

Sodium bicarbonate 1% mouthwash for mouth care

SESLHDPR/469

POLICY STATEMENT

The Registered Nurse (RN), Registered Midwife (RM) or Enrolled Nurse (EN) is authorised to instigate nurse/midwife-initiated medication without an authorised prescriber's order under the specific circumstances set out in the **INDICATIONS** section and provided there are no contraindications present.

An Enrolled Nurse (EN) may administer 'nurse-initiated medication' to children greater than 16 years and adults. The EN must confirm verbally with their supervising Registered Nurse prior to the administration that the medication is appropriate and safe for the patient. An EN with a notation because they do not hold board approved qualifications in the administration of medicines is NOT authorised to administer any medication.

It is important for nursing and midwifery staff to remain aware that:

- Minor ailments may be symptoms of other more serious diseases or may be adverse reactions to medication already prescribed
- Nurse-initiated medication may interact with the patient's prescribed medication
- The maximum daily recommended dose of the medication must not be exceeded.¹

The administering nurse/midwife must record the administration on an approved paper or electronic medication chart, clearly indicating that the medicine was nurse initiated.

If the patient continues to require the medication (i.e. more than two doses in 24 hours) then a medical officer (MO) must be consulted and a regular or PRN order obtained.

A change in the patient's condition such as newly occurring or increasing severity of symptoms must be reported to the MO and investigated.

INDICATIONS

Mouth care for patients at risk of oral complications.

Patient groups may include chemotherapy/radiotherapy, ear/nose throat patients, palliative, unconscious, swallowing difficulties/dysphagia, tube fed, malnourished, manual dexterity issues, mechanical ventilation/oxygen therapy or regular suctioning of oral cavity.

CONTRAINDICATIONS, PRECAUTIONS

Nil.

Safe in pregnancy and breastfeeding.

HISTORY/ASSESSMENT

Complete an oral assessment for at risk patients. Use a systemic approach starting at one section of the mouth and work around the oral cavity. Check the lips, tongue, sides, mouth roof, gums, and teeth.

If signs of oral complications present: e.g., candidiasis, mucositis, ulcers, damaged mucosal lining, infection, refer to medical officer for assessment.

Ensure standard mouth care (12 hourly brushing with a soft-bristled toothbrush and flossing) is in use.

Assess whether the patient can rinse and spit fluid.

NURSE/MIDWIFE INITIATED MEDICINE PROTOCOL

**Sodium bicarbonate 1% mouthwash
for mouth care****SESLHDPR/469****PROTOCOL/ADMINISTRATION GUIDELINES**

Caution: CHECK for allergies and/or contraindications			
Drug	Dose	Route	Frequency
Sodium bicarbonate 1% mouthwash	10 mL	Buccal	Up to four times
- Patients should rinse or swish around the mouth and spit out. - For patient safety and comfort use mouth swabs or gauze with mouthwash to clean the mouth if the patient cannot safely remove fluid from the mouth. - To be used after meals and at bedtime			

MONITORING - POTENTIAL ADVERSE EFFECTS/INTERACTIONS

Patients should have a daily oral assessment.

Interactions

Check if the patient is receiving any anticoagulants as these may cause increased bleeding from gums and oral cavity.

DOCUMENTATION

A record of the administration must be made on the approved paper or electronic medication chart noting that the medication was nurse initiated.

A further record of the medication administered including indication, dose and effect must be included in the patient's health care record.

PRACTICE POINTS

- Medical Officer may prescribe mouthwash use more frequency if the patient has complications

REFERENCES/FURTHER READING

1. [NSW Health Policy Directive Medication Handling PD2022_032](#)
2. eTG. Palliative Care. General mouthcare in palliative care. December 2024.

NURSE/MIDWIFE INITIATED MEDICINE PROTOCOL

**Sodium bicarbonate 1% mouthwash
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Date	Version Number	Author and Approval
July 2015	DRAFT	Pharmacy Department, Prince of Wales Hospital
September 2015	1	Approved by SESLHD Drug & QUM Committee
May 2018	DRAFT 2	Reviewed by nursing and pharmacy staff. Minor wording updates made. References updated.
July 2018	2	Approved by SESLHD Quality Use of Medicines Committee
August 2021	DRAFT 3	Reviewed by nursing and pharmacy staff. No changes required.
September 2021	3	Approved by SESLHD Quality Use of Medicines Committee
June 2023	DRAFT 4	NSW Medicines Formulary reviewed. Reviewed by nursing and pharmacy staff.
September 2023	4	Approved by SESLHD Drug and Therapeutics Committee
August 2025	5	Approved by SESLHD Drug and Therapeutics Committee