Mouth Care for Adult Patients in Hospital

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A Very Brief Overview!
Learning Outcomes

- To be able to state why mouthcare is important for general health
- To know how to assess the mouth
- To know the signs of some oral conditions that would require attention
- To be able to state what routine mouthcare should be carried out for patients
Why is mouth care important?

- Quality of Life
- Mastication
- Speech
- Self esteem
- Social Interaction
- Good oral Health
- Aesthetics

Quality of Life
Is there a need for it?

91% of newly admitted patients have oral health problems (Konradsen et al)

- Plaque/debris
- Decay
- Damaged dentures
- Dry mouth
- Changes to tongue

Will being in our care make a difference to this?

“Oral health...deteriorates following hospitalization in CCU” (Needleman et al)

Will being in our care make a difference to this?

“[Hospitalisation was associated with an] increase in dental plaque accumulation and gingival inflammation and a deterioration in mucosal health.” (Terezakis et al)

Impact on General Health

Oral health and systemic disease: a rapid review of the evidence

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Purpose and Summary of Document: Work is being performed as part of the 1000 Lives Plus programme to establish the role of poor dental hygiene and the development of periodontal disease (POD) on the outcomes of systemic diseases. The present document reports the results of a rapid review of the literature on the association of oral health and systemic diseases. Evidence was particularly sought for a causal role for POD. There was some evidence, mainly observational in type, to support an association with the diseases studied, but evidence to support causality was lacking. Evidence was inconsistent on the most effective oral hygiene methods, but ongoing research may clarify this issue.
Findings:

“Pneumonia is a considerable problem in critically ill ventilated patients. A number of observational studies have suggested an association of POD and pneumonia in such patients.”

“Evidence …showed that after adjustment for variables known to increase cardiovascular risk, there remained a significant increase in both incidence and prevalence of cardiovascular disease (CVD) in subjects with POD.”
Findings:

“Substantial evidence from systematic reviews and meta-analyses supported an association between POD and diabetes.”

“There was some evidence indicating an association between POD and adverse pregnancy outcomes.”
Impact on General Health:

Ventilator Associated Pneumonia
Oral Care Intervention & VAP

Increasing evidence for the incidence of VAP & poor oral health (Fields, Lorraine)

Results were startling!

- VAP rate dropped to zero within one week in intervention group
- Control group dropped after 6 months
- VAP rate rose at the end of the study
What Did they Do?
Examining the mouth

- Consent
- Clean hands
- Good positioning
- Good light source
- Wooden tongue depressor/soft toothbrush
Looking in the mouth

- Record if patient has own oral hygiene products
- Be systematic

- Health Status
- Level of Support Needed
- Lips, tongue and soft Tissues
- Saliva
- Gums and Oral Cleanliness
- Natural Teeth
- Dentures
7 Areas to consider

For each area one of three health scores is given:

- 0 = Healthy
- 1 = Changes
- 2 = Unhealthy
Choosing a Care Plan

0 in all categories
- Care Plan A: Assess Weekly

1 in any category
- Care Plan B: Assess Weekly
- Nurse Intervention

2 in any category
- Care Plan C: Assess Daily
- Medic/Dental Intervention
Health and Support

- Pain?
- Speech/swallow?
- Nutrition?
- Breathing?
- Assistance needed?
- Increased risk of oral disease?
Soft Tissues and Saliva

- Access all areas!
  - Lips
  - Palate
  - Cheeks
  - Floor of mouth
  - Tongue

- Also check extra-orally

Health Status
Level of Support Needed
Lips, tongue and soft Tissues
Gums and Oral Cleanliness
Natural Teeth
Dentures
Saliva
Healthy

- Moist
- Intact
- Smooth
- Pain free

- Hard palate
- Soft palate
- Uvula
- Tonsil
- Tongue
Unhealthy

- Ulcers or blisters (score 2 if >3 weeks)
- White/red patches or blue/black patches
- Swellings
- Coatings
- Uneven movement
- Fissured/lobulated tongue
- Lack of saliva (may be scored 2 if severe)
Look Carefully!
Gums and Cleanliness

- Look behind teeth
- Get lips out of the way!
- Check in buccal sulci
Healthy

- Moist
- No bleeding
- Stippled
- Firm
- Normal pigmentation
Healthy

- Clean mouth
- No food
- No plaque
- No tartar
Unhealthy

- Ulcers or blisters (score 2 if >3 weeks)
- White/red patches or swellings
- Shiny, red and not stippled
- Loose teeth
- Bleeding
- Bad breath
- Debris in sulci
- Food, plaque or tartar (score 2 if severe)
Teeth

- Move soft tissues out of the way
- Check in buccal sulci
Healthy

- No broken teeth
- No decay
Unhealthy

- Bad breath
- Decayed or broken teeth (score 2 in some circumstances)
- Pain
And Finally…Dentures

- Can be all plastic or have metal parts
- Some have attachments for implants
- Handle with care!
Healthy

- Clean
- Intact
- Not affecting health adversely
Unhealthy

- Slightly loose or worn
- Broken but wearable
- Unable to wear
- Very loose or painful
Summary

- Be systematic
- Healthy colour and moist = good, red and dry = bad
- Swellings, coloured patches, coatings, blisters and ulcers need treatment
- An unclean mouth leads to other health problems
- Practice makes perfect!
Questions?

Thank you for listening!!
Healthy Or Not?
Remember…

0 = Healthy
1 = Changes
2 = Unhealthy
Practice Makes Perfect!
Let’s Look at Some Examples
Case 1

A fit and well 35 year old male is admitted for elective knee surgery. His oral assessment shows that his oral hygiene is good, but he has one broken tooth. There is a small ulcer on the tongue next to this tooth: the patient reports that this has been present a few days since he bit his tongue. He does not wear dentures and has no known allergies. He has brought a toothbrush into hospital with him, but has forgotten his toothpaste.
Case 2

A 59 year old woman is admitted after experiencing breathing difficulties related to a chest infection. She suffers from COPD, smokes 40 cigarettes a day and drinks 6 or 7 bottles of wine a week. On examining her mouth you notice a white patch under her tongue. The woman states that it isn’t painful so she hasn’t seen a dentist or doctor about it, even though it has been there a couple of months.
Case 3

A 48 year old gentleman, recently diagnosed with diabetes, is admitted after a kidney infection. His mouth appears clean, but his gums are red and he says they bleed a lot when he brushes. The top of his mouth is coated in white but he says this is not problematic unless he tries to scrape it off and then “it gets red and sore”. His diabetes is not well controlled, and he tells you it was first picked up by his dentist who noticed he had a dry mouth, and he has brought “his special toothpaste and spray” into hospital for this. He is currently in the middle of a course of antibiotics.
Case 4

An 83 year old woman is admitted to a rehabilitation ward after having a fall. She suffers from Parkinson’s and osteoporosis. She wears dentures which she says move around a lot, and has no natural teeth. You notice some food debris in her cheeks, and her hard palate is red and inflamed. The corners of her mouth are cracked and sore. She is initially very reluctant to remove her denture for examination of her mouth as she “can’t be seen without teeth”.
Thank you!!