

Better Oral Health in Residential Care

Staff Portfolio

Education and Training Program

Government of South Australia
SA Health

Better Oral Health
in Residential Care

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This resource was developed by the Better Oral Health in Residential Care Project which was funded by the Australian Government Department of Social Services (previously Department of Health and Ageing) under the Encouraging Better Practice in Aged Care (EBPAC) Initiative (2008).

The Better Oral Health in Residential Care Project was led by SA Dental Service in collaboration with:

- Australian Research Centre for Population Oral Health, The University of Adelaide
- Department of Human Services, Victoria
- Centre for Oral Health Strategy, NSW
- Kara Centre for the Aged, Baptist Community Services, NSW
- Kyabram and District Health Service –Sheridan, Victoria
- Umoona Aged Care Aboriginal Corporation, Coober Pedy, South Australia
- Tanunda Lutheran Home, South Australia
- Resthaven –Craigmore, South Australia
- Helping Hand –Parafield Gardens, South Australia

Disclaimer

While every effort was made to ensure the information was accurate and up to date at the time of production, some information may become superseded as future research and new oral hygiene products are developed. In addition, the information in this resource is not intended as a substitute for a health professional's advice in relation to any oral health issues of concern.

ISBN 9780730897910

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Better Oral Health in Residential Care

Staff Portfolio: for nurses and care workers

Education and Training Program

This Better Oral Health in Residential Care Portfolio is dedicated to the life and work of geriatric dentist Dr Jane Margaret Chalmers (1965 – 2008), who passionately and tirelessly strove to improve the oral health status of older people in residential care.

The *Staff Portfolio* is designed to be given to residential aged care staff attending oral health education and training. It is part of a suite of three Better Oral Health in Residential Care Portfolios:

- The *Professional Portfolio* for GPs and RNs
- The *Facilitator Portfolio* for delivery of the Education and Training Program
- The *Staff Portfolio* for nurses and care workers.

The Portfolios were developed by the Better Oral Health in Residential Care Project funded by the Australian Government Department of Social Services under the Encouraging Better Practice in Aged Care (EBPAC) Program. This project was lead by SA Dental Service with the support of Consortium members during 2008-09.

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Module 1

Good Oral Health is Essential for Healthy Ageing

Better Oral Health in Residential Care

Oral diseases and conditions can have social impacts on quality of life, including comfort, eating, pain and appearance, and are related to dentate status... Older adults need to eat and talk comfortably, to feel happy with their appearance, to stay pain free, to maintain self-esteem, and to maintain habits/standards of hygiene and care that they have had throughout their lives.

Chalmers, JM 2003, 'Oral health promotion for our ageing Australian population', Australian Dental Journal; vol. 48, no.1, pp.2-9.

The Facts

More aged care residents have their natural teeth.

Many residents take medications that contribute to dry mouth.

The onset of major oral health problems takes place well before an older person moves into residential aged care.

As residents become frailer and more dependent, they are at high risk of their oral health worsening in a relatively short time if their daily oral hygiene is not maintained adequately.

A simple protective oral health care regimen will maintain good oral health.

Quality of Life

Poor oral health will significantly affect a resident's quality of life in many ways:

- bad breath
- bleeding gums, tooth decay and tooth loss
- appearance, self-esteem and social interactions
- speech and swallowing
- ability to eat, nutritional status and weight loss
- pain and discomfort
- change in behaviour.

Impact on General Health

Oral integrity is as important as skin integrity in protecting the body against infection.

When this defence barrier is broken because of poor oral health, the bacteria in dental plaque can enter airways and the bloodstream. This can cause infection of tissues far away from the mouth and may contribute to:

- aspiration pneumonia
- heart attack
- stroke
- lowered immunity
- poor diabetic control.

Better Oral Health in Residential Care requires a team approach to maintain a resident's oral health care. GPs, RNs, nurses, care workers and dental professionals have responsibility for one or more of the four key processes.

1. Oral Health Assessment

This is performed by the GP or RN on admission and, subsequently, on a regular basis and as the need arises.

2. Oral Health Care Plan

RNs develop an oral care plan which is based on a simple protective oral health care regimen.

3. Daily Oral Hygiene

Nurses and care workers maintain daily oral hygiene according to the oral health care plan.

4. Dental Treatment

Dental referrals for more detailed dental examination and treatment are made on the basis of an oral health assessment. It is recognised frail and dependent residents may be best treated at the residential aged care facility.



Common Oral Health Conditions experienced by Residents

This section examines common oral health conditions experienced by residents. When doing a resident's oral hygiene, nurses and care workers should check daily for signs of the following conditions. Changes should be documented and reported to the RN.

Daily Check, Document and Report to the RN

Lips
- sore corners of mouth (angular cheilitis)

Tongue
- sore tongue (glossitis)
- thrush (candidiasis)

Gums and Tissues
- gum disease (gingivitis)
- severe gum disease (periodontitis)
- oral cancers
- ulcers and sore spots
- sore mouth (stomatitis)

Saliva
- dry mouth (xerostomia)

Natural Teeth
- tooth decay (caries)
- root decay (root caries)
- retained tooth roots

Dentures
- requiring attention
- poorly fitting

Oral Cleanliness
- poor oral hygiene

Lips



Sore Corners of Mouth (Angular Cheilitis)

Bacterial or fungal infection which occurs at the corners of the mouth.

Check for:

- soreness and cracks at corners of the mouth.

Tongue



Sore Tongue (Glossitis)

This is commonly caused by a fungal infection.

It may be a sign of a general health problem.

Check for:

- a reddened, smooth area of tongue
- a tongue which is generally sore and swollen.



Thrush (Candidiasis)

This is a fungal infection of oral tissues.

Check for:

- patches of white film that leave a raw area when wiped away
- red inflamed areas on the tongue.

Gums and Tissues



Gum Disease (Gingivitis)

This is caused by the bacteria in dental plaque accumulating on the gum line at the base of the tooth.

It gets worse and more common with age.

Check for:

- swollen red gums that bleed easily when touched or brushed
- bad breath.



Severe Gum Disease (Periodontitis)

This causes gums and bone that support the teeth to breakdown.

This condition can impact seriously on general health and wellbeing.

Check for:

- receding gums
- exposed roots of teeth
- loose teeth
- tooth sensitivity
- bad breath.



Oral Cancers

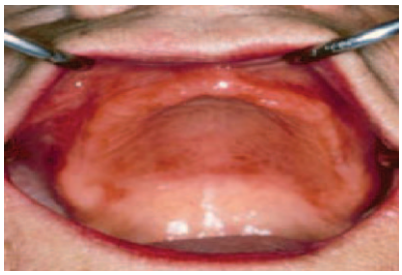
Oral cancer is a major cause of death. People who smoke and drink alcohol heavily are at higher risk.

Check for:

- ulcers that do not heal within 14 days
- a white or red patch or change in the texture of oral tissues
- swelling
- unexplained changes in speech
- difficulty in swallowing.

Gums and Tissues (Continued)





Ulcers & Sore Spots

These are caused by chronic inflammation, a poorly fitting denture or trauma.

Ulcers may be a sign of a general health problem.

Check for:

- sensitive areas of raw tissue caused by rubbing of the denture (particularly under or at the edges of the denture)
- broken denture
- broken teeth
- difficulty eating meals
- changed behaviour.

Sore Mouth (Stomatitis)

Usually, this is caused by a fungal infection.

It is commonly found where oral tissue is covered by a denture.

It may be a sign of a general health problem.

Check for:

- red swollen mouth usually in an area which is covered by a denture.

Saliva



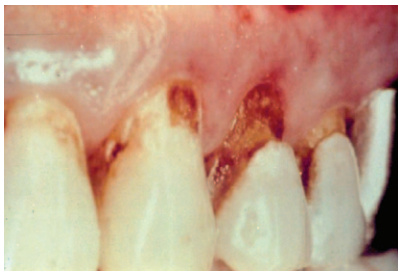
Dry Mouth (Xerostomia)

This can be a very uncomfortable condition caused by medications, radiation and chemotherapy or by medical conditions such as Sjögren's syndrome and Alzheimer's disease.

Check for:

- difficultly with eating and/or speaking
- dry oral tissues
- small amount of saliva in the mouth
- saliva which is thick, stringy or rope-like.

Natural Teeth







Tooth Decay (Caries)

Tooth decay is a diet and oral hygiene related infectious disease which affects the teeth and causes pain.

Check for:

- holes in teeth
- brown or discoloured teeth
- broken teeth
- bad breath
- oral pain and tooth sensitivity
- difficulty eating meals
- changed behaviour.

Root Decay (Root Caries)

Gums recede and the surface of the tooth root is exposed.

Decay can develop very quickly because the tooth root is not as hard as tooth enamel.

Check for:

- tooth sensitivity
- brown discolouration near the gum line
- bad breath
- difficulty eating meals
- changed behaviour.

Retained Roots

The crown of the tooth has broken or decayed away.

Check for:

- broken teeth
- exposed tooth roots
- oral pain
- swelling
- bad breath
- trauma to surrounding tissues from sharp tooth edges
- difficulty eating meals
- changed behaviour.

Dentures







Requiring Attention

The denture is in need of repair or attention.

Check for:

- resident's name on the denture
- chipped or missing teeth on the denture
- chipped or broken acrylic (pink) areas on the denture
- bent or broken metal wires or clips on a partial denture.

Poorly Fitting

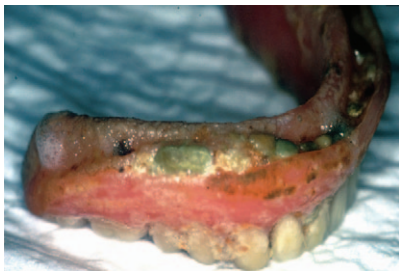
A denture can cause irritation and trauma to gums and oral tissues.

Check for:

- denture belonging to resident
- dentures being a matching set, particularly if the resident has several sets of dentures
- denture movement when the resident is speaking or eating
- resident's refusal to wear the denture
- overgrowth of oral tissue under the denture
- ulcers and sore spots caused by wearing the denture.

Oral Cleanliness







Poor Oral Hygiene

Poor oral hygiene allows the bacteria in dental plaque to produce acids and other substances that damage the teeth, gums and surrounding bone.

Dental plaque begins as an invisible film that sticks to all surfaces of the teeth, including the spaces between the teeth and gums. It forms continuously and must be removed by regular brushing. If dental plaque is not removed, it hardens into calculus (tartar).

Check for:

- build up of dental plaque on teeth, particularly at the gum line
- calculus on teeth, particularly at the gum line
- calculus on denture
- unclean denture
- bleeding gums
- bad breath
- coated tongue
- food left in the mouth.



Oral Health Care and Changed Behaviour

Changed Behaviour

Residents, especially residents suffering dementia, can behave in a way that makes it difficult to provide oral health care. They may display changed behaviour, such as the following:

- fear of being touched
- not opening the mouth
- not understanding or responding to directions
- biting the toothbrush
- grabbing or hitting out.

Oral Health Care

Establish effective verbal and non-verbal communication.

Develop ways to improve access to the resident's mouth.

Develop strategies to manage changed behaviour.

Use oral aids such as a modified toothbrush or mouth prop.

Use modified oral care application techniques as short-term alternatives to brushing.

Seek GP or dental referral to review oral care.

Oral Hygiene Products & Aids



Use a soft toothbrush suitable for bending.

Use a brightly coloured toothbrush.

Use mouth props (but only if trained in their use).

Use modified oral health care application techniques; for example, spray bottle.

Use a chlorhexidine mouthwash (alcohol free and non-teeth staining) as prescribed by the GP or dentist.

Effective Communication



Talk Clearly

Speak clearly and at the resident's pace.

Speak at a normal volume.

Always explain what you are doing.

Use words the resident can understand.

Ask questions that require a yes or no response.

Give one instruction or piece of information at a time.

Use reassuring words and positive feedback.

Use words that impart an emotion; for example, 'lovely' smile or 'sore' mouth.

Observe the resident closely when you are talking with him or her. A lack of response, signs of frustration, anger, disinterest or inappropriate responses can all suggest the communication being used is too complex.

Effective Communication Strategies (continued)







Caring attitude

Firstly, focus on building a good relationship with the resident before you start oral care.

Use a calm, friendly and non-demanding manner.

Smile and give a warm greeting using the resident's given name. Using the given name is more likely to engage the resident.

Allow plenty of time for the resident to respond.

If you cannot remain calm, try again at another time or get assistance.

The Right Environment

Choose the location where the resident is most comfortable. This may be the bedroom where there are familiar things or the bathroom because this is the usual place for oral care.

Maintain regular routines.

Ensure there is good lighting as residents with dementia need higher levels of lighting.

Use a brightly coloured toothbrush so it can be seen easily by the resident.

If possible, turn off competing background noise such as the television or radio.

Body Language

Approach the resident from the diagonal front and at eye level. By standing directly in front you can look big and are more likely to be grabbed or hit.

Touch a neutral place such as the hand or lower arm to get the resident's attention.

Position yourself at eye level and maintain eye contact if culturally appropriate.

Be aware that the personal spaces of residents can vary.

Be consistent in your approach and maintain a positive expression and caring language.

Improve Access to the Mouth





Overcoming Fear of Being Touched

The resident may respond fearfully to intimate contact when the relationship with you has not been established.

Firstly, concentrate on building up a relationship with the resident. Once you have engaged the resident, gently and smoothly stroke the resident's face. The aim is to relax the resident and create a sense of comfort and safety.

This process may need to be staged over time until the resident becomes trusting and ready to accept oral care.

Bridging

Bridging aims to engage the resident's senses, especially sight and touch, and to help the resident understand the task you are trying to do for him or her.

Undertake this method only if the resident is engaged with you.

Describe the toothbrush and show it to the resident.

Mimic brushing your own teeth so the resident sees physical prompts, and smile at the same time.

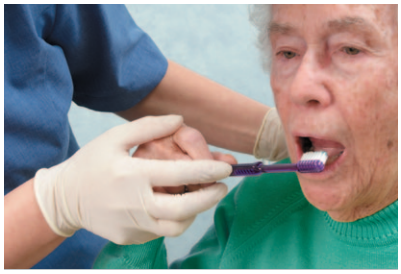
Place a brightly coloured toothbrush in the resident's preferred hand (usually the right hand).

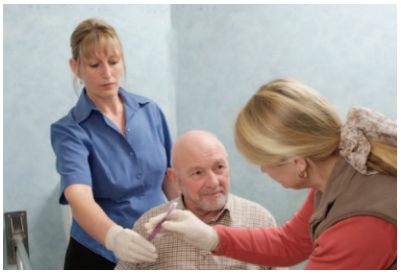
The resident is likely to mirror your behaviour and begin to brush his or her teeth.

Chaining

If the resident does not initiate brushing his or her teeth through bridging, gently bring the resident's hand and toothbrush to his or her mouth, describing the activity and then letting the resident take over and continue.

Improve Access to the Mouth (Continued)





Hand over hand

If chaining does not work, then place your hand over the resident's hand and start brushing the resident's teeth so you are doing it together.

Distraction

If the hand over hand method is not successful, place a toothbrush or a familiar item (such as a towel, cushion or activity board) in the resident's hand while you use the other toothbrush to brush the resident's teeth.

Familiar music may also be useful to distract and relax the resident during oral care.

Rescuing

If your relationship with the resident is not working and attempts at oral care are not going well, then tell the resident that you will leave it for now. Ask for help and have someone else take over the oral care.

Manage Changed Behaviour (First Stage Dementia)

Changed Behaviour

The resident has delusions.

The resident may think:

- you are not who you say you are
- you are trying to hurt or poison him or her
- he or she has cleaned their teeth already

What To Do

Mime what you want the resident to do.

Allow the resident to inspect the items.

Take the resident to another room; for example, move from the bedroom to the bathroom.

Manage Changed Behaviour (Second Stage Dementia)

Changed Behaviour

The resident grabs out at you or grabs your wrist.

What To Do

Pull back and give the resident space.

Ask if the resident is OK.

Offer the resident something to hold and restart oral care.

If grabbing continues, stop the oral care activity and try again later. In the meantime, offer the resident an activity he or she enjoys.

Changed Behaviour

The resident hits out.

What To Do

Think about what may have caused the resident's behaviour.

Was the resident startled?

Did something hurt?

Was the resident trying to help but the message was mixed?

Was the resident saying 'stop'?

Did the resident feel insecure or unsafe?

Changed Behaviour

The resident walks away.

What To Do

Allow the resident to perch rather than sit.

Perching is resting the bottom on a bench or table.

Manage Changed Behaviour (Third Stage Dementia)

Changed Behaviour	What To Do
The resident does not open his or her mouth.	Stimulate the resident's root reflex with your finger by stroking the resident's cheek in the direction of the mouth. Place toothpaste on the top lip to prompt the resident to lick his or her lips.
The resident keeps turning his or her face away.	Reposition yourself. Sit the resident upright. Stimulate the resident's root reflex with your finger by stroking the resident's cheek in the direction of the mouth. The resident's head will turn to the side which is being stroked.
The resident bites the toothbrush.	Stop moving the toothbrush. Ask the resident to release it. Distract the resident with gentle strokes to the head or shoulder, using soothing words.
The resident holds onto the toothbrush and does not let go.	Stroke the resident's forearm in long, gentle rhythmic movements as a distraction and to help relax the resident.
The resident spits.	Ensure you are standing to the side or diagonal front. Place a face washer or paper towel on the resident's chest so you can raise it to catch the spit.

Modified Oral Hygiene Methods





Wipe high fluoride toothpaste onto teeth

Instead of brushing teeth, try wiping a smear of toothpaste along the teeth with a toothbrush or oral swab.

Alternatively, a chlorhexidine gel can be applied the same way.

This does not replace brushing but is a short-term alternative.

Mouth props

Mouth props can be used for residents who clench or bite or who have difficulty opening their mouth. Use mouth props only if you have been trained to do so.

Caution
Never place your fingers between the teeth of a resident.

Modified Oral Hygiene Methods (Continued)





Modified Soft Toothbrush

A backward bent toothbrush can be used to retract the cheek, while another brush is used to brush the resident's teeth.

Use one hand in a 'pistol grip' to support the chin and roll down the lower lip while you insert a backward toothbrush and retract the cheek. Release your grip to hold the backward bent brush and use another toothbrush in your other hand to brush the resident's teeth.

To bend a soft toothbrush handle:

- place the brush in a cup of hot water to soften the plastic
- apply downward pressure on the brush until it bends to a 45 degree angle
- take care as some brands of toothbrush may snap
- clear plastic toothbrushes are the easiest to bend.

Use of a Spray Bottle

If it is difficult to brush or smear high fluoride toothpaste or chlorhexidine gel onto the teeth, a chlorhexidine mouthwash can be sprayed into the mouth.

This does not replace brushing but is a short-term alternative.

The mouthwash should be placed undiluted into a spray bottle. You must follow the residential aged care facility's infection control guidelines for decantering the mouthwash, or have a pharmacist do this for you.

The spray bottle must be labelled with the resident's name and the contents.

Spray four squirts directly into the mouth. Take care not to spray the resident's face.

If appropriate, a backward bent toothbrush can also be used to retract the cheek, so you can gain greater access as you spray the mouth.

Caution
Do not use chlorhexidine and fluoride toothpaste (containing sodium lauryl sulphate) within 2 hours of each other, as the product effectiveness is reduced.

Refusal of Oral Care



Review what you are doing

Are you using the right oral hygiene aids?

Are you approaching with a caring attitude?

Is your language and expression effective?

Is the resident not concentrating or participating because of the environment?

Is it the right room or location for the resident?

Is your approach familiar to the person?

Is the time of the day best for the person, such as morning versus evening?

Ask others, including family, for ideas.

Ask for help.



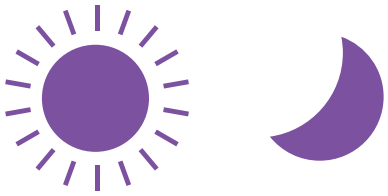
Module 2

Protect your Residents' Oral Health

Six of the Best Ways to Maintain a Healthy Mouth

Protect your Residents' Oral Health

Brush Morning and Night



High Fluoride Toothpaste on Teeth



Soft Toothbrush on Gums, Tongue and Teeth



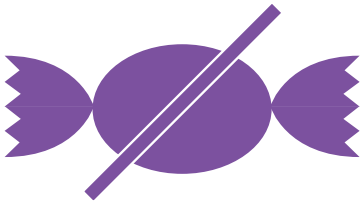
Antibacterial Product After Lunch



Keep the Mouth Moist



Cut Down on Sugar





Care of Natural Teeth

Teeth are mainly made up of minerals including calcium. Bacteria in dental plaque convert sugars into acid, which can dissolve the minerals out of teeth. If the teeth are not cleaned, this can lead to decay (caries) in the teeth and lead to tooth infections and pain. Good oral hygiene is extremely important to help avoid tooth decay. High fluoride toothpaste helps strengthen teeth as well as reverse the effects of the acid produced by the bacteria in dental plaque.

Rationale

Strengthen Teeth

High fluoride toothpaste strengthens teeth.

Encourage the resident to spit and not rinse the mouth after brushing so the fluoride can soak into the teeth.

Brushing

Brushing is the best way to remove dental plaque.

A soft toothbrush is gentle on oral tissues and is more comfortable for the resident.

Brushing before bed is important as bacteria can grow in number by as much as 30 times overnight.

Recommended Oral Health Care

Use high fluoride toothpaste (5000 ppm) morning and night.

Use a soft toothbrush to brush teeth, gums and tongue morning and night.

Encourage the resident to spit and not to rinse the mouth after brushing, so the fluoride can soak into the teeth.

Encourage the resident to drink water after meals, medications, other drinks and snacks to keep the mouth clean.

Oral Hygiene Aids & Products



Use a high fluoride toothpaste (5000 ppm).

Use a soft toothbrush suitable for bending

Standard Precautions



Wash hands before and after oral care.

RN to determine precautions dependent on risk management assessment. Consider:

- Gloves
- Mask
- Eye/facial protection (glasses/face shield)
- Gown

Toothbrush Alternatives







Modified Soft Toothbrush

A soft toothbrush can be bent to give better access to the mouth.

A forward bent toothbrush can be used to brush the inner upper and lower teeth.

A backward bent toothbrush can be used to retract the cheek, while another brush is used to brush the resident's teeth.

Electric Toothbrush

An electric toothbrush may help residents with limited manual dexterity, due to stroke or arthritis for example, to manage brushing by themselves.

Vibration can be a problem for some residents.

Cost and maintenance can be a barrier.

This type of brush is recommended if the resident is currently using one.

Interproximal Brush

This type of brush is ideal for cleaning the larger spaces between teeth, underneath bridges, around crowns and between tooth roots where gum recession has occurred.

The brush can also be used to apply antibacterial gels between the teeth.

Interproximal brushing does not replace normal toothbrushing. The brushing of teeth, gums and tongue must still take place with a soft toothbrush.

Additional Oral Hygiene Aids





Tongue Scraper

This can be used as an alternative when a toothbrush is not able to clean the surface of the tongue sufficiently; for example, when thrush is present.

Hand Grip

This is useful for residents with reduced grip strength.

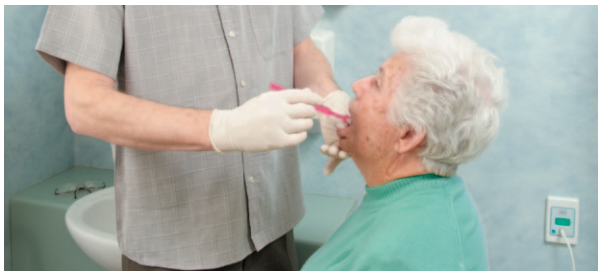
Toothpaste Application

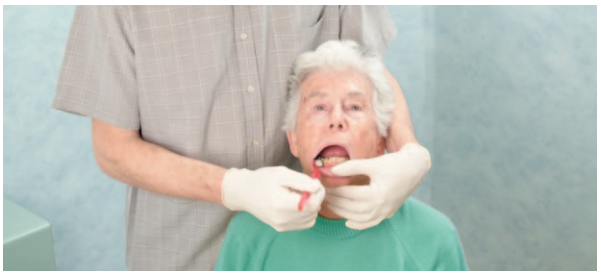


Use high fluoride toothpaste (5000 ppm) morning and night.

Only a small pea-sized amount of toothpaste is required.

Positioning





When the resident requires assistance, try different positions to suit the situation.

Standing in front position

Sit the resident in a chair facing you.

If the resident is in bed you will need to support the resident's head with pillows.

Support the resident's chin with your index finger and thumb, being careful not to place pressure on the resident's throat with your remaining fingers. This is sometimes referred to as a 'pistol grip'.

The thumb holding the chin can be used to roll down and hold the lower lip for better vision and access.

Good eye contact between you and the resident is maintained with this position.

Cuddle Position

Stand behind and to the side of the resident.

Rest the resident's head against the side of your body and arm.

Support the resident's chin with your index finger and thumb, being careful not to place pressure on the resident's throat with your remaining fingers. This is sometimes referred to as a 'pistol grip'.

The thumb holding the chin can be used to roll down and hold the lower lip for better vision and access.

Greater head control is achieved by using this position.

Toothbrushing Technique Lower Teeth







Toothbrushing Technique Upper Teeth







Toothbrushing

Place the toothbrush at a 45 degree angle to the gum line.

Gently brush front, back and chewing surfaces of the teeth and gums in a circular motion. Give particular attention to the gum line.

If some teeth are missing, make sure all surfaces of single teeth are cleaned.

Encourage the resident to spit and not rinse the mouth after brushing, so the fluoride soaks into the teeth.

Bleeding Gums

Report this to the RN as it may be a sign of a general health problem.

Bleeding is usually caused by the build up of dental plaque.

Brushing is the best way to remove the dental plaque and heal the gums.

Continue to brush teeth (with particular attention to the gum line) with a soft toothbrush twice a day. The bleeding should resolve in a week.

Tongue Cleaning



Ask the resident to stick out the tongue.

Scrape the tongue carefully from back to front.

Do not go too far back as it will cause the resident to gag.

Alternative Toothbrushing Techniques



Electric Toothbrush

Turn the brush on and off while it is in the mouth, to limit toothpaste splatter.

Use the vibrating brush to reach all surfaces of the teeth and gums.



Interproximal Brush

Brush into the space between the teeth at the level of the gum and gently move back and forth to remove dental plaque and food.

An interproximal brush can also be used to apply antibacterial product between the teeth.

Toothbrush Care







After Brushing

Thoroughly rinse the toothbrush under running water.

Tap the toothbrush on the sink to remove excess water.

Store the toothbrush uncovered in a dry place.

Replace the toothbrush with a new one when:

- bristles become shaggy
- with the change of seasons (every three months)
- following a resident's illness such as a 'bad cold'.

When a resident is being treated for a fungal infection (such as thrush), replace the toothbrush when the treatment starts and again when the treatment finishes.

If a toothbrush grip is used, remove the grip and wash and dry the toothbrush handle and grip after each use.

Refusal of Oral Care

Refer to Module 1 for more information on how to manage oral care and changed behaviour.

Check Daily, Document and Report to RN

- Lip blisters/sores/cracks
- Tongue for any coating/change in colour
- Sore mouth/gums/teeth
- Swelling of face or localised swelling
- Mouth ulcer
- Bleeding gums
- Sore teeth
- Broken or loose teeth
- Difficulty eating meals
- Excessive food left in mouth
- Bad breath
- Refusal of oral care



Care of Dentures

Many problems can occur in residents with dentures. If dentures are not removed, allowing for the tissues to rest, infections such as thrush, or denture sore mouth can develop. Poorly fitting dentures can also lead to soreness or cracking at the corners of the mouth. Over time, dentures can wear out and the shape of the gums and jaws can change. Because of this, dentures may need to be relined or re-made to cater for these changes. Reduced saliva flow can also affect the ability to wear dentures comfortably.

Protective Oral Hygiene

Residents who wear dentures are at high risk of developing fungal infections (such as thrush).

Dentures must be taken out and brushed to remove dental plaque.

Gums and tongue should be brushed to remove dental plaque.

Gum tissue needs time to rest from wearing dentures.

Recommended Oral Health Care

Label dentures with the resident's name.

Brush dentures with a denture brush morning and night, using a mild soap.

Rinse dentures well under running water.

Brush gums and tongue with a soft toothbrush morning and night.

Take dentures out of the mouth overnight, clean and soak in cold water.

Disinfect dentures once a week.

Encourage the resident to drink water after meals, medications, other drinks and snacks to keep the mouth clean.

Oral Hygiene Aids & Products



Use a soft toothbrush suitable for bending to brush gums, tongue and partial dentures.

Use a denture brush for full dentures.

Use mild soap (liquid or foam) for cleaning dentures – handwashing soap as supplied by the residential aged care facility should be suitable.

Provide a denture storage container (disposable or non-disposable).

Use a denture disinfection product (suitable for full or partial denture or both).

Soak dentures in white vinegar for calculus removal (not suitable for partial dentures).

Use a denture adhesive (if required).

Provide a denture labelling kit (if required).

Standard Precautions



Wash hands before and after oral care.

RN to determine precautions dependent on risk management assessment. Consider:

- Gloves
- Eye/facial protection (glasses/face shield)
- Gown
- Mask

Denture Care





Label Dentures

Dentures must be labelled with the resident's name.

Dentures are best named permanently by a dental professional, ideally when the denture is made.

To temporarily name dentures:

- lightly sandpaper the pink acrylic on the outside (cheek side) of the denture
- write the resident's name in pencil
- using several coats of sealing liquid or clear nail polish to cover the name.

The denture storage container should also be labelled with the resident's name.

Daily Denture Care

Either remove dentures after each meal and rinse mouth and denture with water or encourage the resident to drink water after meals to help keep the mouth clean.

Brush dentures morning and night.

Encourage the resident to remove dentures overnight to rest the gums.

Soak cleaned dentures in a denture container of cold water.

Do not let dentures dry out completely.

Denture storage containers should be washed and dried daily.

Removing Denture






Before you start, ask the resident to take a sip of water to moisten the mouth.

Encourage the resident to remove his or her own dentures.

If the resident requires assistance, it is easier to take out the lower denture first by holding the lower front teeth with the thumb and index finger and lifting out.

To remove upper denture, break the seal by holding front teeth with the thumb and index finger and rocking the denture up and down until the back is dislodged.

Remove the denture at a sideways angle.

If you are unable to break the seal, use a backward bent toothbrush to carefully push down on the side of the denture towards the back of the mouth until the denture is loosened and can be easily removed.

Removing Partial Denture






Before you start, ask the resident to take a sip of water to moisten the mouth.

Encourage the resident to remove his or her own partial denture.

If the resident requires assistance, place your finger tips under the clasps that cling onto the natural teeth and push down carefully.

Gently grasp the plastic part of the denture and lift it out of the resident's mouth, taking care not to bend the wire clasps.

Brush Gums, Tongue and Teeth (Partial Denture)





Use a soft toothbrush to brush the gums morning and night. This will remove dental plaque, any food particles and stimulate the gums.

Ask the resident to stick out the tongue and brush the tongue carefully from the back to the front.

Do not go too far back as it will cause the resident to gag.

For residents who wear a partial denture, give particular attention to the teeth that support the denture clasps. Make sure all surfaces of single teeth are cleaned (including back, front and sides) with high fluoride toothpaste.

Residents Who Have No Teeth and Do Not Wear Dentures

For residents who have no teeth and do not wear dentures, it is still important to brush the gums and tongue morning and night to maintain good oral health.

Use a soft toothbrush to brush the gums morning and night. This will remove dental plaque, any food particles and stimulate the gums.

Ask the resident to stick out the tongue and brush the tongue carefully from the back to the front.

Do not go too far back as it will cause the resident to gag.

Cleaning Dentures







Cleaning Technique

Clean the denture over a sink with a bowl filled with water or place a wash cloth in the base of the sink to protect the denture from breakage if dropped.

Use a denture brush and a mild soap (liquid or foam) to clean food, dental plaque and any denture adhesive from all surfaces of the denture. The handwashing soap as supplied by the residential aged care facility should be suitable for denture cleaning purposes.

Do not use normal toothpaste as it may be abrasive and over time will abrade and scratch the denture. A scratched denture can be a source of irritation and increase the risk of fungal infections.

Support the denture while cleaning as it can break very easily if dropped.

Holding a lower denture from end to end may apply force and cause the denture to break.

Cleaning Lower Denture





Cradle the lower denture between the thumb and the base of the index finger for a stable hold.

Brush all surfaces to remove dental plaque and any denture adhesive.

If the denture has been relined with a soft cushion liner, use a soft toothbrush to clean it gently.

Cleaning Upper Denture






Support the upper denture between the thumb and fingers for a stable hold.

Brush all surfaces to remove dental plaque and any denture adhesive.

If the denture has been relined with a soft cushion liner, use a soft toothbrush to clean it gently.

Cleaning Partial Denture





Use a soft toothbrush to clean metal clasps.

Gently brush around the metal clasps, taking care not to bend or move them as this will affect the denture fit.

Denture Adhesives





Residents with poorly fitting dentures may benefit from denture adhesives.

Denture adhesives can be used to hold dentures more firmly in place and prevent dentures from rubbing.

Denture adhesives come as a paste, powder or sticky strips.

Follow the product instructions for directions on how to apply the denture adhesive.

Thoroughly remove all traces of the denture adhesive from both the denture and gums morning and night.

Putting Upper Denture In





Putting Lower Denture In





Dentures must always be rinsed well under running water before being placed in the resident's mouth.

Encourage the resident to insert his or her own dentures.

If the resident requires assistance, insert the upper denture first followed by the lower denture.

Ask the resident to open his or her mouth. Hold the denture at a sideways angle as it enters the mouth and then rotate into position.

Putting Partial Denture In









Partial dentures must always be rinsed well under running water before placing them in the resident's mouth.

Encourage the resident to insert his or her own dentures.

Ask the resident to open the mouth, hold the denture at a sideways angle as it enters the mouth and then rotate and click into position.

Denture Disinfection



Disinfect dentures once a week and as directed if the resident is being treated for a fungal infection (such as thrush).

Always rinse dentures well under running water before placing in the resident's mouth.

Take care with the choice of denture disinfection products as some may cause the metal components of a partial denture to corrode. The following may be used.

Chlorhexidine solution with or without alcohol (for example, Savacol):

- This is suitable for both full plastic and partial dentures.
- Alcohol content is acceptable for this purpose as it is not in direct contact with the mouth.
- Chlorhexidine has a low allergy risk.
- Disinfect by using enough solution to cover the denture, soak for no more than 10 minutes, then rinse well.
- Follow the residential aged care facility's infection control guidelines for decantering the solution.

Commercial denture cleansing tablet (for example, Steradent):

- The product used should clearly identify whether it is suitable for either full plastic or metal partial dentures or both.
- Follow the manufacturer's instruction for soaking time.

Caution

Excessive soaking in chlorhexidine may cause discolouration. Soak no more than 10 minutes.

Allergy Alert

Persulphate (persulfate), a denture cleanser ingredient, may cause an allergic reaction. This may happen quickly or after many years, even with correct use.

Symptoms include irritation, tissue damage, gum tenderness, breathing problems and low blood pressure. If symptoms occur remove dentures and refer to a GP or dentist.

Removing Calculus and Stains





Calculus (tartar) is dental plaque that has been hardened by the minerals in saliva.

Thorough daily brushing should stop calculus from forming on the denture.

To remove calculus from a full plastic denture, soak denture in full strength white vinegar for 8 hours to soften calculus and then scrub off using a denture brush.

Caution

Vinegar has corrosive properties and is not suitable for partial dentures.

For heavy calculus, staining and for stain removal on partial dentures, cleaning by a dental professional is recommended.

Denture Brush and Toothbrush Care







After Brushing

Thoroughly rinse the toothbrush and denture brush under running water.

Tap the brushes on the sink to remove excess water.

Store the brushes uncovered in a dry place.

Replace the brushes when:

- bristles become shaggy
- with the change of seasons (every three months)
- following a resident's illness such as a 'bad cold'.

When a resident is being treated for a fungal infection (such as thrush), replace the toothbrush and denture brush when the treatment starts and again when the treatment finishes.

If a toothbrush grip is used, remove the grip and wash and dry the toothbrush handle and grip after each use.

Refusal of Oral Care

Refer to Module 1 for more information on how to manage oral care and changed behaviour.

Check Daily, Document & Report to RN

- Lip blisters/sores/cracks
- Tongue for any coating/change in colour
- Sore mouth/gums/teeth
- Swelling of face or localised swelling
- Mouth ulcer
- Bleeding gums
- If partial denture, sore or broken teeth
- Broken denture or partial denture
- Lost denture
- Denture not named
- Poorly fitting denture
- Stained denture
- Difficulty eating meals
- Excessive food left in mouth
- Bad breath
- Refusal of oral care



Prevention of Gum Disease (Gingivitis)

Dental plaque is the major contributor to the two main dental diseases, tooth decay and gum disease. It forms continuously on the teeth and, if left on the teeth over a period of time, it can harden to become calculus (tartar).

Severe gum disease (periodontitis) results in the break down of the gums and bone that support the teeth. This condition affects general health and wellbeing.

Protective Oral Hygiene

Antibacterial Control of Dental Plaque

Daily application of an antibacterial product can reduce harmful bacteria in the dental plaque and help to prevent gum disease.

Chlorhexidine is a safe and effective antibacterial product.

Use an alcohol free product because alcohol can dry out the mouth and damage oral tissue.

Recommended Oral Health Care

Use a low-strength (0.12%) chlorhexidine product (alcohol free and non-teeth staining) applied daily after lunch for all residents.

Note

Higher-strength chlorhexidine products are used as a treatment for severe gum disease and are prescribed by the GP or dentist.

Oral Hygiene Aids & Products



Use a soft toothbrush suitable for bending.

Use a low-strength (0.12%) chlorhexidine product (alcohol free and non-teeth staining).

Use an interproximal brush (as directed by dentist).

Standard Precautions



Wash hands before and after oral care.

RN to determine precautions dependent on risk management assessment. Consider:

- Gloves
- Mask
- Eye/facial protection (glasses/face shield)
- Gown

Application Techniques for Chlorhexidine Product





Resident Self Application

Before you start, ask the resident to have a drink of water or rinse the mouth with water before applying the chlorhexidine gel.

If the resident is able, put a small pea-size amount of gel on the finger and ask him or her to rub it over the teeth and gums.

If the resident has dentures, remove and rinse the dentures, apply a small pea-size amount of gel to the gums, and replace dentures.

Alternatively, the gel can be applied to the fitting side of the denture.

Caution

Do not use chlorhexidine and fluoride toothpaste (containing sodium lauryl sulphate) within 2 hours of each other, as the product effectiveness is reduced.

Application Techniques for Chlorhexidine Product (Continued)





Use a Toothbrush to Wipe over Teeth

If the resident requires full assistance, apply a small pea-size amount of gel to a toothbrush and wipe over the teeth and gums.

In severe cases of gum disease, an interproximal brush can be used to apply the gel into the space between the teeth at the level of the gum.

Caution

Do not use chlorhexidine and fluoride toothpaste (containing sodium lauryl sulphate) within 2 hours of each other, as the product effectiveness is reduced.

Never place your fingers between the teeth of a resident.

Application Techniques for Chlorhexidine Product (Continued)





Use of a Spray Bottle

If it is difficult to apply the chlorhexidine gel, an alternative is to spray a chlorhexidine mouthwash into the mouth.

The mouthwash should be placed undiluted into a spray bottle.

You must follow the residential aged care facility's infection control guidelines for decantering the mouthwash or a pharmacist may do this for you.

The spray bottle must be labelled with the resident's name and the contents.

Spray four squirts directly into the mouth. Take care not to spray the resident's face.

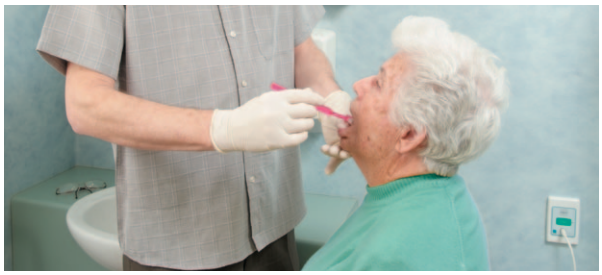
If appropriate, a backward bent toothbrush can also be used to retract the cheek, so you can gain greater access as you spray the mouth.

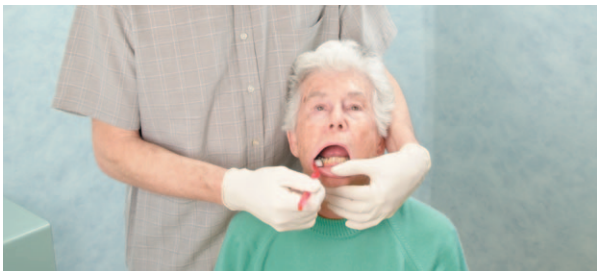
Caution

Do not use chlorhexidine and fluoride toothpaste (containing sodium lauryl sulphate) within 2 hours of each other, as the product effectiveness is reduced.

Some chlorhexidine mouthwashes, for example Curasept rinses, require an opaque spray bottle because the non-teeth staining formula is light sensitive.

Positioning





When the resident requires assistance, try different approaches or different positions to suit the situation.

Standing in Front Position

Sit the resident in a chair facing you.

If the resident is in bed you will need to support the resident's head with pillows.

Support the resident's chin with your index finger and thumb, being careful not to place pressure on the resident's throat with your remaining fingers. This is sometimes referred to as a 'pistol grip'.

The thumb holding the chin can be used to roll down and hold the lower lip for better vision and access.

Good eye contact between you and the resident is maintained with this position.

Cuddle Position

Stand behind and to the side of the resident.

Rest the resident's head against the side of your body and arm.

Support the resident's chin with your index finger and thumb, being careful not to place pressure on the resident's throat with your remaining fingers. This is sometimes referred to as a 'pistol grip'.

The thumb holding the chin can be used to roll down and hold the lower lip for better vision and access.

Greater head control is achieved by using this position.

Toothbrush Care after Application of Chlorhexidine Product



After use, thoroughly rinse the toothbrush under running water.



Tap the toothbrush on the sink to remove excess water.



Store the toothbrush uncovered in a dry place.

Refusal of Oral Care

Refer to Module 1 for more information on how to manage oral care and changed behaviour.

Check Daily, Document and Report to RN

If a chlorhexidine product has not been applied according to the oral health care plan, document this and report it to the RN.



Relief of Dry Mouth (Xerostomia)

Reduced saliva flow is known as dry mouth or xerostomia and is common in residents of aged care facilities.

Relief from dry mouth also reduces tooth decay, gum disease and other oral diseases.

Protective Oral Hygiene

Relief of Dry Mouth

Saliva is the key to maintaining a healthy mouth.

Medications taken by residents contribute to dry mouth.

When the quantity and quality of saliva is reduced, oral diseases can develop very quickly.

Dry mouth increases the incidence of mouth ulcers and oral infection.

Dry mouth can be very uncomfortable for the resident.

Recommended Oral Health Care

Keep the mouth moist by frequent rinsing and sipping with water (and increase water intake if appropriate).

Keep the lips moist by frequently applying a water-based lip moisturiser.

Discourage the resident from sipping fruit juices, cordial or sugary drinks.

Reduce the intake of caffeine drinks.

Stimulate saliva production with tooth friendly lollies as required.

Encourage the resident to drink water after meals, medications, other drinks and snacks, to keep the mouth clean.

Oral Hygiene Aids & Products



A dry mouth product best suited to the resident can be recommended by the dentist.

There are a variety of products available; for example:

- Oral Balance gel or liquid
- GC Dry Mouth gel
- Hamilton Aquae mouth spray.

Apply water-based lip moisturiser; for example, KY Jelly or Oral Base Gel.

A variety of tooth friendly xylitol lollies are available. Look for the 'happy tooth' symbol on the packet.

Standard Precautions



Wash hands before and after oral care.

RN to determine precautions dependent on risk management assessment. Consider:

- Gloves
- Mask
- Eye/facial protection (glasses/face shield)
- Gown

Keep Mouth Moist



Encourage the resident to frequently sip cold water especially after meals, medications, other drinks and snacks.

Reduce intake of caffeine drinks such as coffee, tea.

Apply saliva substitutes according to the oral health care plan to teeth, gums, inside of cheeks, roof of mouth and the fitting surface of dentures.

Saliva substitutes are especially useful before bed, upon awakening and before eating.

If appropriate, tooth friendly lollies may be used to stimulate saliva. Look for the 'happy tooth' symbol on the packet.

Keep Lips Moist



Apply a water-based lip moisturiser before and after mouth care and as required.

If the resident is able, put a small pea-size amount of lip moisturiser on the finger and ask him or her to rub it over the lips.

If the resident requires full assistance, apply a small pea-size amount of lip moisturiser to your gloved finger or use a swab and rub it over the lips.

Caution

Petroleum-based lip moisturisers may increase the risk of inflammation and aspiration pneumonia and are contraindicated during oxygen therapy.

Never place your fingers between the teeth of a resident.

Protect Oral Tissue





Take care when choosing oral care products as some ingredients, in particular alcohol, can dry out the mouth and damage oral tissue.

Pineapple, lemon and other citric juices may over-stimulate and exhaust the salivary glands causing the dry mouth condition to worsen.

Dry mouth products are recommended and are particularly soothing for residents receiving palliative care.

Caution

Do not use mouthwashes and swabs containing the following as they may damage oral tissues and may increase the risk of infection:

- alcohol
- hydrogen peroxide
- sodium bicarbonate (high-strength)
- lemon and glycerine.

Application Techniques for Saliva Substitutes







Resident Self Application

Before you start, ask the resident to have a drink of water or rinse the mouth with water before applying the dry mouth gel.

If the resident is able, put a small pea-size amount of gel on the finger and ask him or her to rub it over the teeth and gums.

If the resident has dentures, remove and rinse the dentures, apply a small pea-size amount of gel to the gums, and replace dentures.

Alternatively, the gel can be applied to the fitting side of the denture.

Use a Toothbrush to Wipe over Teeth

If the resident requires full assistance, apply a small pea-size amount of dry mouth gel to a toothbrush and wipe over the teeth and gums.

Use a Spray Bottle

If it is difficult to apply a gel, an alternative is to use a dry mouth spray.

Follow the manufacturer's instructions.

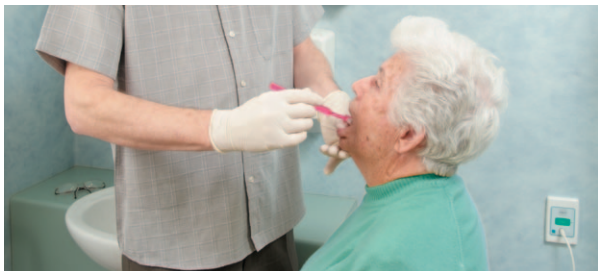
Take care not to spray the resident's face.

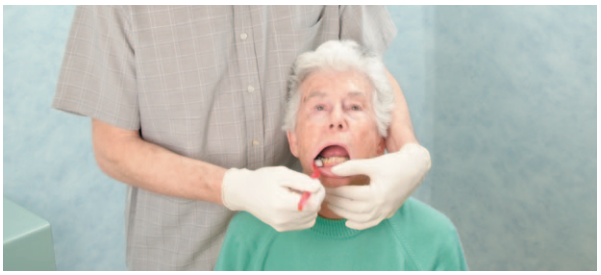
If appropriate, a backward bent toothbrush can also be used to retract the cheek, so you can gain greater access as you spray the mouth.

Caution

Never place your fingers between the teeth of a resident.

Positioning





When the resident requires assistance, try different approaches or different positions to suit the situation.

Standing in Front Position

Sit the resident in a chair facing you.

If the resident is in bed you will need to support the resident's head with pillows.

Support the resident's chin with your index finger and thumb, being careful not to place pressure on the resident's throat with your remaining fingers. This is sometimes referred to as a 'pistol grip'.

The thumb holding the chin can be used to roll down and hold the lower lip for better vision and access.

Good eye contact between you and the resident is maintained with this position.

Cuddle Position

Stand behind and to the side of the resident.

Rest the resident's head against the side of your body and arm.

Support the resident's chin with your index finger and thumb, being careful not to place pressure on the resident's throat with your remaining fingers. This is sometimes referred to as a 'pistol grip'.

The thumb holding the chin can be used to roll down and hold the lower lip for better vision and access.

Greater head control is achieved by using this position.

Toothbrush Care after Application of Saliva Subsitutes



After use, thoroughly rinse the toothbrush under running water.



Tap the toothbrush on the sink to remove excess water.



Store the toothbrush uncovered in a dry place.

Refusal of Oral Care

Refer to Module 1 for more information on how to manage oral care and changed behaviour.

Check Daily, Document and Report to RN

If saliva substitutes have not been given as per the oral health care plan, document this and report it to the RN.



Reduce Tooth Decay

Tooth decay is directly related to the frequency of eating and drinking food and drinks containing sugar.
Many foods contain sugar including bread and cereals. Foods and drinks containing sugar should be limited to meal times.
Consider sugar substitutes between meals.

Protective Oral Hygiene

Reduction of Sugar in Diet

Sugars that are harmful to teeth include ordinary sugar (sucrose) which is added to many manufactured foods and fruit juice, and honey.

Tooth decay is directly related to the frequency of sugar intake rather than the total amount of sugar eaten.

Encourage the use of natural chemical free sweeteners such as xylitol, made from fruit and vegetables.

Recommended Oral Health Care

Encourage the resident to drink water to rinse the mouth after meals, medications, other drinks and snacks.

Provide xylitol sugar substitute products. (Eating too many sugar substitute products may have a laxative effect.)

Encourage tooth friendly products between meals.

Rinse Mouth



Water reduces the acid that causes tooth decay.

Encourage the resident to drink water to rinse the mouth after meals, medications, other drinks and snacks.

A small drink of water before bed is also encouraged.

Sugar Substitute



Use xylitol instead of sugar for sweetening tea and coffee between meals.

Normal sugar may be used for drinks and cooking at meal times.

Xylitol does not leave an after-taste like other substitute sweeteners.

Xylitol also acts like other dietary fibre and improves the health of the digestive tract. However, if it is used in excessive amounts it may cause similar discomfort as other high fibre foods, such as diarrhoea.

Sugar Substitute (Continued)





Foods labelled 'no added sugar' or 'sugar free' do not necessarily mean they are tooth friendly.

Only products with the 'happy tooth' symbol are guaranteed to be tooth friendly.

Encourage residents' families to bring tooth friendly treats.

Xylitol products are safe for all consumers including children.

Caution
Foods containing xylitol may be harmful to pets.



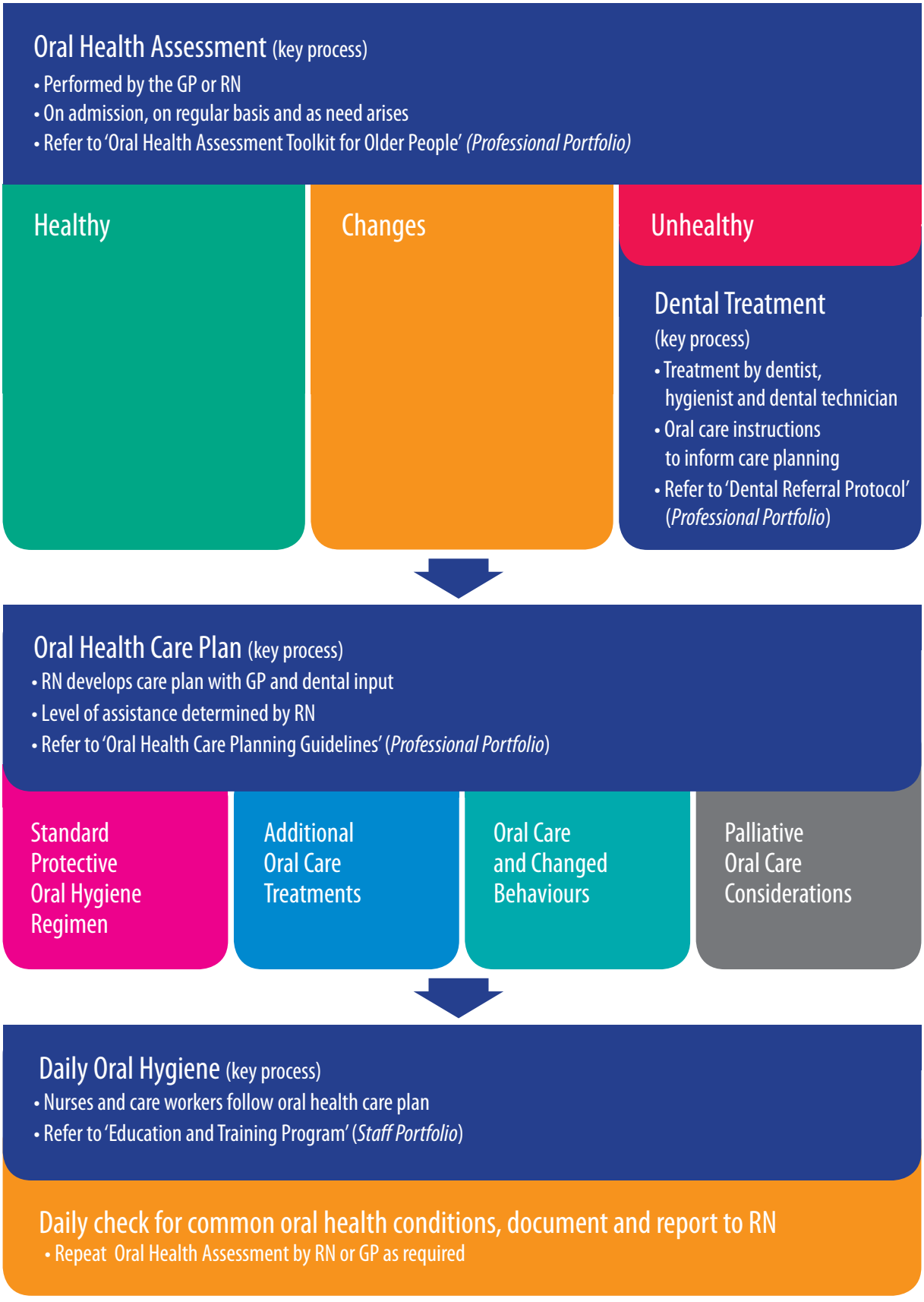
Module 3

It Takes a Team Approach to Maintain a Healthy Mouth

Better Oral Health in Residential Care Model

Better Oral Health in Residential Care requires a team approach to maintain a resident's oral health care. GPs, RNs, nurses, care workers and dental professionals have responsibility for one or more of the four key processes.

This flowchart illustrates the Better Oral Health in Residential Care Model.





Better Oral Health Reflective Practice

Module 3 brings together the content from Module 1 (knowledge) and Module 2 (skills) in a guided learning approach conducted in small groups.

The module uses clinically-based situations and guided questions to encourage reflection on and application to everyday practice.

The aim is to help aged care staff members to address situations they meet in their everyday practice and to enhance evidence based practice for better oral health in residential care.

Guided Questions

- think about the scenario presented
- respond to the questions provided
- identify what knowledge and skills you have already to respond to this scenario.

Working in Groups

When working in small groups:

- take time to think and reflect before responding
- work together and help one another
- share ideas and respect each other's views
- it is OK to disagree but do not be judgmental
- speak one person at a time.

Oral Health Scenario – Part 1



Description

Mr Osmond is a new resident.

He is a frail, well mannered and cooperative gentleman.

Mr Osmond has settled well into his new surroundings.

He has a good appetite and loves sweet foods and treats. He likes to drink coffee with two teaspoons of sugar.

Mr Osmond is sometimes forgetful but he is able to manage his activities of daily living with standby assistance and occasional prompting.

The GP has recently put him on several new medications.

On admission, the RN performed an Oral Health Assessment. Mr Osmond has natural teeth and an upper partial denture. His oral health was found to be 'healthy' and a referral to a dentist was not needed.

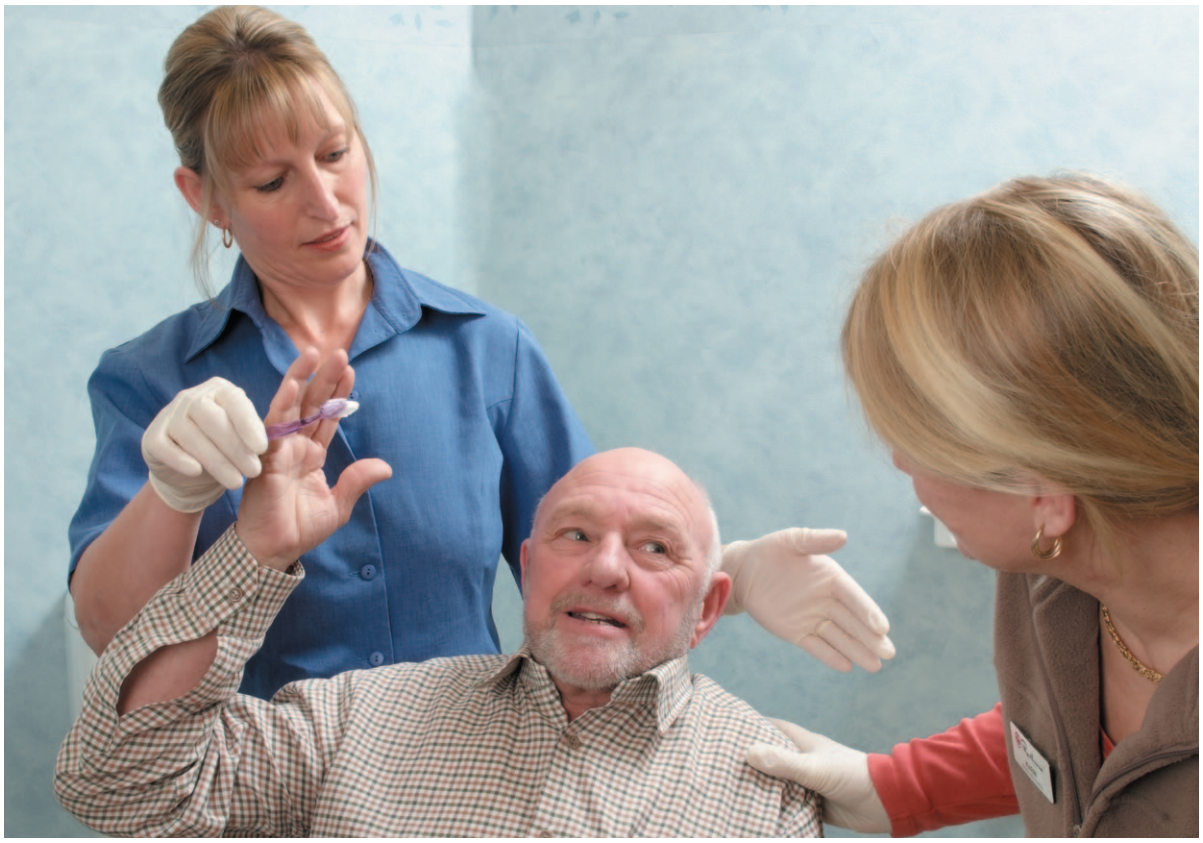
Based on this, the RN wrote up an Oral Health Care Plan for Mr Osmond.

Guided Questions

What information about Mr Osmond is relevant to his oral health care?

What oral health care should you give to Mr Osmond?

Oral Health Scenario – Part 2



Description

Several months have passed.

Mr Osmond's behaviour has changed. He has recently become confused and uncooperative.

The GP is treating him for a suspected urinary tract infection.

Mr Osmond is not cleaning his teeth and he won't let you help him. If you try, he won't open his mouth.

When Mr Osmond is like this it is easier to leave him and not do his oral hygiene care. This seems to be happening a lot. Other staff members have been doing the same and leaving out his oral hygiene care.

You notice his breath smells and it is unpleasant to be around him.

You also notice Mr Osmond is having difficulty eating his food.

Guided Questions

What could be happening here?

How might this have happened?

What could you do to encourage Mr Osmond to open his mouth?

Oral Health Scenario – Part 3



Description

You have been able get Mr Osmond to open his mouth and you take out his partial upper denture which has metal wires.

You notice his denture is very dirty and one of the metal wires is broken.

When you look at Mr Osmond's mouth, you see the part of the mouth where the partial denture has been is red and sore.

When you brush his teeth his gums begin to bleed.

Guided Questions

Who should know about this?

What else should you look for and report?

What could happen to Mr Osmond if his oral health gets worse?

Oral Health Scenario – Part 4



Description

You assist the RN to do an Oral Health Assessment.

The RN notifies the GP and arranges for Mr Osmond to see a dentist.

Treatment is prescribed and the Oral Health Care Plan is updated.

Guided Questions

What additional oral care could be required?

List the various ways you can apply the different types of oral care products?

List the types of aged care staff and health professionals who have been involved in the oral health care of Mr Osmond.

Conclusion



Facts

As residents become frailer, they are at high risk of their oral health worsening in a relatively short time if their daily oral hygiene is not adequately maintained.

A simple protective oral health care regimen will maintain good oral health.

Better Oral Health in Residential Care Model

Better Oral Health in Residential Care requires a team approach to maintain a resident's oral health care. GPs, RNs, nurses, care workers and dental professionals have responsibility for one or more of the four key processes.

1. Oral Health Assessment

This is performed by the GP or RN on admission and, subsequently, on a regular basis and as the need arises.

2. Oral Health Care Plan

RNs develop an oral care plan which is based on a simple protective oral health care regimen:

- brush morning and night
- use high fluoride toothpaste morning and night
- use a soft toothbrush on gums, tongue and teeth
- apply antibacterial product daily after lunch
- keep the mouth moist
- cut down on sugar intake.

3. Daily Oral Hygiene

Nurses and care workers maintain daily oral hygiene according to the oral health care plan.

4. Dental Treatment

Dental referrals for more detailed dental examination and treatment are made on the basis of an oral health assessment. It is recognised frail and dependent residents may be best treated at the residential aged care facility.

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