When caring for people who do not have teeth, daily oral hygiene should be in place as for people who are dentate (having teeth.)

Oral Health is one of the key ways in which we can deliver care to the person to keep them comfortable and lessen any suffering. The health of your mouth can have a great impact on your general health and quality of life. The mouth is dark and moist and is a breeding ground for bacteria! Medications and poor nutritional intake can also contribute to the oral condition.

The daily oral hygiene routine may change and no longer be appropriate. The person may be:
- nil by mouth
- receiving oxygen therapy
- suffering from Dysphagia (difficulty in swallowing)
- having fluid restrictions
- being on oral pain relief
- having good days and bad days.

This can be exasperated by:
- the lack of chewing ability
- mouth breathing
- pooling of debris in the mouth
- Xerostomia (dry mouth)
- difficulty in maintaining oral health
- nausea/vomiting.

This can then lead to:
- Oral Mucositis (inflammation and ulceration)
- infection (viral, bacterial, fungal)
- function disabilities
- taste alterations
- Burning Mouth Syndrome
- bleeding
- trismus.
The key objectives for daily oral care are to alleviate pain/discomfort and decrease the risk of infections and improve general well-being by:

- keeping the lips and soft tissues moist and intact
- freshening the mouth and preventing halitosis
- regular oral assessments and appropriate interventions.

A daily routine of mouth care should be as follows:

- oral hygiene should be carried out twice daily. Once last thing at night and at one other time of the day
- a soft headed toothbrush and a non-foaming toothpaste should be used
- retract lips and tongue and gently brush the gums, palate and soft tissues
- frequency of mouth care and lubrication may need to be increased if the person is suffering from a profound effect of Xerostomia (Dry Mouth)
- dry or sore lips should be lubricated with a non-petroleum product
- when brushing is not possible then the MouthEze can be used to freshen, moisten and remove the build-up of secretions. You can also use a gloved finger wrapped in gauze
- a mouth check should be completed and any remarks should be noted on the daily oral hygiene chart which should form part of their care plan.

The dental team should be involved in the management of suspected infections, widespread ulceration, oral pain, facial swelling or significant changes in the oral condition and should be reported to appropriate medical/dental professionals.

Some treatments can be carried out in the home/care facility if necessary for severely debilitated patients.

Contact the Dental Advice Line for Dental Domiciliary Care on 0300 123 7691.

It is essential to maintain good oral hygiene routines specific to patient needs twice daily:

- sponge /foam sticks are not recommended for use in the mouth due to their roughness and possible choking risk
- chlorhexidine (0.2%) mouthwash can be used daily if there is infection
- Dry Mouth (Xerostomia) can result from mouth breathing, disease, depression and medication. It increases the risks of oral infections and gum disease and can result in discomfort, altered taste and difficulties with eating and speaking.
FACT SHEET – Dental Services

Treatment includes:

- treating underlying cause if possible
- keeping lips soft with water based lubricants, KY jelly or Oral Balance Gel (Vaseline is not recommended due to containing petroleum which has a drying effect)
- keeping the person hydrated with frequent sips/sprays of water
- stimulating saliva flow with sugar free gum/sweets if appropriate
- saliva substitutes (Ask your pharmacist)
- avoiding alcohol (including mouth rinses which contain this), spicy foods, dry or hard foods

**Glycerine/lemon** products are **not recommended** as they can have a drying effect on the mouth.

Oral candidosis needs to be reported to medical/dental professionals to access treatment such as topical and/or systemic anti-fungal medication and appropriate preventive changes in oral care should be accessed.
Daily Oral Hygiene Chart

*Please comment and tick in each box 2 times daily when oral hygiene is undertaken.*

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Comments *(please use image to the right to identify)*
Suggested Oral Health Personal Mouth Care Kit

Moutheze
Each MoutEze stick features a cone shaped head with smooth rounded filaments, which gently soothe the soft tissues when cleaning the oral mucosa. By applying a rotating action, MouthEze can collect debris as it cleans. MouthEze is for those people who are dependent or require assistance for mouth care and for people where conventional methods i.e. toothbrushes and sponge swabs are not suitable.

Tepe Special care toothbrush: Super soft
For use and for anyone with sore or very delicate oral issue.

Finger brush
Toothbrush head is a round shape with a brush. It is made of a silica gel material which is very soft.

Non-foaming/Unflavoured toothpaste: OraNurse
This toothpaste is specially formulated for people sensitive to strong flavours and does not contain sodium lauryl sulphate.

Non-petroleum lip balm
Without parabens, harsh preservatives or petrolatum.

Mouth wash. Alcohol free/for dry mouths
Alcohol free mouth rinse does not contain alcohol, which is better for people with dry mouths.

Chlorhexidine (0.2%) mouthwash can be used daily if there is infection.

Oral Health Promotion Team, Somerset Primary Care Dental Services
Tel: 01278 773180
Email: OHPOffice@sompar.nhs.uk Website: www.sompar.nhs.uk/dental

If you would like to contact our Patient Advice and Liaison Service (PALS) please telephone 01278 432022 or email pals@sompar.nhs.uk