

# Oral Health in Care Home Settings



**Wellbeing for life**

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This guidance has been produced by the Buckinghamshire Oral Health Improvement team. It aims to support all care settings promote good oral health, whilst complementing NICE guidance 48 and CQC requirements.

# Why should care homes support residents oral health?

The term 'oral health' relates to the condition of the whole mouth (teeth, gums, tongue, soft and hard palate, lips and salivary glands).

Maintaining good oral health is important for five main reasons:

1. It improves overall health, as infections from the mouth can affect general health:
  - Bacteria from the mouth can cause aspiration pneumonia
  - People with diabetes are more prone to gum disease
  - Oral bacteria can enter the bloodstream and cause widespread infections
2. It prevents pain and suffering from a sore unhealthy mouth.
3. It enables adequate nutrition and hydration as a healthy mouth can better chew and swallow food and drink.
4. It provides quality of life and comfort.
5. It supports communication, socialisation and appearance.

Oral care is integral to personal care and should be prioritised as such.

## NICE and CQC

The recent **NICE Guidance: Improving oral health for adults in care homes** (NG 48, 2016) aims to ensure care settings maintain and improve residents oral health and ensure timely access to dental treatment [www.nice.org.uk/guidance/ng48](http://www.nice.org.uk/guidance/ng48)

There is also a **NICE quality standard: Oral Health in care homes and hospitals** due for publication in June 2017 <https://www.nice.org.uk/guidance/conditions-and-diseases/oral-and-dental-health> this will set out standards for improving the quality of oral care within these settings .

The **Care Quality Commission (CQC)** endorse the use of NICE quality standards and guidance to help identify and define good quality care. CQC will soon be inspecting oral health in care homes, evidence about how you support residents to maintain good oral health will demonstrate that your service is **effective** and **responsive**.

scie social care institute for excellence NICE National Institute for Health and Care Excellence

Improving oral health for adults in care homes  
A quick guide for care home managers

FOCUS

More than half of older adults who live in care homes have tooth decay, compared to 40% of over 75s who do not live in care homes.

# Why should care homes document and record residents oral health?

Recording oral care is essential, it is evidence that care is taking place.

It allows carers to protect themselves (legally) if there is a claim of negligence.

Documentation should include an assessment on entering the home, an oral care plan and daily recording

## Oral Health Assessment

Assess the mouth care needs of all residents as soon as they start living in a care home, regardless of the length or purpose of their stay.

Areas to consider:

**What does the mouth look like?** Consider teeth, dentures, sores, pain etc.

**What does the person need?** Consider the type of brush, toothpaste, denture cleaner, likes and dislikes

**What support do they need?** Can they cooperate, do they need assistance, what type of help and will this change?

**Do they have a dentist?** When did they last go, do they require an appointment?

**Do they have medical needs?** Does this affect their mouth, does medication affect their mouth?

**What other lifestyle factors need considering?** Do they smoke, drink, eat sugary foods and drinks?

## Oral Care Plan

Once the needs of the individual are understood, effective, person centred care must be planned.

Residents need a personal care plan, that addresses all their needs, personal preferences and clear information on the details of mouth care to be provided.

All care plans must be up to date and have review dates.

## Daily Brushing Record

It is really important that you record when teeth and dentures have been cleaned.

Daily recording provides a record that care is being given.

Even if care has been refused it still needs recording, if it is not documented there is no way to show care has been attempted.



**See appendix 1, 2 and 3  
for example documents.**

# Caring for natural teeth

To maintain good oral health the following should occur:

- Brush teeth and gums twice a day for two minutes
- Use a fluoride toothpaste containing 1350-1500ppm (parts per million)
- The brush at bedtime is the most important , to ensure the mouth is clean whilst asleep
- Clean all surfaces of the teeth to remove plaque and food
- Spit but do not rinse with water at the end of two minutes brushing, this allows the fluoride in the toothpaste to repair and strengthen teeth
- Mouthwash may be used at a separate time to brushing
- Keep sugary food and drinks to mealtimes to reduce the risk of tooth decay
- Visit your dentist regularly



This improvement in oral health was the result of just tooth brushing.

## Caring for someone else's teeth

If you have to clean someone else's mouth the following steps should occur:

- **Refer to the oral care plan before you begin**
- Wash your hands and put on personal protective equipment
- Be prepared—get everything you need ready before you start
- Explain to the person that you are going to clean their teeth, and stand in a position that is comfortable for you and the service user
- Check they are comfortable and agree a signal to stop if and when they need a break
- Check the mouth before you start for ulcers or areas that may be sensitive
- Relax lips and brush all surfaces in a methodical approach
- Be aware of any loose teeth and brush with care
- If gums bleed do not stop brushing, continue to brush normally
- Include cleaning the tongue
- Encourage the service user to spit after brushing, it is not necessary to rinse
- Keep a record of any changes seen, or that you are concerned about
- Record what care has been provided.

If you notice any changes or the person is in pain always seek professional advice from a dentist.

# Caring for a mouth that has dentures

Refer to the oral care plan before you begin

- Remove any partial or full dentures
- Look out for red or sore areas caused by the dentures, and update the care plan if needed
- Remember the mouth and any remaining teeth, will still need cleaning even if the person wears a denture
- Dentures should be cleaned daily
- Brush all surfaces to remove plaque, paying particular attention to the fitting surfaces using a denture crème or un-perfumed soap
- After thorough brushing, use a denture soaking solution for 20-30 minutes (e.g. Steradent). Rinse the denture and store in plain, fresh water
- Dentures should be left out overnight to let the mouth rest and reduce the risk of infection



Partial Denture



Complete Dentures

Remember:

Dentures are expensive and fragile, clean them over a sink filled with water or over a towel to help prevent breakages

## What does a healthy mouth look like?



Gums

The gums are pink, firm and do not bleed when brushed



Teeth

The tooth surfaces are sound with no build up of plaque  
Any fillings are intact and no obvious decayed or broken teeth



Skin

The skin in the mouth is pink with no sign of ulceration, swelling, red or white patches



Tongue

The tongue is pink and smooth



Saliva






The floor of the mouth is moist with saliva




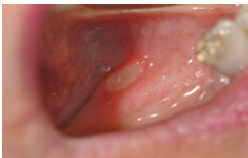


# Planning effective care

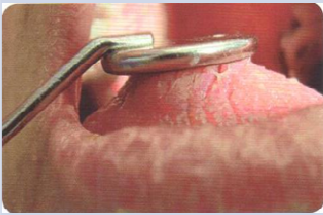
Not everyone in care will have good oral health, they may arrive with poor oral health and unmet needs, they may have medical conditions which effect their oral health and they may experience deteriorating oral health during their time in your care.

In order to plan effective care the following tables provide information on what to look for and what care would be required.


Teeth	Issues	Oral care needs	
	Decayed or broken teeth	Could cause toothache and infection	Refer to a dentist. Continue mouth care at least twice a day <b>and</b> ideally more frequently. Reduce sugar intake.
	Tooth grinding / tooth wear or acid erosion	Tooth wear and sensitivity	Refer to a dentist. Use a sensitive toothpaste or one with increased fluoride.
	Hardened plaque (Calculus or tartar)	Difficult to clean	Refer to a dentist. Continue thorough brushing.
	Loose teeth	Difficult to clean, cause discomfort	Continue thorough brushing. Refer to a dentist if interfering with eating.
	Dentures	Broken, ill-fitting or loose	Refer to a dentist for repair or adjustment. Use denture fixative.

Tissues	Issues	Oral care needs	
	Lips	Dry, chapped, red at corners	Lip balm, drink water regularly, anti fungal cream if caused by oral thrush.
	Tongue	Patchy, fissured, red, coated	Continued mouth care, drink water regularly, check for oral thrush.
	Gums and tissues	Bleeding gums, swelling, soreness, redness (including under dentures)	Continue thorough brushing, consider Chlorhexidine based products if no improvement refer to a dentist
	Any area of the mouth	Ulcers, swollen, white / red patches	Refer to dentist, especially if ulcers not healing after 3 weeks.

# Planning effective care

Saliva	Issues	Oral care needs
<p>Dry mouth</p>  <p>Signs</p> <p>Dryness of mouth and lips</p> <p>-No pool of saliva in the floor of mouth</p> <p>- Fissuring of the tongue</p>	<p>Stringy saliva</p> <p>Burning sensation</p> <p>Altered taste</p> <p>Bad breath (halitosis)</p> <p>Difficulty in eating, swallowing &amp; talking</p> <p>Discomfort wearing dentures</p> <p>Constant thirst</p>	<ul style="list-style-type: none"> <li>• If medication is the cause see if there are alternative options</li> <li>• Continued mouth care at least twice a day <b>and</b> ideally more frequently</li> <li>• Use a mild mint / unflavoured toothpaste</li> <li>• Keep hydrated, offer regular sips of water (not sugary drinks)</li> <li>• Reduce sugar intake</li> <li>• Chew gum to stimulate saliva</li> <li>• Consider using dry mouth products</li> <li>• Regular dental visits (a dry mouth is at risk of dental disease and mouth infection)</li> </ul>

## Resources for providing effective care

Toothbrush products	Issue	Care needs
	Natural teeth	Use a small headed brush with a pea sized amount of paste. For a sensitive mouth use a soft brush (specialist brush or child's toothbrush)
	Limited manual dexterity Maintain independence	If tolerated use an electric brush, it is easier to hold and is effective at cleaning teeth.
	Access is limited	Consider a specialist brush such as 'collis curve' or 'superbrush' which brushes all three surfaces in one pass.
	Access is limited	Consider using a mouth prop (figure guard) which a person can bite onto allowing a brush to access the mouth



# Resources for providing effective care

Toothpaste products	Issue	Care needs
	Natural teeth	Brush twice a day with a standard fluoride toothpaste, with fluoride between 1350 – 1500 ppm (parts per million)
	Dry mouth Sensitive mouth Swallowing problems	Use an unflavoured paste Use a low foaming paste (SLS free)
	Sensitive teeth Acid erosion	Use a toothpaste for sensitive teeth.
	Extensive decay	Use a high fluoride prescribed toothpaste. Remember to treat this paste as a medicine, due to the high fluoride content.
	Gum bleed on brushing (gum disease)	Consider using a product with chlorhexidine, as long as there is no allergy

## Dentists

Care homes should support residents to access and attend regular dental check ups. When an oral health assessment is carried out, the resident should be asked if they have a dentist and when they last time attended. High street dentists can be found on the NHS choices website: [www.nhs.uk/service-search](http://www.nhs.uk/service-search)

If residents require a dentist in an emergency or out of hours call 111

Residents may also be referred into the Buckinghamshire Priority Dental Service, if they cannot be treated by a high street dentist and they meet the eligibility criteria. A referral can be made by a dental or non dental professional, further information and referral forms can be obtained from: [www.cnwl.nhs.uk/service/buckinghamshire-priority-dental-service/](http://www.cnwl.nhs.uk/service/buckinghamshire-priority-dental-service/)

The dentist will advise on how to provide effective oral care.

If you notice any changes or the person is in pain always seek professional advice from a dentist.

# How to support oral care

**When providing oral care, especially when it is difficult, consider the following:**

Take your time, go slowly with pauses

Prompt the person to clean their own teeth, to encourage independence, by demonstrating or showing pictures

**Communicate clearly when supporting oral care:**

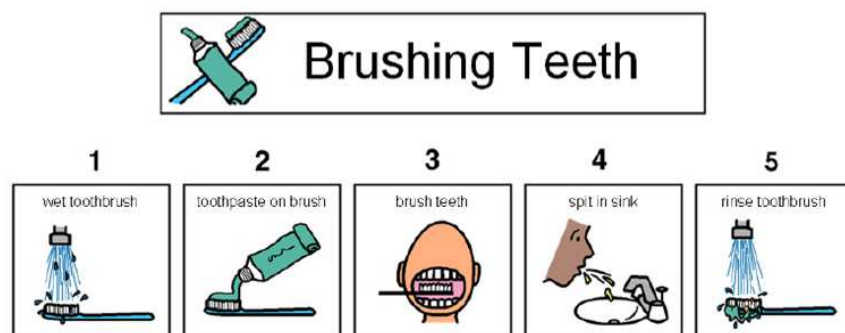
- Talk clearly
- Explain simply what you are doing
- Reassure the person
- Constantly check the person is ok

**Ensure the environment supports quality care:**

- Carry out care in a quiet, distraction free area
- Covering the mirror may help if the person has dementia
- Be prepared—getting everything ready before you begin
- Carry out oral care in the bathroom, or try a different room (e.g. bedroom)

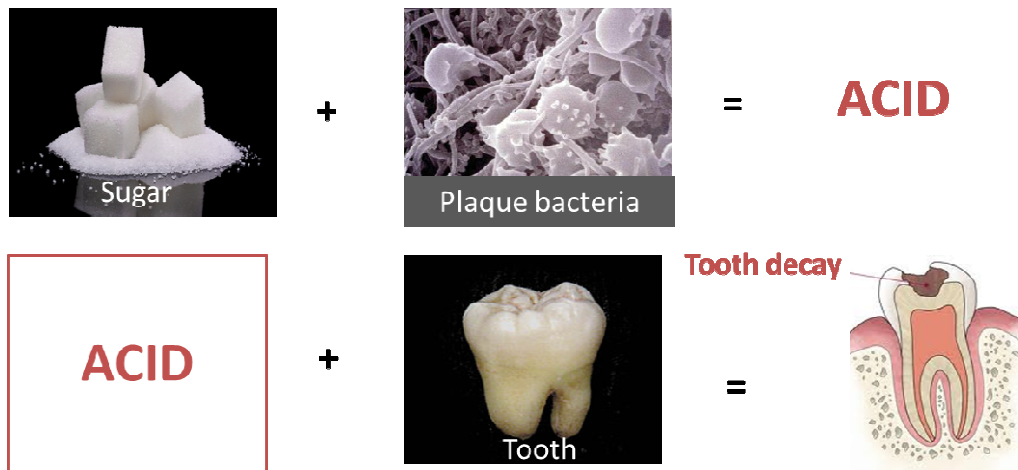
**Carers need to consider their own behaviour and how best to support an individual maintain independence:**

- Think about your position, try standing to one side
- Consider breaking the task down in to manageable steps
- Try distraction methods such as giving the person something to hold
- Try a hand over hand technique where the carer guides the activity
- Try 'chaining' where the carer starts the activity and the person completes it
- Try using two members of staff
- Attempt mouth care at a different time of day when the person is more able to comply



# Supporting healthy eating

Whilst oral hygiene is important for good oral health, so is providing healthy tooth friendly foods and drinks. The general message is to keep sugary foods and drinks to mealtimes only, this reduces the amount of times teeth are exposed to sugar and the potential damage it causes.



However for individuals with additional needs this may not be possible (e.g. clients on high energy sip feeds and fortified diets), so the oral care for these clients is of great importance.

## Food Policy:

A food policy helps set out your approach to food and drink provision. It is important that individuals and families understand what they can expect. A policy can cover:

- the food and drink provided for meals, snacks and drinks
- how you cater for cultural, religious and special dietary requirements, including managing allergies and intolerances
- food safety and hygiene
- the eating environment and social aspects of mealtimes

Please visit [www.cwt.org.uk](http://www.cwt.org.uk) for further information on healthy eating for adults and learning disabilities and older people.

## Tooth friendly snacks:

It is important to offer a variety of foods and drinks so healthy choices can be made and encouraged. Tooth friendly snacks include:

- Fresh fruits and vegetable sticks with a dip
- Savoury breads such as crumpets, bagels, toast, try adding a low fat spread or cheese to them
- Plain yoghurts, try adding fresh fruit to them

# Supporting healthy hydration

Fluid is essential and is required for many bodily processes e.g. helping remove harmful waste products from the body, maintaining blood pressure and carrying nutrients to cells. Fluid is lost every day through breathing, sweating and going to the toilet. This needs to be replaced to avoid dehydration.

A person may become dehydrated if they do not drink enough; suffer from diarrhoea and/or vomiting, as a result of taking certain medication, during warm weather or following exercise. Dehydration can make the person feel tired, lightheaded and suffer from headaches.

Drinking whilst feeling unwell may be hard however a good fluid intake is vital to recovery and can prevent many problems such as constipation and urinary tract infections.

## How much to drink

The Eatwell Guide recommends that everyone drinks 6-8 cups/glasses of fluid a day; how much a person should drink will depend on medical history, mobility, age, weight and also the climate. It is important to offer at least 7 beverages a day.

## What to drink

Water is the best type of fluid to drink. Also lower-sugar or sugar-free drinks including tea and coffee. Fruit juice and smoothies do count towards fluid consumption but they contain free sugars that can damage teeth, so limit these drinks to a combined total of one glass (150ml) per day and preferably drink it at a mealtime. Milk is a nutritious fluid and a good source of calcium which can help to maintain good bone health. Soup and jelly also contribute to fluid intake.



**Tea Cup**  
150ml



**Drinks Beaker**  
200ml



**Disposable Cup**  
150ml



**Glass**  
150ml



**Mug**  
200ml

If a person dislikes the taste of plain water try adding a slice of lemon or lower-sugar or sugar-free squash to make it easier to drink. If possible, do not encourage high sugar fizzy drinks as they do not have nutritional value and can be unsuitable for many residents. Avoid excessive caffeine containing drinks. Caffeine can act like a mild diuretic and cause the body to produce more urine thus leading to further dehydration.

**It is vital to look after the mouth as this will make it more comfortable to eat and drink.**

# Food supplements and sip feeding

Adequate nutrition is essential for health and for tissue viability.

Malnutrition can delay recovery from illness and predispose the person to further disease.

When insufficient calories are consumed through normal food and drink then additional measures may be taken to increase their intake.

For people with their own teeth this will give them a higher risk of developing dental decay. This is because these foods or drinks often contain high quantities of sugar and are frequently consumed by sipping them through the day.

**It is essential that professional nutritional advice is followed but the potentially harmful effects on the teeth should be minimised by following a thorough preventive regime.**

In addition to routine mouth care it might be useful to:

- Use a straw to help minimise the contact between the food supplement/ drink and the teeth and therefore reduce the risk of decay (**unless advised otherwise by a speech and language therapist**).
- Rinse with water after taking the food supplements/ drinks.
- Encourage frequent sips of water especially if the mouth is dry.
- Increase the frequency of toothbrushing during the day but wait at least half an hour after eating or drinking before brushing the teeth.
- Consider using an additional Fluoride mouthwash such as Fluorigard which may be used in between brushing (not at the same time as brushing).



# Swallowing problems (Dysphagia) or PEG fed

Dysphagia has an associated risk of choking. Some people have limited awareness of their dysphagia.

When dysphagia is undiagnosed or untreated, people are at a high risk of aspiration and subsequent aspiration pneumonia as food or liquids enter the lungs and airway. Some people present with "silent aspiration" and do not cough or show outward signs of aspiration. Undiagnosed dysphagia can also result in dehydration, malnutrition, and renal failure.

Good oral hygiene is imperative in the prevention of Aspiration Pneumonia.

It may be helpful to gain advice from a speech and language therapist and/or a dentist.

## Oral Care for people who have problems swallowing (dysphagia)

- Posture is important to aid swallowing and protect the airway. Avoid tilting the head backwards as this hinders swallowing.
- If possible sit the person in a suitable chair with their feet firmly on the ground.
- If the resident is bed bound raise the bed to an incline and use pillows to support the back, head, neck and shoulders. Tilt the head forward and to one side to assist drainage.
- Use a smear of non-foaming toothpaste on a dry toothbrush. OraNurse, Bioextra, Pronamel are a few examples. This list is not exhaustive and the medical team or dentist may provide further information or another type.
- Chlorhexidine Gluconate gel (does not foam) may be used as an alternative to toothpaste. It will also help to control plaque bacteria.
- Encourage the patient to spit into a bowl or basin to remove any excess toothpaste.
- An aspirating toothbrush can be used for individuals who are totally 'nil by mouth'. Suction will be required to aspirate oral fluids and debris. These are specialised products and must be fitted to a suction unit at the bedside or to a portable unit.
- For medically compromised individuals or those with complex needs you may need to modify your approach.

People who are not fed orally and/or suffer from dry mouth can develop an aversion or 'sensory defensiveness' to having their teeth and gums brushed. This can be avoided with very gradually increased amounts of regular oral care with a soft brush and suitable toothpaste.



# Oral health care for end of life

Taste and touch are important at the end of life.

If oral hygiene is neglected, the mouth rapidly becomes dry and sore which will impact on nutrition and hydration. The resulting build-up of bacteria in the mouth will also increase the risk of mouth and chest infections.

Oral care should be provided at least four times a day to gently remove coatings, debris and plaque from teeth, gums and soft tissues using a small headed soft toothbrush (using a child's toothbrush may be useful) and a small amount of mild mint tasting Fluoride toothpaste.

Some people may need more frequent oral care. Mouth care could be carried out by family members, giving them greater involvement in the care of their relative.

**Carry out mouth care as often as necessary to maintain a clean mouth, in addition:**

- **In people who are conscious**, the mouth can be moistened every 30 minutes with water from a water spray or dropper, or ice chips can be placed in the mouth.
- **In unconscious people**, moisten the mouth at least once an hour with water from a water spray, dropper, or sponge stick ensuring the head is intact because  
**Foam sticks can break off in the mouth and be inhaled, Medical Device Alert MDA/2012/020.**
- **To prevent cracking of the lips**, smear petroleum jelly (for example Vaseline®) on the lips. However, if a person is on oxygen apply a water-soluble lubricant (for example K-Y Jelly®).
- **When the weather is dry and hot**, if possible, use a room humidifier or air conditioning.

Additional information

- Avoid the use of acidic foods (for example pineapple) as this will dry the mouth.
- Avoid using glycerine, which dehydrates the mucosa further, and lemon juice, which rapidly exhausts salivary secretion; the combination acts to dry the mouth.

Note: some products contain mucin from pigs (for example AS Saliva Orthana®) which may be unacceptable to certain groups of people, such as vegetarians, and people of Jewish or Muslim faith.



# Appendix 1: Oral Health Assessment Example

## Monthly Mouth Care Assessment Form

Persons Name.....

DOB.....

Last Dental Visit.....

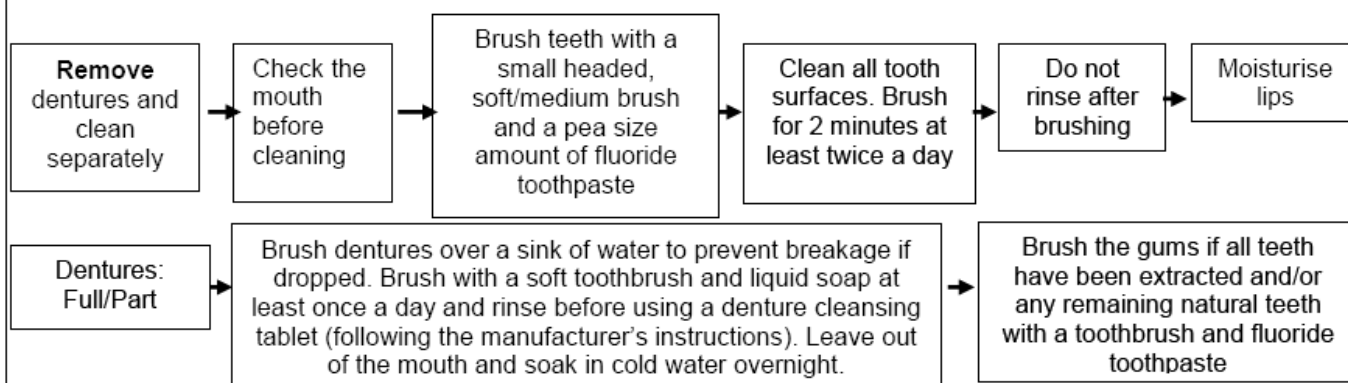
<b>Date of assessment</b>  ..... <b>Review Date:</b>  ..... Is the person able to consent to oral care? Yes <input type="checkbox"/> No <input type="checkbox"/>	<b>Health Status with impact on oral health</b>  diabetes <input type="checkbox"/> cancer therapy <input type="checkbox"/> dementia <input type="checkbox"/> stroke <input type="checkbox"/> cardiac disease <input type="checkbox"/> dry mouth <input type="checkbox"/>	<b>Assessment of mouth:</b>  <u>Natural teeth</u> Yes <input type="checkbox"/> No <input type="checkbox"/>  <u>Dentures</u> Yes <input type="checkbox"/> No <input type="checkbox"/> Full Upper Yes <input type="checkbox"/> No <input type="checkbox"/> Lower Yes <input type="checkbox"/> No <input type="checkbox"/> Partial Yes <input type="checkbox"/> No <input type="checkbox"/> Metal parts Yes <input type="checkbox"/> No <input type="checkbox"/>	<b>Are there obvious problems in the mouth?</b>  Yes <input type="checkbox"/> No <input type="checkbox"/>  <b>Please note:</b> Pain <input type="checkbox"/> swelling <input type="checkbox"/> ulcers <input type="checkbox"/> broken teeth <input type="checkbox"/> bleeding gums <input type="checkbox"/>  <b>Referral to dentist or doctor?</b> Yes <input type="checkbox"/> No <input type="checkbox"/>	<b>Support required</b> Yes <input type="checkbox"/> No <input type="checkbox"/>  <b>Please TICK if the person is UNABLE to:-</b> Hold their toothbrush <input type="checkbox"/> Squeeze out the toothpaste <input type="checkbox"/> Brush all the tooth surfaces <input type="checkbox"/> Turn the tap on and off <input type="checkbox"/> Wipe their face after tooth-brushing <input type="checkbox"/>  <b>Does the person need any other support? (Please note)</b> ..... ..... ..... ..... ..... .....
<b>List of medication</b> e.g. Lactulose				

**Likes and dislikes (consider head support, position, time of day, frequency and product preferences)**

## Oral Care Plan

**Regular mouth care plan ONLY** ☐

**Independent** Yes ☐ No ☐



**Regular mouth care plus enhanced mouth care plan** ☐

To include:

More frequent mouth care (at least 4 times a day) ☐

- Chlorhexidine gel ☐
- Treatment for dry mouth ☐
- Treatment for oral thrush ☐
- End of life care plan ☐

**Completed By/Name**.....

# Appendix 3: Daily Brushing Record Example

## Daily Brushing Record & Mouth Care Teeth and Dentures

Name:

Month:

Notes, observations &  
non compliance codes.

- A person non-cooperative
- B person asleep
- C person unwell
- D person prompted
- E other



**AM** (Staff initials/comments)

**PM** (Staff initials/comments)

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### Monthly Oral Care Plan Record Sheet:

#### Regular Mouth Care Plan (all)

This includes denture cleaning, tooth brushing any remaining natural teeth and cleaning the mouth even if there are no natural teeth present.

**Independent - Yes** ☐ **No** ☐  
(if independent record prompt given)

#### PLUS Enhanced Mouth Care Plan - Yes

More frequent mouth care (at least 4 times a day) ☐

#### Specialised toothbrush e.g.

- OraCare ☐
- Collis Curve ☐
- Dr Barmans ☐

#### Specialised toothpaste e.g.

- Duraphat ☐
- OraNurse ☐

#### Additional products e.g

- Chlorhexidine gel ☐
- Treatment for dry mouth ☐
- Other ☐ (please specify)

# Appendix 3: Mouth Check Guidance

## Mouth Check Guidance

To support staff with the completion of the Care Plan, use this document as a guide only.

### My mouth:

1. How often does the person visit the dentist?
2. Is the person experiencing any problems with their mouth? Pain - difficulty eating - decayed teeth – dry mouth – ulcer – lumps – bad breath- gums that bleed- red or white patches- other.  
*please report any concerns about the person's mouth to your manager, so that they can take the appropriate course of action*

Referral to dentist needed? Yes ☐ No ☐

3. Does the person have sensitive teeth?
4. Does the person have natural teeth/ dentures/crowns?
5. Does the person smoke/ drink alcohol? How often?
6. Does the person drink sugary/ fizzy drinks?
7. List all medication which may affect the mouth? (Especially sugary liquids e.g. Lactulose etc.)

### My likes and dislikes:

8. Does the person find visiting the dentist a positive experience? If no, record anxieties.
9. Is the person able to consent to oral care? Are they willing to co-operate?
10. Does the person need their head supported for oral care?
11. Do they have other preferences?

### Brushing my teeth:

12. Do they have dentures? Are these named? How will these be cleaned? Where will they be stored when out of the mouth?
13. How often does the person brush their teeth in a day?
14. What time does the person prefer to brush their teeth (before or after breakfast/ before bed/ other)?
15. Where is the most comfortable place for the person to brush their teeth (in their bedroom/ in the bathroom/ in the bath/ sitting/ standing)?
16. When tooth brushing is the person completely independent/ requiring some staff support/ dependent on staff?
17. Is the person able to hold their toothbrush/ squeeze out the toothpaste/ brush all the tooth surfaces/ turn the tap on and off/ wipe their face after toothbrushing?

### Toothbrush:

18. What type of tooth brush does the person use (manual or electric, what colour/ size)?
19. Has it been adapted so it is easier to hold?

### Toothpaste:

20. What type of toothpaste does the person use (normal, low foaming, unflavoured, SLS free, high Fluoride)?

### Other oral health aids:

21. Does the person use additional oral health products? Such as a mouth prop, interdental brush or products for a dry mouth.

# Appendix 4: Approaches to Care

Adapted from RNAO (2008) Nursing best Practice Guidance.

Problem	Plan	Strategy
1. Person can do some oral hygiene but not all of the tasks.	<ul style="list-style-type: none"> <li>Assess the person's ability to do their oral hygiene care and what support/prompting is needed during the different stages of the task.</li> </ul>	<ul style="list-style-type: none"> <li>Use task breakdown to break all the steps of the oral hygiene care task down into small steps (see separate sheet on brushing someone else's teeth).</li> <li>Provide appropriate visual prompts.</li> <li>Ensure that the parts of the oral hygiene care task that the person can do themselves are listed in their oral hygiene care plan.</li> </ul>
2. Dentures can't be taken out or put in person's mouth.	<ul style="list-style-type: none"> <li>Assess ways to get oral hygiene care completed.</li> <li>Assess if there is any movement disorder.</li> <li>Discuss with other caregivers to see if they are more successful at denture care for this person and see what they do.</li> </ul>	<ul style="list-style-type: none"> <li>Enlist the assistance of another caregiver.</li> <li>Consult with medical and dental professionals concerning movement disorder if present.</li> <li>Use other techniques such as distraction, etc.</li> <li>Try oral hygiene care at another time of day or in a different environment.</li> <li>See if the other carers are more successful at denture care for this person and observe what they do.</li> </ul>
3. Person refuses oral hygiene care.	<ul style="list-style-type: none"> <li>Assess ways to get oral hygiene care completed.</li> <li>Assess the cause for the refusal of oral hygiene care – environment, pain, fear.</li> </ul>	<ul style="list-style-type: none"> <li>Enlist the assistance of another caregiver.</li> <li>Use task-breakdown to break all the steps of the oral hygiene care task down into small steps.</li> <li>Use other techniques such as distraction, etc.</li> <li>Try oral hygiene care at another time of day when the person is more cooperative or in a different environment that is more suitable.</li> <li>Something is better than no oral care. If all else fails put toothpaste on lips or use gauze soaked in Chlorhexidine.</li> </ul>



Problem	Plan	Strategy
4. Person bites toothbrush/care giver	<ul style="list-style-type: none"> <li>Assess ways to get oral hygiene care completed.</li> <li>Assess if the biting is a consequence of a movement disorder, or due to sensory stimulation.</li> </ul>	<ul style="list-style-type: none"> <li>Enlist the assistance of another care giver.</li> <li>Use other techniques such as distraction, etc.</li> <li>Have several toothbrushes on hand during oral hygiene care and let the person chew on one brush while the caregiver cleans with another.</li> <li>Use mouth-prop to keep the mouth open (never put fingers between the teeth).</li> <li>Be gentle as forcing the mouth open may make the client clamp down harder.</li> <li>Pressing up under the chin and letting go can sometimes release the jaw or putting your finger inside the lips to one side and pressing down on the soft tissues often triggers the mouth the open.</li> <li>Consider using a chlorhexidine spray directly onto the gums.</li> </ul>
5. Person does not understand care givers directions about oral hygiene care	<ul style="list-style-type: none"> <li>Assess ways to get oral hygiene care completed.</li> </ul>	<ul style="list-style-type: none"> <li>Enlist the assistance of another care giver.</li> <li>Use other techniques such as breaking down the task into smaller steps, hand on hand prompting/ support, step by step guidance, visual aids.</li> </ul>
6. Person cannot spit and swallows all liquids/toothpastes	<ul style="list-style-type: none"> <li>Assess ways to get oral hygiene care completed.</li> <li>Assess the person's ability for rinsing/spitting/swallowing etc.</li> </ul>	<ul style="list-style-type: none"> <li>Consider strategies related to dry mouth, hyper salivation and swallowing problems, and list successful strategies in the person's oral hygiene care plan.</li> <li>Seek advice from Community LD Nurse/ Oral Health Advisor/ Speech and Language Therapist.</li> <li>Use toothpaste smeared into moistened toothbrush and do not use mouthwashes.</li> </ul>
7. Person is aggressive	<ul style="list-style-type: none"> <li>Assess the function or cause of the aggression.</li> <li>Assess ways to get oral hygiene care completed.</li> </ul>	<ul style="list-style-type: none"> <li>Try oral hygiene care at another time of day when person is less aggressive or in a different environment that is more suitable.</li> <li>Use other techniques such as distraction, etc.</li> <li>Enlist the assistance of another caregiver.</li> <li>Seek advice from Community LD Nurse.</li> </ul>



Problem	Plan	Strategy
8. Person is tired/sleepy.	<ul style="list-style-type: none"> <li>Assess ways to get oral hygiene care completed.</li> </ul>	<ul style="list-style-type: none"> <li>Try oral hygiene care at another time of day when person is more alert.</li> <li>Oral hygiene can be carried out at any time of the day and doesn't require a bathroom.</li> <li>Enlist the assistance of another caregiver.</li> <li>Do oral hygiene care as best as is possible from different positions.</li> <li>Investigate the success of the use of different dental products such as toothbrushing, mouth rinses, spray bottles, suction toothbrushes, etc.</li> <li>Seek advice from Community LD Nurse.</li> </ul>
9. Person's posture makes it difficult for oral care.	<ul style="list-style-type: none"> <li>Assess ways to get oral hygiene care completed</li> </ul>	<ul style="list-style-type: none"> <li>Enlist the assistance of another caregiver.</li> <li>Do oral hygiene care as best as is possible from different positions.</li> <li>Investigate the success of the use of different dental products such as tooth brushing, mouth rinses, spray bottles, etc.</li> <li>If required, discuss with person and wider support team the possibility of gently cradling the person's head during oral hygiene care with them involved (i.e. hand on hand brushing).</li> </ul>
10. Person's head moves around constantly.	<ul style="list-style-type: none"> <li>Assess ways to get oral hygiene care completed</li> </ul>	<ul style="list-style-type: none"> <li>Enlist the assistance of another caregiver.</li> <li>Do oral hygiene care as best as is possible from different positions.</li> <li>Investigate the success of the use of different dental products such as tooth brushing, mouth rinses, spray bottles, etc.</li> <li>If required, discuss with person and wider support team the possibility of gently cradling the person's head during oral hygiene care with them involved (i.e. hand on hand brushing).</li> </ul>
11. Person won't open their mouth.	<ul style="list-style-type: none"> <li>Assess ways to get oral hygiene completed</li> <li>Keep the mouth open during oral hygiene care</li> <li>Consider possibility of oral pain - seek dental advice.</li> </ul>	<ul style="list-style-type: none"> <li>Use another toothbrush or mouth-prop to keep the mouth open.</li> <li>Enlist the assistance of another caregiver and use other techniques such as distraction, etc.</li> <li>Try oral hygiene care at another time of day when person is more cooperative, or in a different environment that is more suitable.</li> </ul>

Problem	Plan	Strategy
12. Person experiences gagging or retching.	<ul style="list-style-type: none"> <li>Assess the severity of the gag reflex.</li> </ul>	<ul style="list-style-type: none"> <li>Try changing the position, leaning forward can help.</li> <li>Use a brush with a small head.</li> <li>Start brushing at the front of the mouth and then slowly brush further back as much as the patient can tolerate.</li> <li>Avoid touching the back of the mouth with the toothbrush.</li> <li>Pressure on the chin can help to reduce the gag reflex.</li> </ul>
13. Person cannot swallow/ is PEG fed.	<ul style="list-style-type: none"> <li>Assess ways to get oral hygiene completed.</li> <li>Ensure that the airway is protected during oral hygiene.</li> </ul>	<ul style="list-style-type: none"> <li>Ensure that the person is kept well hydrated as dehydration will have an adverse effect on the mouth.</li> <li>Use a low foaming, mild mint toothpaste smeared into a dry toothbrush.</li> <li>Consider the use of suction and/or an aspirating toothbrush.</li> <li>Increase the frequency of oral hygiene as high risk of developing tooth decay and/ or gum disease.</li> </ul>
14. Person has a dry mouth.	<ul style="list-style-type: none"> <li>Assess amount of saliva produced.</li> </ul>	<ul style="list-style-type: none"> <li>Consider saliva replacements.</li> <li>Keep the mouth moist with moisturising sprays and gels.</li> <li>Consider using a toothpaste with a higher fluoride content.</li> <li>Increase the frequency of oral hygiene as high risk of developing tooth decay and/ or gum disease.</li> </ul>

# Oral health resources

## Oral Health:

NHS Live well provides information on oral health, tooth brushing [www.nhs.uk/livewell/dentalhealth](http://www.nhs.uk/livewell/dentalhealth)

## Dentists:

High street dentists can be found on the NHS website [www.nhs.uk/service-search](http://www.nhs.uk/service-search)

Buckinghamshire Priority Dental Service eligibility criteria and referral forms can be obtained from:  
[www.cnwl.nhs.uk/service/buckinghamshire-priority-dental-service/](http://www.cnwl.nhs.uk/service/buckinghamshire-priority-dental-service/)

## NICE guidance:

For guidance and quality standards relating to oral health in care homes <https://www.nice.org.uk/guidance/conditions-and-diseases/oral-and-dental-health>

## Quality in Care team:

For further oral health information and support [www.careadvicebuckinghamshire.org/qict](http://www.careadvicebuckinghamshire.org/qict)

## British Society for Disability and Oral Health:

For oral care information for patients and their carers including links to disability organisations and other groups which have web based information on oral and dental care  
<http://www.bsdl.org/index.php/oral-health-resources>

## Mouth care without the battle:

For further information about providing patient centred oral care [www.mouthcarewithoutabattle.org/best-practices/MCWB\\_Behavior\\_Strategies.pdf](http://www.mouthcarewithoutabattle.org/best-practices/MCWB_Behavior_Strategies.pdf)

## Dry mouth

For more information visit Patient.co.uk at <https://patient.info/health/dry-mouth>

## Improving mouth care

This is an e-learning package to support the training of all healthcare professionals involved in mouth care. This free resource has been designed to give health and care staff advice and guidance in order for them to provide evidenced based mouth care for their patients and clients including those with dementia  
<http://www.e-lfh.org.uk/programmes/improving-mouth-care/>

## Cancer care:

For information on chemotherapy and the mouth <http://www.medic8.com/dental/chemotherapy.htm>