

GUIDANCE

Subject	Oral Care CG002
Applicable to	Care Service Staff
Date issued	July 2024
Next review date	July 2027
Lead responsible	Director of Care
Guidance reviewed by	Head of Community Services
Notified to	Policy Working Group 11 June 2024
Authorised by	Senior Leadership Team July 2024
CQC Standard	Effective, Caring, Responsive
Links to Policies/Procedures	Personal Hygiene and the use of PPE SOP001 Mental Capacity Act Policy CS007
Summary	This guidance provides staff with best practice information on the oral care of patients.
Target Audience	Care Services Staff

IMPORTANT NOTICE

Staff should refer to the Hospice website for the most up to date policy. If the review date of this document has passed it is still valid for 3 months. After that staff should seek advice from their clinical lead or manager.

1. Introduction

Patients receiving palliative care – oral care

It is important to understand the patient's diagnosis and current problems. This also includes their nutritional status and whether their fluid intake is adequate and can they carry out routine oral care.

Common oral problems in palliative care include:

- dry mouth
- painful mouth
- halitosis (bad breath)
- alteration of taste
- excessive salivation.

These may result from poor oral intake, drug treatments, local irradiation, oral tumours, thrush or chemotherapy.

Oral symptoms can significantly affect the person's quality of life, causing eating, drinking, and communication problems, oral discomfort and pain.

2. Assessment and Care

Assessing a person with oral symptoms (Appendix 1)

- Ask about dry mouth, oral pain, alteration in taste, excessive salivation, bad breath, difficulty chewing, difficulty speaking, dysphagia, and bleeding.
- Whilst wearing gloves, examine the oral cavity, using a pen torch or the flashlight on your phone, for signs of dehydration, level of oral hygiene, ulceration and vesicles, erythema or white patches, local tumour, bleeding, and infection.
- Be particularly alert if the person has any [risk factors](#) for oral problems or is using medication that may cause a [dry mouth](#).

Advice and prevention

Advice should be offered on measures to prevent oral problems, including:

	<ul style="list-style-type: none"> • Regular tooth brushing, rinsing the mouth with warm water or chlorhexidine mouthwash, or removing dentures at night. • Support can be offered to the patient in helping them to carry out their oral care, cleaning their teeth or dentures. • A soft children’s toothbrush can be used if the mouth or gums are sore. • Smoking cessation and reducing alcohol intake.
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<p>3.</p>	<p>Managing Oral Problems</p> <p>The following management strategies should be considered, depending on the underlying cause of oral problems:</p> <ul style="list-style-type: none"> • Simple saliva stimulatory measures to treat dry mouth, such as cold unsweetened drinks, ice cubes, applying ring petroleum jelly to the lips, chewing on sugar-free gum or sweets • Topical saliva stimulants or substitutes for refractory dry mouth • Topical non-opioid analgesia for mild to moderate oral pain and combined topical and systemic analgesia for severe oral pain • Topical corticosteroids for aphthous ulcers; topical or oral acyclovir for oral herpes simplex infection. <p>When to seek specialist advice</p> <p>Referral should be considered, or a specialist contacted for advice if there is:</p> <ul style="list-style-type: none"> • Concern about oral intake and nutrition • Refractory oral pain. • Severe mucositis • Suspected neutropenic ulcers • Severe, persistent, or bleeding oral ulceration • Severe or persistent <i>Candida</i> infection • Severe oral herpes simplex infection. • Prolonged taste disturbance (dietitian may help) • Communication problems or excessive salivation (speech and language therapist may help).
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	<p>When managing oral care in a person at the end of life, mouth care should be provided as often as necessary to maintain a clean mouth:</p> <ul style="list-style-type: none"> • The mouth can be moistened every 30 minutes to an hour with water from a water spray, dropper, ice chips, or Moutheze cleanser • Petroleum jelly on the lips may help to prevent lip cracking • A room humidifier or air conditioning can be used if needed <p>Pain should be managed symptomatically, using analgesics via a suitable route. (1.)</p>
<p>4.</p>	<p>Daily Oral Care Routines</p> <p>This should include, as appropriate:</p> <ul style="list-style-type: none"> • Brushing natural teeth at least twice a day with fluoride toothpaste • Using the patient’s choice of cleaning products for dentures • Using their choice of toothbrush, either manual or electric/battery powered daily • Use of mouth care products prescribed by dental clinicians e.g., a prescribed mouth rinse (refer to the medications management policy) <p>Daily use of any over-the-counter products preferred by the patient if possible, such as particular mouth rinses or toothpastes, the use of sugar-free gum</p>
<p>5.</p>	<p>Care of Dentures</p> <p>Patients should be encouraged to wear their dentures throughout the day and to remove them at night. If they chose not to remove their dentures at night this will be recorded in their care plan.</p> <p>Ideally the patient’s dentures will be removed and rinsed after every meal. At least once a day their denture will be removed and will be cleaned using a denture brush or soft toothbrush with toothpaste. Patients without any natural</p>

	<p>teeth can have their gums cleaned and food debris removed with a soft toothbrush whilst the denture is removed.</p> <p>When dentures are removed, they will be stored dry in a pot after brushing and will be rinsed before being put back in the patient's mouth.</p> <p>Staff should recognise and respond to changes in a patient's mouth care needs.</p> <p>If a patient has any of the following signs or symptoms, they should be encouraged to refer to a dentist:</p> <ul style="list-style-type: none"> • Bleeding, red, swollen or tender gums • Toothache • Changes in the way teeth fit together • Changes or discomfort in the fit of dentures or partials • Very bad breath (which may be a sign of infection) • Loss of taste • Loose, broken or chipped teeth. <p>Routinely check the state of the patient's oral health when they experience weight loss that cannot be explained through ill-health or other ongoing conditions. This should be carried out by a suitably qualified dental professional and should include an assessment of the fit of dentures.</p> <p>Staff will support whatever treatment regime is recommended by the dentist and clearly document actions in their care plan. For patients unable to travel to a dentist then a community dental service is available.</p>
<p>6.</p>	<p>Promotion of Dental Health Services</p> <p>Wellbeing and Care Coordination will gather local information and work in collaboration with local general dental services and emergency or out-of-hours</p>

	<p>dental treatment community dental services. This information should be provided to patients in an accessible format so they can make an informed choice.</p> <p>It is important that patients see a dental team regularly for check-ups and preventive care, even when no teeth are present. The dentist will be able to advise how frequently check-up appointments are required.</p>
<p>7.</p>	<p>Refusal of Oral Health Care</p> <p>Where a patient refuses oral healthcare support or does not want to register with a dentist, their choices will be respected. Where the person is suspected to lack capacity, the requirements of the Mental Capacity Act 2005 will be applied, and a best interest's decision made about their oral healthcare in collaboration with their relatives, carers and representatives.</p>
<p>8.</p>	<p>Glossary</p> <p>Dysphagia Difficulty in swallowing, usually caused by nerve or muscle problems. It can be painful.</p> <p>Erythema Redness of the skin due to capillary dilation. A common but non-specific sign of skin irritation, injury or inflammation.</p> <p>Halitosis An oral health problem resulting in bad breath, it is important to find the cause of the problem</p> <p>Mucositis Is the painful inflammation and ulceration of the mucous membranes lining the digestive tract, usually as an adverse effect of chemotherapy and radiotherapy treatment for cancer.</p> <p>Neutropenic ulcers Neutropenia is condition where you have a low number of white blood cells called neutrophils in your blood. When you have low levels of neutrophils in your</p>

	<p>blood, your immune system is weakened, making it harder for your body to fight infection. This is called neutropenia or being neutropenic. Patients with neutropenia can have painful oral ulcers which are characterized by regular margins with a yellow/white membrane.</p> <p>Refractory oral pain</p> <p>Pain that persists through normal rounds of treatment, similar to chronic but it is relentless and can go on for months.</p> <p>Salivation</p> <p>Excessive secretion of saliva often accompanied by soreness of the mouth and gums.</p> <p>Vesicles</p> <p>Small blisters full of clear fluid.</p>
<p>9.</p>	<p>References</p> <ol style="list-style-type: none">1. NICE December 20222. Health Education England Mouthcare Matters (Appendix 1 adapted from HEE Mouthcare Assessment and Recording form)

Mouthcare Assessment & Record

Patient Name							
Has the patient got:	Yes	No	Level of Support				
Toothbrush- Manual	<input type="radio"/>	<input type="radio"/>	Patient is fully dependent on others for mouthcare <input type="radio"/>				
Electric	<input type="radio"/>	<input type="radio"/>	Some assistance required e.g. unable to get to sink <input type="radio"/>				
Toothpaste	<input type="radio"/>	<input type="radio"/>	Patient is fully independent and can walk to sink <input type="radio"/>				
Upper denture- Full	<input type="radio"/>	<input type="radio"/>					
Partial	<input type="radio"/>	<input type="radio"/>					
Lower denture- Full	<input type="radio"/>	<input type="radio"/>					
Partial	<input type="radio"/>	<input type="radio"/>					
Patients with NO TEETH, NIL by MOUTH, DYSPHAGIA or at END of LIFE still require REGULAR MOUTH CARE							
Does the patient have any pain or discomfort in the mouth? Yes <input type="checkbox"/> No <input type="checkbox"/>							
Why?.....							
Look in patient's mouth with a LIGHT SOURCE . Carry out WEEKLY assessment. Mark as L, M, H in the white box under today's date and sign.				Date	Date	Date	Date
	Low Risk (L)	Medium Risk (M)	High Risk (H)				
1.Lips	<ul style="list-style-type: none"> Pink & moist 	<ul style="list-style-type: none"> Dry/cracked Difficulty opening mouth 	<ul style="list-style-type: none"> Swollen Ulcerated 				
Action	None	Dry mouth care	Refer to Doctor				
2.Tongue	<ul style="list-style-type: none"> Pink & moist 	<ul style="list-style-type: none"> Dry/fissured/shiny Coated tongue Secretions on tongue 	<ul style="list-style-type: none"> Looks abnormal White coating Very sore/ulcerated 				
Action	None	Dry mouth care, brush tongue	Refer to Doctor				
3.Teeth/gums Advise the patient to visit dentist if problem with teeth not requiring urgent treatment	<ul style="list-style-type: none"> Clean No broken / loose teeth 	<ul style="list-style-type: none"> Unclean Broken teeth (no pain) Bleeding/inflamed gums 	<ul style="list-style-type: none"> Severe pain Facial swelling 				
Action	2x daily toothbrushing	2x daily toothbrushing & clean the mouth	Refer to Doctor				
4.Cheeks/palate/under tongue An ulcer present for more than 2 weeks must be referred to medics	<ul style="list-style-type: none"> Clean Saliva present Looks healthy 	<ul style="list-style-type: none"> Mouth dry Sticky secretions Food debris Ulcer<10 days 	<ul style="list-style-type: none"> Very dry/painful Ulcer>10 days Widespread ulceration Looks abnormal 				
Action	None	Clean the mouth/dry mouth care/ulcer care	Refer to Doctor				
5.Dentures Advise the patient to visit their dentist if denture is loose	<ul style="list-style-type: none"> Clean Comfortable 	<ul style="list-style-type: none"> Unclean Loose Patient will not remove 	<ul style="list-style-type: none"> Lost Broken and unable to wear 				
Action	Clean daily	Denture cleaning, fixative, encourage daily removal to allow mouth to breathe					
Dry mouth care Frequent sips of water unless nil by mouth Moisturise dry mouth gel onto the tongue, cheeks and palate. Hydrate with a moist toothbrush. Apply lip balm to dry lips Keep mouth clean		Ulcer care Rinse mouth with saline Anti-inflammatory spray-discuss with doctor ULCER PRESENT FOR MORE THAN 2 WEEKS REFER TO DOCTOR		Denture care Brush dentures with toothpaste. Advise the patient to leave denture out at night in a denture pot with a lid. If patient has oral thrush soak in chlorohexidine (0.2%) mouthwash for 15 minutes twice a day, rinse thoroughly and encourage the patient to leave the denture out while the mouth heals			

