

Mouth care

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Oral care is one of the most fundamental aspects of nursing care (DoH, 2010, NMC, 2015). Poor oral hygiene impacts upon the health, comfort and well-being of patients in hospital and in the community. Poor oral care can lead to stomatitis (inflammation of the mucous membranes of the mouth), dry mouth (xerostomia), halitosis and dental caries. Patients with these problems may find it painful to chew, swallow or taste their food. They may also be unable to communicate effectively, which may contribute to low self-confidence and self-esteem (Dougherty & Lister, 2015).

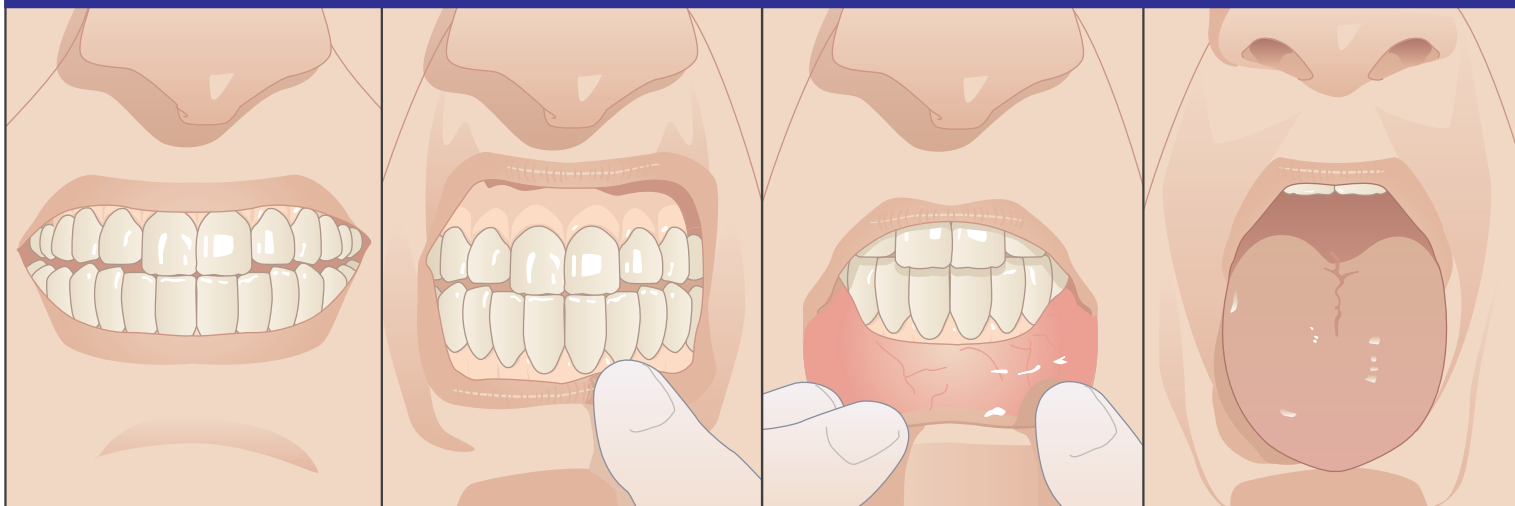
Advances in oral health care in the last decade have resulted in people retaining their teeth into older age but not necessarily caring for them. Smoking, alcohol, osteoporosis, diabetes, malnourishment and medication may contribute to poor dental and oral health (van der Putten, 2014). Inadequate mouth care can lead to local infection, and is also associated with cardiovascular risk and respiratory disease (Daly & Smith, 2015).

Other factors which may result in poor oral hygiene include impaired physical and cognitive function, such as following a cerebral vascular accident or a stroke (Horne *et al.*, 2014), dementia (Best & Hitchings, 2015) and learning disability (Bernal, 2005). Always seek consent before carrying out mouth care (NMC, 2015; DoH, 2010) and be alert to the risk of injury as a result of a bite, particularly if the patient is confused or uncooperative. Support may be required from relatives, carers or friends, with the patient's permission. For those unable to understand the implications of refusing oral care, it may be helpful to refer to the Mental Capacity Act (2005).

Other important patient groups who need assistance with mouth care include those who are dying, as these patients commonly experience dry mouth and thirst regardless of whether they are well hydrated. Therefore, in palliative care, it is important to carry out mouth care as often as necessary to maintain a clean mouth in both conscious and unconscious patients (NICE, 2015). Other patients at risk of mouth problems include those receiving chemotherapy, steroids or other immunosuppressants and those taking antibiotics (Greenstein & Gould, 2009).

This procedure provides guidance on mouth care for patients who may need support to carry out effective mouth care due to their physical or cognitive impairment. The procedure described here is not appropriate for those who are unconscious or who have recently had oral surgery; in these cases, refer to local policy.

Assessment



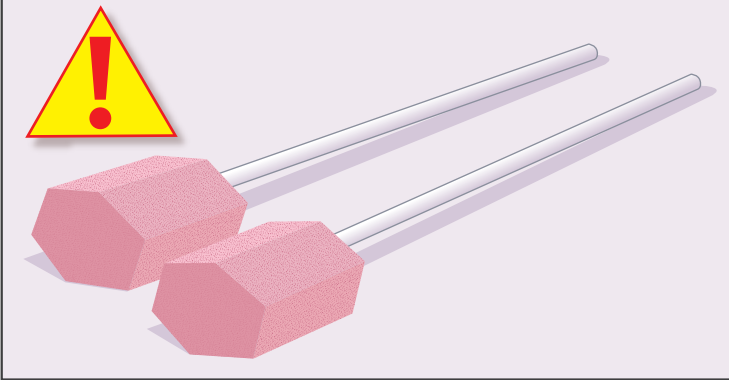
It is important to assess the condition of a patient's mouth with an assessment tool at least daily or more often, according to need, if the patient is unable to carry out appropriate mouth care independently (Huskinson & Lloyd, 2009; Bissett & Preshaw, 2011). Before beginning the assessment, explain the procedure to the patient so that he or she understands why it is important and will assist. Wash your hands and put on gloves before you start. Consider the four key questions: Is infection present? Is the mouth dry? Is the mouth dirty, with halitosis? Is the mouth painful?

Examine the lips, teeth, tongue, gums and mucosa (and dentures, where appropriate). In light-skinned people, the mucosa should be pink and glistening; in dark-skinned people, it should be deep red. Cracked lips (cheilitis) are associated with vitamin B6 deficiency and should be noted (Katz *et al.*, 2008). Look for inflammation of mucous membranes; mouth sores or ulcers (inside and outside the mouth); and furred tongue. Ask the patient about dental pain, dry mouth and sensitive teeth. Note whether there is drooling or difficulty in eating or drinking (Dougherty & Lister, 2015). In intensive care environments, there is evidence that focussed use of an oral assessment guide, together with an oral care programme using a combination of 12-hourly teeth-brushing and 6-hourly use of chlorhexidine can significantly reduce the incidence of ventilator-associated pneumonia in critically ill patients (Fields, 2008; Liao *et al.*, 2014). Such evidence is routinely incorporated into ventilator care bundles.

Do not undertake or attempt any procedure unless you are, or have supervision from, a properly trained, experienced and competent person. Always first explain the procedure to the patient and obtain his/her consent, in line with the policies of your employer or educational institution

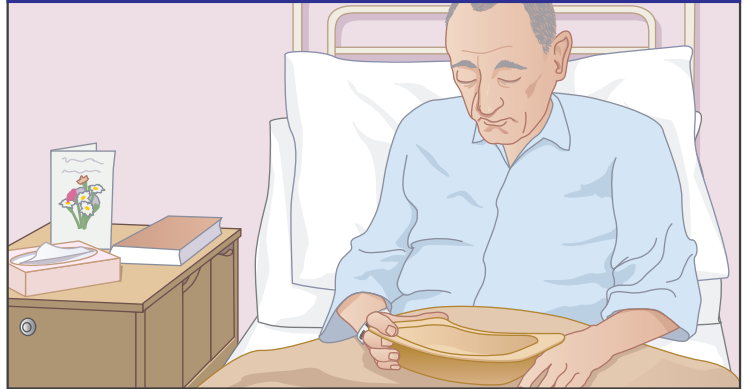
Mouth care Page 2

Sponge sticks



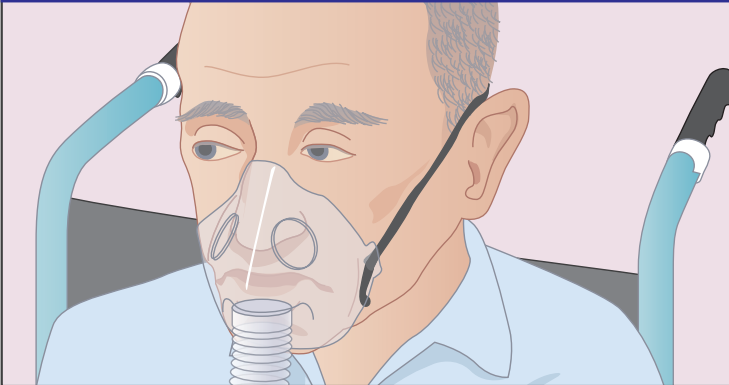
Sponge sticks should not be used to clean the patient's teeth or gums as they do not remove debris. They should only be used to moisten a patient's mouth and should be used with care (MHRA, 2012). If using a sponge stick to moisten a patient's mouth, follow the manufacturer's instructions, which advise against soaking them in fluid, and check that the head is securely attached (MHRA, 2012). Follow local policy as some organisations have banned their use.

Consider nutrient intake



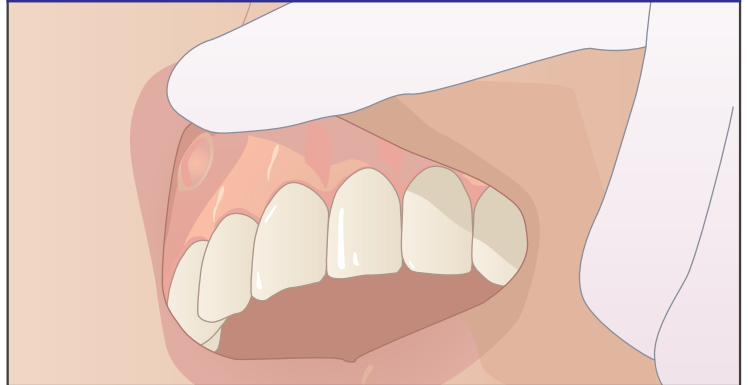
Carefully observe and assess patients who are nil by mouth, or who have restricted dietary or fluid intake as they will not produce as much saliva as usual. Saliva contains enzymes which prevent infection (Marieb & Hoehn, 2013). A dry mouth can therefore put the patient at risk of dental caries and periodontitis (Dougherty & Lister, 2015).

Impact of oxygen therapy



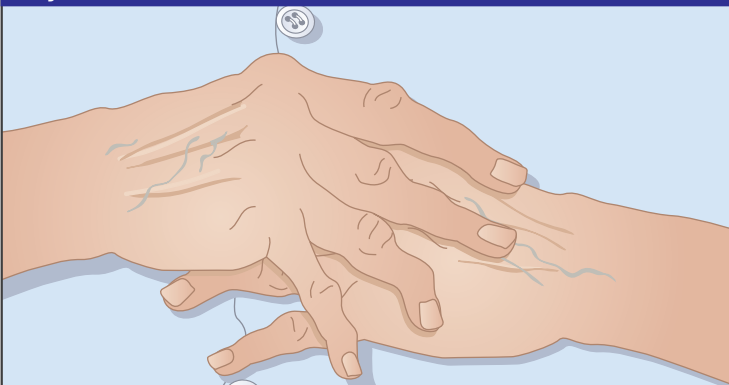
Oxygen therapy can dry the oral mucosa if high flows are used, especially if used for longer than one hour, so ask patients if their mouth feels dry or uncomfortable. The need for humidification of oxygen should be assessed, as humidification will contribute to keeping the mouth, lips and tongue moist (Macintosh & Moore, 2011). The use of a water-soluble lubricant such as KY jelly is recommended for keeping lips moist in patients receiving oxygen, rather than petroleum-based products such as soft paraffin ointment (NICE, 2010).

Side-effects of medication



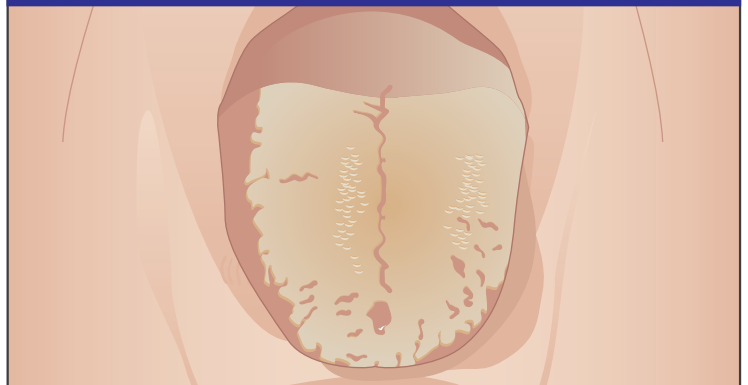
Some drugs and treatments (e.g. radiotherapy and chemotherapy) can cause painful inflammation of the oral mucosa (mucositis) (Dauncey, 2012). Antibiotics can cause candidiasis ("thrush"), which produces white and red patches on the tongue. These conditions can slow recovery and may progress to more serious infection in immunocompromised patients. *Candida albicans* is treated with nystatin mouthwash or amphotericin B lozenges (Greenstein & Gould, 2009).

Physical factors



Patients who have impaired physical and/or cognitive function may find it difficult to maintain effective mouth care. Food and tablets can become lodged between teeth or under partial dentures, so these patients will need help several times a day in order to remove debris and maintain their oral hygiene (Daly & Smith, 2015).

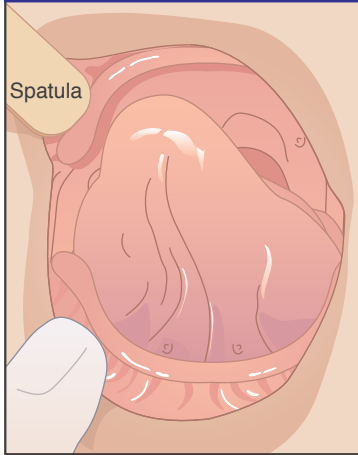
Other factors



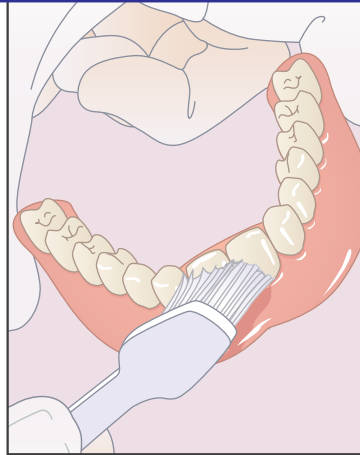
Dehydration, some medicines, infection of the oral tract or upper respiratory tract, and smoking can all result in a "furred" tongue which can inhibit eating, appetite and speech. Eating encourages the production of saliva and therefore keeps the mouth clean. It is important to encourage mouth care in those patients on enteral or parenteral nutrition who are unable to eat normally (Baillie, 2009; Marieb & Hoehn, 2013).

Mouth care Page 3

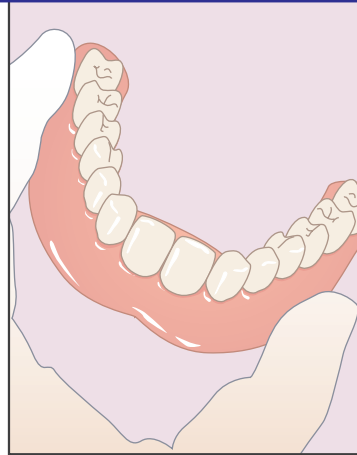
Dentures



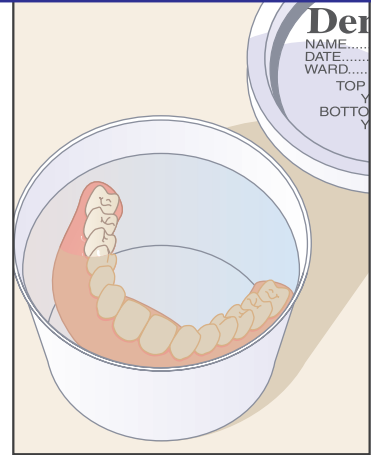
Encourage the patient to remove any dentures, to allow you to make a full assessment of his or her mouth. Observe for signs of poorly fitting dentures such as ulcers or bleeding gums. If the patient has a partial denture, check the remaining teeth.



Clean dentures using a soft toothbrush and either toothpaste or a denture cleaner. Rinse well.

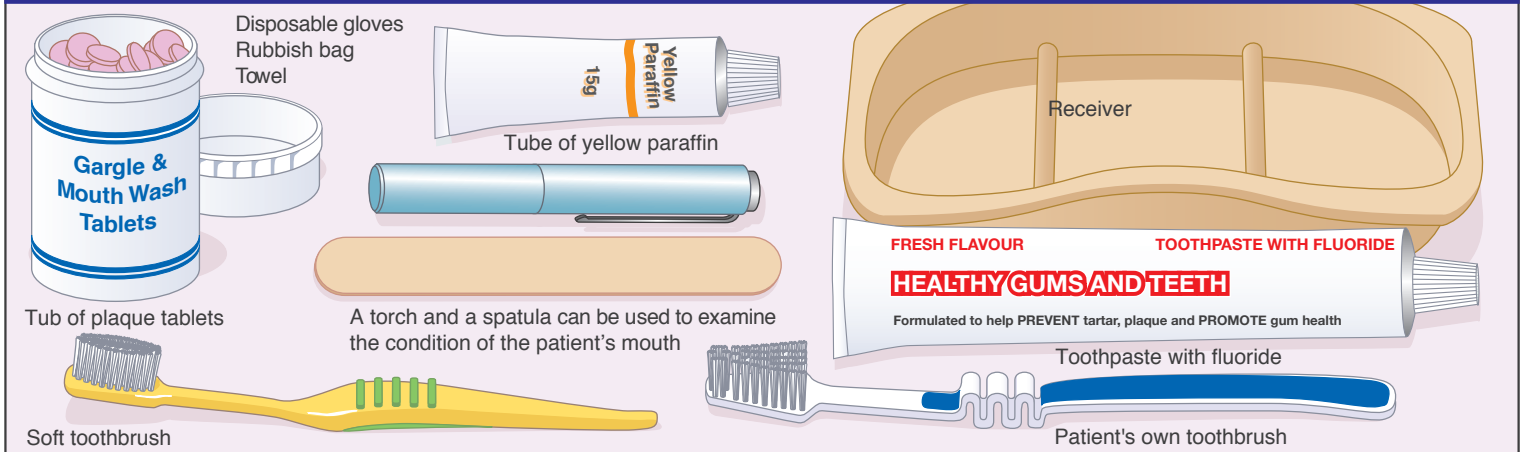


Check the dentures over for cracks and ask the patient if they are a good fit. If necessary, the patient may need to see a dentist.

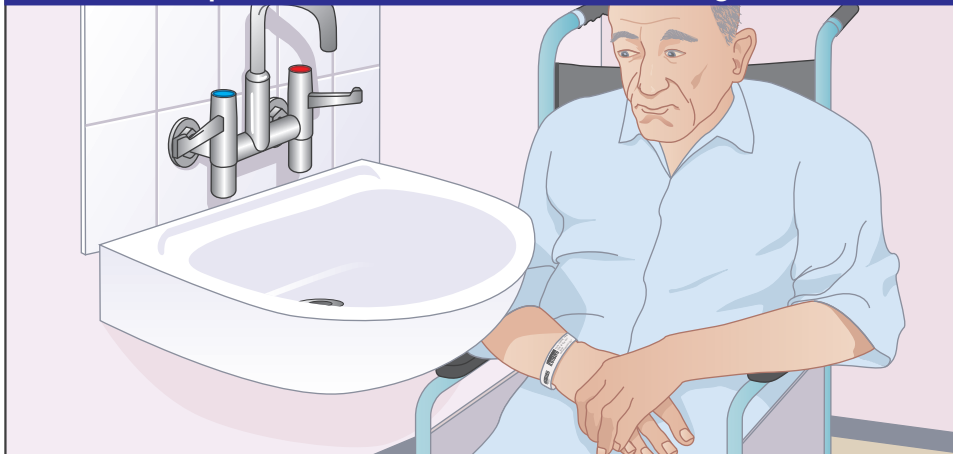


If the patient does not wear dentures all the time, they should be stored in a suitable container with a lid, in cold water or a proprietary cleaner. If the patient has oral candidiasis, soak the dentures in 0.2% chlorhexidine before replacing to prevent reinfection (Nichol, 2012; NICE 2015).

Mouth care for patients with their own teeth: Equipment



Mouth care for patients with their own teeth: Positioning



Explain the procedure to the patient. Gather the equipment you need. Ideally, take the patient to the bathroom or position him or her close to a sink. Ensure privacy and check that the patient is sitting comfortably. Use a towel to protect the patient's clothing (DoH, 2010).

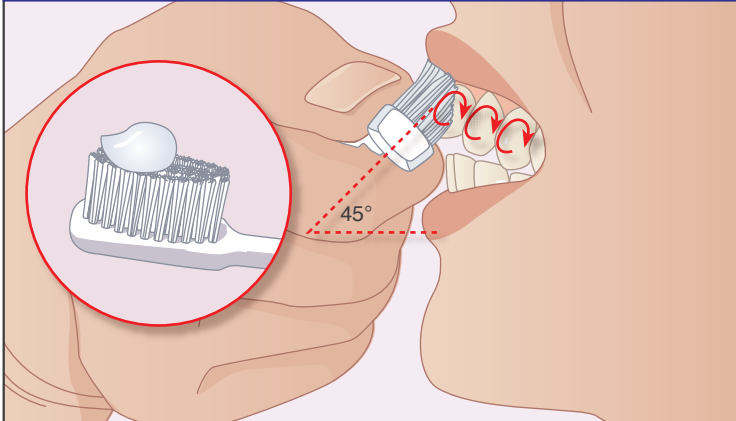
Hand hygiene



Decontaminate your hands by washing with soap and water and drying thoroughly, or use an alcohol-based gel. Put on gloves and a disposable apron.

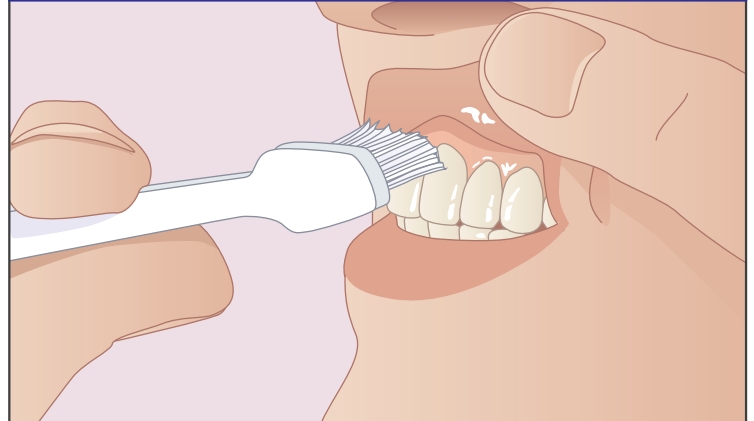
Mouth care Page 4

Using a toothbrush: (a)



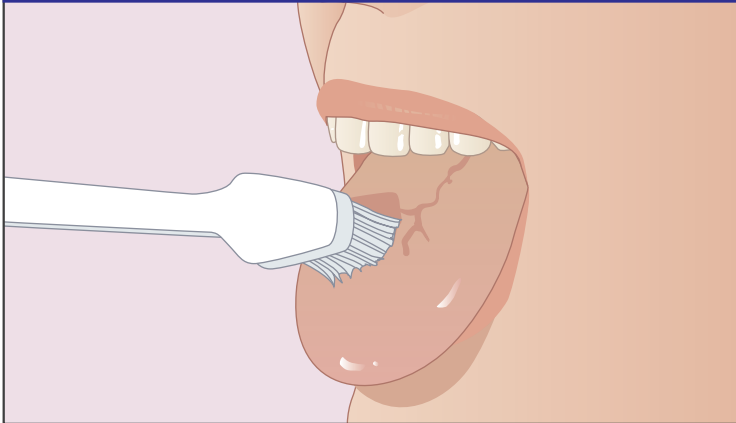
Put a small (pea-sized) amount of toothpaste onto the toothbrush and run under cold water to moisten. Hold the toothbrush at a 45° angle to the teeth and gums. Using small circular movements in order to brush both teeth and gums, clean all surfaces of the teeth, top and bottom. This should take 2 to 3 minutes (Public Health England, 2014).

(b)



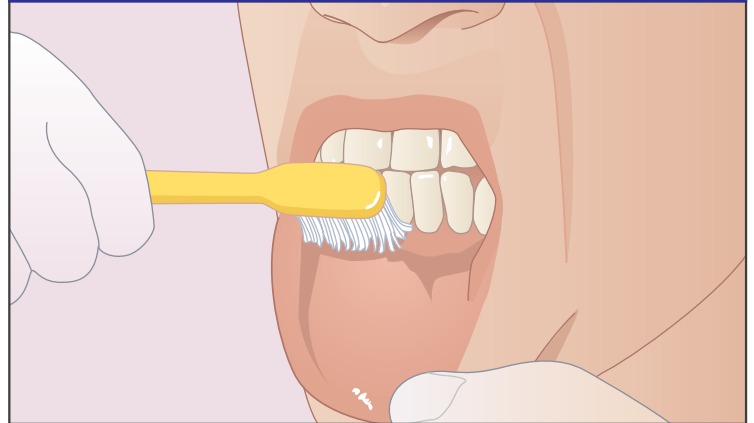
Brushing the patient's gums and tongue helps to dislodge food debris and improves blood circulation. Take notice of whether the patient is uncomfortable and whether the gums bleed (Daly & Smith, 2015).

(c)



Be careful not to brush the posterior aspect of the tongue, as this may cause the patient to gag. Cleaning the tongue is, however, appropriate if the patient can tolerate it (Dougherty & Lister, 2015).

(d)



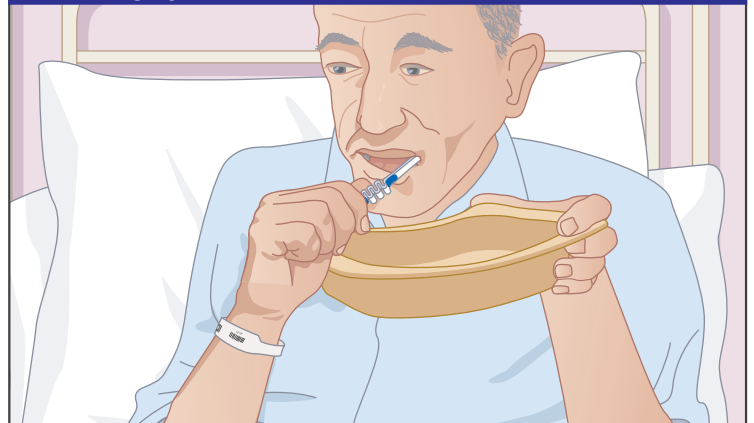
For patients with sore gums, use a soft 'baby' toothbrush. If this is too painful for the patient, encourage him or her to rinse the mouth with warm water or a medicated mouth wash such as 0.2% chlorhexidine or even an anaesthetic mouth wash (these may need to be prescribed) (NICE, 2015).

Benefits of using a powered toothbrush



Evidence shows that brushing teeth with a toothbrush and fluoride toothpaste is more effective at removing dental plaque and debris, and at improving the state of the gingival tissue (gums) than any other tools such as gauze swabs or sponge sticks (NICE, 2015; Dougherty & Lister, 2015). In addition, Yaacob *et al.* (2014) have shown that there are significant benefits from using a powered toothbrush, both in reducing plaque and gingivitis. This type of toothbrush may also be easier for the patient to manage.

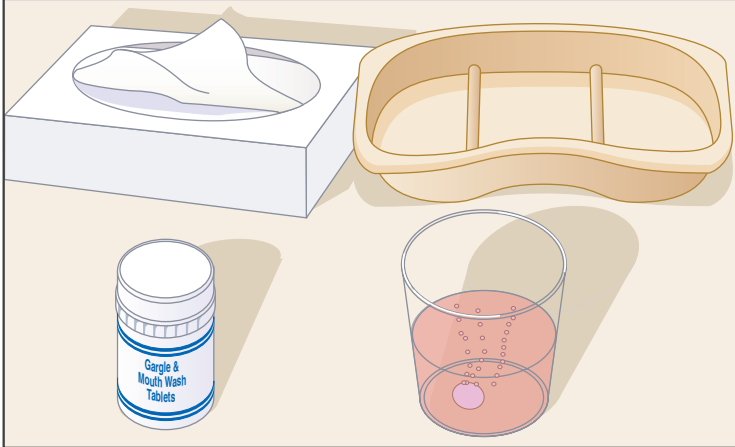
Encourage patients to brush their own teeth



Encourage patients to do as much as possible for themselves

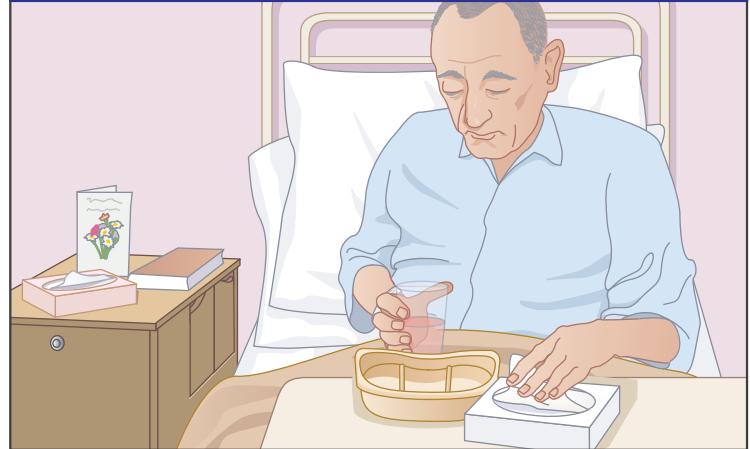
Mouth care Page 5

Mouth cleansers: (a)



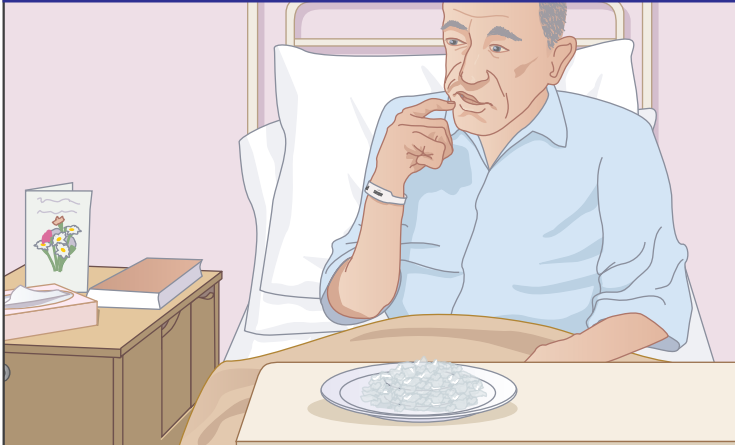
A mouthwash will help to clean and freshen the patient's mouth. Make sure the patient understands that it should not be swallowed. Provide a receptacle for the patient to spit into, and tissues for wiping his or her mouth. Mouthwashes can include simple warm water or medicated cleansers. The latter are usually used on a limited basis.

(b)



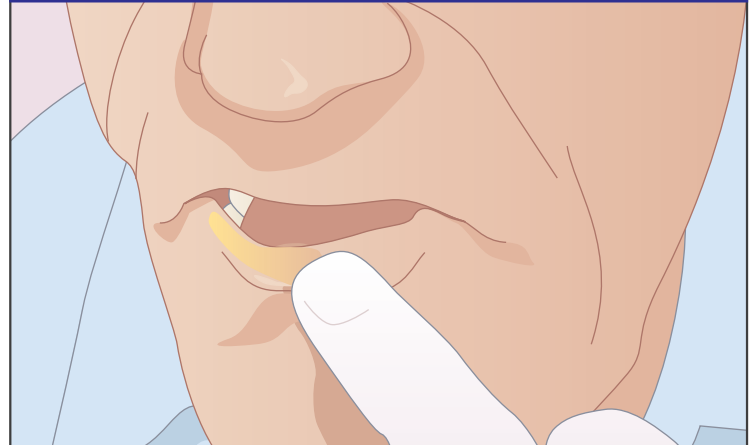
Be careful when using medicated mouth cleansers: make sure that you read the directions for their use and follow them. If medicated mouth cleansers are used inappropriately, they can damage the oral mucosa (Huskinson & Lloyd, 2009). Glycerine and lemon is no longer recommended as a mouth wash as it increases the sensation of a dry mouth (NICE, 2015).

(c)



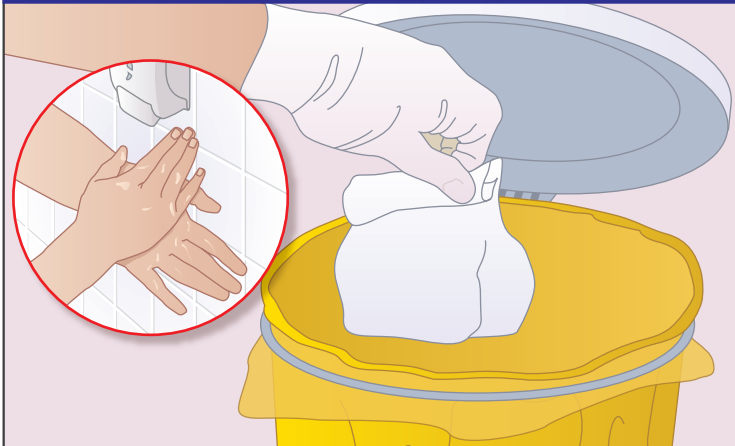
The patient may find it refreshing to suck ice chips; first, however, you will need to carry out a risk assessment to determine if ice chips present a choking hazard for the patient. For patients who can drink, encourage them to do so, in order to remain hydrate (Bissett and Preshaw, 2011).

Lip care



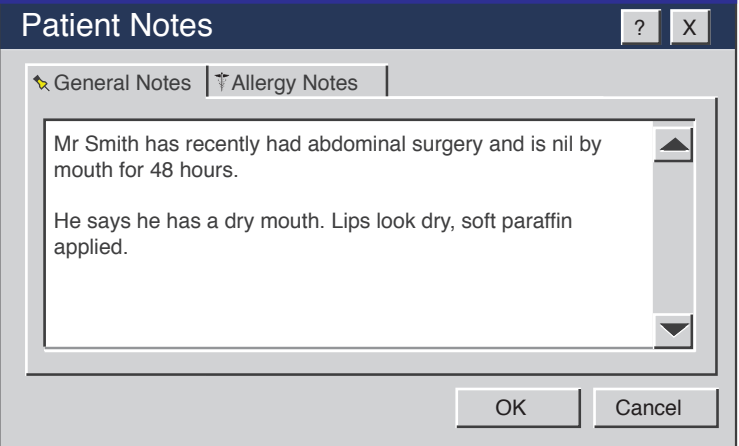
If the patient's lips are dry or cracked offer the patient soft paraffin to apply to his or her lips (do not use paraffin if the patient is having oxygen therapy, see page 2). If the patient is unable to do this independently, use a gloved finger or gauze to apply soft paraffin ointment to the lips. Water-soluble lubricant should be used for patients receiving oxygen therapy (NICE, 2015).

Dispose of equipment



Throw away all disposable equipment, according to local policy. After removing gloves, wash your hands and dry thoroughly according to local policy.

Documentation



Clearly document in the patient's notes your assessment of the patient's mouth-care needs, the plan of care that you have negotiated with the patient, and the results of the care you have delivered (NMC, 2015).