: Met = M, Not met = N, Not Applicable = N/A

Expected Outcome											% M	% N	% N/A
<i>Assessment</i>													
Oral health was assessed by professional on admission													
<i>Care</i>													
Care provided twice daily													
Appropriate supplies available													
In facilities: dentures and supplies labelled													
<i>Progress Record</i>													
Oral health care concern/issue documented													
Oral health needs identified on ADL/ care plan/Kardex													

Total Compliance = $\frac{\text{Total Number Met}}{\text{Total Number Met} + \text{Not Met}} \times 100\% =$

APPENDIX H: ORAL CARE SUPPLIES

ITEM	ITEM #	VEN CAT#	ORDER UNIT
Toothbrush, adult compact, ultrasoft	320952	459C	Individual wrap
Toothbrush, denture	409865	201	Each
Tongue brush/cleaner	308043	Purchasing item	Bx/12 Each
Tongue cleaner (swab)	358450	Purchasing item	Ca/12 each
Toothpaste Dawn Mist W/Fluoride (temporary substitute)	410714	Inventory	Tube 0.6 oz Box/144 each
Sensodyne toothpaste 100 ml	314256	Purchasing item	Ca/12 each
Floss, dental, mint, easy slide	357941	1815P	Ca/144
Eez Thru angled Flosser Picks	410602	898	Box/2pk/48 each
Soft piks, GUM	432635	Purchasing item	CA/5 box/72 each
Proxabrush dual handle	432638	Purchasing item	Each
Proxabrush refills (narrow, cone shaped) snap on	432633	Purchasing item	Bx/36 each
Fluoride Mouthrinse, Listerine 1 litre	330873	Purchasing item	Case of 6 bottles
Chlorhexidine oral rinse, 0.12% 475 ml bottle	414258	Inventory	Each
Swab, Toothette, untreated	320955	Sage 6071	BG/ 20 EA/ca/50 bags
Oral lubricant, Sage, gel Mouth Moisturizer 14 g tube (Biotene Oral Balance temporary substitute)	326534	Sage 6083	Each
Saliva substitute, Moi-Stir, spray	003449 SALIVSP	Pharmacy Item	
X-pur Fluoride Varnish .25 ml	432020	Purchasing item	Ca/100 each
X-pur Fluoride Varnish .50 m.	380157	Purchasing Item	Ca/100 each
Fluoride varnish, Duraflor, .50 mL unit dose	5826286	Purchasing item	Bx/32/each
Fluoride Varnish, Duraflor, .50 ml unit dose	372150	Purchasing Item	Bx/16 each
Denture cup	352880	Inventory	Ca/250 Each
Plak Vac Suction Toothbrush	417693	Purchasing Item	Bx/12 each
Open Wide Mouth Prop	415453	Purchasing Item	Bx/35 each
Collis Curve Toothbrush	390133	Purchasing Item	each
Yankauer suction tip	332873	Inventory	Ca/50 Each