ROCHDALE BOROUGH COUNCIL

RIS Healthcare
Excellence In Oral Management

Mouth Cancer FOUNDATION
Awareness and Support

Society of British Dental Nurses

Oral care guide

for care staff

Introduction

This is a convenient quick reference guide which will help you to identify a variety of oral health issues that may arise within a care/nursing home setting, the guide also includes advice on treatments and contact details for relevant professionals.

A good level of oral care is a basic human right for all care home residents, it is vital to remember that cleaning someone's mouth is a necessity not an option.

Poor levels of oral care can affect a resident's general health, wellbeing, nutrition, hydration and quality of life.

We hope you find the contents of this guide useful.

Many thanks.

Public Health and Wellbeing, Rochdale

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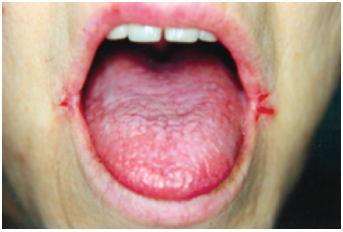
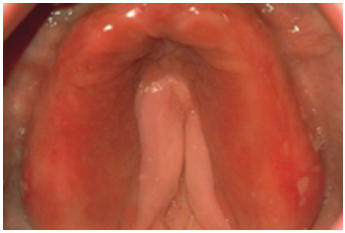
Oral conditions

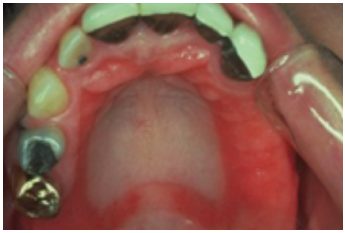


CONDITION: Angular Cheilitis

Cause:	Bacterial, fungal, or bacterial and fungal infection.
Clinical features:	Redness, crusting and bleeding, painful.
Contributing factors:	Fungal infection inside mouth, haematinic deficiencies, diabetes, drooling.
Prevention:	Prevention of intra-oral fungal infections.
Treatment:	Topical antifungal treatment, oral antifungal treatment, topical steroid medication, topical/oral anti-staphylococcal antibiotic, correct haematinic deficiencies. **swab for culture and sensitivity.
Prognosis:	Mild cases respond well, advanced cases may respond poorly.

Oral conditions





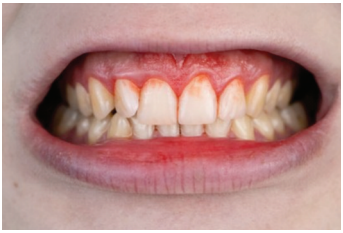
CONDITION: Denture Stomatitis

Cause:	Chronic fungal infection.
Clinical features:	Redness of hard palate beneath fitting surface of denture.
Contributing factors:	Continuous denture wearing, dry mouth, poor denture hygiene, diabetes.
Prevention:	Remove denture at night, clean denture with soap and water.
Treatment:	Antifungal medication, treat denture with topical antifungal treatment, leave dentures out as much as possible, leave dentures out at night.
Prognosis:	Will respond to treatment together with good denture hygiene.

CONDITION: Dry mouth (Xerostomia)

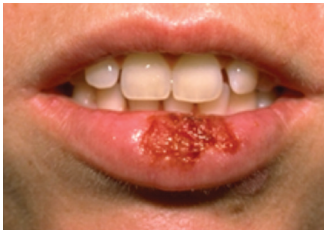
Cause:	Reduced production of saliva.
Clinical features:	Dry, Severe tooth decay, fissured tongue, No saliva pool
Contributing factors:	Medication, head and neck radiotherapy, chemotherapy, diabetes, Sjögren's syndrome.
Prevention:	Difficult if caused by chemotherapy/ radiotherapy.
Treatment:	Artificial saliva sprays and gels, lubricating gels and sprays, high fluoride toothpaste, impeccable oral hygiene.
Prognosis:	Dependant on cause.

Oral conditions



CONDITION: Periodontal Disease (Gum disease /bleeding gums)

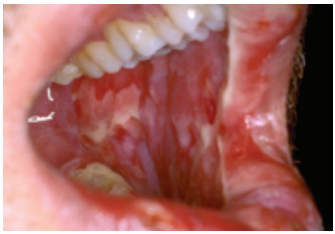
Cause:	Bacteria in the mouth, causing inflammation around teeth. Poor oral hygiene.
Clinical features:	Red and, or swollen gums, bleeding gums, loose teeth, bad breath, bad taste in mouth or pain when eating.
Contributing factors:	Poor oral hygiene, smoking, diabetes, broken teeth or fillings, dry mouth, immune compromised residents, medication and compliance.
Prevention:	Brushing teeth and gums effectively twice daily, if gums bleed continue to brush, in severe cases see advice from a dental team, and regular visits with dentist or hygienist.
Treatment:	As above in prevention section.
Prognosis:	Dependent on response and access to dental treatment, also compliance of resident and carer will determine the outcome.



CONDITION: Herpes Labialis (cold sore)

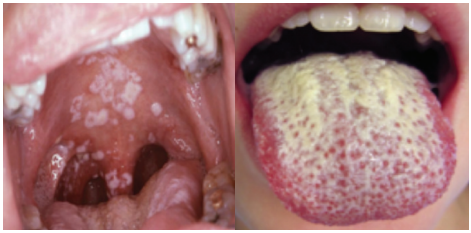
Cause:	Reaction to herpes simplex virus.
Clinical features:	Crusty lesion on lip or inside mouth, often preceded by “prickling sensation”
Contributing factors:	Exposure to sunlight, trauma, systemic upset, weakened immune system for example chemotherapy treatment.
Prevention:	Lip block in the sun.
Treatment:	Topical acyclovir, systemic in severe cases.
Prognosis:	Heals in 7-10 days.

Oral conditions



CONDITION: Oral Mucositis

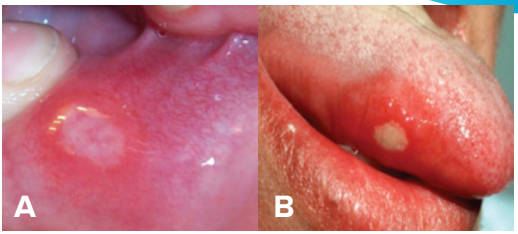
Cause:	Head and neck radiotherapy treatment, chemotherapy treatment.
Clinical features:	Ulceration and sloughing inside mouth, usually present during treatment.
Contributing factors:	Dry mouth, poor oral hygiene, fungal infection.
Prevention:	Good oral hygiene, some prescribed medication.
Treatment:	Good oral hygiene, saline mouthwashes, medication, mouthwashes.
Prognosis:	Resolves 2 weeks after treatment, can have areas in mouth that can take months to heal.



CONDITION: Oral thrush

Cause:	Fungal infection.
Clinical features:	White patches that can be easily removed, Underlying red areas, loss of taste/unpleasant taste, painful burning sensation.
Contributing factors:	Reduced immune defences, diabetes, recent antibiotic or steroid treatment, dry mouth, smoking, chemotherapy and radiotherapy.
Prevention:	Rinse mouth after meals, remove dentures at night and clean with soap and water. Good oral hygiene, rinse mouth after using a corticosteroid inhaler, use spacer.
Treatment:	Antifungal agents – topical or systemic.
Prognosis:	Should respond to treatment with good oral hygiene.

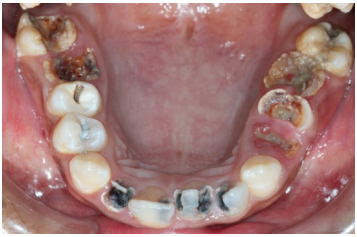
Oral conditions



CONDITION: **A** – Minor aphthous ulcer
B – Major aphthous ulcer

Cause:	Injury for example from ill-fitting dentures changes in hormone levels, before menstrual period, lack of iron, some medications, Crohn's disease, coeliac disease, HIV Infection, Behçet's disease.
Clinical features:	**A – Minor Ulcers** Typical floor of mouth or inside lip 2-4mm Heal in 2 weeks without scarring. **B – Major Ulcers** Typically affect posterior part of mouth and tongue Up to 1cm in diameter Prolonged healing –weeks May scar.
Contributing factors:	Stress, nutritional deficiencies.
Prevention:	Avoid damaging inside of mouth, ensure a balanced diet, good oral hygiene.
Treatment:	Saline mouthwashes, antiseptic mouthwashes, topical steroid preparations.
Prognosis:	Recurrent condition.

If ulcer does not heal after 3 weeks contact doctor or dentist

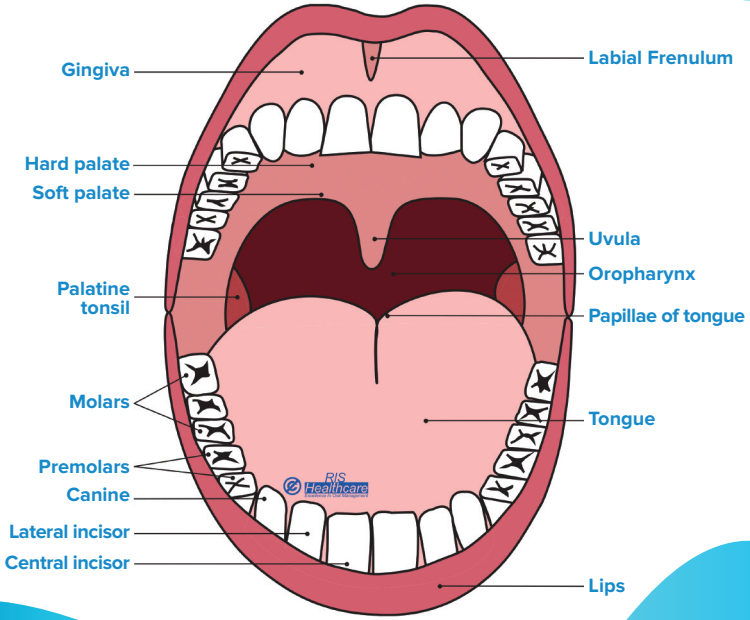


CONDITION: Dental Decay

Cause:	Frequent consumption of sugary food and drink in between meals and before bedtime. Poor oral hygiene.
Clinical features:	Tooth Ache, Pain when eating or drinking, visible holes or pits in teeth, brown/black/grey staining on any tooth surface or visible swellings inside mouth or on face.
Contributing factors:	High cariogenic (sugary) diet, poor oral hygiene, dry mouth, medication, previous cancer treatments and compliance.
Prevention:	Brush your teeth twice a day using a fluoride toothpaste containing a minimum 1450ppm of fluoride, spit out toothpaste after brushing but do not rinse. Reduce the frequency of consumption of sugar-containing foods and drinks, in between meals and before bedtime. Good management of dry mouth symptoms.
Treatment:	Regular visits to a general dental practitioner (Dentist).
Prognosis:	Dependent on response and access to dental treatment.

Watch for any changes to residents behaviour as they may not be able to verbalise pain i.e. changes to eating habits

Mouth Anatomy



Oral Assessment Flowchart

Assess the mouth.
Is the mouth clean and pain free?

- Encourage 12 hourly natural teeth brushing with toothbrush/fluoride toothpaste
- Brush dentures 12 hourly (See denture cleaning guide)
- Remove dentures at night
- Re-assess every 24 hours
- At 'end of life' assess the patient regularly the mouth may need moistening every 30-60 minutes

NO

Is the mouth dry?

Standard mouth care plus apply lubricating gel to mouth and lips every 2-3 hours.

NO

Is the tongue, teeth or mucosa coated?

YES

Swab mouth - is Candida present?

YES

Start anti-fungal treatment
- Keep mouth lubricated
- Change old toothbrush
- Clean dentures 4 hourly
- Treat with anti-fungal therapy

NO

Standard mouth care remembering also to brush tongue.

NO

Is ulceration present?

YES

Standard mouth care policy:

Saline rinses.
Consider topical Analgesics, topical barrier agents, check B12 and Folic Acid. Refer to medical staff if no improvement after 7 days.

NO

Is the mouth painful?

Establish origin of pain e.g. dental pain from teeth, consider referral to Community Dental Team or Emergency Dentist.

Consider systemic pain relief.

Topical analgesics e.g. Diffiam.

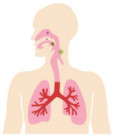
For chemotherapy/radiotherapy patients follow UKOMIC guidelines.

N.B. All medication must be prescribed.

Flowchart author: Emma Riley

Poor standards of oral care can affect our residents general health and wellbeing.

This can contribute to the following medical issues:



Respiratory Infections

Bacteria from periodontal/gum disease can travel through the bloodstream to the lungs where it can aggravate respiratory systems – especially in patients who already have respiratory problems, (COPD, asthma). Also bacteria can be aspirated into lungs from the mouth as we breath.

Heart Disease

Those with chronic gum disease may have increased risk of fatal heart attack. Bacteria from the mouth may cause clotting problems with cardiovasculer disease.

Strokes

High levels of bacteria that causes gum disease in the mouth can lead to clogging of the carotid artery and increased risk of stroke.

Uncontrolled Diabetes

Two-way relationship with diabetes and gum disease. chronic gum disease can disrupt diabetic control. People with type II diabetes are 3 x more likely to develop periodontal disease than non-diabetics.

- **Alzheimer's Disease**
- **Liver Disease**
- **Chronic Kidney Disease**
- **Colon Cancer**

Oral care essentials

How we can help!

On admission:

- A baseline oral care assessment should be completed.
- A person centred oral care plan made.
- The oral care plan be accessible visually to staff member completing patients daily care needs.

Do they have what they need?

- Confirm with the resident/residents family that they have a toothbrush and toothpaste, if not please source from family, if unable to please provide.

Oral care plans and daily documentation:

- An oral care plan should be available to staff members who are completing patients daily personal care needs.
- All forms of oral care delivered should be documented.

Dysphasia and oral care:

- Use a toothpaste that does NOT contain SLS – Sodium Laryl Sulphate.
- Without the SLS toothpaste doesn't foam, reducing the risk of aspiration of toothpaste during oral care delivery.

Always provide regular treatment for a dry mouth, oral moisturising gels/sprays are the key:

- Dry Mouth disturbs your mouth's natural balance and may contribute to discomfort, poor oral health, bad breath and can affect your general health and well-being.
- Dry mouth products help ease the symptoms and effects of dry mouth (xerostomia).

What causes a dry mouth?

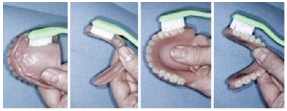
- Diabetes, chemotherapy, head & neck radiotherapy.
- Medication – more than 400+ drugs can Cause a dry mouth.
- Oxygen.
- Mouth Breathing.
- Enteral feeding – PEG/RIG/NG.

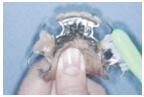
Please scan the QR code to watch a 60 second video of correct application and use of a dry mouth oral gel.

Caring for your residents dentures

Dentures should be cleaned at least twice a day, especially at night.

Dentures should be left out at night until the following morning to rest the mouth.





Plastic (acrylic) & Metal-based (cobalt-chrome) Dentures

- Fill the sink with water.
- Clean dentures over the sink.
- Remove debris by rinsing the denture and brushing with a soft brush and liquid soap or denture toothpaste.
- Try to rinse dentures after every meal.
- Soak dentures daily in Sodium Hypochlorite.
- Soak for: 3 minutes – plastic dentures – 1 minute – dentures with metal parts or with Chlorohexidine Gluconate (e.g. Corsodyl)
- Do NOT use a proprietary denture soaking solution with metal dentures.
- Rinse the denture thoroughly and store dry in a labelled denture storage container.
- Ensure that denture storage container is cleaned daily.
- If dentures are not being worn, store in a sealed plastic bag with a moist gauze napkin to prevent warping, always label storage bag.

How can I avoid damaging dentures whilst cleaning them?

- Always brush dentures over a basin of water to stop it breaking if dropped.
- Avoid stiff brushes and avoid toothpastes designed for natural teeth, these will scratch the denture.
- Avoid using hot water and soaking for longer than the times recommended.
- Never use household bleach.

What do I do differently if the person has oral thrush?

- Make sure the denture is clean (see above).
- Soak once a day, for 20 minutes only, in a solution of hypochlorite, e.g. Milton (diluted according to the manufacturer's instructions for cleaning a baby's bottle) or Dentural.

Useful links:

The British Society of Gerodontology
www.gerodontology.com

Oral Health Foundation
www.dentalhealth.org

Mouth Cancer Foundation
www.mouthcancerfoundation.org

Delivering better oral health: an evidence-based toolkit for prevention
https://www.gov.uk/government/publications/delivering-better-oral-health-an-evidence-based-toolkit-for-prevention

Mouth Care Matters
www.mouthcarematters.hee.nhs.uk

British Society of Periodontology and Implant Dentistry
www.bsperio.org.uk

Age UK
https://www.ageuk.org.uk/information-advice/health-wellbeing/health-services/dental-services-for-older-people/

Alzheimer's Society
www.alzheimers.org.uk/get-support/daily-living/dental-care

To find an NHS dentist Visit:
www.nhs.uk/service-search/find-a-dentist

You Tube: How to Help a Person Living with Dementia Brush their Teeth - with Teepa Snow
https://www.youtube.com/watch?v=6gLrH8mioCw

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