

ESSENTIAL MOUTH CARE TRAINING

GREEN SQUARE ACCORD

INTRODUCTION

- Providing good oral care for residents can be challenging. Other tasks can take priority and some residents can be uncooperative. However, to safeguard the health and wellbeing of individuals, good daily oral care is crucial.
- For vulnerable adults it becomes particularly important to ensure the person's mouth is clean and comfortable.
- In June 2017 the Quality Standard Oral Care in Care Homes (QS151) was published.

PRIORITIZING MOUTH CARE

LEARNING OUTCOMES

On successful completion of this course participants will:

- Have a better understanding of how to provide daily mouthcare for dependent and medically compromised patients to include denture care.
- Outline the potential effects of poor oral health on an individual's general health and well-being
- Have a better understanding of dental disease and recognise abnormalities
- Recognise the need for specialised mouth care and supporting people with challenging behaviour

CONTENT



- TEETH AND MOUTH



- ORAL HEALTH AND THE BODY



- DAILY ORAL CARE



- COPING STRATEGIES FOR PEOPLE THAT RESIST



- ORAL HEALTH ASSESSMENT



- PALLIATIVE MOUTH CARE

THE MOUTH

Consists of:

- Teeth

and soft tissues such as:

- Lips
- Tongue
- Gums
- Palate
- Inner cheeks



FUNCTIONS OF THE TEETH

People with 20 or more natural teeth had significant chewing ability compared to those people with fewer teeth.

Status of dentition is a critical factor in the person's ability to successfully chew.



EATING

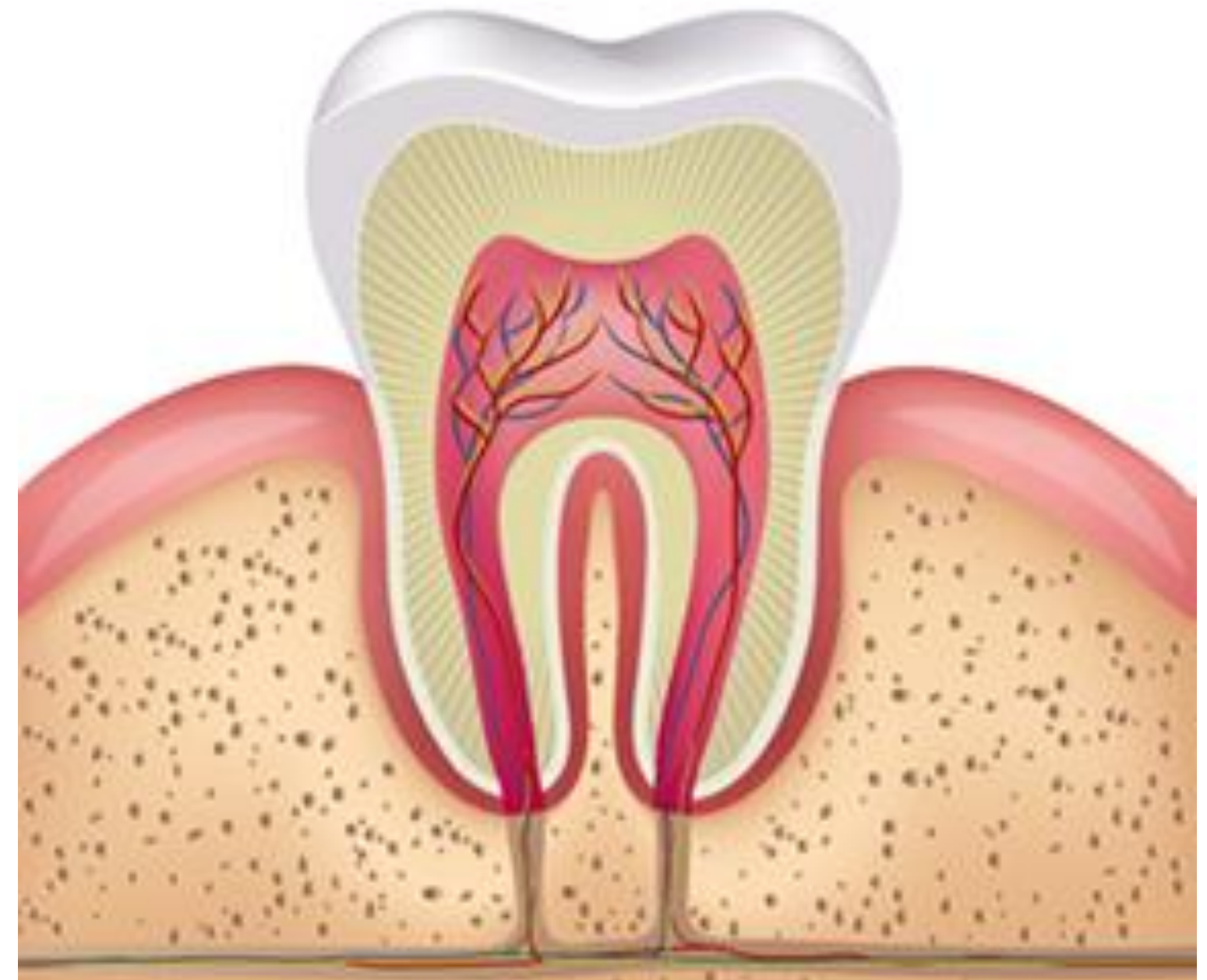
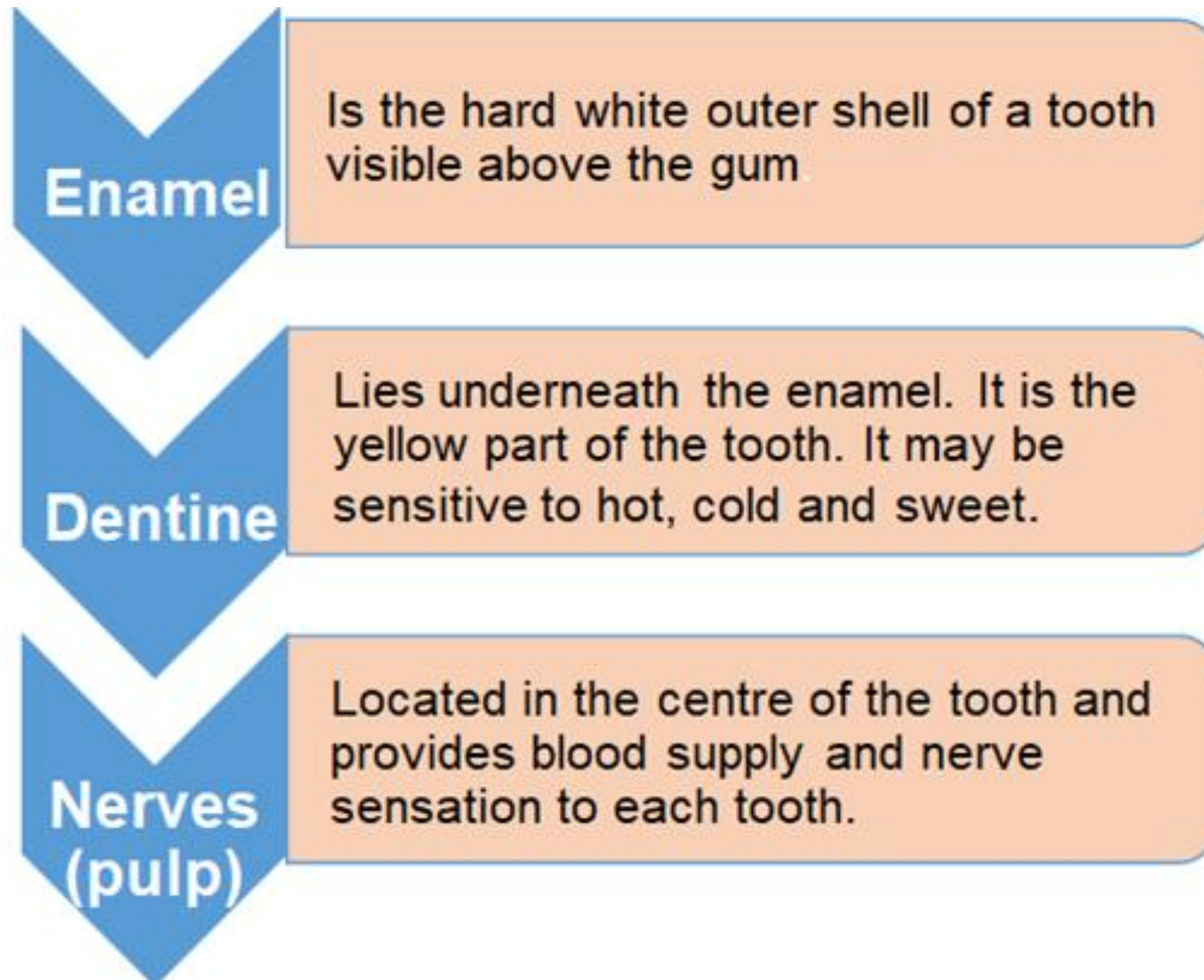
SPEECH

SELF ESTEEM

OVERALL HEALTH

TOOTH STRUCTURE

The teeth consist of



DIFFERENT DENTISTRY YOU MAY SEE IN THE MOUTH

As people are keeping their teeth for longer, they are having more complex dentistry such as:



crown: white, gold, silver



fillings: white, gold, silver



denture: plastic, metal



implant



WHAT IS PLAQUE?

Plaque is a sticky
film of bacteria
which starts
forming just hours
after brushing



WHY GUMS BLEED

If plaque is not removed from the teeth after 3-4 days, it will irritate the gums causing them to become inflamed. You will know the gums are inflamed as they will bleed when brushed.

This is called GINGIVITIS

HEALTHY GUMS DON'T BLEED!

It is important to know that in health gums do not bleed when brushed and that gingivitis is reversible.

Inflamed gums should stop bleeding after a few days once plaque has been removed by brushing.



SIGNS OF POOR ORAL HEALTH

If plaque is not removed regularly and allowed to accumulate it will affect oral health leading to:

- Decayed and broken teeth
- Tartar (calcified plaque)
- Loose teeth
- Odour
- Bleeding gums



WHAT IS TARTAR?

Tartar is calcified plaque, similar to the scale you find at the bottom of a kettle. You will be unable to remove this with a toothbrush.

ADVICE: Brush over it!



Is this Mouth Healthy or Unhealthy?



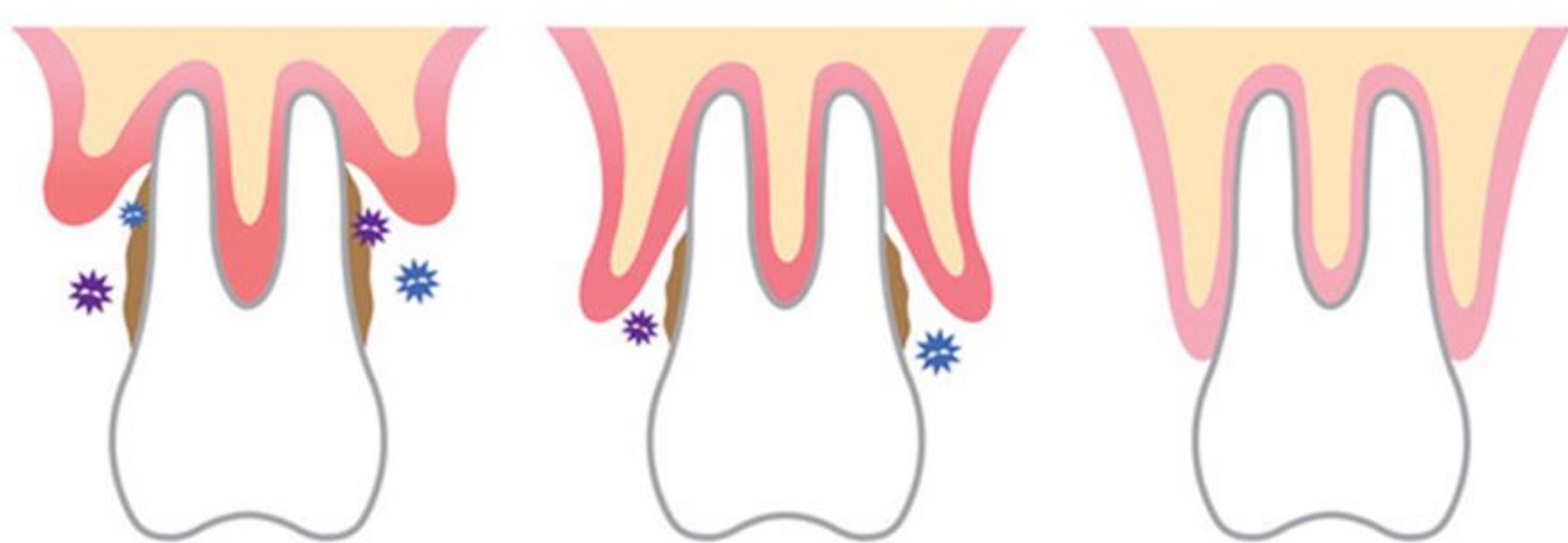
This is an Unhealthy Mouth



LOOSE TEETH

Periodontal Disease

If the gums remain unhealthy this is what can happen



DECAYED AND BROKEN TEETH

When teeth become so decayed they can break. This is often seen in elderly people in care homes whose oral hygiene is poor. It is important that these broken teeth get brushed as they will build up plaque too.

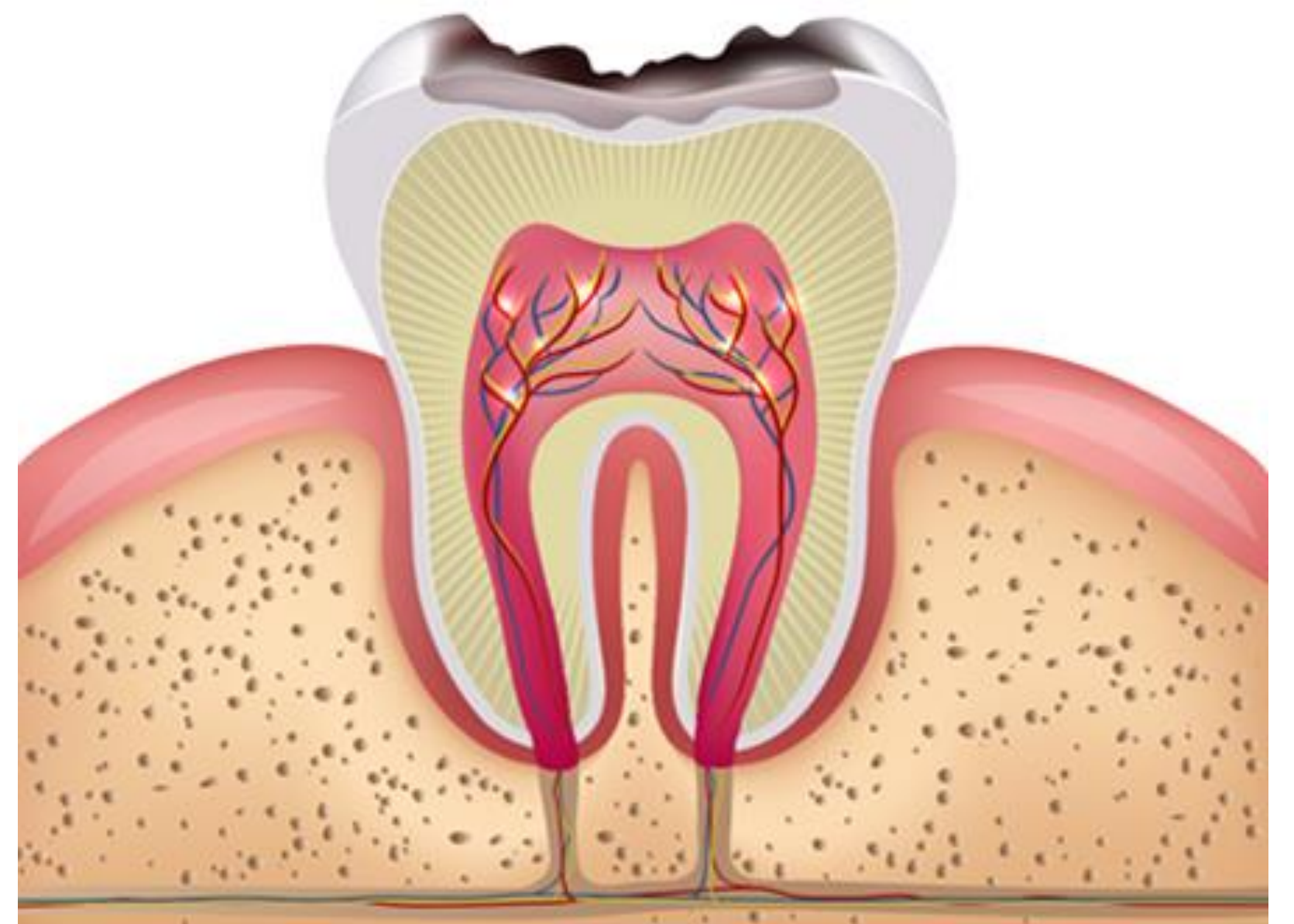
- Brush twice daily with a fluoride toothpaste
- Avoid rinsing after brushing



HOW IS A CAVITY FORMED?

TOOTH DECAY IS THE GRADUAL
DESTRUCTION OF A TOOTH
CAUSED BY THE COMBINATION OF...

PLAQUE BACTERIA
+
SUGAR



HOW A CAVITY IS FORMED

1. When sugar is consumed the environment of the mouth becomes acidic



2. Any plaque on the teeth becomes acidic



3. It takes approximately 30 minutes after consuming sugar for the mouth to become neutral again.

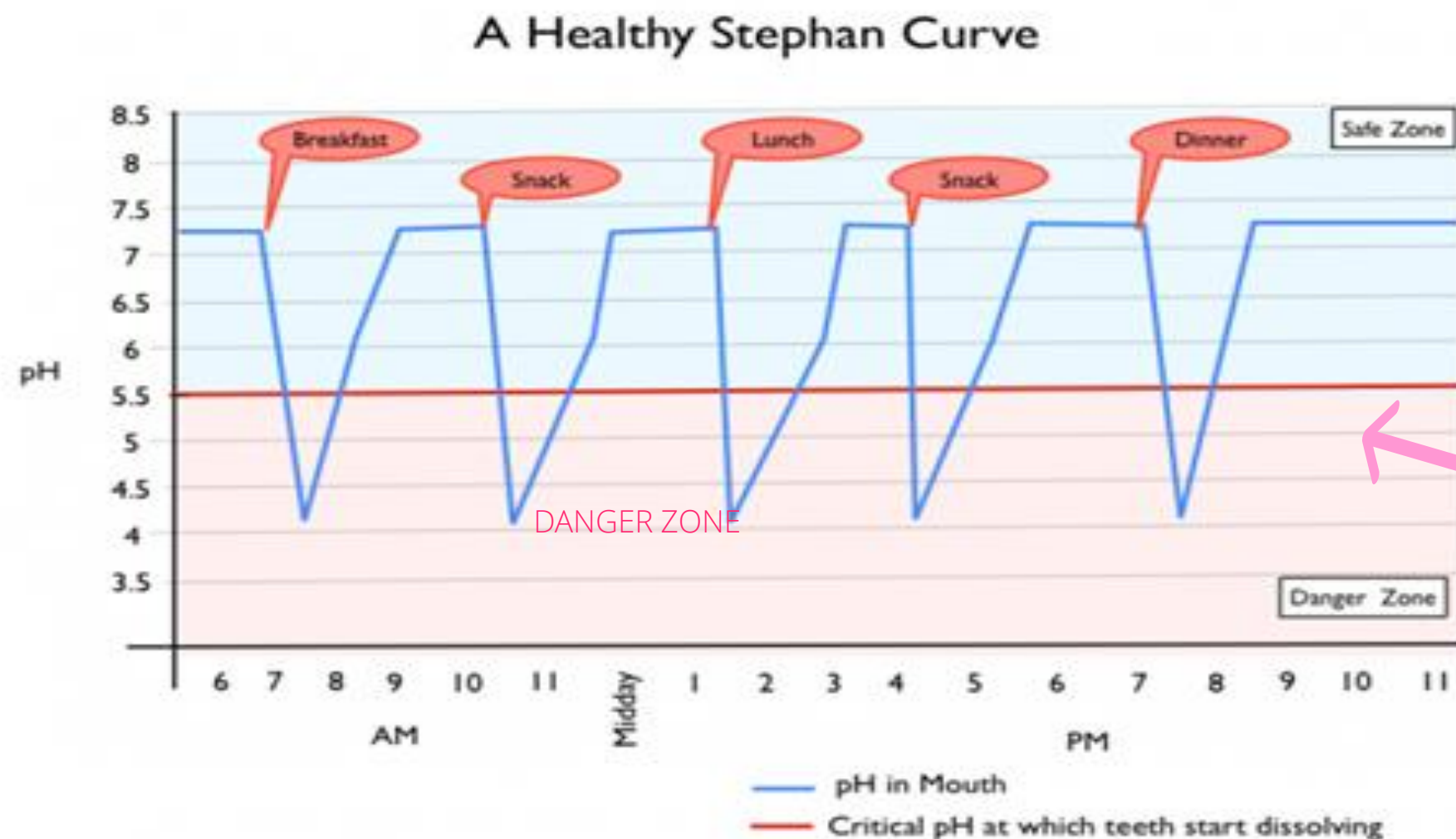


4. With repeated episodes, the acidic plaque gradually dissolves a hole, this is called a cavity

IS THERE A BEST TIME TO CONSUME SUGAR?

It is important to know that when something is consumed that contains sugar it will cause the environment of the mouth to become acidic.

Any plaque that has been left on the teeth will also become acidic and if constantly repeated, gradually overtime this will cause the teeth to demineralize (decay).



This diagram demonstrates what happens each time something sweet is eaten.

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- ORAL HEALTH AND THE BODY



- DAILY ORAL CARE



- COPING STRATEGIES FOR PEOPLE THAT RESIST



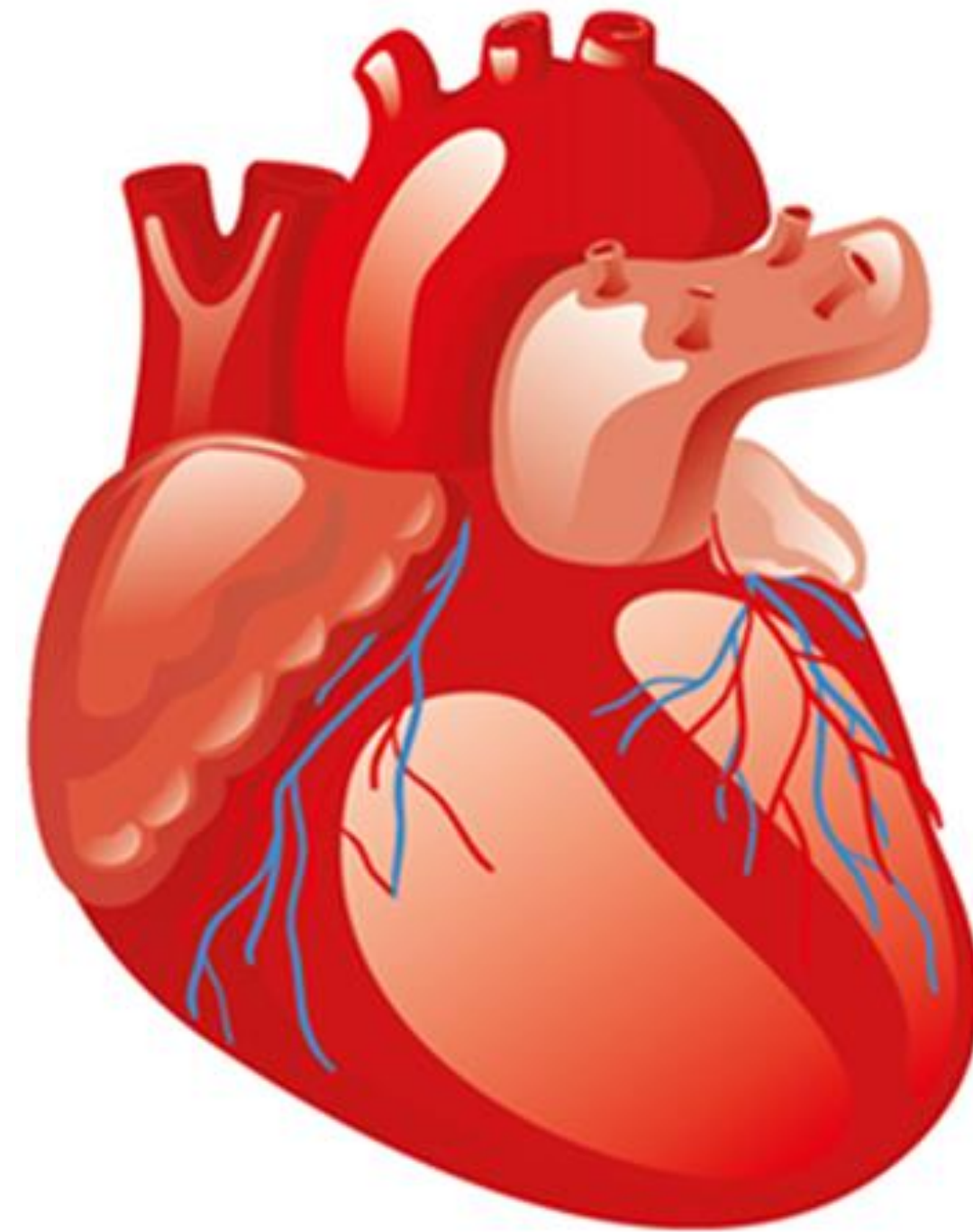
- ORAL HEALTH ASSESSMENT



- PALLIATIVE MOUTH CARE

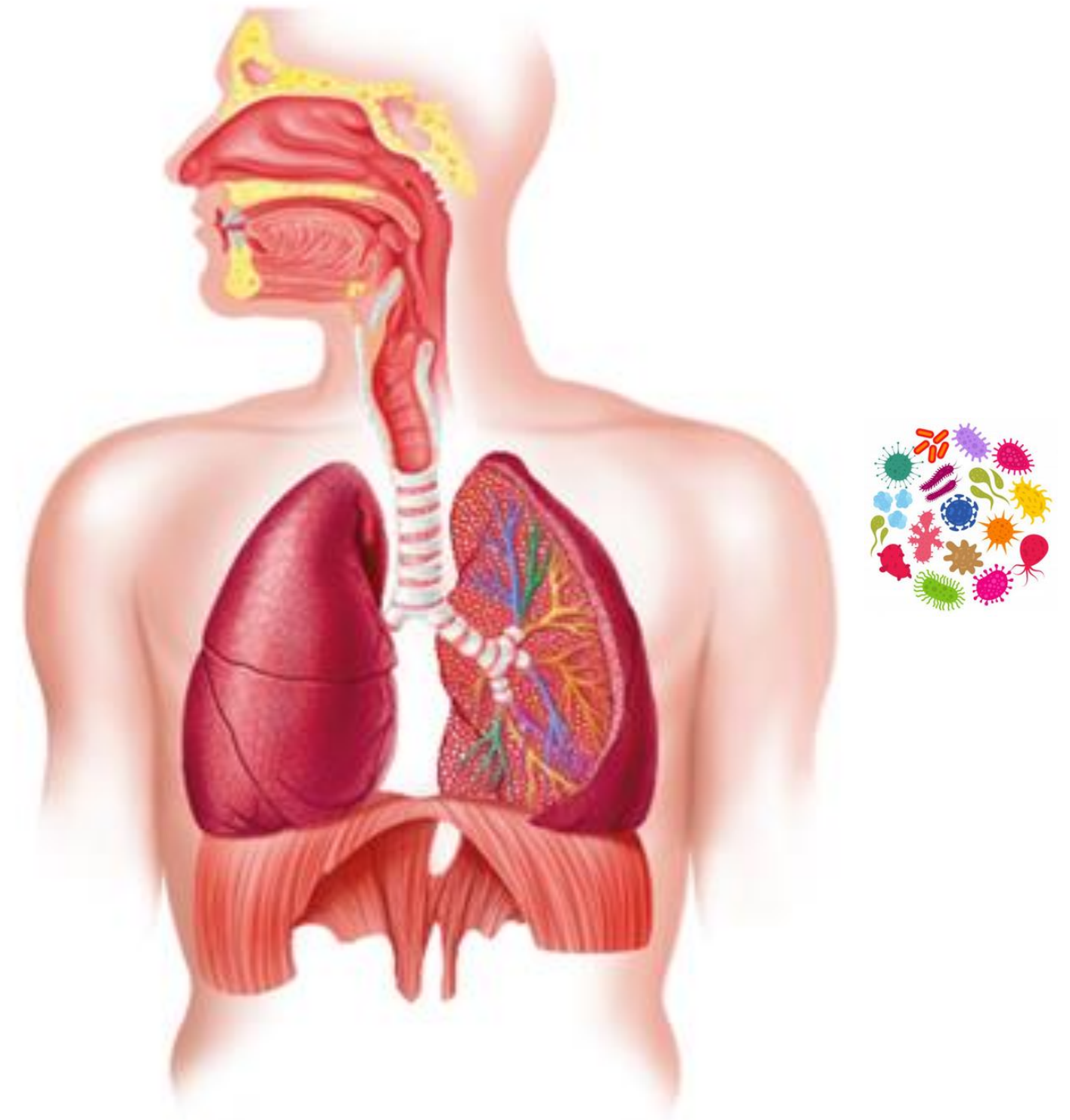
LINK BETWEEN POOR ORAL HEALTH AND THE BODY

Experts believe that bacteria from the mouth enter the bloodstream and cause damage to organs.



ASPIRATION PNEUMONIA

Aspiration pneumonia is a life-threatening condition where plaque and food debris from around the teeth and dentures get inhaled into the lungs to cause an infection.



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POSITIONING

If assisting with toothbrushing you may prefer to sit the resident as it will be less stressful on the back and you will have better visibility

If the person is in an upright position stand to the corner of the person

Two carers maybe required

- 1 to support head
- 1 to retract cheek and brush



ORAL CARE REGIME

Plaque should be removed from the teeth and/or dentures twice a day.
The most effective tool for removing plaque is a TOOTHBRUSH

Oral Hygiene aids:

- TOOTHBRUSH

 - Manual toothbrush

 - Electric brush

- TOOTHPASTE (with fluoride)

- INTERDENTAL AIDS (floss, water flosser, interdental brushes)

- MOUTHWASH (optional)



TOOTHPASTE

Consider using a toothpaste that is low or non foaming for residents with a dry mouth.

Avoid using a whitening toothpaste as this has a drying effect in the mouth



TOOTHBRUSH

Manual

Use a soft bristled small headed toothbrush as it will reach more areas, cleaning more teeth surfaces than a larger brush head



Electric

Easy grip

Easy to use

Consideration

May not be able to tolerate the vibration



GET PEOPLE TO SPIT OUT NOT RINSE OUT!

Most toothpastes contain fluoride which helps strengthen enamel and helps against decay. Try and encourage residents to spit out excess toothpaste and not rinse, allowing the toothpaste longer time to work!

Get resident to rinse with water if;
Someone has a dry mouth OR if someone requests to rinse



TOOTHBRUSHING

Plaque will stick to any hard surface. It will adhere to teeth and dentures. Plaque needs to be removed manually with a toothbrush.

- Plaque lies along the neck of the teeth so the gum margins must be brushed.
- Angle the small headed toothbrush at the gum margins
- Use in a short back and forth motion
- Start with the front teeth brushing the outer surfaces and then moving towards the back teeth
- Don't get too concerned about how long to brush for instead concentrate on trying to brush all the teeth surfaces.



USING ALTERNATIVE TOOTHBRUSHES

A Collis Toothbrush or Superbrush designed for people with special needs. The bristles wrap around the outer and inner surfaces of the teeth when brushing.



FOR PEOPLE THAT GAG OR TRISMUS

A child's toothbrush or Single Tufted Brush (picture) is suitable for reaching awkward areas of the mouth in an adult and/or a small brush with few bristles (left) is ideal for people that gag or have limited opening [trismus]



PRODUCTS FOR PEOPLE WITH SWALLOW DIFFICULTIES

For people of all levels of dysphagia.

- Damp or dry small headed toothbrush with or without pea-size amount non-foaming toothpaste. Mouthwash can be applied to toothbrush instead of t/paste
- Damp gauze [water or m/wash]
- Suction toothbrush – for individuals that require assistance with t/brushing
- Disposable suction t/brush [suction pump required]



DYSPHAGIA AND MOUTHCARE MANAGEMENT

Management

- POSITIONING – turn head to one side with chin down, avoid tilting head back
- EVALUATE ORAL HYGIENE STATUS
- REMOVE DENTURES, CHECK SOFT TISSUES Lip/mucosa
- CLEAN TEETH &/OR DENTURES
- REMOVE ANY SECRETIONS with a soft, MC3 Stick or small headed brush soaked in water or mouthwash
- MANAGE DRY MOUTH



MOUTHCARE FOR PEOPLE WITH COVID-19

Public Health England Guidance

- Encourage people to brush their own teeth if they can.
- If assisting someone, come from the side or behind person and not in front
- These people are more likely to cough, keep person upright as possible.
- If person has a dry mouth encourage sips of water, hydrate the mouth and lips with product or water.
- Use a manual toothbrush (small head, soft bristles)
- Avoid using an electric toothbrush as it generates 'splatter'
- Get person to spit into a cup
- Store toothbrush & paste in a sealed named washbag



Enhanced PPE for personal care

Disposable Gloves, Mask, Visor, Apron

DENTURE CARE

REMEMBER plaque will stick to any hard surface.

Whether a person wears metal or acrylic dentures, it is recommended to use a mild soap or denture paste & water when cleaning them.

If denture cleaning products are used, read the manufactures directions [usually advise 20 mins soaking] NOT OVERNIGHT!

Whilst dentures are out of the mouth, the person should rinse their mouth with water to remove any food debris

It is particularly important that partial dentures are removed at night.

STORING DENTURES

Store dentures DRY in a named pot as drying helps destroy organisms on the denture that causes inflammation.



DENTURE STOMATITIS

Inflammation and redness from under the denture/s is often from leaving denture/s in the mouth for too long.



It is best practice that dentures are BRUSHED and removed at night and stored in named pot overnight

ILL FITTING DENTURES

Significant weight loss can result in loose fitting dentures



Recommended

Denture fixative / Reline

Denture marking is a NICE recommendation

Ensure that denture cleaning products are locked away

NEWS

An 83yr old resident died after swallowing a denture cleaning tablet after mistaking a Steradent tablet for a mint.

The country's health care services regulator, said it issued warnings about Steradent to its 2,500 inspectors after the fatality.

Denture cleaning products if used are to be locked away.



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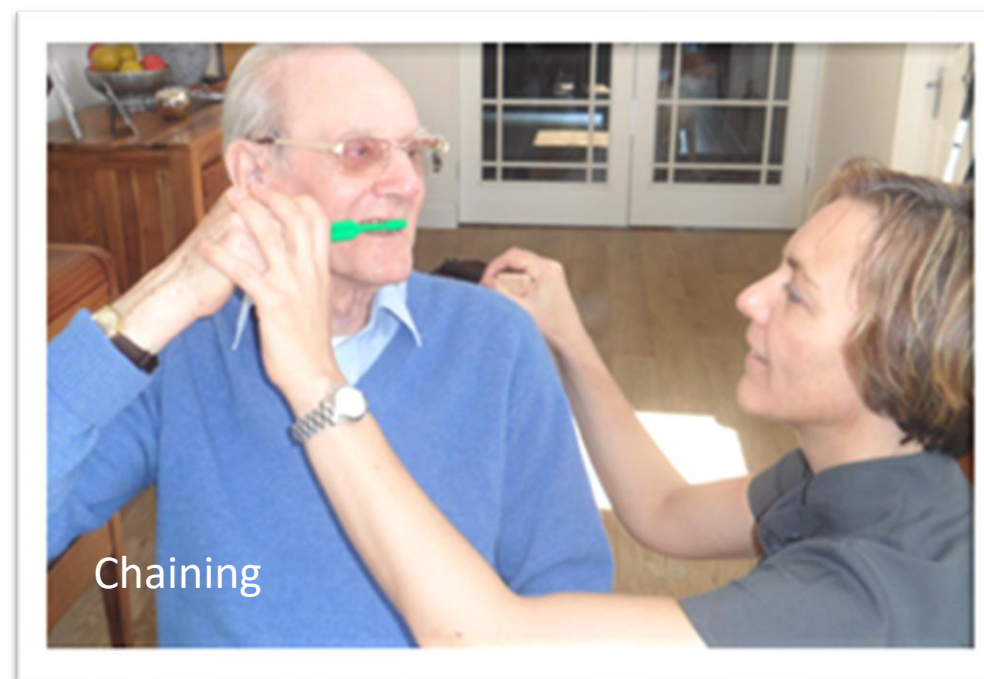
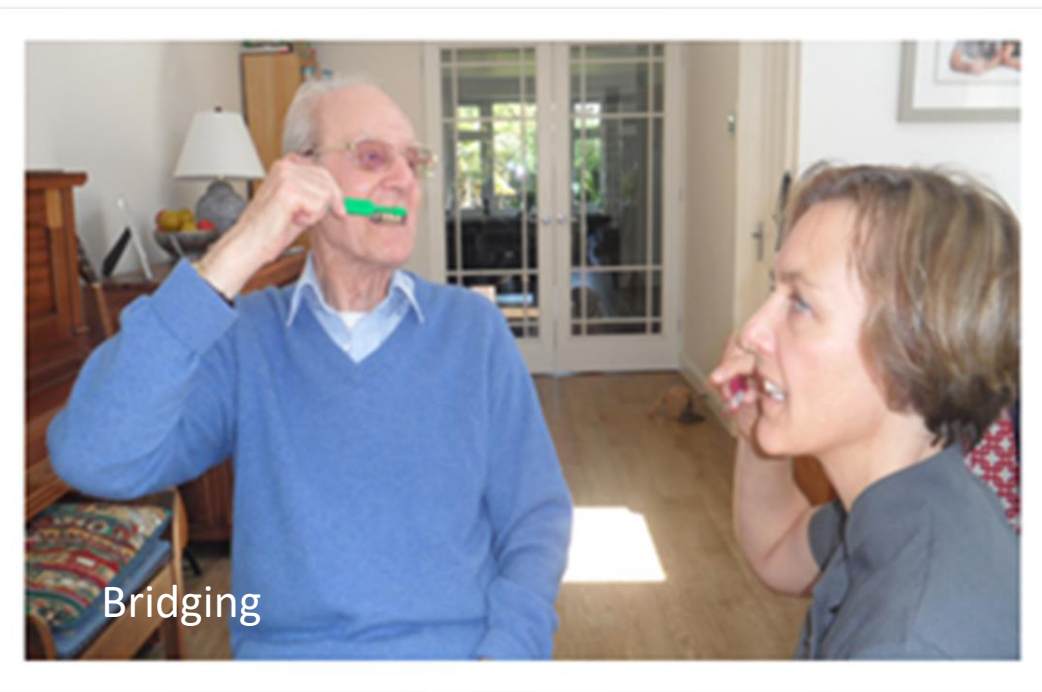
TIPS AND COPING STRATEGIES

Try to get people to brush their own teeth as people are less resistant if they are able to as it gives them a sense of control.

BRIDGING Get the resident to mimic what you are doing... 'follow my leader' giving person full control. Give them a toothbrush and you have one, they mirror your behaviour.

CHAINING Put your hand over theirs and brush together explaining what you are doing and why you are doing it and then get the person to take over and brush by themselves.

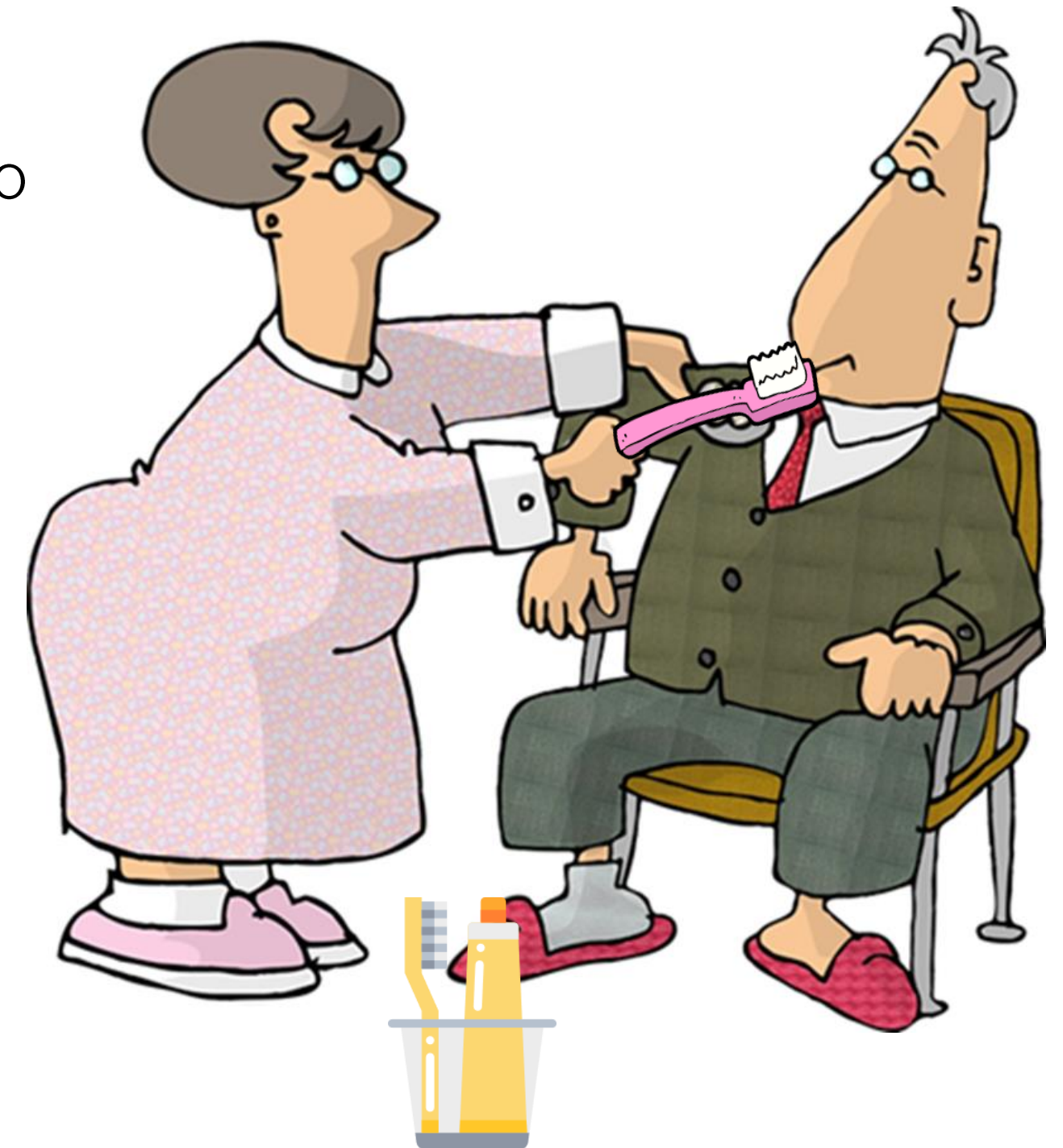
HAND ON HAND if chaining is not successful continue brushing their teeth with them.



REFUSING MOUTHCARE

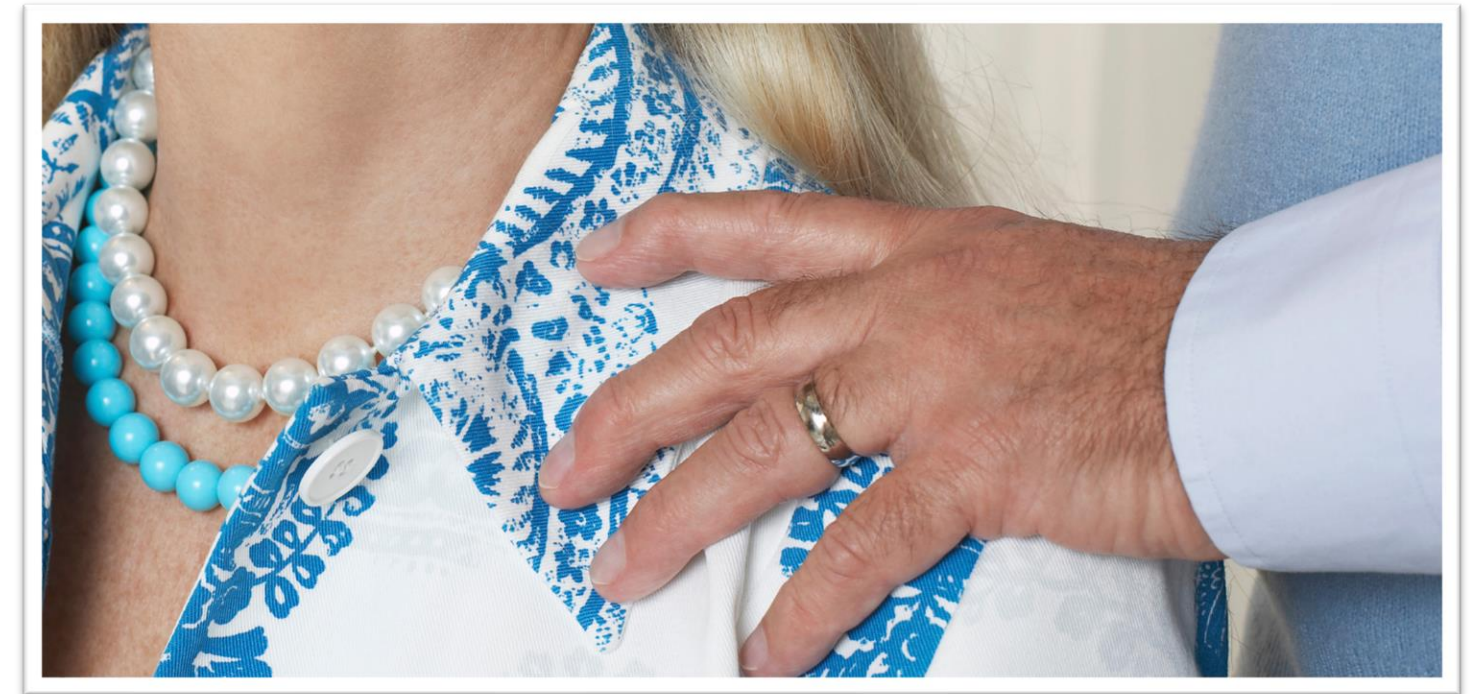
As people advance with dementia they can become particularly resistant to oral care. There are coping strategies that staff may find helpful.

- **DISTRACTING** Try giving the person something to hold or do
- **RESCUING** When someone different takes over brushing – they may have a different approach or different manner
- **TIMING** Try prompting brushing at different times of day it doesn't necessarily have to be carried out in the morning!



Hand on Shoulder Distraction Technique

Teepa Snow's Hand on Shoulder Distraction Technique
has received positive feedback from caregivers



1. Stand to the side dominant side of the resident. If the individual is right-handed stand to the right side as this is where all the brain history is for fine motor skills and automatic behaviour. The resident will also look and pay more attention if you are on their dominant side.
 2. Put the toothbrush in the resident's dominant hand so the resident thinks they are brushing their own teeth.
 3. Place your hand over theirs to guide their hand to their mouth [you are the tool manipulator]
 4. Place your other hand on the resident's shoulder closest to you, applying downward pressure.
- This technique is tricking the brain not to pay so much attention to the mouth.

MANAGEMENT FOR PEOPLE WITH ORAL HYPERSENSITIVITY [NEURO-DISABILITY]

ROYAL HOSPITAL FOR
NEURO-DISABILITY

Oral hypersensitivity is a reduced tolerance around the face and mouth which can make mouth care difficult to perform..

This desensitizing technique is designed to build tolerance and should not be rushed.

1. Sit person upright, use pillows if required. Explain what you are doing calmly before you touch the person.
2. Build up tolerance to touch by firstly *touching hands* firmly, then touch the *top of the arms*, firmly. *Touch the shoulders* firmly with both hands. *Support the jaw* from the front with one hand. Maintain contact throughout the oral care procedure, as this will give stability.
3. Press firmly above upper lip before you introduce the toothbrush in the mouth. Press firmly below lower lip before you introduce the toothbrush in the mouth at the lower gums.
4. If patient shows hypersensitivity at any stage, stop, go back to the previous step and continue.

If someone refuses to open

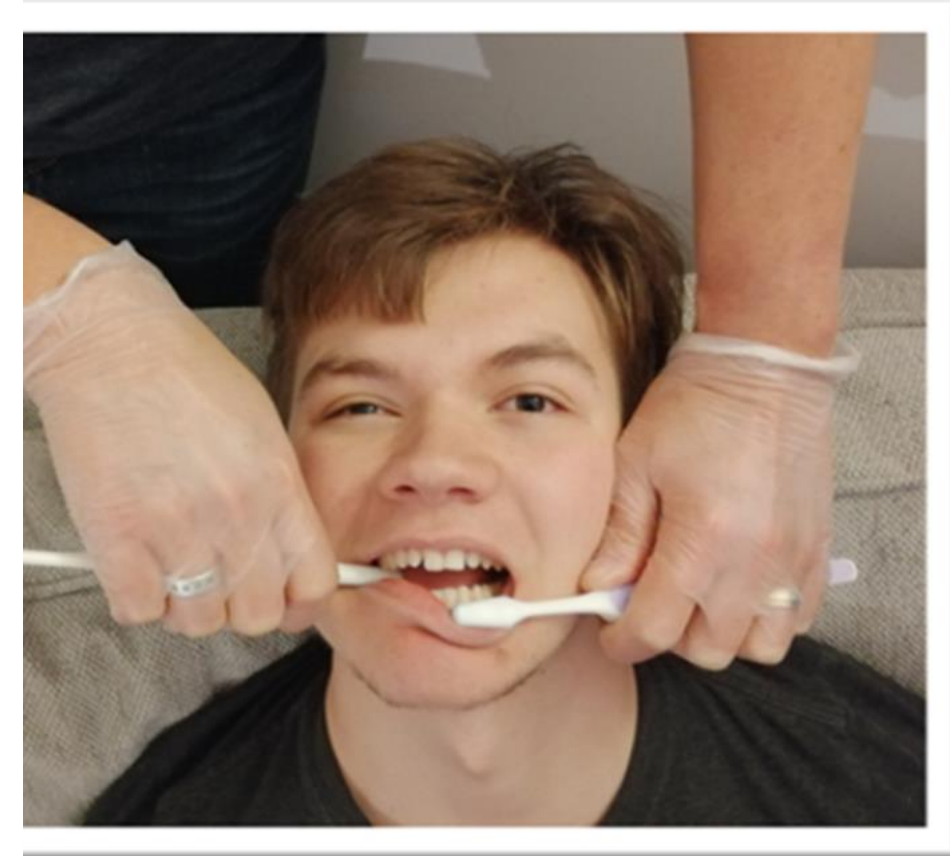
They may not understand you or may not want to have their teeth brushed.



- If the person is agitated then come back another time.
- If someone doesn't open then stroke the side of the cheek to encourage them to open their mouth
- Be reassuring. Say what you are going to do before you do it.
- Touch the mouth, or teeth gently with the brush to prompt opening.
- Place the back of the toothbrush against the lips and gently twist it so it opens the lips and touches the front teeth. Start by cleaning the outer surfaces of the front teeth. Then move to the outer surfaces of the back teeth
- Or if they will not open then with a smile, say that you'll come back later.

Biting the toothbrush

- If someone bites down on the toothbrush whilst brushing have another brush handy to continue brushing the teeth. This gives you access to the inside of the teeth Gently rubbing the cheek or jaw – relaxes jaw to release the toothbrush



If someone shows physical aggression

Come back later; pick another time of day when the person is calmer and more receptive.

- Try someone the person is more familiar and relaxed with.
- Be patient, take time and be reassuring.
- Do not talk about the person but always to the person.
- Explain what you are going to do and why you are going to do it.
- Stay calm and quiet yourself.

Look in the mouth for any signs of soreness, infection, broken teeth etc.

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QUALITY STANDARDS

published June 2017 (CQC)



- ORAL HEALTH ASSESSMENTS IN CARE HOMES



- RECORDING MOUTH CARE NEEDS IN CARE PLANS



- SUPPORTING DAILY MOUTH CARE IN CARE HOMES

QUALITY STANDARD



Oral Care for Adults in Care Homes NG48

1. Oral Health Assessment for all new resident regardless of how long their stay
2. Recording mouth care needs in care plans
3. Supporting daily mouth care in care homes

NICE RECOMMENDS HAVING

Oral Care Policy

Oral Care Champion

Oral health assessment tool

Resident: _____ Completed by: _____ Date: _____

Scores – You can circle individual words as well as giving a score in each category
(* if 1 or 2 scored for any category please organise for a dentist to examine the resident)
0 = healthy 1 = changes* 2 = unhealthy*

Lips:	Dental pain:	Natural teeth Yes/No:
Smooth, pink, moist 0	No behavioural, verbal, or physical signs of dental pain 0	No decayed or broken teeth or roots 0
Dry, chapped, or red at corners 1	There are verbal and/or behavioural signs of pain such as pulling at face, chewing lips, not eating, aggression 1	1-3 decayed or broken teeth or roots or very worn down teeth 1
Swelling or lump, white, red or ulcerated patch; bleeding or ulcerated at corners 2	There are physical pain signs (swelling of cheek or gum, broken teeth, ulcers), as well as verbal and/or behavioural signs (pulling at face, not eating, aggression) 2	4+ decayed or broken teeth or roots, or very worn down teeth, or less than 4 teeth 2

Oral cleanliness:	Dentures Yes/No:
Clean and no food particles or tartar in mouth or dentures 0	No broken areas or teeth, dentures regularly worn, and named 0
Food particles, tartar or plaque in 1-2 areas of the mouth or on small area of dentures or halitosis (bad breath) 1	1 broken area or tooth or dentures only worn for 1-2 hours daily, or dentures not named, or loose 1
Food particles, tartar or plaque in most areas of the mouth or on most of dentures or severe halitosis (bad breath) 2	More than 1 broken area or tooth, denture missing or not worn, loose and needs denture adhesive, or not named 2

Saliva:	Tongue:	Gums and tissues:
Moist tissues, watery and free flowing saliva 0	Normal, moist roughness, pink 0	Pink, moist, smooth, no bleeding 0
Dry, sticky tissues, little saliva present, resident thinks they have a dry mouth 1	Patchy, fissured, red, coated 1	Dry, shiny, rough, red, swollen, 1 ulcer or sore spot under dentures 1
Tissues parched and red, little or no saliva present, saliva is thick, resident thinks they have a dry mouth 2	Patch that is red and/or white, ulcerated, swollen 2	Swollen, bleeding, ulcers, white/red patches, generalised redness under dentures 2

☐ Organise for resident to have a dental examination by a dentist
☐ Resident and/or family or guardian refuses dental treatment
☐ Complete oral hygiene care plan and start oral hygiene care interventions for resident
☐ Review this resident's oral health again on date: _____

With kind permission of the Australian Institute of Health and Welfare (AIHW). Source: AIHW Caring for oral health in Australian residential care (2009).
Modified from Kayser Jones et al. (1995) by Chalmers (2004).

TOTAL: _____
SCORE: 16

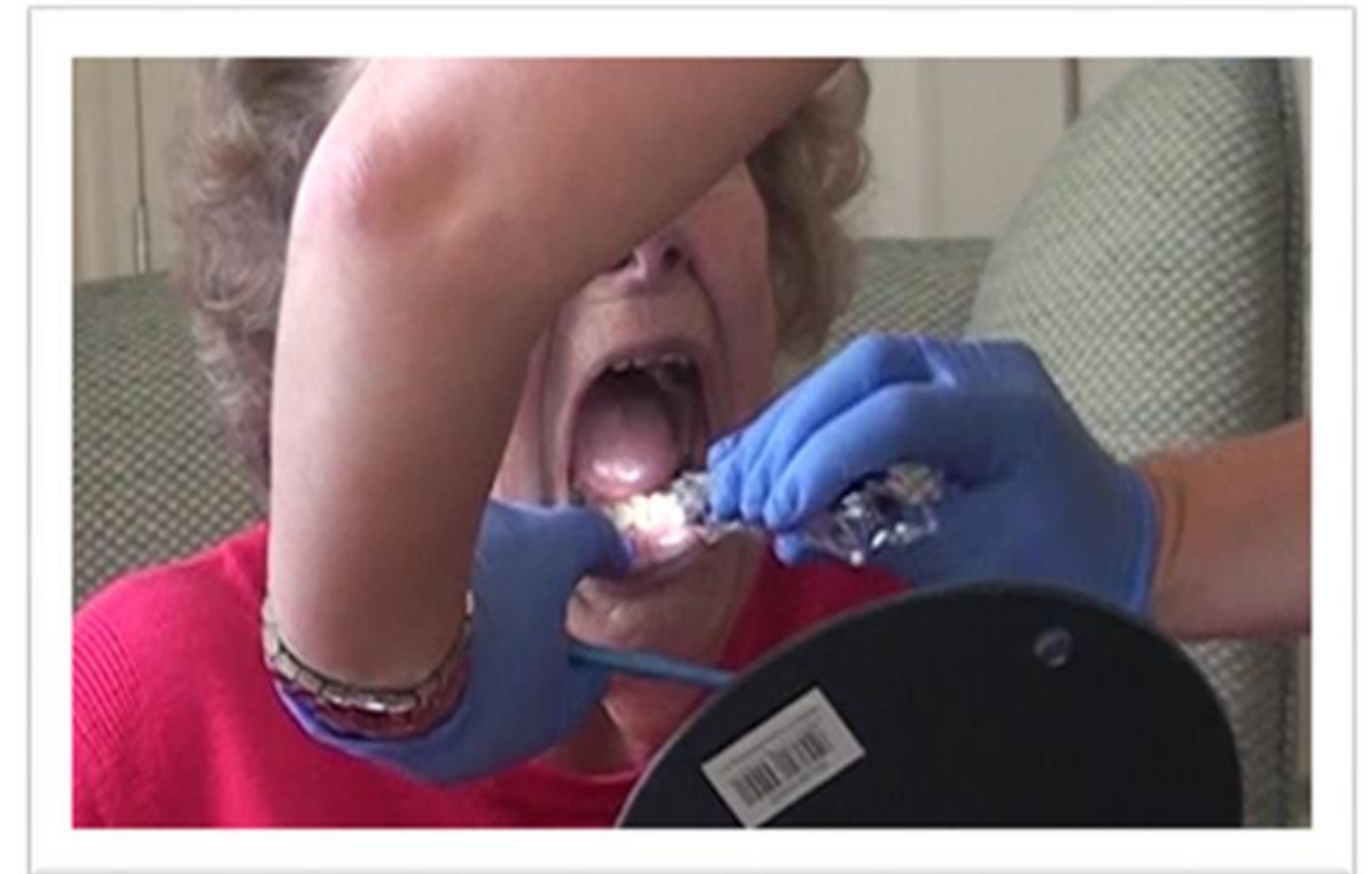
ORAL HEALTH ASSESSMENT



Residents have their mouth care needs assessed on admission regardless of how long their stay

It should be noted if someone has:

- Broken teeth
- Wears a denture/s [broken/loose]
- Has any obvious sores or lesions [where?]
- If complaining of any discomfort in the mouth
- If registered with a dentist [when last attended]



DRY MOUTH [xerostomia]

Saliva plays an important role in oral clearance with mastication and swallowing. It has an important enzyme, and antibacterial action that has protects the teeth and gums

Residents with a dry mouth are at increased risk from

- dental decay
- gum problems
- difficulties in denture retention
- chewing and swallowing problems
- retaining food in the mouth
- halitosis
- oral thrush

MANAGEMENT

ENSURE RESIDENTS HAVE REGULAR FLUID INTAKE

- Water
- Sugar free squash

Avoid fruit juices and drinks that contain added sugar



BLACK HAIRY TONGUE

It looks sinister but it's harmless and is usually related to ineffective shedding of the top surface of the tongue making the tongue appear black, yellow, brown or green discoloration.

Certain lifestyle factors can increase the likelihood such as smoking alcohol, dehydration and poor oral hygiene.

MANAGEMENT

Usually involves gently brushing the tongue with a soft toothbrush and toothpaste.



ORAL THRUSH

Oral thrush is a fungal infection of the mouth. It is not contagious and is usually successfully treated with antifungal medication.

Symptoms of oral thrush can include:

- White patches (plaques) in the mouth that can often be wiped off, leaving behind red areas that may bleed slightly
- Loss of taste or an unpleasant taste in the mouth
- Redness inside the mouth and throat
- A painful, burning sensation in the mouth
- Cracks at the corners of the mouth

Angular Cheilitis
Keep clean and
moisturized



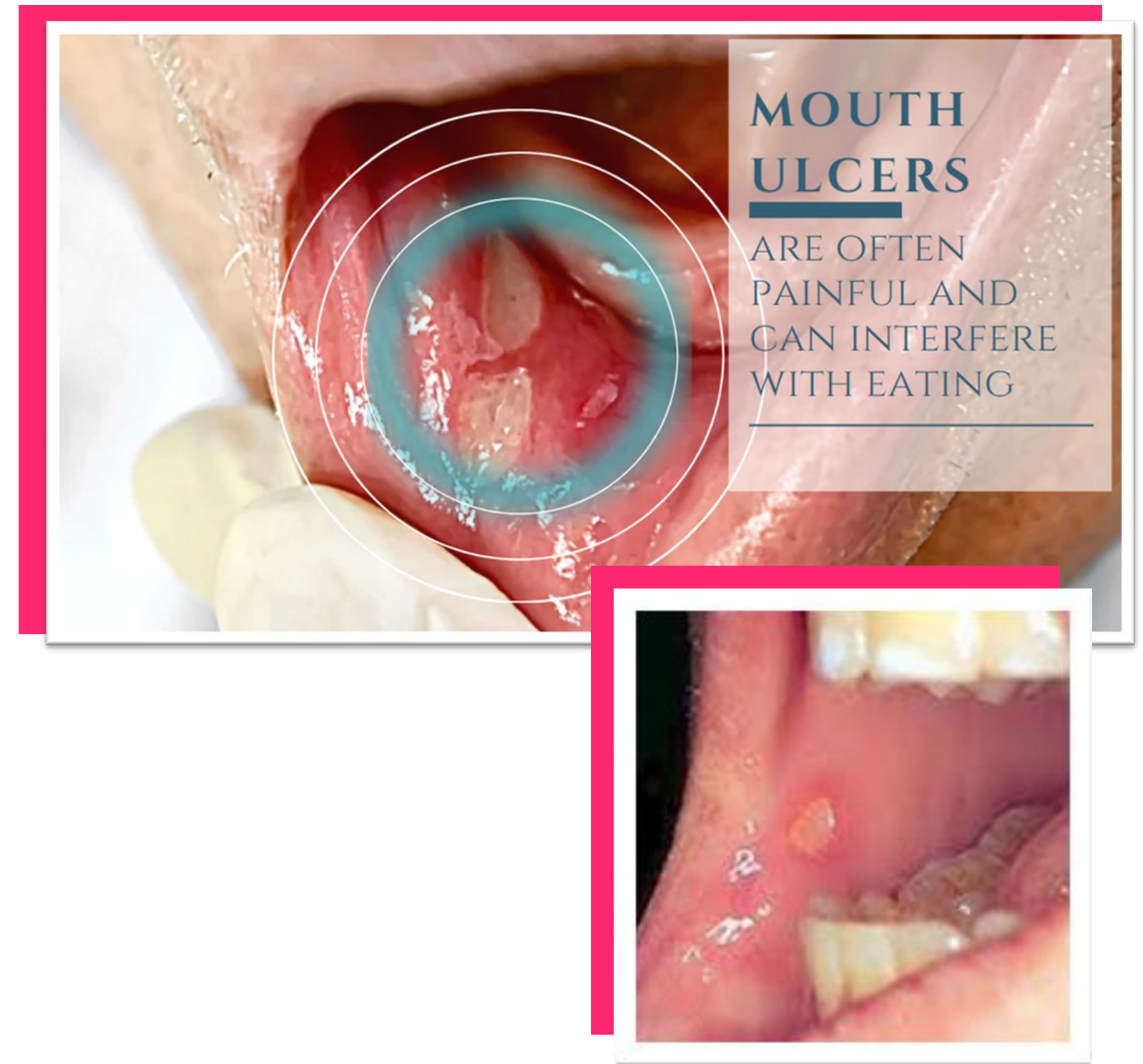
more likely to occur in
older adults due to
reduced immunity

requires a
dentist or GP to
intervene

MONITOR A LESION IN THE MOUTH

Cancer awareness - Notify a health professional (GP or dentist) if a lesion does not appear to be healing after 14 days.

- A non-healing ulcer that is present in the mouth for more than two weeks
- A white or red patch on the tongue, palate or on the mouth lining
- Swellings in the mouth with no obvious cause



ORAL CONDITIONS

HERE ARE SOME CONDITIONS YOU MAY FIND

- Dry mouth (xerostomia)
- Gingivitis (bleeding gums)
- Angular cheilitis (sore at the corners of the mouth)
- Oral thrush (candidiasis)
- Ulcer
- Cancer awareness - Notify a health professional (GP or dentist) if a lesion does not appear to be healing after 14 days.



RECORDING MOUTH CARE NEEDS IN CARE PLANS



DEVELOPING AN ORAL CARE PLAN

Record mouthcare requirements and oral care preference to products.

- Product/s used e.g. Powered/manual brush, toothpaste, denture fixative, denture cleaner, mouthwash...
- Level of co-operation and support needed



SUPPORTING DAILY MOUTH CARE



**Reminding, prompting, supporting,
documenting**

- REMIND AND/OR PROMPT PEOPLE TO BRUSH
- ASSIST WITH ORAL CARE WHEN NECESSARY
- RETURN IF A PERSON REFUSES BRUSHING



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PRODUCTS FOR PALLIATIVE MOUTH CARE MANAGEMENT



Non or low foaming toothpaste



glycerol swab



360 toothbrush



patroleum based balm



sponge swabs



Non-fraying damp gauze



small headed toothbrush



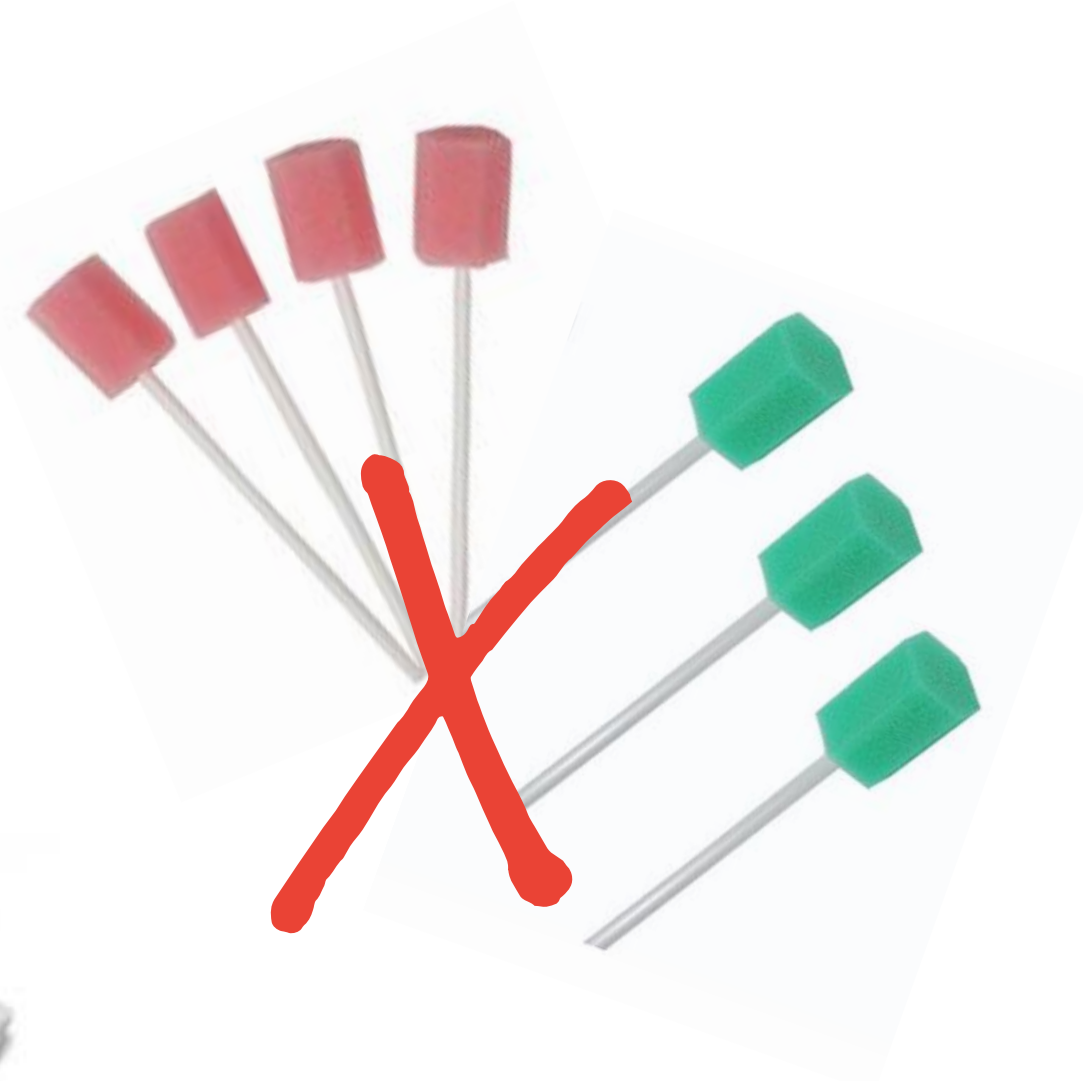
MC3 Stick

SPONGE SWABS BANNED IN WALES AND ON A MEDICAL DEVICE ALERT IN ENGLAND

Following an incident in Wales where a pink mouth sponge was used by a carer, the sponge head became detached which led to a death. The mouth sponges have been banned in Wales. Banned care product responsible for over 800 safety incidents in NHS
July 3, 2017

The use of all mouth sponges are discouraged in England

Palliative Mouthcare Management Tools



PALLIATIVE MOUTHCARE MANAGEMENT

- Brush the teeth twice a day with a soft toothbrush and toothpaste
- If the individual is able, rinse with water or a mouthwash. Consider warm saline mouthwash to remove debris as it is soothing.
- If tongue is heavily coated, especially if causing distress, brush with a soft toothbrush and use an antiseptic mouthwash, such as one that contains Chlorhexidine.
- Dentures should be removed at night and cleaned with a soft toothbrush and unperfumed soap and stored dry in a named denture pot.

Frequency

- Conscious patients require 4-6hrs mouth care
- Unconscious/ ventilated/ end of life patients require 1-2hrs mouth care



This may not necessarily be brushing teeth each time but to ensure that the mouth is hydrated as people that are unconscious often breathe through their mouth.

END OF LIFE – PRODUCTS DISCOURAGED

Some care facilities use pineapples and alcohol in end of life.

Pineapples

contain an enzyme that breaks down stringy saliva but it is not recommended as it over exacerbates the saliva glands drying the mouth. Also if someone has ulcers it causes discomfort.



Alcohol

Hydrating the mouth with alcohol is not advised as it will dehydrate the mucosa leaving the person with an extremely dry mouth.



RECOMMENDED

WATER will help breakdown stringy saliva and hydrate the mouth.



Thank you for completing Essential Oral Care Training



For any oral health related questions please contact **Knowledge Oral Healthcare**,
01243 710119 or info@kohc.co.uk where a dental care professional will give advice.