Mouthcare for Adult Patients in Hospital

A Guide to Assessment and Treatment

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Completing an Oral Health Assessment

Who?
All patients admitted to hospital for longer than 24 hours

When?
Within 24 hours, or within 4 hours for patients who are critically ill/complex needs/Integrated Care Priorities/Last Days of Life

How?
Assessing seven areas of the mouth: And grading each one:

1. Health Status
2. Level of Support
3. Lips/Tongue/Soft Tissues 0 = Healthy
4. Saliva 1 = Changes
5. Gums and Cleanliness 2 = Unhealthy
6. Natural Teeth
7. Dentures
Assessing the Mouth – Hints and Tips

Get consent from patient – if patient refuses or cannot be assessed because they pose a risk to staff (e.g. by biting) record this on the sheet and try again the next day.

Sit the patient upright or semi-supine where possible to reduce aspiration/chooking risk.

A good light source is essential - use a pen torch if one is available (ensure it has been wiped over with alcohol wipe first).

A wooden tongue depressor may be useful with some patients with uncontrolled tongue movements. Alternatively, a soft toothbrush can be used to encourage the patient to open their mouth and to gently move soft tissues out of the way.

While gaining consent assess health status and level of support the patient is likely to need with oral care (remember in many cases the answers to these questions can be found by asking the patient!)

   Does the patient appear to be in pain (e.g. pulling at mouth, leaving denture out, behaviour changes) or to have problems with speaking or swallowing?

   Do they need nutritional support e.g. supplements, NG tube or PEG fed?

   Are they receiving oxygen therapy or assisted ventilation?

   Are they mouth breathing?

   Do they have physical or mental difficulties that affect their ability to care for their own mouth or to cooperate with oral examination and/or care?

   Who is the most appropriate person to deliver mouthcare for this patient? Themselves, a carer or one or more ward staff? Are there ways in which they could be helped to become more autonomous e.g. prompting to brush, adaptations to toothbrush handles?

   Some patients may need head support from a relative/carer or another staff member while you complete the assessment. The assessment should only take 2-3 minutes (with a little practice!)
Assess the soft and hard tissues of the mouth in a systematic way. Find a system that works for you, for example:

Assess lips while talking to patient. If the patient wears dentures, ask them to remove them while you check their mouth – ensure their privacy and dignity is maintained.

Look for and record any extraoral swelling: seek urgent medical advice

Ask patient to open their mouth.

Check buccal mucosa, hard and soft palate. Remember to check the corners of the mouth. Look for ulcers, blisters, white/red/speckled patches, food debris in sulci and swellings. Healthy mucosa looks smooth and moist.

Ask patient to stick tongue out, to sides and then to top of mouth (if they are able) to assess all sides of the tongue and the floor of the mouth. Look for ulcers, blisters, white/red/speckled patches, fissured/lobulated areas, swellings, coatings or limited/uneven movement.

Note whether there is a normal amount of saliva present – do the tissues look dry? Is there any saliva visible? Are there tenacious secretions? Does the patient say their mouth feels dry or sore?

Assess the health of the gums – look for bleeding (ask patient if they bleed during toothbrushing), blisters, ulcers, white or red patches, swellings, or “looseness” of tissue around the teeth. Healthy gums are pale and firm with a stippled surface. Asking the patient to bite together while you hold their lips open can help with assessing the anterior region.

Assess teeth for decay and cleanliness – including behind the lower anterior teeth as calculus (tartar) is often found here. Moving the lips and cheeks gently out of the way can assist with seeing all surfaces of the teeth.

If the patient has dentures, check that they are clean with no broken areas. Ask patient to reinsert their dentures, or assist them to do so. This will be more comfortable if the denture is moist. Check that they are not loose or painful when in place.

Complete the Mouthcare Assessment Form.

The following photos indicate various presentations of healthy and unhealthy mouths, which would be graded as healthy, changes or unhealthy.
What To Look Out For—Lips

No cracks, blisters or lumps

Dry, cracked

Herpes Labialis (coldsore)

Angular cheilitis (candidal infection in patients with dentures or saliva pooling)
What To Look Out For—Palate and Cheeks

- Pink and moist
- Ulcer (present less than three weeks)
- White Patch
- Denture Stomatitis (candidal infection under denture)
- Oral Mucositis (resulting from cancer treatment)
- Overgrowth of tissue
- Remember to check inside the lip!
What To Look Out For—Tongue

- Moist, pink
- Coated
- Geographic Tongue (harmless but can be sore)
- Dry and fissured
- White Patch
- Ulcer (present over three weeks)
What To Look Out For—Floor of Mouth

Adequate saliva

Healthy tissue (around implants)

Normal tongue

Normal floor of mouth

Dry mouth/no saliva pooling

White patch

White patch

White and red swelling
What To Look Out For—Gums

- Healthy
- Normal pigmentation
- Healthy, with previous disease/bone loss
- Inflamed, red gums
- Inflammation and loose tissues
- Overgrowth of gums (sometimes due to medications)
- Swelling
- Sinus (draining abscess from infected tooth)
What To Look Out For—Teeth

- Clean and Healthy
- Plaque
- Tartar/calculus
- Tooth decay
- Tooth decay
- Severely broken teeth
- Plaque throughout mouth
- Sinus (draining abscess from infected tooth)
What To Look Out For—Dentures

- Healthy
- Healthy (fits over implants)
- Healthy (chrome denture)
- Unclean
- One broken area
- Unwearable
Caring for Lips, Soft Tissues and Tongue

**All Patients**
- Ensure Adequate Fluid Intake
- Clean tissues with soft toothbrush

**Swallowing Difficulties**
- Check for debris in buccal sulci (cheeks) after meals or administering medication and remove

**Ulcers**
- If risk of secondary infection:
  - Chlorhexidine spray/rinse or gel twice daily **at a different time to brushing.**
  - **Check for history of allergy, as anaphylaxis has been reported**
- If sore/affecting eating:
  - Benzydamine spray/rinse for symptomatic relief if required
- **Take care with patients with poor swallow—seek advice if needed.**

- If oral mucositis, multiple ulcers or ulcers present for more than three weeks seek medical or dental advice
Caring for Lips, Soft Tissues and Tongue

Dry Mouth

Frequent sips of water

Lubrication: Water-based gel/saliva replacement spray to be used as required.

Some gels (e.g. BioXtra Gel) are not suitable for patients with a milk or egg allergy—refer to ingredients list

Avoid sucking sweets—increased risk of dental decay

Take care with patients with poor swallow—seek advice if needed.

Hourly lubrication if severe.

Remove tenacious secretions with soft bristled toothbrush

Candidal Infection

Refer for prescription of topical antifungals and use as directed.

If patient wears dentures, see later section on “Caring for Dentures”.

Remove dentures when applying gel/rinse to roof of mouth

Advise patients using steroid inhalers to rinse the mouth with water after use.

Red/White patches

Swellings, lumps and bumps

Seek medical or dental advice:

For any red, white or speckled patch present longer than three weeks

For swellings or lumps on the soft tissue

For sinuses discharging pus into the mouth from infected teeth
Caring for Gums

All Patients

Brush twice daily with fluoride-containing toothpaste for 2 minutes
Use low foaming toothpaste such as BioXtra and possibly an aspirating toothbrush if swallowing difficulties/risk of aspiration
Encourage to spit out excess paste but **not to rinse** as fluoride should be retained in the mouth for as long as possible

Bleeding, inflamed gums that do not respond to Care

Plan A

Chlorhexidine spray/rinse or gel twice daily **at a different time to brushing**.

Check for history of allergy, as anaphylaxis has been reported
Take care with patients with poor swallow—seek advice if needed.

Ulcers

If risk of secondary infection:

Chlorhexidine spray/rinse or gel twice daily **at a different time to brushing**.

Check for history of allergy, as anaphylaxis has been reported

If sore/affecting eating:

Benzydamine spray/rinse for symptomatic relief if required

**Take care with patients with poor swallow—seek advice if needed.**

Patient may prefer to leave denture out if rubbing.

If ulcers present for more than three weeks seek medical or dental advice.

Painful gums,

Loose teeth,

Red/white patches

Seek medical or dental advice

Lumps/swellings
Caring for Teeth

All Patients

- Brush twice daily with fluoride-containing toothpaste for 2 minutes
- Encourage to spit out excess paste but **not to rinse** as fluoride should be retained in the mouth for as long as possible
- Switch to sugar-free medications wherever possible
- Give food supplements through a straw (if no swallowing difficulties) to reduce risk of dental decay, and rinse mouth with water afterwards
- Avoid acidic drinks such as fruit juices and fizzy drinks (including diet varieties)

Swallowing Difficulties

Aspiration risk

- Use a small smear of low foaming toothpaste such as BioXtra pushed well into the toothbrush bristles, and possibly an aspirating toothbrush.

Increased risk of decay

- High Fluoride toothpaste and/or fluoride rinses may be prescribed for patients with dry mouth, immune deficiencies, physical or learning difficulties, sugary medications, food supplements etc.

  **Use fluoride rinses at a different time of day to brushing**

Decayed or Broken Teeth

- If no pain or infection, encourage patient to seek dental advice on discharge

  **If pain or infection (e.g sinus discharging pus into mouth), seek dental advice.**
  **Analgesia may be prescribed**
Caring for Dentures

All Patients

Brush twice daily with soap and water over a bowl of water (to prevent breaking if dropped)

Remove from mouth at night and store in water (not denture cleaner) in a lidded, labelled pot

Broken

If still wearable, advice patient to seek dental advice on discharge

If unwearable, seek medical or dental advice since eating and general wellbeing may be affected

Candidal Infection

Soak in chlorhexidine twice daily for 15 minutes.

Rinse thoroughly and allow to air dry.
Giving support with mouthcare

All Patients
Check that patient has a toothbrush and toothpaste (and a denture pot and brush if required). If not, ask a relative or carer to bring these in, or provide them for the patient.

Cognitive impairment, Learning difficulties, Dementia, Mental Health Problems
Some patients may be physically capable of caring for their own mouth but will require prompting/reminding to do so.

Dexterity difficulties
Some patients may use electric toothbrushes which they may find easier to handle.
Toothbrush handles can be adapted by inserting into a tennis ball, bicycle handlebar grip or putty to make them easier for patients to hold.
A Collis curve brush/superbrush may also be used.

Head support may be needed from a relative/carer or other “second pair of hands”
Resources Available

Assessment

<table>
<thead>
<tr>
<th>Product</th>
<th>Order Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pen Torch</td>
<td>FFE 077</td>
<td>To assist with viewing mouth.</td>
</tr>
<tr>
<td>Pyramid Toothbrush</td>
<td>MRA 200</td>
<td>May be used to encourage patient to open mouth and to hold soft tissues out of the way.</td>
</tr>
<tr>
<td>Tongue Depressor</td>
<td>FFM 200</td>
<td>May be used to hold soft tissues out of the way.</td>
</tr>
</tbody>
</table>

Toothbrushes

<table>
<thead>
<tr>
<th>Product</th>
<th>Order Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pyramid Toothbrush</td>
<td>MRA 200</td>
<td>Standard brush, suitable for most patients.</td>
</tr>
<tr>
<td>Smile Toothbrush</td>
<td>MRA 020</td>
<td>Smaller head and softer bristles, for patients with sore mouths and/or limited access.</td>
</tr>
<tr>
<td>Dr Barmans Brush</td>
<td>MRA 204</td>
<td>Three-headed toothbrush, may be used with patients with limited cooperation to reach all surfaces of teeth.</td>
</tr>
<tr>
<td>Aspirating Toothbrush</td>
<td>FSQ 734</td>
<td>Order via Oracle For patients at risk of aspirating toothpaste.</td>
</tr>
</tbody>
</table>
## Resources Available

### Toothpaste

<table>
<thead>
<tr>
<th>Product</th>
<th>Order Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Colgate</td>
<td>MRA 410</td>
<td>Suitable for most patients. Brush twice daily, spit out excess after use but don’t rinse mouth.</td>
</tr>
<tr>
<td>Oranurse</td>
<td>MRA 046</td>
<td>Non-mint flavoured, low foaming toothpaste, suitable for patients with swallowing difficulties and those for whom the mint flavour is too strong. Brush twice daily with a smear of toothpaste pushed well into the bristles.</td>
</tr>
<tr>
<td>BioXtra Toothpaste</td>
<td>MRA 045</td>
<td>Low foaming toothpaste, suitable for patients with swallowing difficulties. Brush twice daily with a smear of toothpaste pushed well into the bristles.</td>
</tr>
</tbody>
</table>

### For Dentures

<table>
<thead>
<tr>
<th>Product</th>
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</tr>
</thead>
<tbody>
<tr>
<td>Denture Pot</td>
<td>MRA 616</td>
<td>Remove dentures and clean with a brush and liquid soap, store in a lidded, labelled pot overnight.</td>
</tr>
</tbody>
</table>
Resources Available

For Dry Mouth

<table>
<thead>
<tr>
<th>Product</th>
<th>Order Code</th>
<th>Instructions</th>
</tr>
</thead>
<tbody>
<tr>
<td>BioXtra Gel</td>
<td>MRA 047</td>
<td>Apply to soft tissues as required. Not suitable for patients with milk/egg allergies. Encourage patient to take frequent, small sips of water if appropriate, or to chew sugar-free gum. Do not encourage the use of sugary sweets to stimulate saliva as these increase the risk of tooth decay.</td>
</tr>
</tbody>
</table>

For Painful Ulcers

<table>
<thead>
<tr>
<th>Product</th>
<th>Order Code</th>
<th>Instructions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Benzydamine mouthrinse (e.g. Difflam)</td>
<td>Prescription Only</td>
<td>Rinse with 15ml every 1.5—3 hours as required. Useful before sleeping or eating. Can be diluted with equal amount of water if stinging occurs.</td>
</tr>
</tbody>
</table>
Resources Available

For Infected Lesions (ulcers, gums etc)

Risk of anaphylaxis in patients with a history of allergy to chlorhexidine

Leave at least 30 mins between using chlorhexidine and toothbrushing.

<table>
<thead>
<tr>
<th>Product</th>
<th>Order Code</th>
<th>Instructions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chlorhexidine mouthwash (e.g. Corsodyl)</td>
<td>Prescription Only</td>
<td>Rinse with 10ml for 1 minute, twice daily, spit out after use. Not suitable for patients with swallowing difficulties. Can be diluted with equal amount of water if stinging occurs. Can impair taste and stain teeth if used long-term.</td>
</tr>
<tr>
<td>Chlorhexidine spray (e.g. Corsodyl)</td>
<td>Prescription Only</td>
<td>Apply to affected areas twice daily (use a maximum of 12 actuations/ sprays each time)</td>
</tr>
<tr>
<td>Chlorhexidine gel (e.g. Corsodyl)</td>
<td>Prescription Only</td>
<td>Apply to affected areas twice daily.</td>
</tr>
</tbody>
</table>
Resources Available

For Candidal Infection

<table>
<thead>
<tr>
<th>Product</th>
<th>Order Code</th>
<th>Use</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chlorhexidine mouthwash</td>
<td>Prescription Only</td>
<td>Soak denture for 15 minutes twice daily, rinse thoroughly and allow to air dry.</td>
</tr>
<tr>
<td>(e.g. Corsodyl)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Nystatin rinse</td>
<td>Prescription Only</td>
<td>Follow directions for use—remove denture before patient rinses mouth to ensure solution is in contact with all areas of mouth.</td>
</tr>
</tbody>
</table>

Other antifungals are available on prescription—follow instructions for use and ensure dentures are removed before use.

For Dental Pain

<table>
<thead>
<tr>
<th>Product</th>
<th>Order Code</th>
<th>Use</th>
</tr>
</thead>
<tbody>
<tr>
<td>Analgeics</td>
<td>Prescription Only</td>
<td>May need to be prescribed for toothache—seek dental advice.</td>
</tr>
</tbody>
</table>
Danger!

The following products pose a risk to patients and should not be used:

Foam swabs are not suitable as they may detach from the handle and obstruct the airway.

Lemon and glycerine swabs are not suitable as they cause a dry mouth to dry out further with long-term use, and also lead to tooth erosion due to their acidity.
Tips on achieving healthy mouths

**Sip feeds and Supplements** contain high levels of sugar. They are best taken all in one go rather than over extended periods of time where possible, to reduce the risk of tooth decay.

**Smoking and alcohol use** increase the risk of oral cancer. Patients should be encouraged to give up smoking and to reduce alcohol consumption if outside recommended maximum levels.

**Sugars** are present in many foods and drinks, including fruit juice, flavoured water and dried fruits. Consumption of these should be at mealtimes only where possible.

**Bleeding gums** are a sign that infection is present. When gums bleed, toothbrushing should be performed more thoroughly and not reduced, since dental plaque is the source of infection.

**Adapted toothbrush handles** can make toothbrushing easier for patients with dexterity difficulties. The handle can be inserted into a rubber ball or tube, for example. Occupations therapists can advise on this. Some patients may also prefer to use an **electric toothbrush** for this reason.

**High fluoride** toothpastes and mouthrinses may be prescribed by dentists for patients at increased risk of dental decay. Patients who are using these should continue to do so when in hospital, unless their swallow becomes impaired, in which case a low-foaming alternative should be used.
Tips on brushing someone else’s teeth

- Ensure the person is positioned with as much support as possible – Feet on floor/footplates, Head upright, Pillow/headrest behind/leaning against you.
- It can be easier to clean teeth from behind (if the person can sit in a chair).
- Use a toothpaste without a foaming agent such as Sensodyne, Oranurse or BioXtra. Take a small smear of toothpaste and push into the bristles.
- If the person has a bite reflex and/or has a sensory impairment it is important to prepare the person before entering the mouth (lips):
  Firmly touch their hands – shoulders – forehead – cheeks – lips before bringing toothbrush up to lips.
- Start at the back working your way forwards
- Lift the lips so you can see
- Brush teeth in circular strokes from gum to crown of tooth with gentle rotation at the gum margin
- Make sure the different surfaces are cleaned – outer, inner and biting surface
- Support the jaw
- Allow time for the person to swallow at regular intervals
- If it is difficult to brush all teeth in one session, it is better to do a few teeth thoroughly each time
- Record which teeth have been cleaned so on another occasion other teeth can be focussed on.

Gradually all teeth will have been cleaned well.

With thanks to Claire Fuller, Senior Speech and Language Therapist, Nutrition Support Team.
Contacting a Dentist

The following conditions need attention from a dentist:

- Blisters
- Ulcers that have been present longer than three weeks
- Toothache
- Broken, loose or infected teeth that need removing prior to medical treatment
- Loose teeth compromising the airway
- Swelling
- White, red or dark patches
- Unwearable dentures

Your nearest Community Dental Service Team is:

Seek urgent medical attention for any patient with a facial swelling or a compromised airway.