

Oral Care Policy

Aims and Objectives

We aim to promote independence through encouraging service users to manage their own oral care where possible.

The objectives of this policy are to:

- Ensure staff understand the importance of mouth care
- Ensure staff understand how to support clients to manage their own oral health
- Provide guidance for staff who are assessing the oral health of clients
- Ensure that mouth problems are assessed and treated promptly

Common mouth problems and causes

Common mouth problems, especially in palliative care, include:

- dry mouth
- painful mouth
- infections
- bad breath (halitosis)
- changes in taste
- drooling.

Factors contributing to mouth problems include:

- dry mouth can be caused by medicines, breathing through the mouth, and oxygen therapy
- dehydration which can be caused by reduced intake of food and fluids
- poor oral hygiene – especially if the client is less able to manage their own oral hygiene because of weakness, fatigue or debility
- radiotherapy to the head and neck
- chemotherapy
- mouth or neck cancers.

Providing basic mouth care

All clients should have basic mouth care every day. Continuing to provide good mouth care in someone's last days and hours can help to keep them comfortable. Encourage clients to do as much as they can manage by themselves.

All clients

- Keep mouth and lips clean and moist.
- Maintain fluid intake with frequent small drinks.
- Apply gel to dry lips after brushing teeth. Petroleum gel such as Vaseline can be used (it shouldn't be used in clients who have oxygen therapy as this can cause blistering to the lips, and is a fire hazard).
- Where possible reduce intake of sugary foods and drinks between meals.
- Have the right to refuse help with the oral care

Clients who have their own teeth

- Teeth should be cleaned with fluoride toothpaste at least twice daily if tolerated.
- Encourage clients to spit out excess toothpaste after brushing.
- Not rinsing after brushing can protect the teeth but it can also be drying and add to discomfort for people with a dry mouth. Advise the client to do what feels the most comfortable for them.
- Partial dentures should be removed and cleaned separately.
- Silk, or baby toothbrushes have softer bristles and can be helpful for clients with a painful mouth.
- Specialist toothbrushes may be helpful for clients who have difficulty gripping

Clients who have dentures

- Dentures should be removed overnight and soaked in a suitable cleaning solution.
- Rinse dentures thoroughly before putting them back in the mouth.
- Dentures should be brushed at least once daily using a toothbrush and running water. Check for cracks, sharp edges and missing teeth.
- Rinse dentures thoroughly after meals.

How to manage specific mouth problems

This information includes some practical tips on managing specific mouth problems. If you have any concerns, speak to the Client's GP, district nurse or specialist nurse, and consider referral to a dentist.

Dry mouth

Dry mouth is the subjective feeling of a dry mouth. It's often associated with difficulties with speech, chewing, or swallowing, the need to keep drinking and changes in taste. People with dry mouth can develop a thick coating over the tongue and lining of the mouth.

There are lots of things you can do to help someone with a dry or coated mouth:

- Encourage fluid intake. Offer cold unsweetened drinks throughout the day.
- Chewing sugar-free chewing gum or sucking on sweets can stimulate saliva production.
- Saliva replacements or oral gel can be used to keep the mouth moist.
- Gently remove coatings and debris from the lips, tongue and lining of the mouth using a mouth swab, or a soft toothbrush.

Painful mouth

Seek specialist advice from the Client's doctor or dentist if they are having radiotherapy or chemotherapy.

The following can help to soothe sore mouths:

- Painkillers, including lozenges containing lidocaine (a local anaesthetic).
- Saline mouthwash.
- Chlorhexidine mouthwash (chlorhexidine gluconate 0.2%).
- Avoid alcohol and very hot drinks.
- Avoid dry foods like crisps and biscuits.
- Try softer, cold foods such as yoghurts, custards and chilled soups.
- Use a straw or teaspoon to eat and drink to avoid irritating the sorest parts of the mouth.

Infections

Candidiasis is a fungal infection which is common in people living with a terminal illness. It looks like thick white patches coating the tongue and mouth. It can also be present in the throat and oesophagus. Candidiasis can cause pain and swallowing and chewing difficulties. It will need to be treated with antifungal tablets, liquids or topical mouth sprays. Ask the Client's GP, district nurse or specialist nurse to arrange treatment.

Cold sores (herpes simplex) are also common when someone is unwell. Refer to the Client's GP, district nurse or specialist nurse for anti-viral treatment. Supportive therapy including good oral intake, keeping the mouth moist and painkillers should also be given.

Bad breath (halitosis)

If your Client has bad-smelling breath, approach the topic sensitively as it can be embarrassing. Bad smelling breath can be caused by infections including abscesses, local tumours and poor oral hygiene. Providing good mouth care should improve bad breath but antibiotics may be required to treat local infections and abscesses.

Changes in taste

Clients might experience changes in taste. This can mean they don't want to eat the food that they usually enjoy. Maintaining good intake of food and fluids is important. Encourage them to eat what they do enjoy and offer new foods and drinks which are appealing to them.

Drooling

Drooling (excess saliva) is usually caused by difficulty swallowing saliva. It can be common in Clients with neurodegenerative disorders such as motor neurone disease, Parkinson's and multiple sclerosis. Refer to the Client's GP, district nurse or specialist nurse for treatment. Specialist help from physiotherapy on positioning and suctioning may be helpful. Speech and language therapists can give advice on safe swallowing techniques.

When should I ask for help?

Mouth problems can cause physical complications and emotional distress. So it's important to involve experts if you're worried, including the following:

- Referral to speech and language therapist should be made if your Client has difficulty with communication or swallowing.
- A dietician can advise if there is concern about food and fluid intake or if there are changes in taste.
- Involve the Client's medical team early if there are signs of infection, bleeding or uncontrolled pain.

Review

This policy will be reviewed every two years, or more frequently if current best practice changes.