

GUIDANCE

Subject	Oral Care CG002
Applicable to	Care Service Staff
Date issued	7 March 2023
Next review date	7 March 2026
Lead responsible	Director of Care
Guidance written by	Governance Lead
Authorised by	Quality and Safety Group 7 March 2023
CQC Standard	Effective, Caring, Responsive
Links to Policies/Procedures	Personal Hygiene and the use of PPE SOP001 Mental Capacity Act Policy CS007
Summary	This guidance provides staff with best practice information on the oral care of patients.
Target Audience	Care Services Staff

IMPORTANT NOTICE

Staff should refer to the Hospice website or Policies and Procedures folder on the 'N' drive for the most up to date Policy. If the review date of this document has expired it is still valid for 3 months. After that staff should seek advice from their clinical lead or manager.

<p>1.</p>	<p>Introduction</p> <p>Patients receiving palliative care – oral care</p> <p>It is important to understand the patient's diagnosis and current problems. This also includes their nutritional status and whether their fluid intake is adequate and can they carry out routine oral care.</p> <p>Common oral problems in palliative care include:</p> <ul style="list-style-type: none"> • dry mouth • painful mouth • halitosis (bad breath) • alteration of taste • excessive salivation. <p>These may result from poor oral intake, drug treatments, local irradiation, oral tumours, thrush or chemotherapy.</p> <p>Oral symptoms can significantly affect the person's quality of life, causing eating, drinking, and communication problems, oral discomfort and pain.</p>
<p>2.</p>	<p>Assessment and Care</p> <p>Assessing a person with oral symptoms</p> <ul style="list-style-type: none"> • Ask about dry mouth, oral pain, alteration in taste, excessive salivation, bad breath, difficulty chewing, difficulty speaking, dysphagia, and bleeding. • Whilst wearing gloves, examine the oral cavity, using a pen torch or the flashlight on your phone, for signs of dehydration, level of oral hygiene, ulceration and vesicles, erythema or white patches, local tumour, bleeding, and infection. • Be particularly alert if the person has any risk factors for oral problems or is using medication that may cause a dry mouth. <p>Advice and prevention</p> <p>Advice should be offered on measures to prevent oral problems, including:</p>

	<ul style="list-style-type: none"> • Regular tooth brushing, rinsing the mouth with warm water or chlorhexidine mouthwash, or removing dentures at night. • Support can be offered to the patient in helping them to carry out their oral care, cleaning their teeth or dentures. • A soft children's toothbrush can be used if the mouth or gums are sore. • Smoking cessation and reducing alcohol intake.
3.	<p>Managing Oral Problems</p> <p>The following management strategies should be considered, depending on the underlying cause of oral problems:</p> <ul style="list-style-type: none"> • Simple saliva stimulatory measures to treat dry mouth, such as cold unsweetened drinks, ice cubes, applying ring petroleum jelly to the lips, chewing on sugar-free gum or sweets • Topical saliva stimulants or substitutes for refractory dry mouth • Topical non-opioid analgesia for mild to moderate oral pain and combined topical and systemic analgesia for severe oral pain • Topical corticosteroids for aphthous ulcers; topical or oral acyclovir for oral herpes simplex infection. <p>When to seek specialist advice</p> <p>Referral should be considered, or a specialist contacted for advice if there is:</p> <ul style="list-style-type: none"> • Concern about oral intake and nutrition • Refractory oral pain. • Severe mucositis • Suspected neutropenic ulcers • Severe, persistent, or bleeding oral ulceration • Severe or persistent <i>Candida</i> infection • Severe oral herpes simplex infection. • Prolonged taste disturbance (dietitian may help) • Communication problems or excessive salivation (speech and language therapist may help).

	<p>When managing oral care in a person at the end of life, mouth care should be provided as often as necessary to maintain a clean mouth:</p> <ul style="list-style-type: none"> • The mouth can be moistened every 30 minutes to an hour with water from a water spray, dropper, ice chips, or Moutheze cleanser • Petroleum jelly on the lips may help to prevent lip cracking • A room humidifier or air conditioning can be used if needed <p>Pain should be managed symptomatically, using analgesics via a suitable route. (1.)</p>
4.	<p>Daily Oral Care Routines</p> <p>This should include, as appropriate:</p> <ul style="list-style-type: none"> • Brushing natural teeth at least twice a day with fluoride toothpaste • Using the patient's choice of cleaning products for dentures • Using their choice of toothbrush, either manual or electric/battery powered daily • Use of mouth care products prescribed by dental clinicians e.g., a prescribed mouth rinse (refer to the medications management policy) <p>Daily use of any over-the-counter products preferred by the patient if possible, such as particular mouth rinses or toothpastes, the use of sugar-free gum</p>
5.	<p>Care of Dentures</p> <p>Patients should be encouraged to wear their dentures throughout the day and to remove them at night. If they chose not to remove their dentures at night this will be recorded in their care plan.</p> <p>Ideally the patient's dentures will be removed and rinsed after every meal. At least once a day their denture will be removed and will be cleaned using a denture brush or soft toothbrush with toothpaste. Patients without any natural</p>

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

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

	<p>blood, your immune system is weakened, making it harder for your body to fight infection. This is called neutropenia or being neutropenic. Patients with neutropenia can have painful oral ulcers which are characterized by regular margins with a yellow/white membrane.</p> <p>Refractory oral pain</p> <p>Pain that persists through normal rounds of treatment, similar to chronic but it is relentless and can go on for months.</p> <p>Salivation</p> <p>Excessive secretion of saliva often accompanied by soreness of the mouth and gums.</p> <p>Vesicles</p> <p>Small blisters full of clear fluid.</p>
9.	<p>References</p> <p>1. NICE December 2022</p>