

# ESSENTIAL ORAL CARE TRAINING

Roscommon University Hospital



# INTRODUCTION

Supporting patients with oral care can be challenging, however, to safeguard the health and wellbeing of individuals, good daily oral care is crucial.

Impaired oral health limits people's ability to eat, smile and speak, psychosocial well-being and quality of life. Associations are found with diabetes, stroke, pneumonia and post operative infections especially in older patients.

This training is for people who are highly dependent and have complex care needs; it becomes particularly important to ensure the person's mouth is clean comfortable and free from dental disease and infections.

This training session uses evidence-based approach within 'Delivering Better Oral Health: an evidence-based toolkit for prevention.' Nov 2020 and is in line with the National Standards for Safer Better Healthcare Version 2 2024 [HIQA Ireland]

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# LEARNING OUTCOMES

On successful completion of this course participants will:

- have a better understanding of how to provide daily mouthcare for dependent and medically compromised individuals
- have knowledge of the mouth in health and disease and how it affects general health and wellbeing
- have a better understanding of what to look for in the mouth
- recognize the need for specialised mouth care and supporting individuals who require assistance by applying recommended practical tips
- feel confident with selecting recommended mouth care tools in palliative and end of life care

# CONTENT



• TEETH AND MOUTH



• ORAL HEALTH AND THE BODY



• DAILY ORAL CARE



• PROVIDING MOUTH CARE IN CHALLENGING SITUATIONS



• SOFT TISSUE FINDINGS



• END OF LIFE MOUTH CARE MANGEMENT

# THE MOUTH

Consists of:

- Teeth

and soft tissues such as:

- Lips
- Tongue
- Gums
- Palate
- Inner cheeks



# FUNCTIONS OF THE TEETH

People with 20 or more natural teeth had significant chewing ability compared to those people with fewer teeth.

Status of dentition is a critical factor in the person's ability to successfully chew.

**EATING**

**SPEECH**

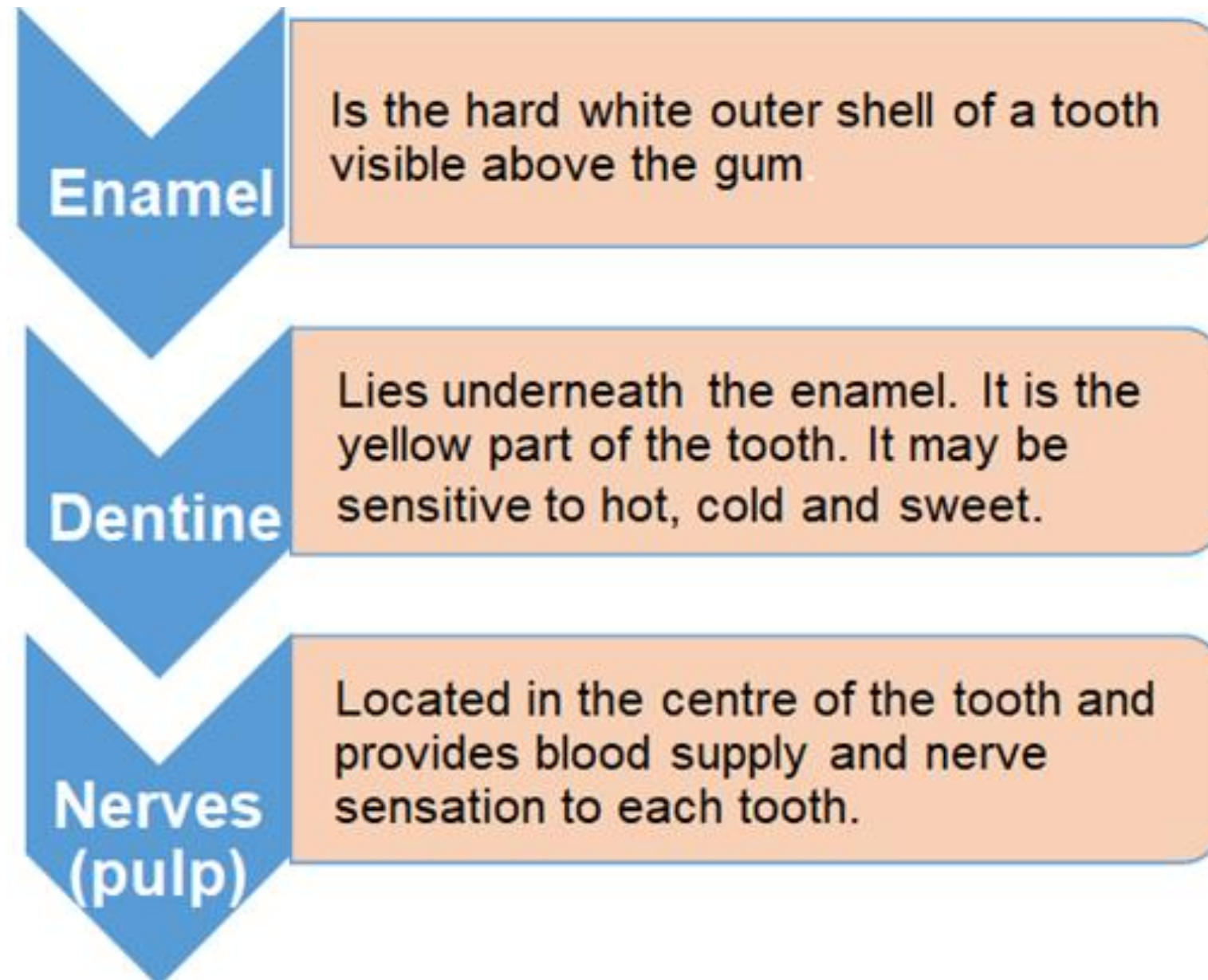
**SELF ESTEEM**

**OVERALL HEALTH**



# TOOTH STRUCTURE

Teeth consist of:







# WHAT IS PLAQUE?



Plaque is a sticky film of bacteria which starts forming just hours after brushing



# SIGNS OF POOR ORAL HEALTH

**If plaque is allowed to accumulate it will affect oral health leading to:**

- Decayed and broken teeth
- Tartar (calcified plaque)
- Loose teeth
- Odour
- Bleeding gums



# GINGIVITIS [inflamed gums]

If plaque is not removed from the teeth after a few days, it will irritate the gums causing them to become inflamed. You will know the gums are inflamed as they will bleed when brushed. This is called GINGIVITIS

## HEALTHY GUMS DON'T BLEED!

It is important to know that in health gums do not bleed when brushed and that gingivitis is reversible.

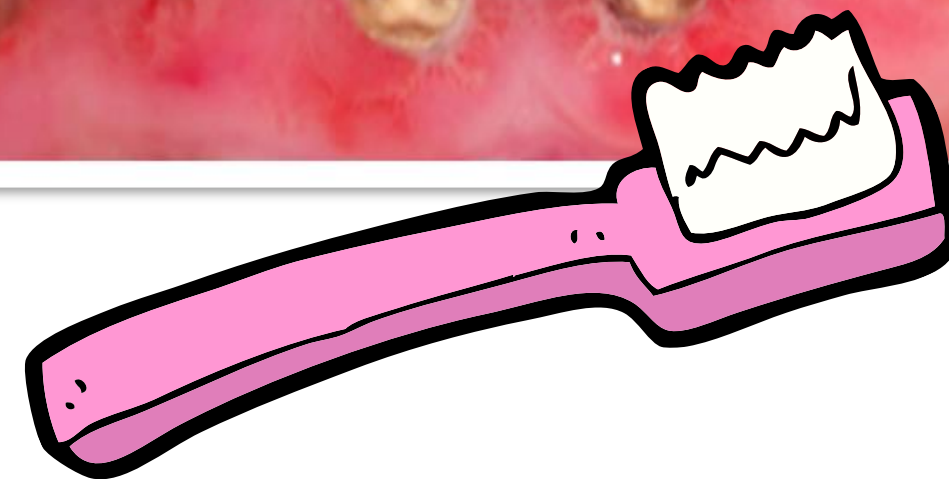
Inflamed gums should stop bleeding after a few days once plaque has been removed by toothbrushing.



# WHAT IS TARTAR?

Tartar is calcified plaque, similar to the scale you find at the bottom of a kettle. You will be unable to remove this with a toothbrush.

ADVICE: Brush over it!



# Is this Mouth Healthy or Unhealthy?



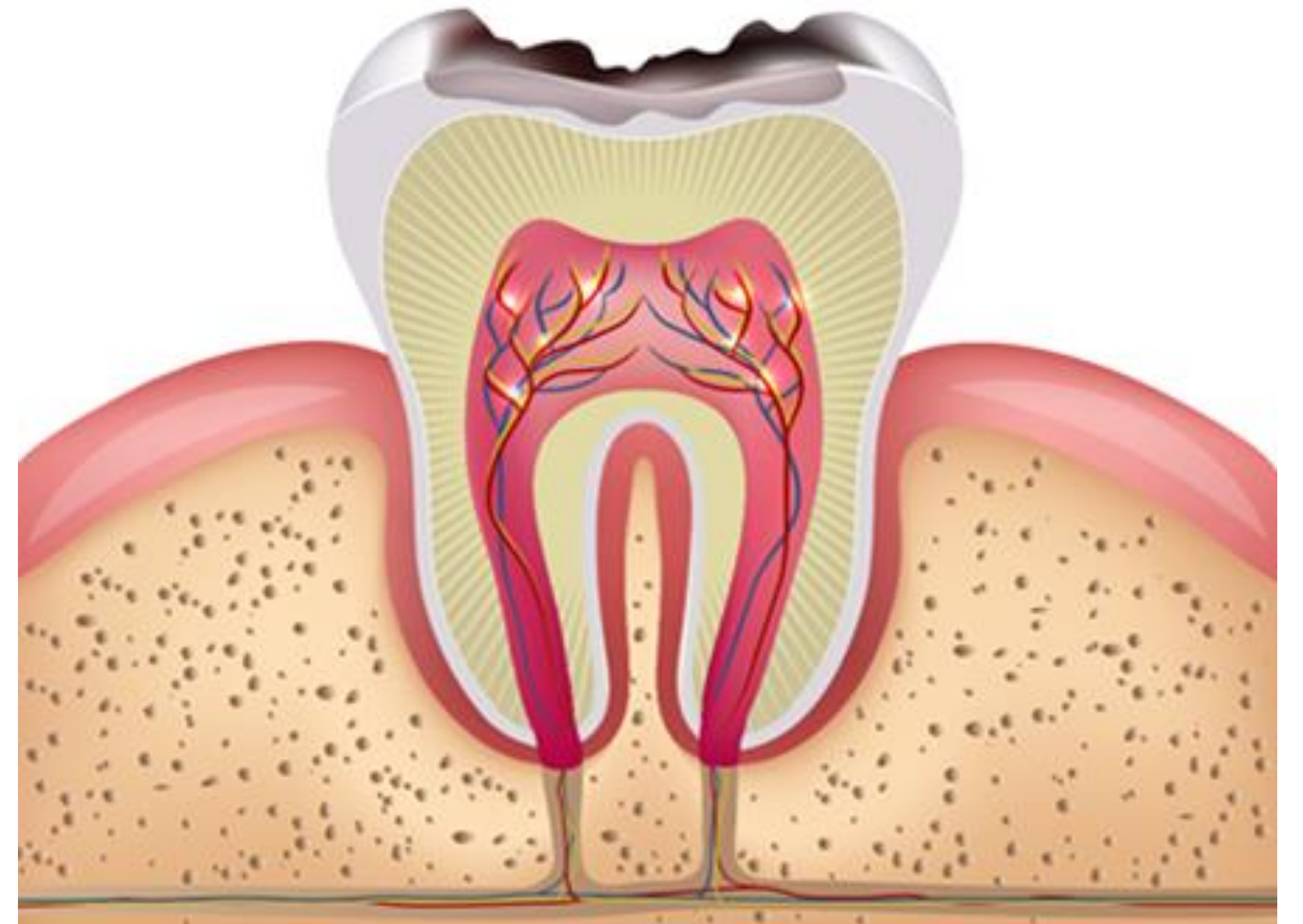
This is an Unhealthy Mouth



# HOW IS A CAVITY FORMED?

**TOOTH DECAY** IS THE GRADUAL  
DESTRUCTION OF A TOOTH  
CAUSED BY THE COMBINATION OF...

PLAQUE BACTERIA  
+  
SUGAR





# HOW A CAVITY IS FORMED

1. When sugar is consumed the environment of the mouth becomes acidic



2. Any plaque on the teeth becomes acidic

3. It takes approximately 30 minutes after consuming sugar for the mouth to become neutral again.

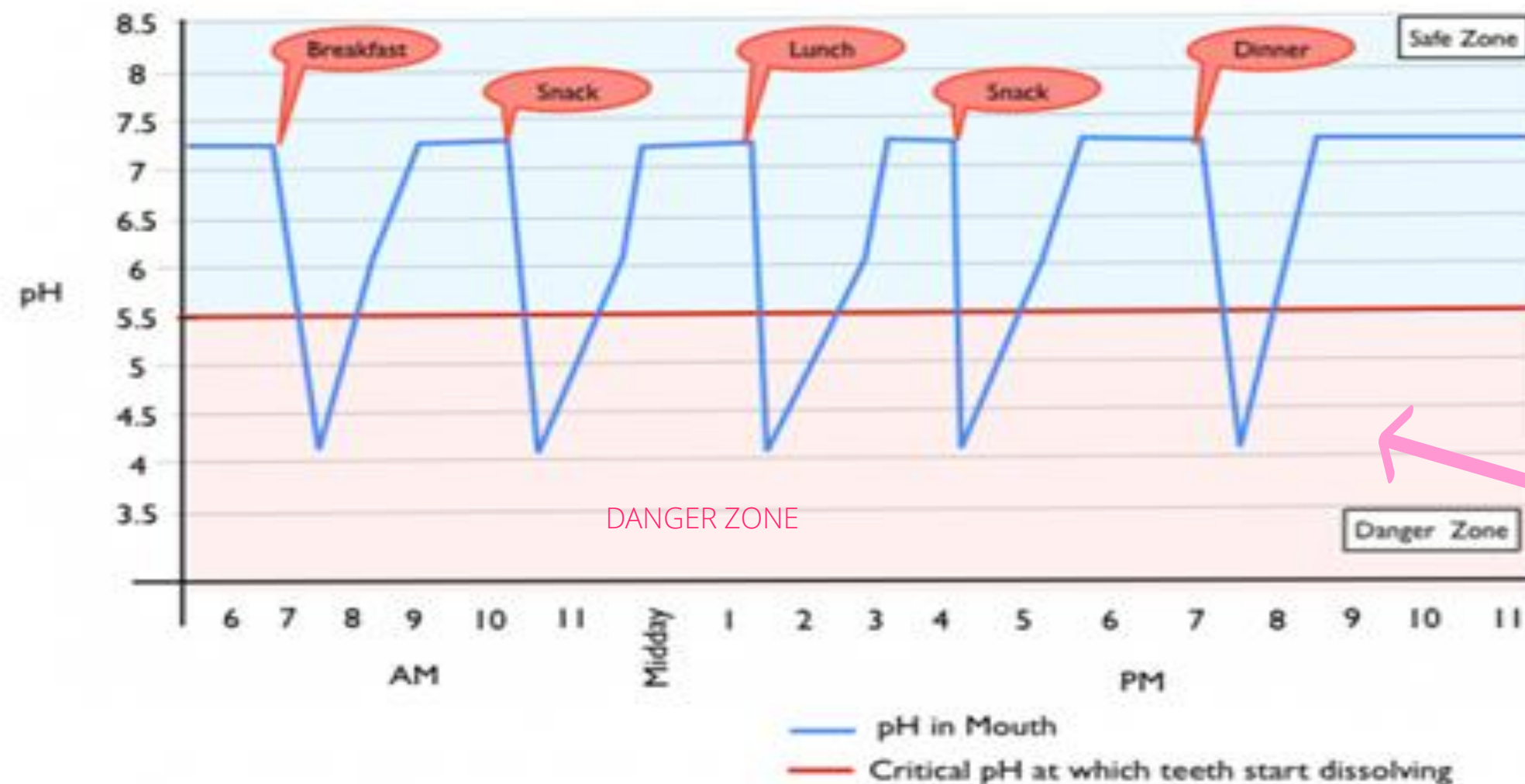


4. With repeated episodes, the acidic plaque gradually dissolves a hole, this is called a cavity

# IS THERE A BEST TIME TO CONSUME SUGAR?

When sugar is consumed it causes the environment of the mouth to become acidic. Any plaque that has been left on the teeth will become acidic and if not removed regularly. Repeated episodes of acidic plaque, gradually overtime this will cause enamel to demineralize to cause a cavity.

A Healthy Stephan Curve

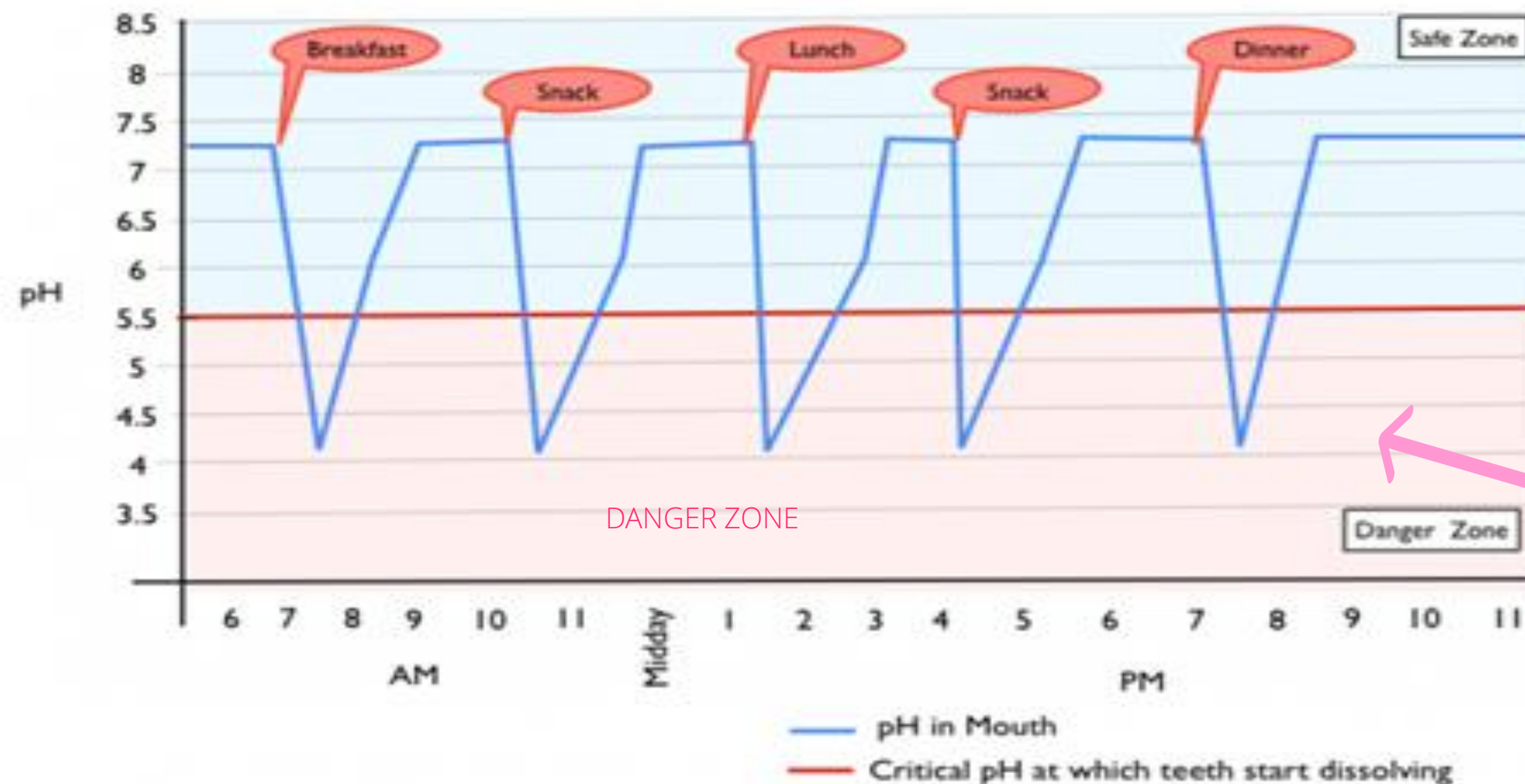


This diagram demonstrates what happens each time something sweet is eaten.

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- TEETH AND MOUTH



- ORAL HEALTH AND THE BODY



- DAILY ORAL CARE



- PROVIDING MOUTH CARE IN CHALLENGING SITUATIONS



- SOFT TISSUE FINDINGS



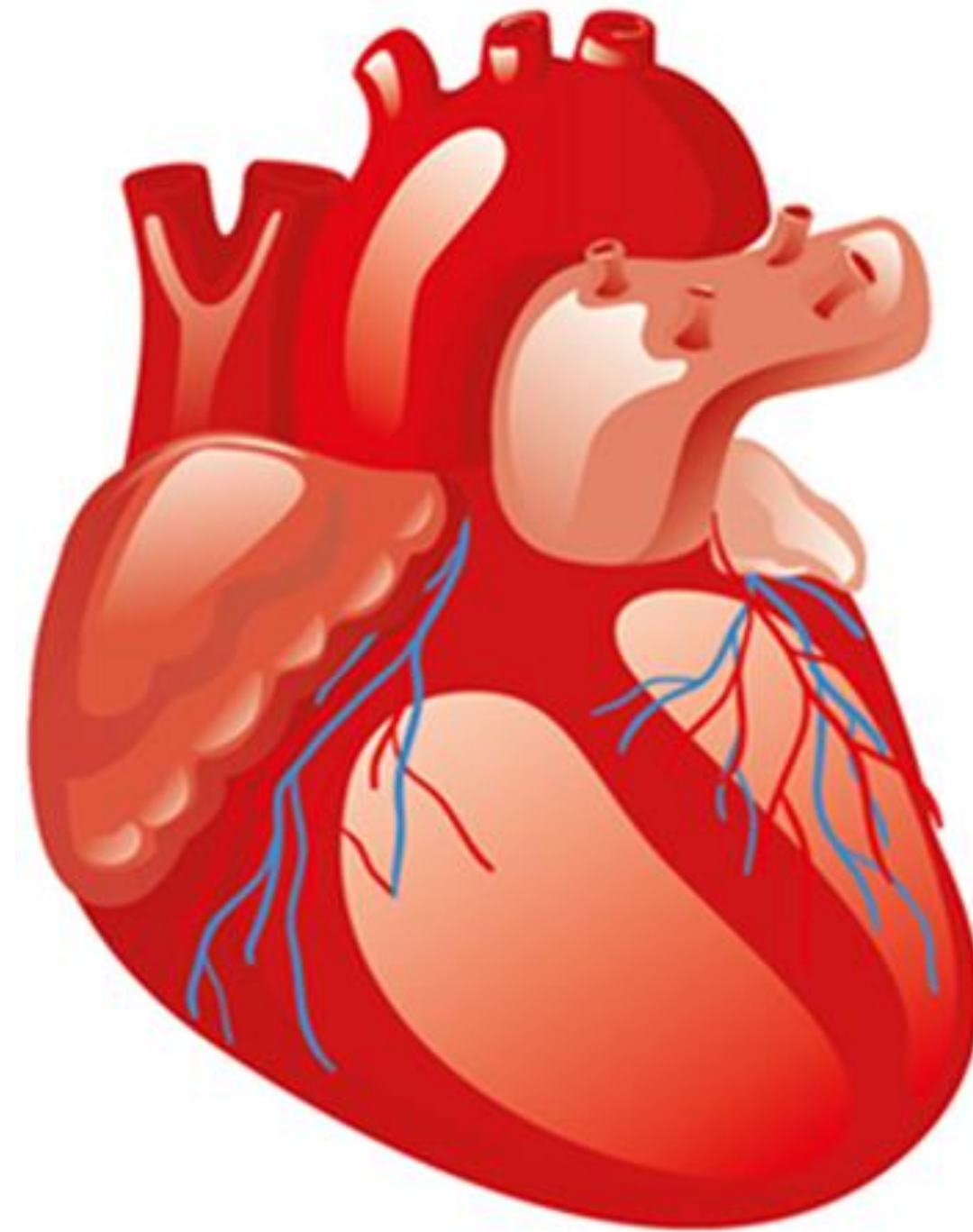
- END OF LIFE MOUTH CARE MANAGMENT

# LINK BETWEEN POOR ORAL HEALTH AND THE BODY

Experts believe that bacteria from the mouth enter the bloodstream and cause damage to organs.

Poor oral health has been linked to;

- HEART DISEASE
- DIABETES
- RHEUMATOID ARTHRITIS
- DEMENTIA
- ASPIRATION PNEUMONIA

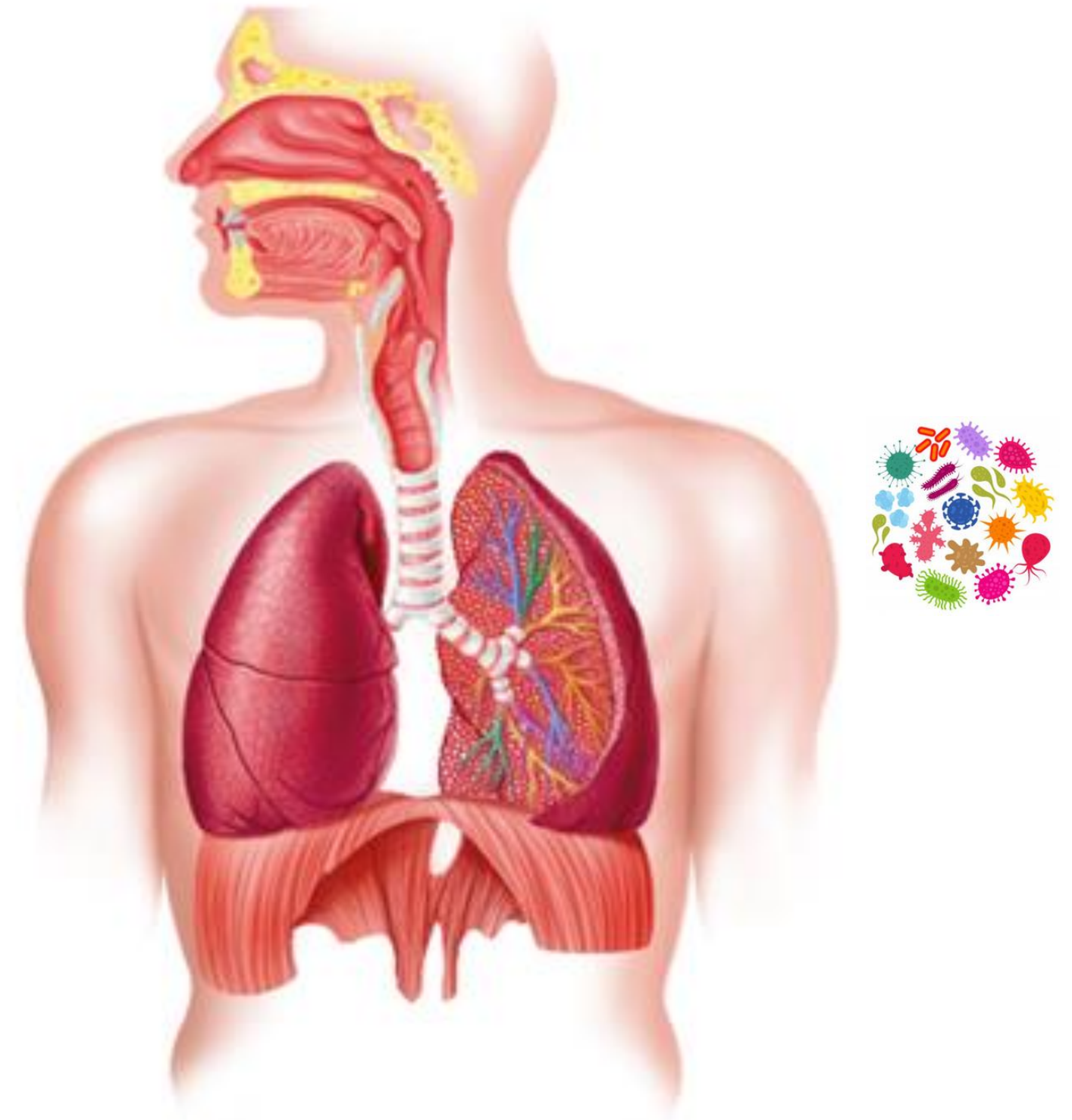


# ASPIRATION PNEUMONIA

## Daily toothbrushing can save lives!

Aspiration pneumonia is a life-threatening condition where plaque and food debris from around the teeth get inhaled into the lungs to cause an infection.

A daily toothbrushing regimen can decrease the amount of bacteria in the mouth, potentially lowering the risk of hospital-acquired pneumonia from occurring. [1]



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# ORAL CARE REGIME

**Plaque should be removed from the teeth twice a day.  
The most effective tool for removing plaque is a TOOTHBRUSH**

Oral Hygiene aids:

- TOOTHBRUSH twice a day.
- TOOTHPASTE (with fluoride non foaming – pea sized amount
- INTERDENTAL AIDS (interdental brushes) ?
- MOUTHWASH (optional)
- Dry mouth Gel/ spray Attend to dry mouth regularly.





# TOOTHPASTE

Consider using a toothpaste that is low or non foaming for people with swallow difficulties.

## Toothpaste brand examples

Sensodyne Daily Care Gel, Sensodyne Daily Care, Sensodyne Pronamel, Oranurse, BioXtra toothpaste, Oralieve toothpaste



# TOOTHBRUSH

## Manual

Use a soft bristled, small headed toothbrush as it will reach more areas, cleaning more teeth surfaces than a larger brush head.



## Electric

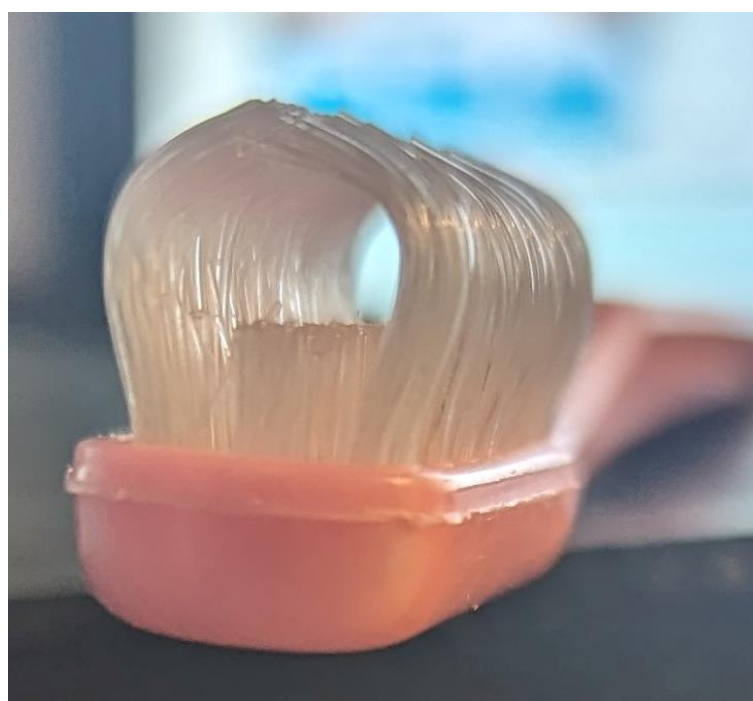
No brushing technique is required, place the brush head on the gumline at 45 angle and slowly run along the teeth.



# ALTERNATIVE TOOTHBRUSHES

## COLLIS TOOTHBRUSH

A Collis Toothbrush or Superbrush designed for people with special needs. The bristles wrap around the outer and inner surfaces of the teeth when brushing.



## FOR PEOPLE THAT GAG OR CAN'T OPEN VERY WIDE [TRISMUS]

A child's toothbrush or Single Tufted Brush (picture) is suitable for people that gag or have limited opening ability.



# TOOTHBRUSHING

**Plaque will stick to any hard surface. It will adhere to teeth and dentures. Two people maybe required. One person to hold and stabilize the head whilst the other person carries out toothbrushing.**

- Plaque lies along the neck of the teeth so the gum margins must be brushed.
- Angle the small headed toothbrush at the gum margins
- Use in a short back and forth motion or what a dental professional has advised.
- Start with the front teeth brushing the outer surfaces and then moving towards the back teeth
- Recommended brushing for 2 minutes. Don't get too concerned about how long to brush for instead concentrate on trying to brush all the teeth surfaces.



# MOUTH CARE FOR PEOPLE WITH SWALLOW DIFFICULTIES [dysphagia]

## Management

- POSITIONING - turn head to one side with chin down, avoid tilting head back
- EVALUATE ORAL HYGIENE STATUS
- REMOVE DENTURES, CHECK SOFT TISSUES Lip/ mucosa
- BRUSH TEETH dampen the bristles with water or mouthwash and no toothpaste OR use a dry toothbrush, depending on the severity of dysphagia.

TOOTHPASTE a pea size amount of non foaming toothpaste can be used if the swallow difficult isn't too severe.



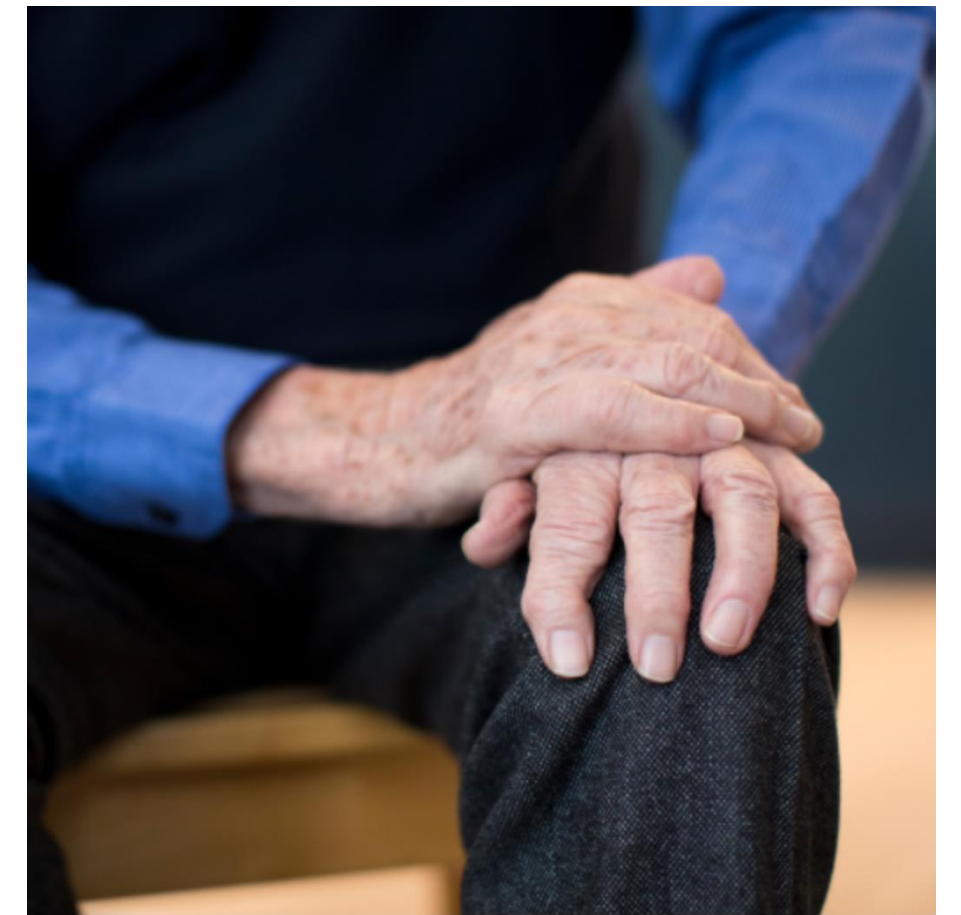
# PATIENT'S WITH PARKINSON'S DISEASE

**Mouth Care for patient's with Parkinson's disease (PD) may become more difficult as symptoms such as rigidity, tremor and dyskinesia can make it hard to brush one's teeth.**

PD is also associated with orofacial pain, grinding and taste impairment and may lead to cracked and worn teeth from grinding. In addition, medication to treat PD might cause problems oral health such as dry mouth and drooling, making the individual more prone to fungal infections of the oral cavity and dental decay.

## Mouth Care Management

- Use a small, soft headed toothbrush with pea size amount of fluoride, non-foaming toothpaste. A powered toothbrush may be beneficial as the handle is larger and easier grip compared to a manual toothbrush.
- It would be helpful to learn to use both hands for toothbrushing alternating the toothbrush as PD may be more disabling in one limb as the disease progresses causing rigidity and tremor.
- Individualized instructions regarding oral hygiene, together with chewing and lip exercises can improve oral health in PD cases



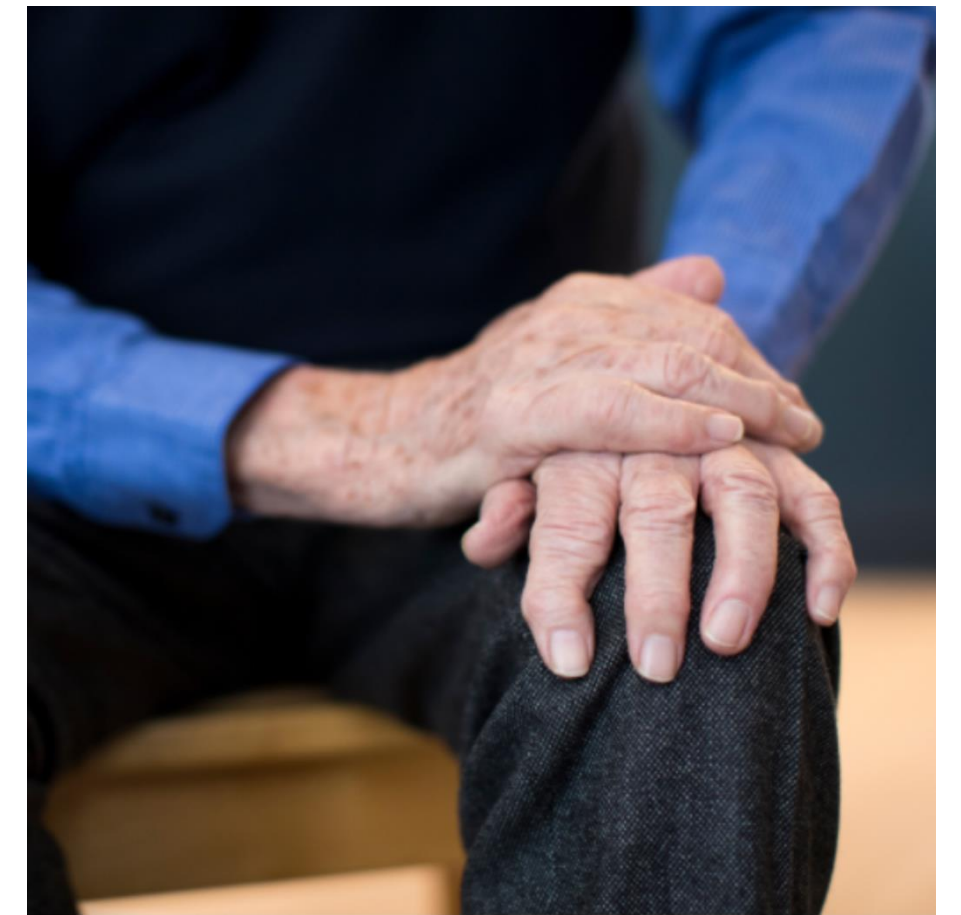
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# ENCOURAGE TO SPIT NOT RINSE OUT!

Most toothpastes contain fluoride which helps strengthen enamel and helps against decay.

Encourage person to spit out excess toothpaste and not rinse, allowing the toothpaste longer time to work.



# DENTURE CARE

**Plaque will stick to any hard surface.**

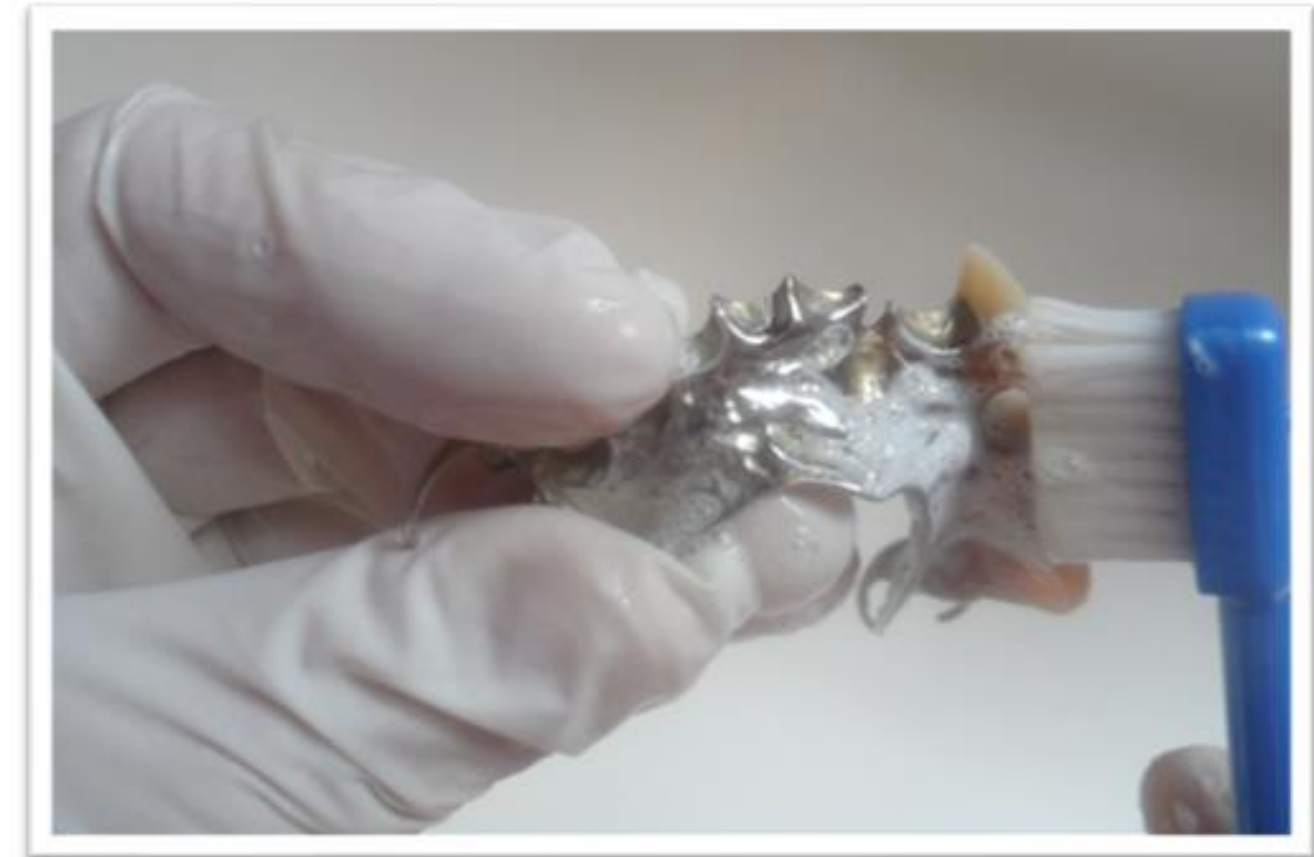
**Whether a person wears metal or acrylic dentures, it is recommended to use a mild soap or denture paste & water when cleaning them.**

If denture cleaning products are used, read the manufactures directions [usually advise 3 mins soaking] NOT OVERNIGHT!

It is particularly important that partial dentures are removed at night to prevent denture stomatitis [inflammation].

## STORING DENTURES

Store dentures DRY in a named pot as drying helps destroy organisms on the denture that causes inflammation.





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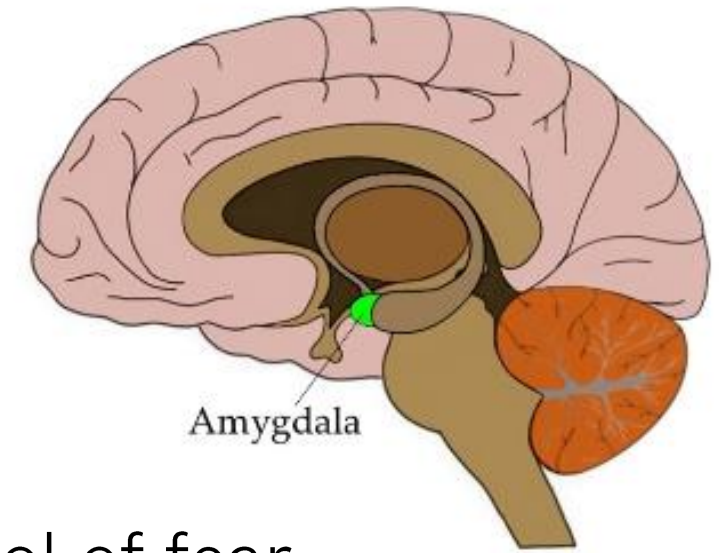


- END OF LIFE MOUTH CARE

# DEMENTIA AND ORAL CARE

## Why do people resist?

There are particular structures [amygdala pathway] that deteriorate which affects the control of fear responses causing them to become 'threatened to low or nonthreatening situations'. (LaBar et al., 2005). It is a fear- evoked response to mouth care when residents' exhibit behaviour such as shouting, pushing, hitting, biting, spitting. They are doing this to protect themselves.



## Facial expressions can provoke fear

- People with dementia lose the ability to differentiate facial expressions, this means that neutral, sad, angry, frustrated, and surprised faces are typically categorized as fearful.
- If the caregiver is relaxed and smiling people with dementia are less likely to evoke problematic behaviour (Burnham & Hogervorst; [Luzzi, Piccirilli, & Provinciali, 2007](#))

# TRIGGERS TO CAUSE ASSAULT

## Highest trigger to cause assault

- Calling the person by name was among the highest ranked caregiver behaviour to trigger physical assault. ([Somboontanont et al., 2004](#)).
- Do not use 'baby talk' using infantilizing terms such as baby, honey, dearie. It is a dehumanizing approach and is documented to trigger resistant behaviour.



## Other triggers of mouth care resistance behaviour include

- attempting to forcefully insert the toothbrush into resident's mouth without alerting them
- lack of praise or encouragement
- unsmiling or negative facial cues from caregiver
- attempting to provide mouth care without prompts or gestures
- giving multiple commands rather than simple step commands

# BASIC APPROACH

- **Know the person** Try to figure out why the person is refusing (e.g., bad time, pain, fear) and change approach accordingly
- **Use visual cues** such as hand gestures and demonstration and less talking.
- **Gradually build up trust** to having their teeth brushed. Break the task down. Brush the front of the teeth one day and the back of the teeth another day.
- **Give positive feedback** and encouragement
- **Speak clearly** using simple vocabulary. Be patient and repeat yourself as appropriate. Explain each step.
- **Talk to the person at eye level** and within his or her visual field.
- **Approach the person side-on** People with dementia will have diminished peripheral vision, in later stages sight becomes monocular. Approaching someone face-on may appear confrontational.
- **Reassuring touch** Spatial disorientation is one of the first symptoms of dementia. Place your hand on their shoulder or knee so they can establish where you are before brushing the teeth.



# HELPING SOMEONE WITH DEMENTIA BRUSH THEIR TEETH

1. Stand to the dominant side of the resident as this is where all the brain history is for fine motor skills and automatic behaviour. The person will also look and pay more attention if you are on their dominant side.
2. You will be holding the toothbrush and brushing the teeth using the hand under hand technique. Grip the toothbrush with thumb and finger and guide.
3. Stand to the side of the resident as they will think they are brushing their own teeth.
4. Place your other hand on their shoulder closest to you, applying downward pressure. This technique is tricking the person into not paying as much attention to their mouth.
5. You are going to be doing the brushing with the person, with you standing to the side of the person they will be thinking that they are brushing their own teeth.



# MANAGEMENT FOR PEOPLE WITH ORAL HYPERSENSITIVITY [NEURO-DISABILITY]

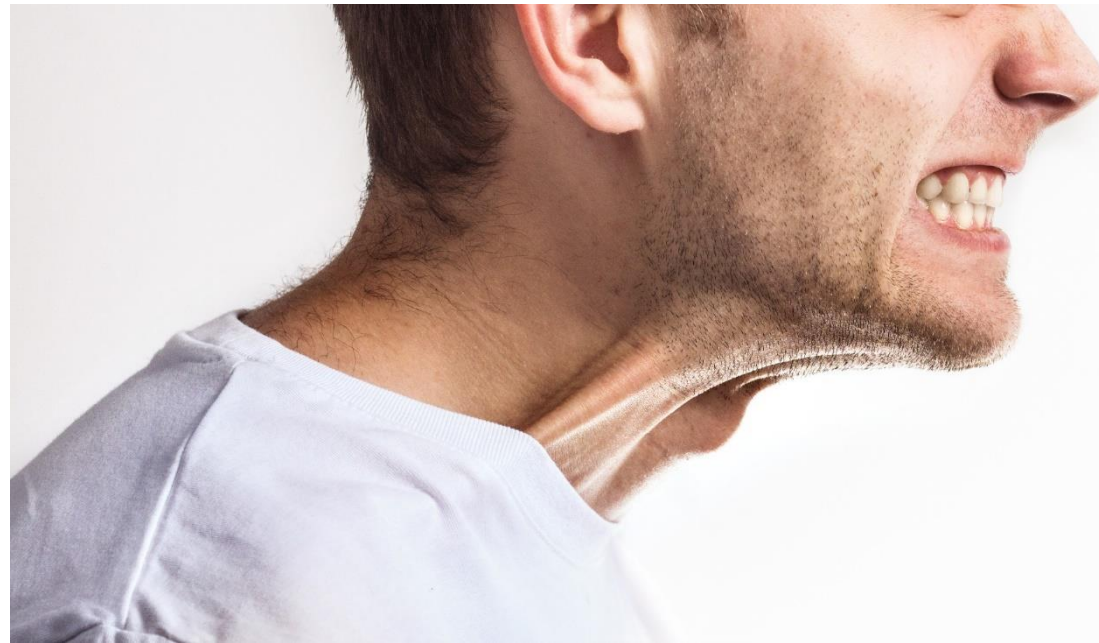
**Oral hypersensitivity is a reduced tolerance around the face and mouth which can make mouth care difficult to perform..**



This desensitizing technique is designed to build tolerance and should not be rushed.

1. Sit person upright, use pillows if required. Explain what you are doing calmly before you touch the person.
2. Build up tolerance to touch by firstly *touching hands* firmly, then touch the *top of the arms*, firmly. *Touch the shoulders* firmly with both hands. *Support the jaw* from the front with one hand. Maintain contact throughout the oral care procedure, as this will give stability.
3. Press firmly above upper lip before you introduce the toothbrush in the mouth. Press firmly below lower lip before you introduce the toothbrush in the mouth at the lower gums.
4. If the person shows hypersensitivity at any stage, stop, go back to the previous step and continue.

# JAW CLENCHING AND STRONG BITE REFLEX

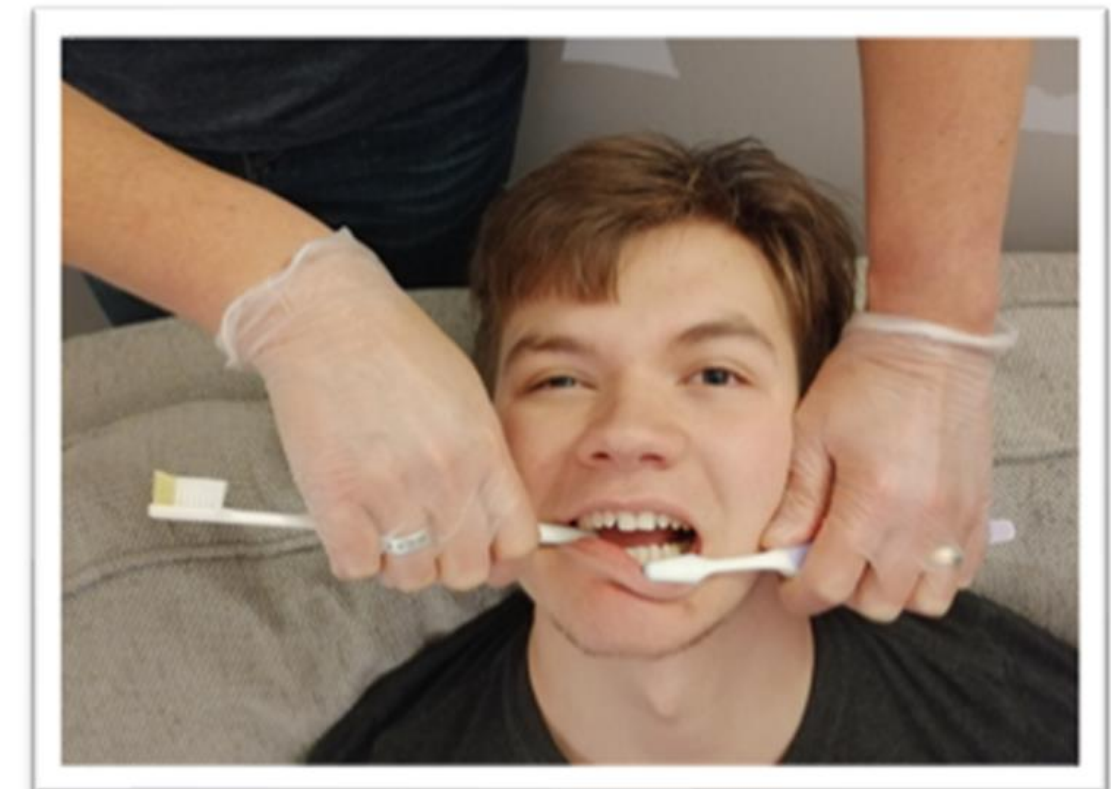


**People with a neuro-disability present with a special set of challenges for maintaining good oral health.**

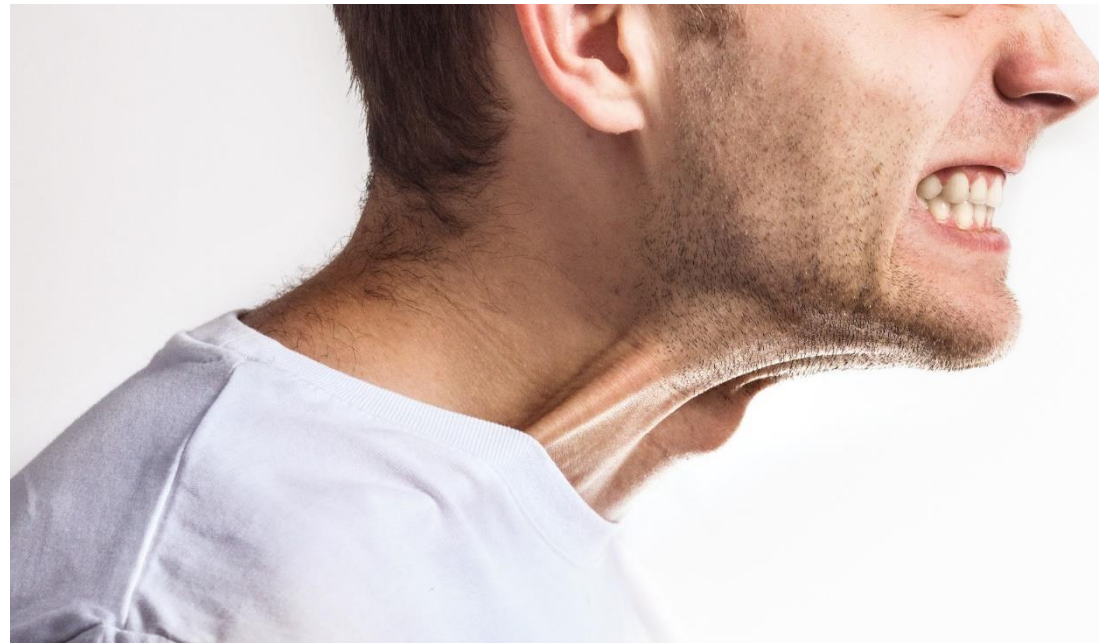
Jaw clenching and a strong bite reflex can make it difficult to brush teeth and clean mouths. Try the Desensitizing Technique  
Lip biting is common and challenging to manage long term, and many people will have oral sensory issues.

## BITING THE TOOTHBRUSH

Biting down on a toothbrush is a reflex. If this happens whilst brushing, have another brush handy and continue brushing. This gives you access to the inside of the teeth.  
Releasing the toothbrush - Gently rub the cheek and jaw -  
This is a reflex, the mouth will relax and open.



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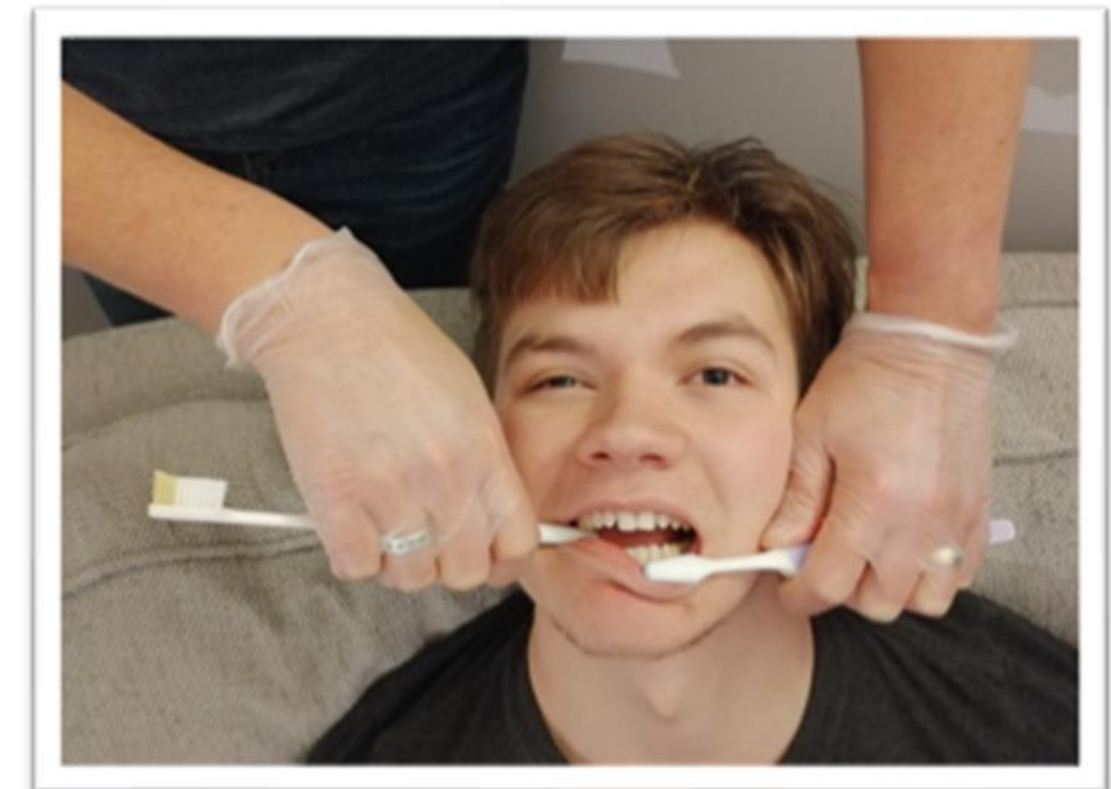


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# IF SOMEONE REFUSES TO OPEN

**They may not understand you or may not want to have their teeth brushed**

- Be reassuring. Say what you are going to do before you do it.
- Get the person to sing as this helps open the mouth 🎵
- Stroke the side of the cheek, this helps relax the jaw and encourages them to open their mouth
- Touch the mouth, or teeth gently with the bristles to prompt opening.
- Place the back of the toothbrush against the lips and gently twist it so it opens the lips and touches the front teeth. Slide the brush in. When they have opened their mouth they will usually keep it open. Start by cleaning the outer surfaces of the front teeth. Then move to the outer surfaces of the back teeth
- Or if they will not open then with a smile, say that you'll come back later.



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# IF SOMEONE SHOWS PHYSICAL AGGRESSION

**Come back later; pick another time of day when the person is calmer and more receptive.**

- Try someone the person is more familiar and relaxed with.
- Be patient, take time and be reassuring.
- Do not talk about the person but always to the person.
- Explain what you are going to do and why you are going to do it.
- Stay calm and quiet yourself.

**Look in the mouth for any signs of soreness, infection, broken teeth etc.**



# IF SOMEONE KEEPS REFUSING MOUTHCARE

- Make notes, ensure that the next of kin know and encourage them to intervene and help if they can.
- If a resident who doesn't have capacity continues to decline mouth care, this needs to be escalated to a dental professional.

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# ORAL ASSESSMENT

## Quick minimally invasive assessment

### 8 CATEGORIES OF ORAL HEALTH

Assess the:

1. lips
2. oral cleanliness
3. saliva
4. dental pain
5. tongue
6. natural teeth
7. wear dentures?
8. gums & tissues



### Oral health assessment tool

Resident: \_\_\_\_\_ Completed by: \_\_\_\_\_ Date: \_\_\_\_\_

**Scores** - You can circle individual words as well as giving a score in each category  
 (\* if 1 or 2 scored for any category please organise for a dentist to examine the resident)

**0 = healthy 1 = changes\* 2 = unhealthy\***

Lips:	Dental pain:	Natural teeth Yes/No:
Smooth, pink, moist <b>0</b>	No behavioural, verbal, or physical signs of dental pain <b>0</b>	No decayed or broken teeth or roots <b>0</b>
Dry, chapped, or red at corners <b>1</b>	There are verbal and/or behavioural signs of pain such as pulling at face, chewing lips, not eating, aggression <b>1</b>	1-3 decayed or broken teeth or roots or very worn down teeth <b>1</b>
Swelling or lump, white, red or ulcerated patch; bleeding or ulcerated at corners <b>2</b>	There are physical pain signs (swelling of cheek or gum, broken teeth, ulcers), as well as verbal and/or behavioural signs (pulling at face, not eating, aggression) <b>2</b>	4+ decayed or broken teeth or roots, or very worn down teeth, or less than 4 teeth <b>2</b>
Oral cleanliness:	Dentures Yes/No:	
Clean and no food particles or tartar in mouth or dentures <b>0</b>	No broken areas or teeth, dentures regularly worn, and named <b>0</b>	
Food particles, tartar or plaque in 1-2 areas of the mouth or on small area of dentures or halitosis (bad breath) <b>1</b>	1 broken area or tooth or dentures only worn for 1-2 hours daily, or dentures not named, or loose <b>1</b>	
Food particles, tartar or plaque in most areas of the mouth or on most of dentures or severe halitosis (bad breath) <b>2</b>	More than 1 broken area or tooth, denture missing or not worn, loose and needs denture adhesive, or not named <b>2</b>	
Saliva:	Tongue:	Gums and tissues:
Moist tissues, watery and free flowing saliva <b>0</b>	Normal, moist roughness, pink <b>0</b>	Pink, moist, smooth, no bleeding <b>0</b>
Dry, sticky tissues, little saliva present, resident thinks they have a dry mouth <b>1</b>	Patchy, fissured, red, coated <b>1</b>	Dry, shiny, rough, red, swollen, 1 ulcer or sore spot under dentures <b>1</b>
Tissues parched and red, little or no saliva present, saliva is thick, resident thinks they have a dry mouth <b>2</b>	Patch that is red and/or white, ulcerated, swollen <b>2</b>	Swollen, bleeding, ulcers, white/red patches, generalised redness under dentures <b>2</b>

- Organise for resident to have a dental examination by a dentist
- Resident and/or family or guardian refuses dental treatment
- Complete oral hygiene care plan and start oral hygiene care interventions for resident
- Review this resident's oral health again on date:

**TOTAL:** \_\_\_\_\_  
**SCORE: 16** \_\_\_\_\_

With kind permission of the Australian Institute of Health and Welfare (AIHW). Source: AIHW Caring for oral health in Australian residential care (2009). Modified from Kayser Jones et al. (1995) by Chalmers (2004).

# ORAL CONDITIONS



✓ gingivitis



✓ decay



dry mouth



aphthous ulcers



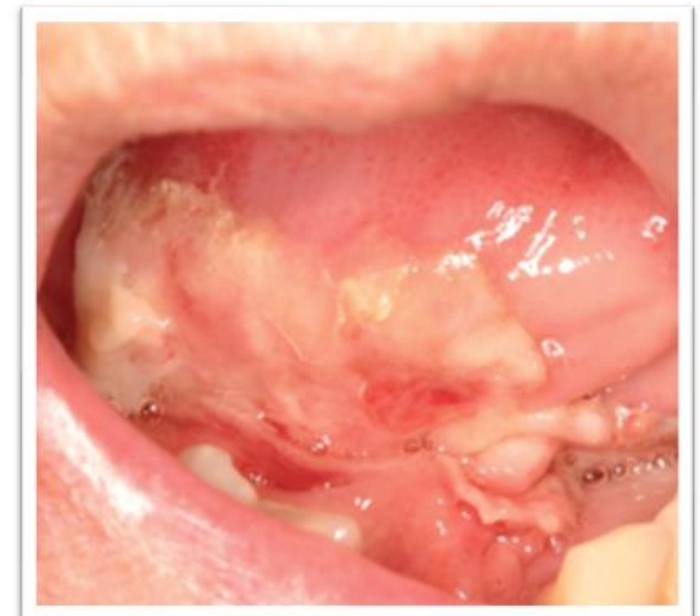
oral thrush



angular cheilitis



oral cancer



mucositis

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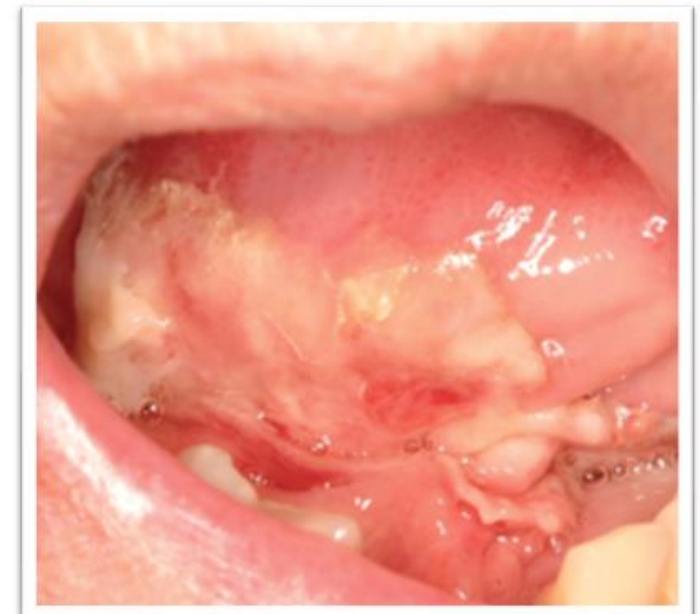
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# DRY MOUTH [xerostomia]

**Saliva plays an important role in oral clearance with mastication and swallowing. It has an important enzyme, and antibacterial action that has protects the teeth and gums.**

People with a dry mouth are at increased risk from

- dental decay
- gum problems
- chewing and swallowing problems
- retaining food in the mouth
- halitosis
- oral thrush

## MANAGEMENT

**ENSURE SERVICE USERS HAVE REGULAR FLUID INTAKE**

Regular mouth care is important for people with dry mouth. Dip toothbrush in water and apply to all areas of the mouth. Dry mouth gels or sprays may be useful.





# ULCERS

Small shallow lesions on the soft tissues of the mouth such as tongue, gum, inner lips. Are not contagious. Usually painful but will heal within 1-2 weeks

## MANAGEMENT

Avoid spicy food, hard foods, acidic drinks such as fruit juice.  
Look in the mouth for possible cause such as broken tooth



# LIP AND TONGUE BITING

Lip biting can be common in people with neuro-disability. The traumatized area may be painful. Difflam [0.15% benzydamine hydrochloride] can be sprayed to affected area to keep clean and help with pain. Contact the dental or medical team for advice.

# ORAL THRUSH

**Oral thrush is a fungal infection of the mouth. It is not contagious and is usually successfully treated with antifungal medication.**

Symptoms of oral thrush can include:

- white patches (plaques) in the mouth that can often be wiped off, leaving behind red areas that may bleed slightly
- loss of taste or an unpleasant taste in the mouth
- redness inside the mouth and throat



more likely to occur in infants and **older adults** due to reduced immunity

Angular Cheilitis - redness at the corners of the mouth

- inflammatory skin condition. [painful, cracked sores]
- either bacterial or fungal
- common in the elderly



requires a dentist or GP to intervene

keep areas moisturised and protected with lip balm

# MONITORING A LESION [ORAL CANCER]

## When to consider referring?

### Signs and symptoms of oral cancer may include:

- An ulcer or sore in the mouth or on the tongue that persists for more than 3 weeks
- Red or white patch/es of no obvious cause in the mouth
- Unexplained lump/s anywhere in the mouth
- A persistent and unexplained lump in the neck
- A lump on the lip (inner or outer) or in the mouth
- A persistent unexplained hoarse (croaky) voice that doesn't go away.
- Report of a feeling of something 'stuck' in the throat or pain on swallowing lasting for more than 3 weeks.



### When a suspected lesion has been present for more than 3 weeks

- Depending on the local referral pathway you may be able to refer directly to the maxillofacial surgery or oral medicine department.

# MUCOSITIS

**Mucositis is very painful inflammation and ulceration of the mucous membranes. A majority of oral cancer patients receiving chemotherapy & radiotherapy will experience at least some degree of mucositis. Necrotic and inflammatory effect of radiation energy on oral mucosa.**

Appearance - Red, shiny, or swollen mouth and gums

## Management

- Use a very soft baby toothbrush
- Use saline mouthwash
- Soak dentures in antiseptic
- Avoid any medication with alcohol as it will burn the mouth.
- Mild cases ice pops to help numb the mouth
- Lubricate the lips with water-based moisture gel
- Pain management - Pt will be given analgesics from oncology team for pain relief



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# CONTENT



- TEETH AND MOUTH



- ORAL HEALTH AND THE BODY



- DAILY ORAL CARE



- PROVIDING MOUTH CARE IN CHALLENGING SITUATIONS



- SOFT TISSUE FINDINGS



- END OF LIFE MOUTH CARE

# END OF LIFE – ORAL CARE GUIDELINES

- NICE Palliative - Oral [End of life] Revised July 2023
- Scottish Palliative Care Guidelines April 2020
- Mouth Care Matters November 2019
- Royal College of Nursing Published May 2023



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Include management of dry mouth **care plan**.

Include mouth care in the patient’s **care plan**.

Consider changing or stopping medications that are causing dry mouth.

Consider changing or stopping medicines that are causing a dry mouth.

Carry out **mouth care as often as necessary** to maintain a clean mouth.

Carry out **mouth care as often as necessary** to maintain a clean mouth

**In people who are conscious**, the mouth can be moistened every 30 minutes with water from a water spray or dropper, or ice chips can be placed in the mouth

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**In unconscious people**, moisten the mouth at least once an hour with water from a water spray, dropper, or **sponge stick** or ice chips placed in the mouth

•**In unconscious people**, moisten the mouth frequently, when possible, with water from a water spray, dropper, or **sponge stick** or ice chips placed in the mouth.

**To prevent cracking of the lips**, smear petroleum jelly (for example Vaseline®) on the lips. However, if a person is on oxygen apply a water-soluble lubricant (for example K-Y Jelly®).

**To prevent cracking of the lips**, a water-soluble lubricant should be applied.

When the weather is dry and hot, if possible, use a room humidifier or air conditioning.

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**Ensure help is offered to clean teeth or dentures.**

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**Manage pain symptomatically**, using analgesics via a suitable route. Stop treatment of the underlying cause of pain when the burden of treatment outweighs the benefits. See [Scenario: Oral pain](#). See [Self-care](#) for further information.

•**Manage oral pain symptomatically**, using analgesics via a suitable route. Stop treatment of the underlying cause of oral pain when the burden of treatment outweighs the benefits.

**Management scenario for:** Prevention, dry mouth, oral pain, candida infection, mouth ulcers, halitosis, excessive salivation  
[www.nice.org.uk/topic/palliative-care-oral](http://www.nice.org.uk/topic/palliative-care-oral)

[www.palliativecareguidelines.scot.nhs.uk](http://www.palliativecareguidelines.scot.nhs.uk) Click on **Symptom control** then **Mouth care for:** Dry/coated mouth, painful mouth, oral infections, halitosis, drooling, bleeding.

NICE Guidance Scenario – Oral Pain	Scottish Palliative Care Guidelines – Health Improvement Scotland Painful Mouth
<b>TOPICAL PAIN RELIEF</b> – For localised pain	Causes of mouth pain include trauma (from sharp teeth), haematinic deficiency, viral infection (herpes simplex), aphthous ulceration, oral malignancy and mucositis.
<b>For mild to moderate oral pain</b> , use topical non-opioid analgesia.	
<b>Choline salicylate gel</b> eg Bonjela— short-lived effect. Excessive use should be avoided because it can lead to ulceration, particularly if the gel is trapped under dentures.	<b>Choline salicylate (Bonjela®)</b> or a variety of proprietary preparations containing LA [lidocaine] spray or ointment for oral use – take care not to anaesthetise the throat
<b>Benzydamine spray</b> e.g. Difflam — relatively short duration of action, and numbness and stinging are sometimes a problem.	<b>Benzydamine spray or mouthwash</b> e.g. Difflam — dilute 1:1 if stinging occurs <i>Soluble paracetamol and/or aspirin used as a mouthwash provides no topical effect.</i>
<b>For moderate to severe pain relief</b> *Seek specialist advice if pain is difficult to manage	<b>For moderate to severe pain relief</b> *Seek specialist advice if pain is difficult to manage
<p><b>Choice of mouthwash [Scenario: Prevention]</b></p> <p><b>Chlorhexidine</b> can be used in people who have, or are at risk of, secondary bacterial infection, including people that do not have their own teeth.</p> <p>Do not use more than twice a day.</p> <p><b>Do not combine with Nystatin [use 1 hr apart]</b></p> <p><b>Do not combine with toothpaste [use 30 mins apart]</b></p>	<p><b>Chlorhexidine gluconate</b> 0.2% mouthwash can be considered to treat secondary infections or when pain limits other mouth care methods; <b>10ml used <i>twice daily may be useful to inhibit plaque formation in patients unable to tolerate other mouth care measures.</i></b> Dilute 1:1 with water if it stings. Alcohol-free preparations are available.</p> <p>If the patient is unable to rinse and expectorate or there is an aspiration risk, soak gauze in chlorhexidine gluconate 0.2% mouthwash and gently wipe over coated surfaces, teeth and gums.</p>
<b>Salt water</b> is soothing, nontraumatic, and safe to use as frequently as required. Water can be given warm or cool, depending on individual preference.	<b>Salt water mouthwashes</b> are effective in maintaining oral hygiene and are advised for the prevention and management of mucositis. They should be used at least four times in 24 hours to clean the mouth and remove debris.
<b>CHX</b> Whilst literature indicates chlorhexidine is effective in oral care, there is evidence suggesting that there is an increased mortality rate using CHX in the non-cardiothoracic ICU patient. [a meta-analysis by Price et al (2014)]	The reason is unclear? It maybe from inhaling CHX into the lungs [ARDS] It has not been proven.

**Mouth care should be carried out gently and not cause the person distress. It may need to be carried out more than twice a day e.g. hydrating the mouth hourly**

**Keeping the mouth clean, moist and comfortable. May wish to carry out mouth care or taste for pleasure hourly if the mouth is dry.**

- **Families may want to be involved** and mouth care is something they can be shown to do
- If possible, have the **person sitting up** to reduce the risk of aspiration

**Apply lip balm** or water-based gel to keep lips moist

**Lip care.** Apply water-based gel or beeswax lip balm. *[the use of petroleum jelly should be avoided]*

**Keep the mouth hydrated** by *dipping a toothbrush in water or a flavoured drink* for comfort and pleasure.

**Taste for pleasure.** Use a persons preferred drink to taste to moisten the mouth with a toothbrush or 360 brush.

A small amount of **dry mouth gel** can be massaged into the mouth with a gloved finger, MouthEze or toothbrush

**Water-based gels and sprays** to hydrate the mouth. Look at ingredients as some are derived from pigs or milk proteins and may not be suitable for some people.  
**Tap water or water-based gel can be used to keep the mouth moist.**

1. **Use a small headed toothbrush** as mouth opening may be limited preferably soft or baby soft if the mouth is sore. It is important keep the mouth clean to reduce the risk of infection
2. **Mild flavoured non-foaming toothpaste** are better tolerated than a strong mint flavour.

1. **Use a small, soft toothbrush**
2. and a smear of **toothpaste – preferred mild low or non-foaming.**

Prescription of **topical pain relief** for example Difflam (benzydamine hydrochloride) spray or mouth wash

**Removing dried secretions**  
Regular removal of oral/dried secretions with gentle suctioning and a toothbrush/MouthEze cleanser [hospital]. Gels can be applied with fingers or a small-headed toothbrush or MouthEze oral cleanser.  
When a patient has dried secretions that are difficult to remove the gels can be massaged into the surfaces of the mouth and left for a few minutes to make them easier to remove.  
*When dry mouth gels are not massaged into the mouth they can form a further sticky layer making the mouth more uncomfortable.*

**Removing dried secretions**  
This can be done by using MouthEze, circular brush or small toothbrush and dry mouth gel. If secretions are very dry soften them first by applying dry mouth gel or spray, wait a few minutes and then try again. Apply gel to lips, tongue, cheeks and palate.

# PALLIATIVE & END OF LIFE MOUTH CARE MANAGEMENT



Mild foam free toothpaste



glycerol swab



360 toothbrush



petroleum based jelly



Dry mouth gel



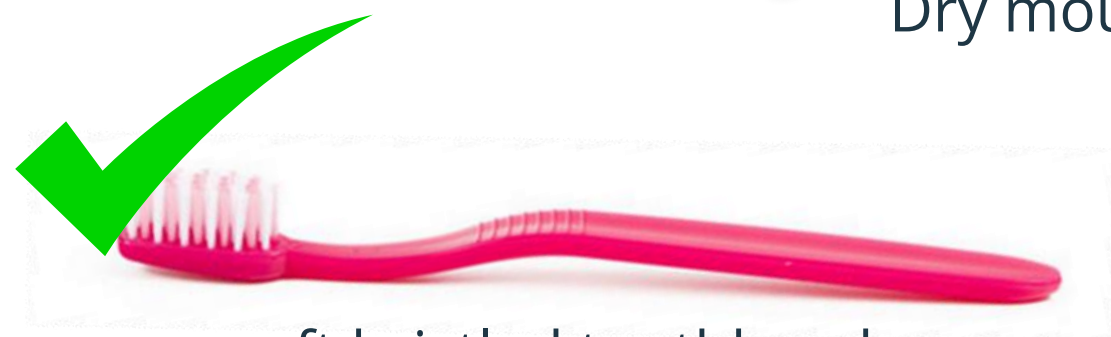
MC3 Stick



sponge swab



damp gauze



soft bristled toothbrush

# SPONGE SWABS BANNED IN WALES AND ON A MEDICAL DEVICE ALERT IN ENGLAND

Following an incident in Wales where a pink mouth sponge was used by a carer, the sponge head became detached which led to a death. The mouth sponges have been banned in Wales. Banned care product responsible for over 800 safety incidents in NHS July 3, 2017  
The use of all mouth sponges are discouraged in England



## Palliative Mouthcare Management Tools



# REMOVING STICKY SECRETIONS

**People at the end of life have a weakened swallow and cough reflex, they also lose the ability to swallow and clear salivary and bronchial secretions. If the mouth isn't cleaned and hydrated regularly these secretions become dry and sticky making them difficult to remove.**

It is important to:

- Keep mouth and lips clean and moist
- Remove debris and dried secretions
- Clean tongue



# END OF LIFE MOUTH CARE MANAGEMENT

## Summary

**The focus is on oral hygiene, alleviation of symptoms and ensuring the person is appropriately hydrated.**



- Assess the mouth daily for changes
- Clean teeth using a soft, small-headed toothbrush and mild non foaming toothpaste
- Carry out mouth care as often as necessary to maintain a clean mouth
- Damp the non-fraying gauze in water or mouthwash wrapped around a gloved finger. This can help hydrate the mouth and remove debris from the soft tissues and outer teeth surfaces.
- To prevent cracking of the lips apply a water-based lubricant
- Consider changing or stopping medicines that are causing a dry mouth.
- In people who are conscious, ensure the person is hydrated and comfortable every 30 minutes.
- In people who are unconscious, moisten the mouth frequently; every hour or when possible with water.

# Thank you for completing Essential Oral Care Training



For any questions related to the content of this training material please contact **Knowledge Oral Healthcare**, 01243 710119 or [info@kohc.co.uk](mailto:info@kohc.co.uk)



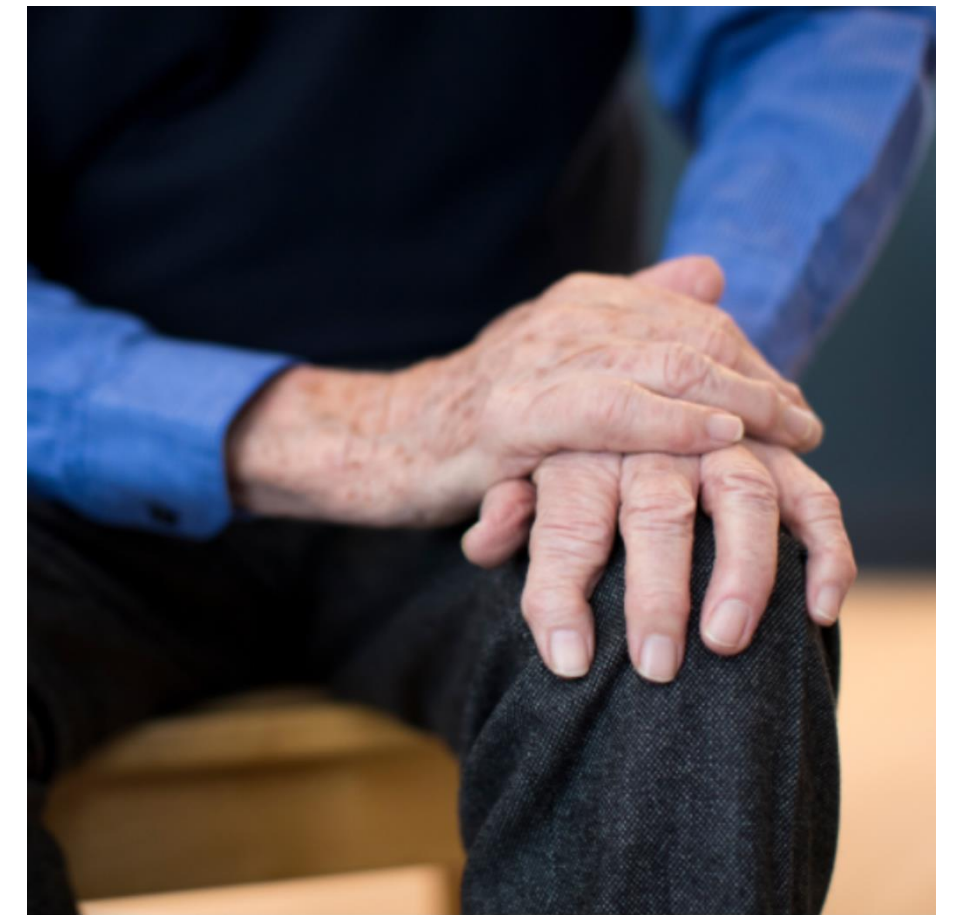
# PATIENT'S WITH PARKINSON'S DISEASE

**Mouth Care for patient's with Parkinson's disease (PD) may become more difficult as symptoms such as rigidity, tremor and dyskinesia can make it hard to brush one's teeth.**

PD is also associated with orofacial pain, grinding and taste impairment and may lead to cracked and worn teeth from grinding. In addition, medication to treat PD might cause problems oral health such as dry mouth and drooling, making the individual more prone to fungal infections of the oral cavity and dental decay.

## Mouth Care Management

- Use a small, soft headed toothbrush with pea size amount of fluoride, non-foaming toothpaste. A powered toothbrush may be beneficial as the handle is larger and easier grip compared to a manual toothbrush.
- It would be helpful to learn to use both hands for toothbrushing alternating the toothbrush as PD may be more disabling in one limb as the disease progresses causing rigidity and tremor.
- Individualized instructions regarding oral hygiene, together with chewing and lip exercises can improve oral health in PD cases



# DELIRIUM MANAGEMENT ADVICE

Delirium management advice for patients with confirmed or suspected COVID-19 in the acute trust setting; ASPH Psychiatric Liaison services 2020



Although minimal research has been conducted case studies have been reported older people with acute COVID-19 may experience delirium.

Staff should be aware that patients who usually carry out toothbrushing independently may require assistance during a state of delirium.

Weekly oral assessments should be carried out. Check to see if the patient is able to resume independence with this part of personal care. 'Offer reassurance and foster independence'

# CASE STUDY

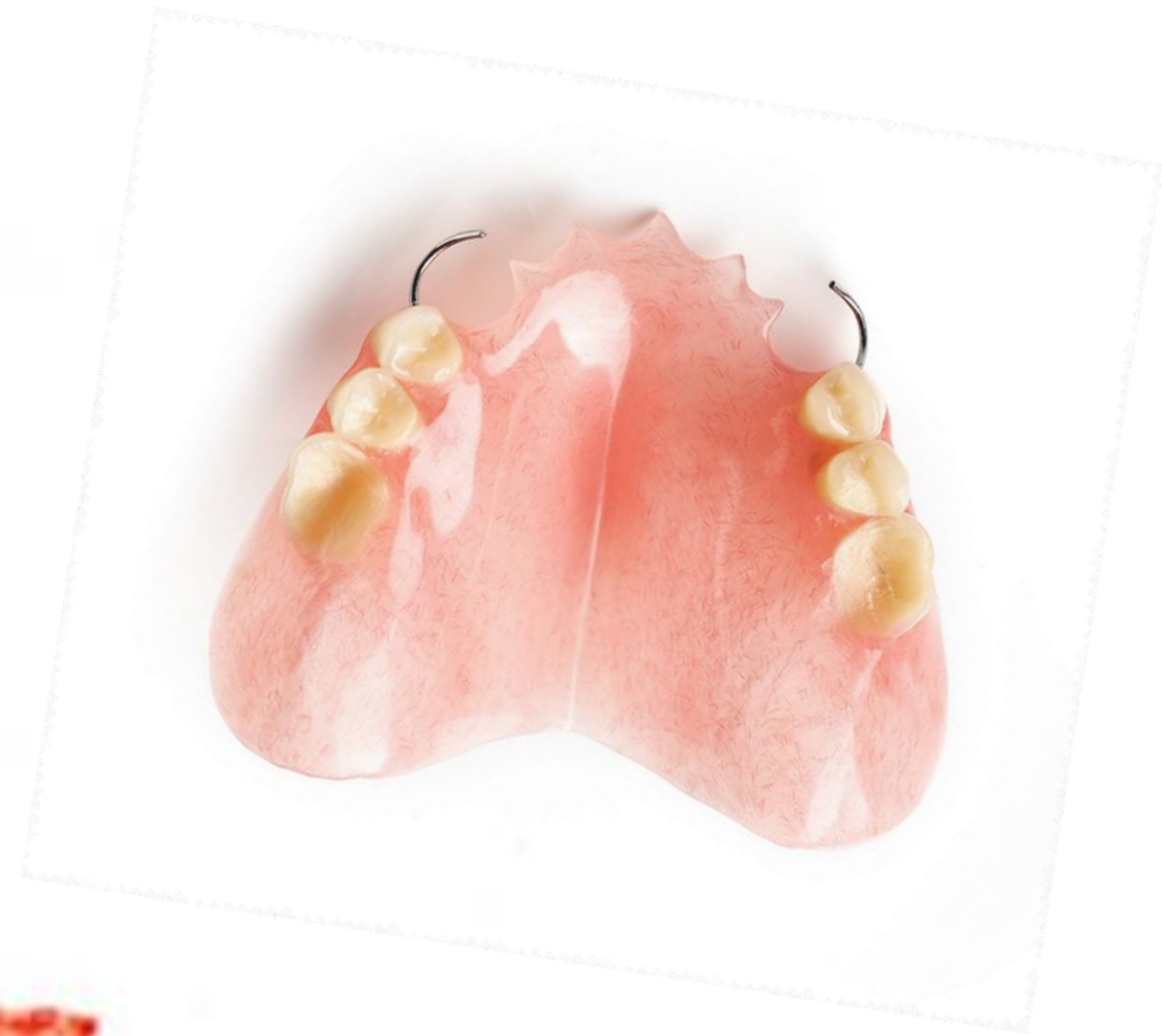
**You have noticed that Vera is leaving food in her mouth.**

**What do you think could be the reason/s for this and how would you manage this?**



# CASE STUDY

**George has a loose upper denture and his gums bleed a lot when brushed. How would you manage this persons' mouth care?**



# CASE STUDY

**Mary has dementia and is becoming less tolerant to toothbrushing.  
How would you manage her mouth care?**

