

A dental hygienist's perspective in supporting an individual to maintain good oral hygiene while minimising the risk of aspiration and supporting quality of life

Oral care guide for people with dysphagia & Nil By Mouth

Mouth care is particularly important for people who have difficulty swallowing (dysphagia). Patients who are nil by mouth or on limited oral intake are at increased risk of poor oral hygiene and require thorough mouth care. Being dependent on others for mouth care, alongside a swallowing difficulty can increase the risk of developing pneumonia.

Common guided principles

Due to the levels of swallowing difficulties there is no single mouthcare management that can be applied to all individuals with dysphagia.

Outlined are common guiding principles and procedures that can be adapted to the needs and situation of the individual.

Adults with dysphagia are more likely to present with poor oral health, gum disease and decay (Ortega et al, 2014)

Oral Care Management for people that require assistance

1. **Sit as upright as possible** during mouthcare to prevent aspiration
2. **Inspect the mouth:** Remove dentures, any loose material or debris with a damp non fraying gauze.
3. **Attend to dry mouth and dry cracked lips** with application of water-based products
4. Depending on the ability to manage fluid a damp toothbrush with a smear of non-foaming toothpaste
5. **Use a small, soft headed toothbrush or electric toothbrush.** Direct bristles towards areas likely to accumulate plaque and food debris 1st (around gums and on biting surfaces) The intention is to clean all surfaces of teeth.
6. **If unable to spit,** use a damp non fraying gauze to remove excess toothpaste and debris
7. **Toothbrushing is recommended twice a day.** Cleaning after the last meal of the day is most crucial. If meal supervision is required, simple oral care after each meal to reduce aspiration of food & oral disease.

8. If an electric toothbrush can be tolerated consider an **Electric suction toothbrush**, it has an led light for better vision, aspirates saliva providing confidence with toothbrushing. Alternatively a manual suction pump toothbrush can be used or a disposable suction toothbrush with portable suction unit.

9. **Brush the tongue** if coated with a soft toothbrush

10. If the mouth is particularly 'dirty' or you notice the gums are bleeding **consider dipping the toothbrush in chlorhexidine mouthwash or gel** and applying to the teeth and soft tissues.

11. **Interdental brushes** may be used to remove food debris from in-between the teeth. Follow recommendations from an oral health professional.

12. To remove dried mucus secretions, from soft tissues. Apply water or water-based gel to a toothbrush, 360 toothbrush or MC3 stik. Gently rub in a circular motion to loosen the secretions and remove with a damp gauze.

Delivering mouthcare for someone with profound dysphagia & nil by mouth

Carrying out mouthcare for someone with severe dysphagia or Nil By Mouth is an obvious concern with the risk of inhaling any debris, fluid or toothpaste. Providing adequate mouthcare can be a challenge for care staff.

- **Keep the lips moist** with water-based balm
- To **hydrate the mouth**, dampen the toothbrush or dampen gauze with water or mouthwash
- Use a **dry small, soft headed toothbrush** with a smear of non foaming toothpaste or no toothpaste.
- Using a **piece of gauze** to remove debris
- **Brush tongue** with Chlorhexidine to hydrate and clean if coated.

daily oral hygiene regime in conjunction with regular review by an oral health professional is considered best practice management in this population. (Mathew AWT Lim Nov 2018)