Policies, Procedures, Guidelines and Protocols

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Who has been consulted in the development of this policy-?		Key members of staff in SCHT as documented in the policy
Approved by (Committee/Director)		Clinical Policies Group
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2		
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5		

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1 Introduction

Mouth care is essential for a person's health, dignity, hygiene, comfort and quality of life. It maintains the person's ability to communicate and to enjoy food and drink. When oral hygiene is neglected or compromised the mouth can become dry and sore, the tongue and roof of mouth becomes coated and stained, all of which can cause complications as well as distress. Poor oral hygiene can be a contributing factor to developing Hospital acquired Pneumonia.

The promotion of oral health and hygiene, identifying changes and preventing oral deterioration are essential elements of a health professionals practice. They have a duty of care to carry out and record appropriate assessments whilst taking into account the individual patient's needs. This will include, planning, reviewing, evaluating and documenting care.

Mouth Care should be part of the daily care delivered to our patients as this intervention can prevent serious complications later.

As people are now living longer, they are also retaining their teeth for longer. Older people are more likely to have large fillings, crowns, bridges and dental implants, all of which need additional care to maintain and keep healthy. Unfortunately as the population gets older, many people will develop medical, cognitive or physical disabilities that mean they are less able to care for their mouth and highlights the importance of maintaining good mouth care for our patients.

2 Purpose

Good oral care will not only improve the patient's oral health and prevent oral pain and infection but will also impact on the patient's overall health and wellbeing. Medically compromised patients are at a higher risk of having oral health problems. The purpose of this document is to provide guidance on the importance of good oral care/hygiene and how to assess and carry out evidenced based oral health hygiene.

3 Definitions

- Mouthcare - Is given to all structures within the oral cavity. This includes the soft and hard tissues(cheeks, tongue, gums, hard and soft palate, lips , teeth) and dentures
- Plaque - Biofilm of micro-organisms that can be on all surfaces
- Calculus/Tartar - Calcified plaque that adheres to teeth (Professional removal only)
- Gingivitis - Inflammation of the gingiva (gums). Gums look red and swollen and may bleed during brushing.
- Periodontitis - Gum disease causing tooth mobility, pain and infection.
- Caries - tooth decay
- Edentulous - No natural teeth
- Halitosis - bad breath
- Angular Cheilitis - non healing cracks at the corner of the lips, can result from deficiency states (such as iron deficiency) or from Candida infections
- Erythroplakia - abnormal red velvety patches affecting the oral soft tissues
- Leukoplakia - White patches on the soft tissues

- Lichen Planus - White and red streaks/patches, sore/blisters on cheeks , gums and tongue
- Candidiasis/Thrush - fungal infection caused by candida fungus present in the natural flora of the mouth appears as white curd like deposits on soft tissues.
- Stomatitis - Inflammation/redness without ulceration usually associated with denture wear
- Ulcers - a breach in the epithelium exposing underlying connective tissue
- Herpes Simplex - Cold sores
- Xerostomia - Dry mouth

4 Duties

Director of Nursing and Operations- ensuring the policy is fully implemented across Shropshire Community Health Trust as best practice.

4.1 Deputy Directors/Divisional Managers/Quality Leads- to ensure all Clinical Service Managers and Team Leaders/Ward Managers are aware of the policy and its implementation into clinical practice and that their staff have access to it and the associated training

4.1.1 All staff providing care (this includes all health professionals) to patients in a community setting, either at home or in a Community hospital to adhere to the best practice guidance set out in the policy

5 Mouth Care

All staff providing care to patients must ensure that oral hygiene needs are assessed and documented. The following steps should be undertaken:

5.1 Procedure

Assess the patient’s oral hygiene needs and their capability to participate in mouth care

Using the equipment (Appendix 2) conduct an examination of the mouth

Look for soreness, dryness, ulceration or coating and obvious pain.

Undertake hand hygiene and apply apron (and gloves if required)

Using a finger guard, if appropriate and safe to do so, use dampened gauze and gently explore the mouth

Start with the inner cheeks, moving slowly to the back, then forward again.

If the patient needs assistance with their mouth care please give them time to get used to this procedure

5.1.1 Cleaning the mouth for patients who need assistance

Use a small soft headed toothbrush or Moutheze to gently brush the gums and the teeth. Start on the outside of the teeth then on the inner cheek and move from back to front (this helps to prevent patients gagging)

5.2 For patients with swallow problems

Be aware that patients with swallow/dysphonia problems are at more risk of choking and aspiration, and a high risk of aspiration pneumonia therefore mouth care is of the utmost importance

5.2.1 Patients who are nil by mouth

These patients will need more frequent Mouthcare, use damp gauze to keep secretions down to a minimum and remove dried deposits.

5.3 Furred or coated tongue

If the tongue is coated or furred use damp gauze, Moutheze or small headed toothbrush gently to help to remove. This may take a few days to have an effect. Use suction as appropriate

If not possible use wet gauze as appropriate to wipe the surface of the tongue

Food debris and hardened mucous can be removed by moistening these areas with warm water, then use suction and single use forceps to dislodge

If not possible use wet gauze as appropriate to wipe the surface of the tongue

5.3.1 Dentures

For patients with complete dentures;

Remove dentures and clean thoroughly with a toothbrush with hand/other soap- rinse well

Wipe the mouth cavity including the cheeks and the gums with dampened gauze

Ensure dentures are left out in fresh clean water overnight

For patients with partial dentures:

Brush remaining teeth, gums and soft tissues with toothbrush and fluoride toothpaste

Only leave partial dentures out in plain water overnight if the water is fresh and clean.

Dentures preferably are removed at night. Those wearing dentures at night are at higher risk of Pneumonia and increased risk to have tongue and denture plaque, gum inflammation and oral thrush.

Dealing with soreness

Assess the reason for the soreness, i.e. broken teeth, Mucositis, Candidiasis, Denture Stomatitis, Angular Cheilitis or ulceration. If in doubt ensure the patient is seen by a dental professional

Dealing with a dry mouth

This can be very distressing, preventing patients from eating, speaking and swallowing properly. A high standard of oral hygiene is vital; use frequent sips of cold or tepid water.

In palliative care; patients drugs, dehydration, poor oral intake and oxygen without humidification, can all contribute to dryness.

Use the same guidelines but introduce fluid with gauze swab

Dry mouth increases the risk of developing tooth decay; therefore use of a fluoride toothpaste is essential to protect natural teeth. A high strength fluoride toothpaste is recommended. This can be prescribed by a dentist

Dry, sore and cracked lips

Avoid using Vaseline as it can be inhaled and has been linked to aspiration pneumonia. Water based gels are best, KY gel, Oralieve, Biotene moisturising mouth gel, Bert Bee's lip balms.

End of Life Care (last weeks, days, and hours of life)

Perform Mouthcare at least 3-4 hourly unless otherwise stated

Use, Moutheze, gauze

If family/partners/friends wish to assist demonstrate the technique and encourage

Taste for pleasure

Frequency of care/ Treatment

This will always be determined by the patient's condition, therefore careful assessment is essential. Unless prescribed otherwise mouth care should be carried out at least twice a day

See Appendix 1 for visual images of the above and suggested treatments.

6 Consultation

Deana James- Community Practice Teacher

Anita Sharrad- Community Practice Teacher

Maggie Garmson- Clinical Educator for End of Life Care

Tom Seager- Dental Services

Leeanne Morgan- Ward Manager, Bishops Castle Community Hospital

Simon Toghill- Community Neuro Rehab Team.

Menna Wigley- Community Matron

Liz Watkins- Head of Infection Prevention and Control

7 Dissemination and Implementation

The Policy will be made available to all staff via the Trust's website, staff zone in the policies section.

All Managers, Team Leaders and Ward Managers will inform their staff of the policy

The End of Life training programme includes sessions on Mouth Care.

Check to Protect- oral care assessment (Appendix 3) to be undertaken by all clinical staff providing mouth care.

8 Monitoring Compliance

Following 6 months of the policy being in place a mouth care audit will take place with a subsequent action plan which will be fed back to all services and Quality and Safety Delivery Group.

From this further audits and evaluation of Mouth care will be planned to take place on a regular basis.

9 References

Mouth Care Matters- Improving Oral Health- Nhs England

10 Associated Documents

Consent to examination and treatment Policy- SCHT 10305

Standard infection control precautions: Hand hygiene and personal protective equipment policy- SCHT 11452

Treatment of patients with Herpes Simplex virus-SCHT 10794

Clinical Records Keeping policy- SCHT 10794

Clinical observations and recognition of the deteriorating patient policy- including NEWS2, SBAR and Sepsis recognition.-SCHT 13439

Waste Management Policy- SCHT10636

11 Appendices

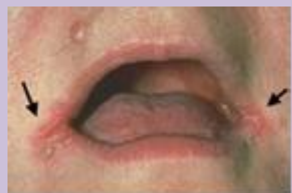
Appendix 1- Mouth care conditions and suggested care/treatment- visual aid

Appendix 2- Mouth Care instructions

Appendix 3- Oral care assessment- Check to Protect

Appendix 1 Examine using pen torch		Suggested care, but remember patient preference	Images to aid decision making
All patients should receive	**Mouth care Assessment & Daily plan**	• Assess mouth daily for changes • Mouth cleaning with damp gauze for soft tissues and toothbrush/Moutheze for teeth cleaning	Mild Dry Mouth
	End of life care	• Apply aqueous products to lips. NB: Vaseline is not safe with oxygen and has been linked to aspirational pneumonia via the mouth, opt for water based gels. • Remove Dentures *(with patients/family's permission)* – consider best interest- if the dentures are unclean there is an increased risk of infection if they are left in the mouth • Regular wiping of the soft tissues with damp gauze • Encourage family and loved ones to participate • Use of favourite/memorable tastes	
	Poor swallow	• Speech & Language assessment • Water to moisten and/or oral gel on soft baby toothbrushes or gauze	Moderate Dry Mouth
Dry Mouth	**Along with routine daily mouth care consider…**		Severe Dry Mouth
	• Frequent sips of water • Atomised water spray • Review medication • Use of oral gel • Use of Biotene mouth wash • Sugar free products, sweets/chewing gum • If patient is on oxygen then consider humidified oxygen		
Coated mucus-membrane/tongue	• Brush gently with a soft (baby) toothbrush to remove plaques and coating		Coated Tongue
	• Associated with dry mouth so start with the above • Meticulous cleaning with damp gauze, Moutheze and toothbrush • Instruct patient and family and leave brush and Moutheze near bed		

	Candida (thrush)	Get a diagnosis from a Doctor or Dental professional **Start with:** Nystatin 1-5 QDS for 7 days Or Miconazole oral gel 5ml QDS for 7 days	**Thrush Plaques**
	Candida (thrush)	**For moderate/severe**: Fluconazole 50mg OD 7-14 days If Angular Cheilitis (cracks at the side of the mouth) consider Miconazole gel **NB:** It is important to renew the patient's toothbrush after a candida infection to reduce risk or re - infection Dentures should be soaked in a weak solution of Chlorhexidine mouth wash (Corsodyl) to reduce risk of re-infection	
Painful mouth		**Try to determine the cause, if in doubt seek dental advice.**	**Oral Ulceration** **Mucositis**
	Ulceration / Soreness	• *Maintain mouth care* • *Tepid saline mouth wash* • *Use of Difflam (Benzydamine) mouth rinse* • *Difflam spray (Benzydamine Hydrochloride)* • *Mucoadhesive preparation e.g. Gelclair* • *Leave dentures out* • *Consider Bonjela type gels applied directly to the sore area* • *If patient is receiving or has received chemotherapy or radiotherapy consult Oncology Mucositis guidelines* **Any ulceration or white patch must be monitored. If it has not healed within 2 weeks then seek dental advice.**	
	Herpes Simplex	Aciclovir 5% cream twice daily or in tablet form	
	Tooth decay/Broken teeth	Consult a Dental professional	

Dentures	**If possible follow the patient's regime for their denture care otherwise:** • Clean with denture brush, toothbrush or nail brush using water and hand/other soap unless there are underlying problems with Candida, if so use weak solution of Chlorhexidine mouth wash (Corsodyl) • Remove denture at night • Only soak in plain water • Keep in a labelled pot • Check for ill-fitting and refer on to dental if any problems	 **Angular Chelitis**

Appendix 2 Mouth care instructions

Have your mouth care equipment ready

- Personal protective equipment - gloves and plastic apron (mask/face protection if splashing is anticipated)
- Disposable plastic cup of warm water
- Moutheze. To be stored upright to air dry, do not leave to soak. Reuse for up to a week

- Small headed toothbrush and/or soft toothbrush. Sometimes a child's toothbrush could be used
  **To be stored upright to air dry*
- Gauze
- Single use forceps
- Suction as required
- Denture pot as required labelled with patient's name
- Toothpaste must be available to anybody with natural teeth
- Dispose of gloves, apron mask and disposable items e.g. single use forceps according to the Waste Policy

Supplementary equipment:

- Pen torch
- Face mask
- Syringe

Assess your patient for understanding, ability and competence. If the patient is able to continue with their own oral hygiene routine then encourage otherwise:

Talk to your patient- let them know what you are doing and why and gain their consent to do so

- Undertake hand hygiene and apply apron, gloves (mask if appropriate)
- Assess your patient's bite reflex- a strong bite reflex or jaw clenching may make it difficult to provide oral mouth care.
- Pay particular attention to the roof of the mouth and tongue
- Bathe the dried secretions with warm water using gauze/toothbrush, until softened, then use Moutheze, toothbrush and tweezers to remove
- Use suction when necessary
- Clean dentures with a toothbrush and hand/other soap. Store in a labelled pot
- Apply saliva replacement gel when needed (Oralieve/Biotene gel)

•   Dispose of gloves, apron mask and disposable items e.g. suction equipment according to the Waste Policy

Risk assess- if possible and appropriate explore by:

- Using gauze dampened with water
- If safe and possible to do so sweep around the sides of the cheeks to explore the mouth
- Let the patient become accustomed to this.

If in doubt seek professional dental advice

Appendix 3

Check to Protect for Clinical Staff

Name……………………….. Job Title…………………………….

Oral Care assessment sheet

Observation	Yes	No	Assessors comments
1. Is the correct equipment available and in date?			
2. Are hands decontaminated before and after task?			
3. Is the correct PPE worn and disposed of as per the Waste Policy?			
4. Has the procedure been discussed and is the patient prepared and positioned correctly for oral hygiene?			
5. Is the patient supported to undertake the procedure?			
6. Has the member of staff disposed of the waste appropriately?			
7. Has the staff member stored the used equipment correctly?			
8. Has the procedure been documented in the patients notes/record?			

Additional comments

Signature of assessor …………………….. **Print Name………………**

Job Title…………………………………... **Date……………………...**

Check to Protect for Clinical Staff – Oral Care Prompts for assessors

	Observation	Criteria required
1	Correct equipment available	Evidence that each patient has a named: • toothbrush/toothpaste • Denture brush/soap and water/ named denture pot/ named dentures MC3 to be available if patient is unable to tolerate toothbrush
2	Decontamination of hands	Hands are washed prior to procedure and following procedure
3	Is the correct PPE worn and disposed of as per the Waste Policy?	Single use apron and gloves applied and disposed of correctly
4	Has the procedure been discussed and is the patient prepared and positioned correctly for oral hygiene?	Has the patient had an oral health assessment? Does the patient have an oral care plan for staff to follow? Patient to be placed in an upright position at a sink (not a clinical hand wash basin) or with a bowl of water and a disposable cup. If patient needs to lie flat staff must be aware of choking hazards; head must be tilted to the side with suction equipment on standby.
5	Has the procedure been discussed and is the patient prepared and positioned correctly for oral hygiene?	Inspect the patient's mouth before brushing. Report and document any mouth ulcers or issues. Remove any dentures NB patient may have a denture plate to top but all own teeth at the bottom. Bristles are places along the gum line at a 45° angle. Bristles should contact both the tooth and the gum line. Using a pea sized amount of fluoride toothpaste, gently brush the outer tooth surfaces of 2-3 teeth using a vibration back, forth and rotating motion. Move brush to the next group of teeth and repeat. Using the same motion brush the inside of the teeth. Tilt brush vertically behind the front teeth and make several up and down strokes using the front half of the brush. Place the brush against the biting surface of the teeth and using a gentle back and forth scrubbing motion.

		Brush the tongue from back to front without toothpaste **Dentures to be cleaned with soap and water with a separate brush.** **They must be rinsed after meals, brushed twice a day and removal at night to be encouraged**
6	Has the member of staff disposed of the waste appropriately?	Correct disposal of waste. Patients should be encourage to spit not rinse
7	Has the staff member stored the used equipment correctly?	Single use equipment must be disposed of after one use Single patient use equipment used can be rinsed and dried.
8	Documentation in patients notes that it has been carried out	All aspects of care must be documented and to identify any changes to oral health