

Year VI, v.1 2026 | Submission: 01/22/2026 | Accepted: 01/24/2026 | Publication: 01/26/2026

Oral Hygiene in Debilitated and/or Bedridden Patients

Oral hygiene in debilitated and/or bedridden patients

Alessandra Fernandes de Castro (Advisor) – FEPECS

alessandrahcastro@gmail.com

Mariana Matos da Silva - FEPECS

marymattos30@gmail.com

Summary

This study aimed to analyze the available scientific evidence on oral hygiene in debilitated and/or bedridden patients, identifying practices, challenges, and impacts on the health of this population. It is a bibliographic research conducted in the SciELO, PubMed, and Virtual Health Library databases, using descriptors in Portuguese and English related to oral hygiene and the care of people dependent on assistance. The results demonstrated that poor oral hygiene is a recurring problem in different care contexts, influenced by functional dependence, the absence of standardized protocols, and structural limitations.

It has also been observed that inadequate hygiene contributes to significant clinical complications, including respiratory infections and a decline in quality of life. Conversely, studies indicate that simple interventions, such as professional training, organized care routines, and periodic dental assessments, can significantly improve the oral health of these patients.

It is concluded that improving oral hygiene is a fundamental strategy for promoting the overall health of debilitated individuals and should be valued at different levels of care.

Keywords: Oral hygiene. Bedridden individuals. Patient care. Oral health.

Abstract

This study aimed to analyze the available scientific evidence on oral hygiene in debilitated and/or bedridden patients, identifying practices, challenges, and impacts on the health of this population. It is a bibliographic research conducted in the SciELO, PubMed, and Virtual Health Library databases, using descriptors in Portuguese and English related to oral hygiene and the care of people dependent on assistance. The results demonstrated that poor oral hygiene is a recurring problem in different care contexts, influenced by functional dependence, the absence of standardized protocols, and structural limitations. It was also observed that inadequate hygiene contributes to relevant clinical complications, including respiratory infections and a decline in quality of life. Conversely, studies indicate that simple interventions, such as professional training, organized care routines, and periodic dental evaluations, can significantly improve the oral health of these patients. It is concluded that improving oral hygiene represents a fundamental strategy for promoting the overall health of debilitated individuals and should be valued at different levels of care.

Keywords: Oral hygiene. Bedridden persons. Patient care. Oral health.

1. Introduction

Oral hygiene is an essential dimension of health care, especially in populations... vulnerable individuals, such as frail patients, institutionalized or bedridden elderly people, who present difficulties maintaining daily self-care. According to guidelines from the Ministry of Health - According to the Brazilian Ministry of Health (MS, Brazil, 2018), maintaining oral health is part of a set of essential actions for... prevention of infections, improvement of quality of life, and promotion of comprehensive care. In hospital and home settings, this practice takes on even greater relevance, given that...

Year VI, v.1 2026 | Submission: 01/22/2026 | Accepted: 01/24/2026 | Publication: 01/26/2026

Functional dependence compromises the proper execution of oral hygiene, favoring the accumulation of plaque. biofilm formation, changes in chewing, opportunistic infections, and respiratory complications. A Scientific literature reinforces that dental care focused on dependent populations is often insufficient, fragmented, and lacking systematized protocols, highlighting the need to deepen understanding of this topic (Fonseca et al., 2021).

Given this scenario, this study focuses on the analysis of oral hygiene in patients. debilitated and/or bedridden individuals, seeking to understand how this deficiency in care... This influences overall health, and what strategies can contribute to improving clinical outcomes and... quality of life for this population.

From this, several hypotheses can be considered. The first is that hygiene Inadequate oral hygiene contributes to an increase in respiratory infections and a worsening of the general condition of... health, especially in bedridden patients, as suggested by care guidelines and evidence. epidemiological (Brazil, 2018). Another plausible hypothesis is that the absence of protocols Standardized training and professional development may be a determining factor in the low quality of The care offered to this population is an aspect widely discussed in the public health literature. Finally, it is assumed that simple interventions, such as training, periodic evaluations, and organization, will be effective. Regular oral hygiene routines can significantly improve oral health and reduce... associated complications, a hypothesis already suggested by clinical studies and contemporary reviews. (Marconi; Lakatos, 2017).

The relevance of this study is justified by the impact that oral hygiene has on health. The overall well-being of individuals, especially those with dependency. Research indicates that Inadequate oral health is associated with pain, infections, eating disorders, and diseases. systemic, directly affecting quality of life and clinical prognosis. Furthermore, the Ministry of Health highlights the need for integrated and evidence-based care practices, both in Primary Care. Primary Health Care (PHC) as well as in hospital settings, reinforcing the importance of studies that systematize knowledge and guide care policies and protocols (Brazil, 2018). A Scientific production on this topic therefore contributes not only to the academic community, but also for healthcare professionals and institutions seeking to improve their care practices.

The overall objective of this work is to analyze the scientific evidence on oral hygiene in debilitated and/or bedridden patients, identifying their clinical implications and main challenges. as reported by the studies. Specifically, the aim is to: 1 - describe the care practices. Oral health problems reported in the scientific literature; 2 - identify the impacts of inadequate oral hygiene on health of dependent patients; 3 - analyze the strategies and interventions identified as effective and 4 - Systematize recommendations that can support healthcare professionals and institutions.

Year VI, v.1 2026 | Submission: 01/22/2026 | Accepted: 01/24/2026 | Publication: 01/26/2026

2. Material and Method

This study is characterized as a literature review developed with the objective to identify, analyze, and synthesize scientific evidence on oral hygiene in patients. debilitated, bedridden, or institutionalized. According to Gil (2019), the literature review allows to gather existing knowledge on a given topic, systematizing and promoting... critical understanding of the phenomenon under investigation. Following a similar perspective, Marconi and Lakatos (2017) highlight that this type of study makes it possible to organize, integrate and interpret results. derived from different research projects, contributing to the strengthening of the theoretical basis and to the professional practice guidance.

The search strategy involved consulting multiple national databases and international, in order to capture the widest possible range of relevant studies. The searches were performed on the SciELO, PubMed, and Virtual Health Library (VHL) databases, using combinations of descriptors in Portuguese and English, such as "oral hygiene", "bedridden patient", "debilitated patients".

The inclusion criteria prioritized fully published articles available online. Free online course focusing on oral hygiene for bedridden, institutionalized, or other patients. Hospitalized patients, regardless of methodological design. Studies were considered in Portuguese, English, and Spanish, published in the last 10 years. The exclusion criteria involved... the removal of duplicate articles across databases, studies with samples incompatible with the topic and publications whose content did not directly address oral hygiene practices or their impacts on health of dependent populations.

After the identification and screening phase, through reading the titles and abstracts, the following procedure was followed. the analysis of the results, conducted in an interpretative and descriptive manner, allowing for the organization of findings in thematic categories such as professional practices, assessment instruments, barriers structural, systemic impacts, and intervention proposals. This process followed the principle of qualitative literature analysis, which, according to Marconi and Lakatos (2017), consists of examining critically analyze the content of the selected studies, identify convergences and divergences, and to construct integrated syntheses that contribute to a deeper understanding of the problem. investigated. The analysis sought not only to describe the results, but to interpret them in light of the context. providing care and addressing the specific needs of debilitated patients, offering theoretical support. for clinical practice and for planning care actions.

3. Results and Discussion

A search of the PubMed, SciELO, and Virtual Health Library databases resulted in seven studies.

Year VI, v.1 2026 | Submission: 01/22/2026 | Accepted: 01/24/2026 | Publication: 01/26/2026

that met the inclusion criteria, encompassing different designs, populations and

care contexts related to oral hygiene for debilitated and elderly patients

institutionalized or bedridden. The findings point to convergence regarding the presence of gaps.

important aspects of oral care offered to dependent individuals, highlighting the absence of

Standardized protocols, structural limitations, and a shortage of qualified professionals on the teams.

health.

A summary of the main findings is presented in Table 1, which organizes the studies.

According to the authors, methodological design, characteristics of the population investigated, results, central issues and implications for clinical practice and the organization of health services.

Table 1 - Results

Author(s)/Year	Type of Study	Population / Scenario	Main Findings	Implications for Practice
Fonseca et al., 2021	Multicenter qualitative study	Elderly people hospitalized in clinical wards	It identified shortcomings in oral hygiene practices, a lack of materials, and an absence of standardized protocols.	Urgent need for institutional protocols and training for the nursing staff.
Marães and Vera, 2024	Qualitative study	Hospitalized patients and the elderly	Oral hygiene protocols are effective strategies in reducing respiratory infections.	Proper oral hygiene is a factor in preventing nosocomial pneumonia and Pneumonia Associated with Ventilation Mechanical (PAV)
Lupi et al., 2022	Epidemiological/observational study	Hospitalized patients assessed by dental students	Poor oral hygiene, presence of plaque, soiled dentures, and inconsistent practices in the services.	It reinforces the importance of the educational role and systematic dental evaluation.
Moraes & Cohen, 2021	Cross-sectional study	Bedridden patients living at home registered in Family Health Strategy (ESF)	Poor oral health, lack of self-care, and limited assistance from healthcare teams.	It suggests expanding home care with a multidisciplinary approach.
Santos Zambrano et al., 2025	Integrative review	Bedridden and vulnerable patients	Main challenges: lack of knowledge	Need for guidelines, training and inclusion of

			technical, technologies that facilitate functional and care dependency resources scarce. Strategies: protocols, education, and adaptation of instruments.	
Coker et al., 2017	Qualitative study	Elderly patients hospitalized in post-acute care units	Neglected oral hygiene; clinical decisions vary among nurses; lack of time and training are barriers.	This demonstrates the need for ongoing training and integration of oral care into nursing routines.
Bakker et al., 2024	Scope review	Institutionalized elderly	Wide variability in methods for assessing oral health; lack of an international standard.	Urgent need to standardize instruments for monitoring and evaluating oral health in institutions

Source: Author's own work, 2025

The results presented reinforce the importance of oral hygiene for bedridden patients.

Institutionalized or hospitalized patients continue to be a significant challenge for healthcare services.

health. The literature shows that the absence of standardized protocols, coupled with the overload of Teams, resulting in inconsistent and often insufficient practices to ensure good

Oral health of dependent patients: an aspect observed in different care settings.

(Fonseca et al., 2021). This scenario contributes to the maintenance of inflammation, pain,

Difficulty eating and increased risk of systemic infections.

Among the most significant impacts of inadequate oral hygiene, the association between... stands out. biofilm accumulation and increased respiratory infections, especially in frail patients.

(Marães and Vera, 2024). Similarly, other research indicates that dental assessments

Regular training of professionals and students can improve clinical indicators and

To promote safer practices, strengthening the quality of care provided to the patient.

hospitalized (Lupi et al., 2022).

Within the scope of primary health care, investigations with bedridden homebound individuals reveal that conditions of Social vulnerability, functional dependence, and low availability of structured care intensify This further increases oral health risks, reinforcing the need for multidisciplinary strategies and actions.

Year VI, v.1 2026 | Submission: 01/22/2026 | Accepted: 01/24/2026 | Publication: 01/26/2026

continuous health surveillance (Moraes; Cohen, 2021). In addition, recent reviews highlight that

The challenge is compounded by the lack of standardization in assessment instruments, making it more difficult to... implementation of uniform and comparable practices across different institutions (Bakker *et al.*, 2024).

The findings also show that the nursing staff plays an important role.

in the oral care of hospitalized elderly patients, although factors such as lack of time, insufficient training and

The absence of adequate materials limits the effectiveness of this practice (Coker *et al.*, 2017). In this Meaning, educational strategies, clear protocols, and integration between nursing and dentistry.

They emerge as fundamental elements for improving the quality of care, especially in populations.

weakened in situations of prolonged bed rest, as demonstrated in integrative reviews.

on challenges and possible interventions (Santos Zambrano *et al.*, 2025).

In general, studies converge in showing that structured and regular oral hygiene

It is an essential component of patient safety, directly influencing their well-being and their health.

Autonomy and its clinical outcomes. The standardization of practices, combined with professional training. and systematic monitoring constitutes an indispensable strategy for improvement.

Assistance at all levels of care.

The literature frequently highlights the role of the nursing team in carrying out the

Oral hygiene is important because this care is an integral part of the patient's daily routine for comfort and basic maintenance.

However, it is essential to recognize that the Dental Surgeon (DS) plays a central role in

Definition of clinical protocols, in the specialized evaluation of the oral cavity and in technical guidance.

Regarding hygiene practices for debilitated, intubated, or bedridden patients. Dentistry

Hospital staff are responsible for diagnosing oral changes, preventing systemic complications, and...

to establish safe practices to be implemented by the care team, ensuring greater

Infection control, well-being, and quality of care. This understanding is reinforced by studies.

who advocate for the effective integration of CD in inpatient and intensive care units such as

an indispensable component of the multidisciplinary health team (Soares *et al.*, 2023).

3.1 Oral care practices reported in the scientific literature

Scientific literature demonstrates that oral care practices in debilitated patients,

Hospitalized and/or bedridden patients exhibit great variability, influenced by both

availability of institutional protocols as well as the training of the multidisciplinary team. In

In different hospitalization settings, it is observed that oral hygiene is still frequently relegated to...

a secondary role, despite its relevance for infection prevention and maintenance of

Quality of life and reduction of systemic complications. Studies conducted in Brazilian hospitals, by

Year VI, v.1 2026 | Submission: 01/22/2026 | Accepted: 01/24/2026 | Publication: 01/26/2026

For example, they indicate that many professionals recognize the importance of oral hygiene, but They encounter difficulties in executing it properly due to a lack of materials and routines. standardized and adequate structural conditions (Fonseca *et al.*, 2021).

Furthermore, research shows that systematic oral hygiene practices can reduce The occurrence of respiratory infections in frail patients. One study demonstrated that practices Rigorous oral hygiene reduces bacterial colonization in the oral cavity, decreasing the risk of infection. aspiration of pathogens into the lungs (Marães and Vera, 2024). These findings influence the recommendations related to the prevention of ventilator-associated pneumonia in Hospital settings, reinforcing the importance of structured oral hygiene.

In general hospital settings, recent research reveals that many patients They exhibit unsatisfactory levels of oral hygiene during hospitalization, associating this condition with... absence of regular dental checkups, difficulty with self-care, and lack of knowledge of Healthcare teams should be trained on proper oral hygiene techniques, especially in individuals. dependent or with dental prostheses (Lupi *et al.*, 2022). Similarly, studies Studies conducted in primary health care show that bedridden patients living at home experience an accumulation of biofilm, presence of lesions, and difficulty accessing dental services, highlighting inequalities in care and reinforcing the need for multi-professional interventions (Moraes; Cohen, 2021).

Integrative reviews broaden this understanding by pointing out that the challenges associated with Oral care includes not only the patient's functional dependence, but also factors related to the organization of services, such as a shortage of specialized professionals, lack of Care pathways and weaknesses in the training of teams that perform daily oral hygiene. These studies indicate that adopting strategies such as periodic training and the use of devices Adapted and implemented evidence-based protocols tend to improve in a way that... The quality of oral hygiene provided in health institutions is significant (Santos Zambrano *et al.*, 2025).

International literature also contributes to this debate by demonstrating that the team of Although nurses participate in the daily execution of oral care, they frequently report feeling insecure. Regarding the techniques employed, qualitative studies indicate that many professionals consider the... Oral hygiene is an important task, but it receives low priority compared to other healthcare demands. urgent, contributing to its incomplete or irregular completion (Coker *et al.*, 2017). In this sense, Recent investigations reinforce the importance of the CD's role as the body responsible for evaluation. specialized, protocol development, technical guidance and team training, especially in more complex care settings, such as intensive care units (Soares *et al.*, 2023).

Year VI, v.1 2026 | Submission: 01/22/2026 | Accepted: 01/24/2026 | Publication: 01/26/2026

There is great variability in the instruments used to assess the oral health of patients. institutionalized, making it difficult to compare studies and implement uniform practices. in different services. The lack of standardization of evaluation methods reinforces the need for to establish systematic indicators capable of supporting more consistent clinical practices and directing institutional policies aimed at oral care for vulnerable populations (Bakker *et al.*, 2024).

Thus, the literature converges in demonstrating that oral care for debilitated patients It depends on well-structured practices, multi-professional integration, and the active participation of the dentist. Institutional commitment to the implementation of safe and evidence-based protocols.

3.2 Impacts of inadequate oral hygiene on the health of dependent patients

The literature shows that inadequate oral hygiene in dependent patients is a factor. directly associated with the worsening of systemic conditions, increased infections, and worsening of Quality of life. Studies conducted in elderly and hospitalized populations demonstrate that... Lack of proper cleaning promotes the accumulation of biofilm, pathogenic microbial colonization, and development of diseases such as gingivitis, periodontitis and stomatitis, significantly increasing the risk of opportunistic infections (Fonseca *et al.*, 2021). Among the most relevant complications, the following stand out. VAP, whose relationship with poor oral hygiene is widely documented. Evidence shows that hospitalized patients and elderly people with poor oral hygiene are at greater risk of Aspiration of contaminated secretions, contributing to severe respiratory infections and increased risk. mortality (Marães and Vera, 2024).

In a hospital setting, poor oral health is associated with pain and difficulty in... Eating difficulties worsen and chewing function deteriorates, directly compromising nutritional status and... Physical comfort of patients. Recent studies indicate that the presence of teeth with biofilm, Poorly cleaned prostheses and the presence of fungal infections worsen suffering and extend the time needed. recovery during hospitalization (Lupi *et al.*, 2022). In the home environment and in primary health care, Bedridden patients often have poor oral hygiene, which can lead to lesions and poor oral hygiene. Bad breath, bleeding gums, and infections that can spread to other parts of the body. (Moraes; Cohen, 2021).

Contemporary reviews reinforce that, in addition to direct organic impacts, oral hygiene Inadequate education negatively affects a person's self-esteem, emotional well-being, and dignity. dependent, especially in the elderly, vulnerable populations and critically ill individuals (Santos) Zambrano *et al.*, 2025). In intensive care units (ICUs), the lack of dental assessment Specialized treatment contributes to the progression of oral infections that can also compromise

Year VI, v.1 2026 | Submission: 01/22/2026 | Accepted: 01/24/2026 | Publication: 01/26/2026

Cardiovascular, respiratory, and immunological conditions, justifying the importance of the dentist in the team.

multidisciplinary (Soares et al., 2023; Cardoso et al., 2024; Macedo et al., 2023).

Thus, the impacts of inadequate oral hygiene are broad, multi-professional, and Clinically relevant, making the adoption of structured oral care practices indispensable. in hospital, home, and institutional settings.

3.3 Analysis of the strategies and interventions identified as effective

Strategies identified in the literature to improve oral hygiene in patients

Dependents converge on actions that involve professional training and institutional protocols. and integration of the CD into the care teams. Regular educational interventions for the team of Nursing studies demonstrate a positive impact on biofilm reduction and improved hygiene. Dental prostheses and greater safety in performing the techniques, as indicated in studies. clinical and observational (Coker et al., 2017; Lupi et al., 2022). Team training is considered This is essential, as a large number of professionals report feeling insecure and lacking knowledge about conduct. appropriate, especially for bedridden, intubated, or functionally limited patients.

In addition to training, the implementation of standardized oral hygiene protocols is described. as one of the most effective strategies. These protocols include the frequency of cleaning, selection of appropriate materials, specific techniques for intubated patients, use of antiseptics, such as chlorhexidine, when indicated, and adaptation of instruments for patients with limitations. Motor skills and proper handling of dental prostheses (Fonseca et al., 2021). Studies show that Institutions that adopt targeted protocols show better oral health indicators and lower incidence of respiratory infections (Marães and Vera, 2024).

The literature also highlights the importance of the CD's presence and active role in the environment. Hospital and home care. Reviews indicate that this professional is responsible for clinical assessment. detailed, early detection and diagnosis of injuries, prescription of appropriate treatments and definition of therapeutic strategies that will be implemented by the care teams (Santos Zambrano et al., 2025; Soares et al., 2023). Specific studies in Hospital Dentistry indicate that the role of Dental care in ICUs reduces infectious complications, minimizes oral discomfort, and promotes recovery. general (Cardoso et al., 2024; Zaze, 2023).

Other effective interventions involve the use of adapted instruments, such as brushes with Suction, gauze with saline solution, antiseptic solutions used judiciously, and techniques of Aspiration prevention. In long-term care facilities, strategies that involve Regular follow-up by the CD, health education for caregivers, and frequent reviews of the Care plans have proven effective in improving the oral health of residents (Bakker et al.

Year VI, v.1 2026 | Submission: 01/22/2026 | Accepted: 01/24/2026 | Publication: 01/26/2026
al., 2024).

Therefore, the most effective strategies combine continuing education and well-defined protocols. Structured approaches, specialized monitoring, and multidisciplinary actions, ensuring safe care. and continuous for dependent patients.

3.4 Recommendations for improving oral hygiene care practices in hospital setting

Based on the evidence analyzed, it is observed that improving oral hygiene practices Treatment of hospitalized patients requires a combination of structural, educational, and... care protocols. The first recommendation involves the implementation of standardized protocols that Provide clear, safe, and appropriate oral hygiene instructions tailored to the patient's level of dependence. Studies show that the absence of standardized guidelines results in inconsistent practices and vulnerable, compromising clinical safety and increasing the risk of infections, especially in bedridden or critically ill individuals (Fonseca *et al.*, 2021). Standardization promotes continuity of care. Care and reduces variability among professionals, ensuring greater predictability and effectiveness of actions.

Continuous training for multidisciplinary teams is another essential recommendation. since research shows that nursing technicians and nurses frequently They report feeling insecure about proper oral hygiene techniques, reinforcing the importance of Periodic training sessions covering topics ranging from recognizing signs of oral changes to... Dental prosthesis management, antiseptics, and adaptations for patients with functional limitations. (Coker *et al.*, 2017). Recent reviews show that educational interventions increase significantly improve the quality of care provided, enhance biofilm control, and reduce Infections associated with the hospital environment (Lupi *et al.*, 2022; Santos Zambrano *et al.*, 2025).

Another key aspect of the recommendations is the effective integration of the CD into the team. multidisciplinary. The literature consistently demonstrates that this professional plays a role. indispensable technical and scientific role in the evaluation of the oral cavity, in the development of protocols. personalized and in the prevention of systemic complications resulting from oral infections (Soares *et al.*, 2023). Its presence is particularly relevant in ICUs, as studies indicate a reduction PAV, lower incidence of oral lesions and greater effectiveness of care practices when there is specialized dental care (Cardoso *et al.*, 2024; Macedo *et al.*, 2023). Thus, It is recommended that hospitals expand the inclusion of Hospital Dentistry in their services, with The systematic presence of the CD (Community Caregiver) in care teams for critically ill, bedridden, and dependent patients.

Furthermore, the adoption of validated oral assessment instruments is recommended, capable

Year VI, v.1 2026 | Submission: 01/22/2026 | Accepted: 01/24/2026 | Publication: 01/26/2026

to standardize the monitoring of oral health conditions and facilitate multidisciplinary communication.

Scoping studies indicate that the lack of structured instruments hinders analysis.

Longitudinal assessment of oral conditions hinders clinical decision-making (Bakker et al., 2024).

In addition, it is essential to systematically record oral hygiene in the patient's medical record.

ensuring traceability and continuity of care between shifts and teams.

It is also recommended that oral hygiene be recognized as a component.

important for patient safety, incorporated into treatment plans and care routines.

basic and institutional infection prevention policies. The literature shows that care

Proper oral hygiene reduces systemic problems, improves comfort, promotes well-being, and contributes to...

more humanized and comprehensive care (Fonseca et al., 2021; Moraes; Cohen, 2021).

4. Final Considerations

An integrative literature review allows us to conclude that the oral hygiene of patients

Debilitated, bedridden, or institutionalized individuals represent a significant challenge for healthcare services.

health, regardless of the level of care. Studies show that this practice, although

essential for maintaining well-being and preventing systemic complications, it still is

often neglected due to various factors, such as a lack of protocols

care-related issues, insufficient staff training, and infrastructure-related difficulties.

available. These weaknesses contribute to inadequate oral conditions, biofilm accumulation,

discomfort, difficulty eating, and increased vulnerability to respiratory infections.

especially in individuals with functional dependence and/or severe physical limitations.

It is concluded, therefore, that improving oral hygiene should be considered a priority in

Care for debilitated and bedridden patients. The incorporation of educational practices and protocols.

Well-defined operational procedures, systematic monitoring, and multidisciplinary interventions constitute

an essential pathway to improved oral health indicators, contributing to the

comprehensive care. By recognizing oral hygiene as a fundamental component of

Assistance makes it possible to promote greater security, dignity, and quality of life for populations.

who require ongoing and specialized care.

5. References

BAKKER, M.H.; DE SMIT, MJ; VALENTIJN, A.; VISSER, A. Oral health assessment in institutionalized elderly: a scoping review. *BMC Oral Health*, vol. 24, no. 1, p. 272, 2024.

BRAZIL. Ministry of Health. Secretariat of Health Care. Primary Care Handbook: Health

Year VI, v.1 2026 | Submission: 01/22/2026 | Accepted: 01/24/2026 | Publication: 01/26/2026

Oral Health. Brasília: Ministry of Health, 2018.

CARDOSO, MO *et al.* Importance of the dentist in the prevention of oral infections in patients hospitalized in the intensive care unit: a literature review. *Brazilian Journal of Implantology and Health Sciences*, 2024.

COKER, Esther; PLOEG, Jenny; KAASALAINEN, Sharon; CARTER, Nancy. Nurses' oral hygiene care practices with hospitalized older adults in postacute settings. *International Journal of Older People Nursing*, v. 12, no. 1, p. e12124, 2017.

FONSECA, Elaine de Oliveira Souza *et al.* (Lackof) Oral hygiene care for hospitalized elderly patients. *Revista Brasileira de Enfermagem*, v. 74, suppl. 2, e20200415, 2021.

GIL, Antonio Carlos. Methods and techniques of social research. 7th ed. São Paulo: Atlas, 2019.

LUPI, Saturnino Marco *et al.* Oral hygiene practice among hospitalized patients: an assessment by dental hygiene students. *Health care (Basel)*, v. 10, no. 1, p. 115, 2022.

MACEDO, B. dos Santos; *et al.* The impact of the presence of a dental surgeon in the ICU. 2023.

MARÃES, Elissandra F.; VERA, Saul Alfredo Antezana. Reduction of respiratory infections associated with oral care. *Brazilian Journal of Implantology and Health Sciences*, v. 6, n. 8, p. 1252–1268, 2024.

MARCONI, Marina de Andrade; LAKATOS, Eva Maria. Fundamentals of scientific methodology. 8th ed. São Paulo: Atlas, 2017.

MENESES, K. de Souza; *et al.* Hospital Dentistry: the importance of the Dentist Surgeon in the prevention of oral infections in the Intensive Care Unit (ICU): a literature review, 2022.

MORAES, Liliane Barbosa de; COHEN, Simone Cinnamon. A look at the oral health of bedridden homebound patients registered in Family Health Strategy units in the municipality of Teresópolis/RJ. *Physis: Revista de Saúde Coletiva*, v. 31, n. 2, e310213, 2021.

SANTOS ZAMBRANO, Thainah Bruna; SALAZAR HERNÁNDEZ, Carlos Angel; VARGAS BALCAZAR, Karla Solange; DA SILVA MARTIN, Eduarda; COUTO DE ALMEIDA, Ricardo Sergio. Challenges and Strategies in Oral Hygiene of Bedridden Patients: An Integrative Literature Review. *Health, Science and Technology*, [S. I.], v. 5, p. 1276, 2025.