

## TASK LIST FOR PATIENTS WITH DENTURES

**(If the patient is able to have water, mouthwash and toothpaste)**

- Check with the charge nurse for restrictions and special instructions for oral care
- Check the individualized oral hygiene plan for specific instructions on care
- Greet patient and explain what you are doing while setting up your supplies
- Position the patient-make sure patient is seated or elevate head of the bed
- Place a towel around the patient's neck
- Wash hands thoroughly and put on gloves, mask and safety glasses
- Lubricate the patient's lips
- If upper denture is present remove it by having patient close mouth and puff out cheeks to loosen seal. Place your right and left forefingers at the top edge of the dentures on right and left sides. Place your thumbs on the biting surfaces of the denture and rock it from side to side and carefully pull down. Turn denture sideways to remove and place in labeled denture cup
- If lower denture is present remove it by gently lifting up and turning sideways and place it in patient's labeled denture cup
- Gently brush gums and tongue with soft toothbrush dipped in antibacterial mouthwash, if this is uncomfortable use toothette to clean inside mouth
- Help patient swish with water and spit into basin or cup
- Dry patient's mouth and face with clean towel
- Lubricate the patient's lips once more
- Next clean dentures:
  1. Place a towel in the sink and fill with warm water
  2. With gloved hands, bring the denture to the sink in the patient's denture container
  3. Hold denture in the palm of hand over the sink
  4. Apply denture paste to the denture brush
  5. Scrub denture on all surfaces using a denture brush
  6. Rinse the denture completely
- It is important to remove dentures at night to let the mouth rest
- At night, store denture in a labeled denture container and cover with water
- Rinse denture brush - allow brush to air dry
- Return all supplies to designated area
- Remove and dispose of gloves and other protective gear and wash hands
- Make a note that you provided oral care and the date

*This project funded by the Dental Trade Alliance Foundation*