Mouth Care (in Residential Care)

Site Applicability

All VCH and PHC Residential Care Sites and VCH community programs that provide oral care

Practice Level

Basic Skills for the following professions (within their respective scope of practice):

- RN, RPN, LPN
- OT
- RT
- S-LP (Speech Language Pathologist)
- RD (Registered Dietitian)
- Dental Hygienist

Unregulated health care providers within the competencies of their employer training and job descriptions and under the supervision of appropriate regulated health care professional.

- RCA (Residential Care Attendant/Residential Care Aide)

Policy Statement

1. Mouth care needs are identified using a comprehensive assessment tool. e.g. Oral Health Assessment Tool (OHAT) (see Appendix A).
2. An individualized care plan is developed collaboratively with the resident and their family to meet their mouth care needs. Residents are encouraged to see a dental professional annually, funded by the resident / family.

Quick Links:

Need to Know

- A healthy mouth helps to maintain general health and well-being.
- Residents who have poor mouth care are at greater risk for pneumonia particularly if they have difficulty swallowing.
- Older adults are at higher risk of oral problems due to a number of factors including physiological age related changes, loss of manual dexterity and poor vision – see Mosby's Oral Hygiene Extended Text for gerontological considerations. (Click on Extended Text Tab and scroll down).
- Regular mouth care can prevent:
  - Dry mouth
  - Oral Pain
  - Periodontal Disease
  - Tooth decay and loss

  - Oral infections and abscesses
  - Systemic infection
  - Difficulty with speech articulation
  - Difficulty chewing and swallowing
  - Bad breath
  - Loss of dignity and feeling less socially presentable
  - Loss of relationships with others.
- A Mouth Care Plan is a requirement of residential care licensing.
- A toothbrush with a small to medium sized head and soft bristles is used for mouth care.
  - Do **NOT** use lemon swabs for mouth care as they cause drying of the oral mucosa.
  - Do **NOT** use sponge swabs for mouth care, these are ineffective for plaque removal and pose a choking risk.

Practice Guideline:

Assessment

Equipment & Supplies

- Tongue depressor
- Flashlight
- Personal Protective Equipment (PPE)
- Gauze swabs
- Water
- Water-soluble lip moisturizer (balm)

A nursing assessment of oral hygiene needs is completed on moving in / change in condition. The Oral Health Assessment Tool - (OHAT) (Appendix A) may be used to guide and document assessment findings.

Visual Inspection (Table 1 for findings):

1. *Lips*
2. *Oral Mucosa:* inner cheeks, inner lips, tongue, under tongue
3. *Gums,* palate and edentulous ridges
4. *Dentures:* upper, lower, partial, full, labelled

Assess:

1. *Resident's ability to perform adequate mouth care independently*
2. *Resident's usual mouth care practices: frequency of brushing, type of brush, toothpaste, flossing or interdental brushing and mouthwash use*
3. *Resident's ability to swish and spit water safely*
4. *Impact of the resident's cognitive, communication impairments on ability to perform mouth care*
5. *Presence of responsive behaviours during mouth care (pushing away, turning head, biting).*
6. *History of chemotherapy, radiotherapy, oral surgery, health conditions and medications and their effect on oral mucosa*
7. *Frequency of dental visits and last dental visit.*

Table 1: Visual Inspection findings:

Normal Findings

- *Lips:* moist, intact no bleeding
- *Oral mucosa:* moist, pink, intact and no bleeding upon brushing. Tongue pink and moist
- *Gums, Palate and Edentulous ridges:* firm pink, moist and adherent to neck of teeth if present
- *Teeth:* clean, intact, smooth and shiny
- *Dentures:* clean, intact, not loose fitting and labelled
- Absence of mouth, tooth or jaw pain
- Absence of signs of pain and absence of infection
- Absence of food debris and biofilm

Abnormal Findings

- *Lips: red and / or white lumps, bumps or sores that do not heal within 2 weeks*
- *Oral mucosa*: dry, red, coated white / yellow / brown / black, smooth tongue, broken areas of mucosa – ulcerations, pain, chelosis (cracks, redness or crusting at corners of mouth)
- *Gums:* Swollen, red, dry, coated white/yellow/brown/black, bleeding, broken ulcerated areas
- *Teeth:* Cracked, loose, presence of decay, presence of food debris, pain
- *Dentures:* broken, loose fitting, causing pain

Performing Mouth Care

Equipment and Supplies:

All residential care facilities should have a standard list of products (Appendix B) used for mouth care as part of a regular ordering system.

Refer to resident care plan for additional supplies that might be required.

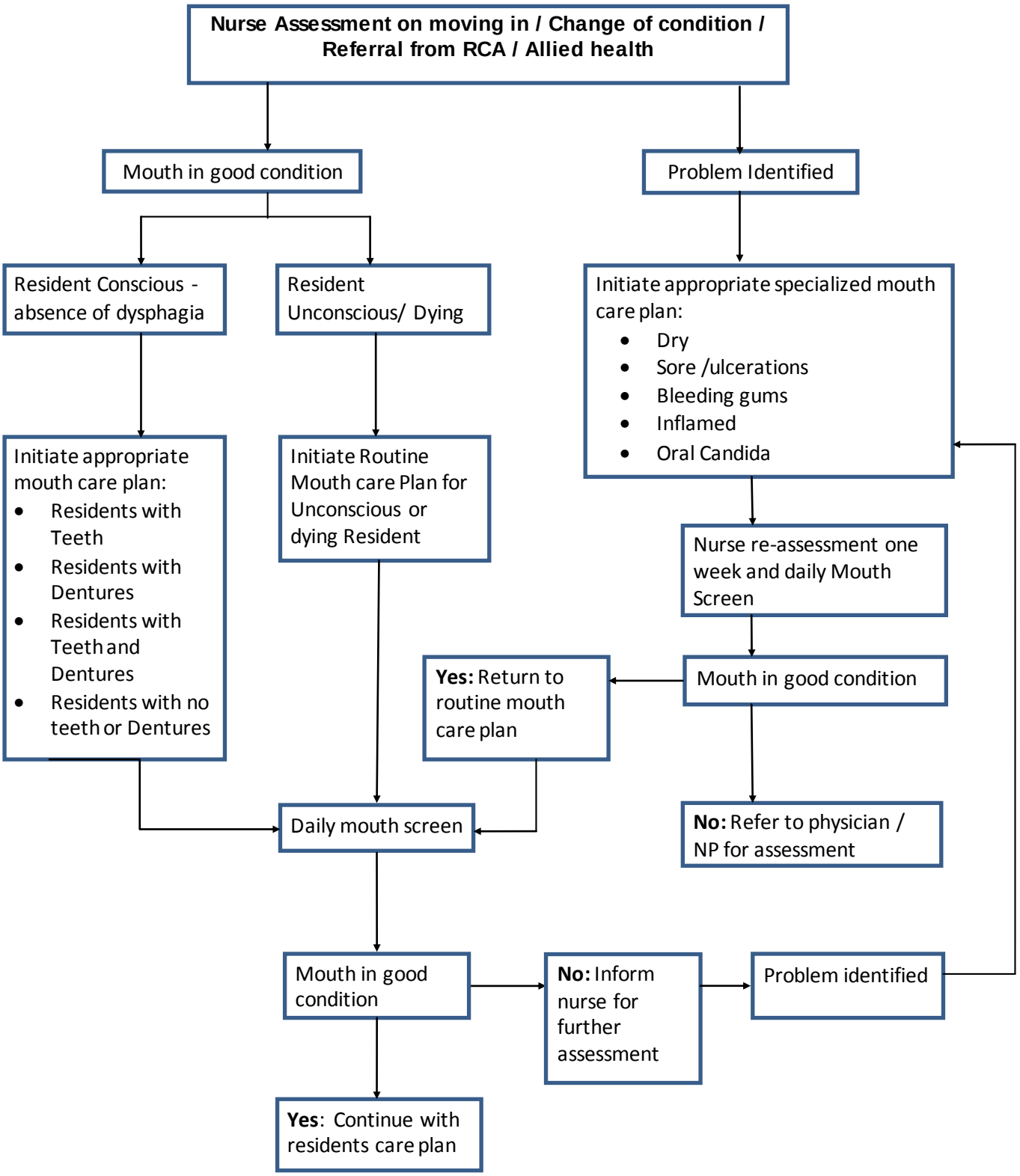
Resident with teeth	Resident with dentures
1. Soft toothbrush 2. Fluoride toothpaste 3. Interdental floss or brushes 4. Non-alcohol mouthwash 5. Water soluble lip moisturizer (balm)	1. Labelled denture cup 2. Denture brush 3. Toothbrush 4. Non-alcohol mouthwash 5. Liquid hand soap for cleaning dentures 6. Water soluble lip moisturizer (balm)
Resident with teeth and dentures	**Resident without teeth and without dentures**
1. Labelled Denture cup 2. Denture brush 3. Non-alcohol mouthwash 4. Soft toothbrush 5. Fluoride toothpaste (not for brushing dentures as too abrasive) 6. Interdental floss / brushes 7. Water soluble lip moisturizer (balm) 8. Liquid hand soap for cleaning dentures	1. Soft toothbrush 2. Non-alcohol mouthwash 3. Water soluble lip moisturizer (balm)
Unconscious or dying resident	
1. Soft long handled paediatric toothbrush 2. Mouth moisturizing gel (Water soluble lip balm, e.g. slightly minty gel) 3. Water soluble lip moisturizer (balm) 4. Non-alcohol mouthwash 5. Mouth prop	

Mouth Care Plan Standards:

- Residents have a mouth care plan based on the condition of their mouth, presence of teeth and/or dentures see Decision tool for Standardized Mouth Care Plan Selection
- Residents receive a K – basin / bowl and appropriate mouth-care supplies clearly labelled with the resident's name. Consider including a mouth prop as needed.
- Residents have an opportunity to perform mouth care or are assisted with mouth care twice daily, in the morning and at bedtime, and more often as needed.
- Residents are encouraged to perform their own mouth care when possible.
- Visual mouth inspection is part of every mouth care session and unexpected findings are reported to the nurse. Table 1
- Toothbrushes are changed every 3 months, after an upper respiratory infection, and as required.
- Denture brushes are changed yearly and as required.
- Dentures are labelled with the resident's name.
- Prior to providing mouth care all staff must wash hands, put on gloves and other personal protective equipment (PPE) as needed and wash hands following removal of PPE.
- Water soluble lip moisturizer (balm) is used as part of routine mouth care.
- Non-alcohol, antibacterial mouthwash is recommended and for residents with teeth the mouthwash and should contain fluoride. Follow manufacturer's instructions to ensure effectiveness as part of mouth care plan except when residents have dysphagia – see Precautions below.
  Note: excessive use of mouthwash can impact natural balance of oral flora and increase risk of developing oral candida.

Decision Tool for Standardized Mouth Care Plan Selection

For Residents with dysphagia follow recommendations in Precautions for Residents with Dysphagia and adapt selected standardised mouth care plan.



Standardized Mouth Care Plans

(Refer to Appendix C for Brushing Technique)

Conscious Residents without Dysphagia

A. Residents with Teeth

1. Inspect mouth daily and report unexpected findings to the nurse.
2. Ensure resident is in an upright position.
3. Brush teeth and gums 2 x a day with pea sized amount of fluoride toothpaste.
4. Gently massage gum line with toothbrush, hold at 45 degree angle when brushing teeth (see Appendix C)
5. Interdental cleaning floss / proxabrush / end tuft brush as per resident's preference.
6. Rinse with mouthwash as per resident's preference.
7. Apply water soluble lip balm.
8. Clean and dry toothbrush and store in dry k-basin / bowl.

B. Residents with Dentures

1. Inspect mouth and dentures daily and report unexpected findings to nurse.
2. Ensure resident is in an upright position.
3. Remove dentures at night and brush with mild soap and water only. Remove for the entire night if possible or for at least an hour. Rinse well with warm water, dry and store in a dry, clean and labelled denture cup.
4. Rinse mouth with water then brush gums, tongue, roof of mouth and cheeks with toothbrush dipped in mouthwash twice a day.
5. Apply water soluble lip balm.
6. Dip dentures in warm water or mouthwash to moisten and freshen before re-inserting into mouth.
7. Clean denture cup with warm water and mild soap, rinse and dry.
8. Clean and dry toothbrush and store in dry k-basin / bowl.

C. Residents with Teeth and Dentures

1. Inspect mouth and dentures daily and report unexpected findings to nurse.
2. Ensure resident is in an upright position.
3. Remove dentures at night and brush with mild soap and water only. Remove for the entire night if possible or for a minimum of 1 hour. Rinse well with warm water, dry and store in a dry, clean and labelled denture cup.
4. Rinse mouth with water then brush gums, tongue, roof of mouth and cheeks with toothbrush dipped in mouth wash twice a day.
5. Brush teeth in mouth with fluoride toothpaste, floss / use proxabrush / end tuft brush as per resident's preference.
6. Apply water soluble lip balm.
7. Rinse mouth with mouthwash as per resident's preference.
8. Dip dentures in warm water or mouthwash to moisten and freshen before re-inserting into mouth.
9. Clean denture cup with warm water and mild soap, rinse and dry.
10. Clean and dry toothbrush and store in dry k-basin / bowl.

D. No Teeth Or Dentures

1. Inspect mouth daily and report unexpected findings to the nurse.
2. Ensure resident is in an upright position.
3. Rinse mouth with water (if able to swish and spit).
4. Brush gums, tongue, roof of mouth and cheeks with toothbrush dipped in mouthwash twice a day.
5. Apply water soluble lip balm.
6. Clean and dry toothbrush and store in dry k-basin / bowl.

Precautions for Residents with Dysphagia at Risk of Aspirating Toothpaste or Mouthwash

Select appropriate standardized plan *(A – D above using decision tool) and personalize using the following as a guide:*

1. A suction toothbrush may be used where available. Follow manufacturer's instructions.
2. Use a non-foaming toothpaste/gel or toothbrush dipped in mouthwash for brushing and removing debris from mouth.
3. Do not rinse with mouthwash unless resident is able to tolerate thin liquids. Use toothbrush dipped in mouthwash to remove excess toothpaste if needed.
4. Adapt care plan as resident's dysphagia changes.
5. Apply water soluble lip balm.

Specialized Care Plans

A. Mouth Sores / Ulceration / Denture Sores

1. Follow resident's routine mouth care plan use soft toothbrush or paediatric toothbrush as tolerated **AND**
2. Leave dentures out as much as possible to aid healing.
3. If NO dysphagia with thin liquids: use saline mouth rinse 4 times a day after meals. (Saline mouth rinse: 5mLs (1 teaspoon) table salt dissolved completely in 250 mLs (8 ounces / 1 cup) of warm water).
4. Apply water soluble mouth moisturizer gel using a cotton tip applicator.
5. If dysphagia with thin liquids: apply water soluble mouth gel 4 times a day after mouth care and meals using a cotton tip applicator.
6. Consult dietitian to assist with adjusting diet as needed.
7. Nurse to monitor and if no improvement after 1 week consult physician or nurse practitioner.

B. Dry Mouth (xerostomia)

1. Follow resident's routine mouth care plan **AND**
2. Lubricate mouth with water soluble mouth moisturising gel before and after routine mouth care 2 times a day.
3. Increase fluid intake by offering additional 120 mL of fluid with each meal.
4. Offer ice chips to relieve dry mouth.
5. Consult with dietitian to assist with adjusting diet as needed.
6. Consider saliva stimulating sugar free lozenges before meals.
7. Ask family to supply Biotene dry mouth toothpaste instead of regular toothpaste if toothpaste is part of routine mouth care.
8. Consult with physician or nurse practitioner to review medications or for artificial saliva if dry mouth un-resolving.

C. Bleeding Gums

In the presence of gum disease mouth care frequency should be increased.

1. Follow resident's mouth care plan at least twice a day (am /pm) **AND**
    a) Increase interdental cleaning to twice a day or introduce interdental cleaning (floss / proxabrush /end tuft brush as per resident preference.
2. Rinse mouth with mouthwash. If resident has dysphagia use a mouthwash spray.
3. Consider more gentle mouth care plan when resident's goal of care is palliative, e.g. using paediatric soft toothbrush with mouth moisturising gel and omitting interdental cleaning.
4. If a resident is receiving chemotherapy, radiotherapy or anticoagulants or has a bleeding disorder a consult with a dentist or dental hygienist is recommended.

D. Oral Candida (thrush)

Follow routine mouth care plan **AND**

1. Assess for causes of oral candida e.g. use of inhaled corticosteroids, dentures, underlying immune deficiencies and excessive use of antibacterial mouthwashes not designed to treat oral candida.
2. Administer oral antifungal agents as ordered by physician, nurse practitioner or dentist. Always remove dentures prior to administration of topical anti-fungals. Clean and rinse dentures with mild soap and warm water before re-insertion.
3. At bed-time remove dentures and disinfect. (See Appendix D).

4. Disinfect denture container.
5. If no improvement with treatment refer to physician, nurse practitioner or dentist.

E. Angular Chelosis (cheilitus) Cracking, redness or crusting at corners of mouth

1. Follow routine mouth care plan AND
2. Clean lips twice daily with gauze moistened well with water.
3. Apply antimicrobial / antifungal treatment as ordered by physician, nurse practitioner or dentist.
4. Apply water soluble lip balm.
5. Report to nurse/ nurse practitioner / physician if no improvement in 1 week.

Assisting Residents with Dementia

Mouth care for residents with dementia can be challenging. Dementia can cause simple daily tasks to be frightening or threatening resulting in behaviours that hinder care. However, regular mouth care is vital to reduce the risk of recurrent pneumonias and systemic infection, malnutrition and to enhance general well-being. Performing mouth care at least once a day will make a difference and using techniques such as Gentle Persuasive Approaches can facilitate care.

Select appropriate standardized plan *(A – D above using decision tool) and individualize using the following as a guide when assisting residents who have dementia with their mouth care:*

1. Have a routine time and place to perform mouth care in a calm and quiet environment. Ideally standing or sitting in a bathroom in front of a sink or mirror as this acts as a cue for the task.
2. Provide mouth care when resident is most likely to be most content and cooperative, e.g. following meals. Avoid times when the resident has just woken to give them time to adjust to participating in the task.
3. Introduce self, verify correct resident with two identifiers and explain what you are going to do. Use visual aids and verbal cues, short sentences and simple words. Remember to use respectful language.
4. Use positive reinforcement techniques such as smiling, nodding or using thumbs up signal.
5. Use techniques such as:
    a. Cueing: if resident is able to perform task use verbal and non-verbal cueing to prompt initiation of each step of mouth care routine as needed.
    b. Stand to the side of the resident / or behind resident to brush as this makes it less invasive to the resident and safer for the staff member.
    c. Facilitating (Chaining): initiate brushing by having resident hold toothbrush and guide hand to mouth to start brushing, explaining actions, then encourage resident to complete task.
    d. Hand-over-hand: place toothbrush in residents hand then guide the residents hand through the activity of brushing teeth, this is best done standing behind the resident looking into a mirror as this mimics the task more closely.
    e. Bridging: have the resident hold second toothbrush while task of brushing is carried out as this improves sensory connection with the task.
    f. Distraction: the use of singing, holding items, e.g. wash cloth or something that makes resident feel safe, gentle touch and talking to distract a resident from a distressing situation.
    g. Collaborating with team / family members (Rescuing): arrange for a second caregiver/family member to approach and take over task as this can help if resident is fearful.
6. If resident is unable to open mouth during mouth care consider using a mouth prop or prop the mouth open using the 2- toothbrush technique (resident bites down on rubberized handle of the first toothbrush while a second toothbrush is used for mouth care). Switch sides by sliding handle of the second toothbrush between teeth then pulling first toothbrush out to use for oral care.
7. If unsuccessful try again when resident is calmer and more receptive.
   Note: Document and incorporate successful interventions into care plan and share with colleagues and family members.

Unconscious or dying Resident

1. Perform mouth inspection and care every 2 to 4 hours. Report unexpected findings (see Table 1) to nurse.
2. If lips are dry, apply water soluble lip balm with cotton tip applicator. This helps reduce discomfort during mouth care).
3. If there are lots of secretions, position resident lying on one side to aid drainage. Drainage can also be aided by sitting upright and leaning slightly forward.

4. Use mouth prop between teeth if needed. Insert gently, narrow side first. Moisten prop prior to insertion if mouth is dry.
5. Moisten toothbrush with mouthwash and tap to remove excess drips.
6. Use moistened toothbrush in sweeping movements to remove debris.
   NOTE: If unable to remove debris or secretions blot away excess moisture with washcloth and ask nurse for help before next step.
7. Apply mouth moisturiser thin layer throughout mouth cavity with a long handled paediatric toothbrush. Then scoop out gel with debris. If available, use yankuer with suction. Then continue with step 8 and 9.
8. Brush teeth and oral cavity with toothbrush moistened with mouthwash. Blot away excess moisture with washcloth as needed.
9. Apply thin layer of mouth moisturising gel with toothbrush.
10. Apply water soluble lip balm with cotton tip applicator.
11. Rinse and dry off toothbrush with paper towel and store in dry labeled container.

Evaluation

Resident / SDM reports that mouth care needs are met and mouth is clean, moist and free from pain.

Resident/Family Education

- Educate / demonstrate how resident/family can participate/assist with mouth care.
  - VCH Brushing and Flossing Pamphlet

Documentation

- Document mouth care plan as per local policy and in line with college documentation standards.
- Documentation should include resident's tolerance of mouth care plan, unexpected findings and interventions, and resident and family education.
- Document any oral problems and general oral status in the Initial and subsequent RAI-MDS Assessment.

Related Documents and Resources:

BD-00-07-40026: VCH/PHC Dysphagia Management: Safe Eating and Drinking (Residential Care)

Resources:

- Caring for Smiles http://www.nes.scot.nhs.uk/media/2603965/caring_for_smiles_guide_for_care_homes.pdf
- UBC Dentistry http://gdp.dentistry.ubc.ca/education/manuals/oral-hygiene-educational-protocol-manual/

References:

1. Atlantic Health Promotion Research Centre. (2011) *Labelling Dentures*. Dalhousie University. Hallifax, N.S. page 18 Accessed at: http://www.dal.ca/content/dam/dalhousie/pdf/dept/ahprc/BrushingUp-info-sheets.pdf
2. Boyle, P., Koechlin, A., and Autier, P. (2014) Mouthwash Use and the Prevention of Plaque, Gingivitis and Caries. Executive Summary. *Head and Neck: Oral Diseases*. 20 suppl 1.
3. British Columbia Dental Association (2011) *Oral health care delivery in residential care facilities: A report of the seniors oral health secretariat*. Canadian Dental Association. Accessed March 18 2016 at http://www.jcda.ca
4. Legg, T. (2012) Oral Care in Older Adults with Dementia. Challenges and Approaches. *Journal of Gerontological Nursing.* 38, (8) pp 10-13.
5. McNally,M. (2011). Brushing up on Mouth Care: An oral Health resource for the nurse who provides care for older adults. Dalhousie University. Halifax, N.S. Accessed at http://www.dal.ca/content/dam/dalhousie/pdf/dept/ahprc/BrushingUp-info-sheets.pdf March 18, 2016.
6. Oral Hygiene. Mosby's Nursing Skills (2014). St. Louis, MO. Elsevier. Retrieved march 18 2105 from http://www.confidenceconnected.com/products/elsevier-clinical-skills/
7. Oral Hygiene for Unconscious or Debilitated Patients. Mosby's Nursing Skills (2014). St. Louis, MO. Elsevier. Retrieved march 2016 from http://www.confidenceconnected.com/products/elsevier-clinical-skills/

8. Pearson, L. S., Hutton, J. L. (2002). A controlled trial to compare the ability of foam swabs and toothbrushes to remove dental plaque. *Journal of Advanced Nursing, 39*(5), 480-489.
9. Registered Nurses' Association of Ontario. (2008) Oral Health: Nursing Assessment and Interventions. Toronto, Canada. Registered Nurses' Association of Ontario. Accessed at http://rnao.ca March 18 2016
10. Robinson, T. and Carter, D. (2013) Oral intensity: Reducing non-ventilator-associated hospital-acquired pneumonia in care-dependent neurologically impaired patients. *Canadian Journal of Neuroscience Nursing.* 35 (2) PP 10 -17.
11. Sjogren, P., Nilsson, E., Forsell, M., Johansson,O. and Hoogstraat, J. (2008) A systematic review of the preventive effect of oral hygiene on pneumonia and respiratory tract infection in elderly people in hospitals and nursing homes: Effect estimates and methodological quality of randomised controlled trials. *Journal of the American Geriatric Society*. 56 (11), pp 2124-2130.
12. Sorrentino, SA, Remmert, L. (2012) *Mosby's textbook for nursing assistants*. ST. Louis MO. Elsevier
13. Gentle Persuasive Approaches (GPA) Advisory Committee (2014) GPA in Dementia Care: Supporting Persons with Responsive Behaviours Version 3. Advanced Gerontolgical Education (AGE) Inc.

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Final Sign-off & Approval for Posting by

Vice President Professional Practice and Chief Clinical Information Officer, VCH

Professional Practice Standards Committee, PHC

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Appendix A - Oral Health Assessment Tool

For Nurse to use (as appropriate)

Oral Health Assessment Tool (OHAT) for Dental Screening

Modified from Kayser-Jones et al. (1995) by Chalmers (2004)

Resident:_____ Completed by:_____	Date:___/___/___

Scores: The final score is the sum of scores from the eight categories and can range from 0 (very healthy) to 16 (very unhealthy). While the cumulative score is important in assessing oral health, the score of each item should be considered individually. Symptoms that are underlined require immediate attention.
*if any category has a score of 1 or 2, please arrange for the resident to be examined by a dentist.

Category	0 = Healthy	1 = Changes *	2 = Unhealthy *	Category Scores
Lips	Smooth, pink, moist	Dry, chapped or red corners	Swelling or lump, white/red/ulcerated patch; bleeding/ulcerated at corners	
Tongue	Normal, moist, roughness, pink	Patchy fissured, red, coated	Patch that is red, and/or white, ulcerated, swollen	
Gums and tissues	Pink, smooth, moist, no bleeding	Dry, shiny, rough, red, swollen, one ulcer/sore spot under dentures	Swollen, bleeding gums, ulcers white/red patches, generalized redness or ulcer under dentures	
Saliva	Moist tissue, watery and free-flowing saliva	Dry, sticky tissue, little saliva present	Tissues parched and red, very little/no saliva present, saliva very thick	
Natural teeth Yes/no	No decayed or broken teeth/roots	1-3 decayed or broken teeth/roots or teeth very worn down	4 or more decayed or broken teeth/roots, or fewer than 4 teeth, or very worn down teeth	
Dentures Yes/no	No broken areas or teeth, dentures regularly worn	1 broken area/tooth or dentures only worn for 1-2 hours daily, or loose dentures	More than 1 broken area/tooth, dentures missing or not worn, needs denture adhesive	
Oral cleanliness	Clean, no food particles or tartar in mouth or on dentures	Food particles/tartar/plaque in 1-2 areas of the mouth or on small area of denture or bad breath	Food particles/tartar/plaque in most areas of the mouth or on most of denture or severe halitosis (bad breath)	
Dental pain	No behavioural, verbal, or physical signs of dental pain	Verbal and/or behavioral signs of pain such as pulling at face, chewing lips, not eating, aggression	Physical signs such as facial swelling, sinus on gum, broken teeth, large ulcers, and verbal and/or behavioral signs such as pulling at face, chewing lips, not eating, aggression	
☐ Arrange for resident to be examined by a dentist ☐ Resident or family/guardian refuses dental treatment ☐ Review this resident's oral health again on (date): ___/___/___				**Total** _____ **Score 16**

Appendix B – Examples of Products, Equipment and Supplies

Product	Application, Pros/Cons
Toothbrush Butler Gum adult soft nylon w/pic 	• A toothbrush is best method for oral cleansing. • Use soft-bristled brush with a small head. • Use paediatric size for difficult-to-clean mouths (limited opening). • Clean and air dry after each use. • Must be replaced after oral infection following course of treatment e.g. anti-fungal treatment for oral candida (thrush).
Dental Floss	• Flossing in combination with tooth brushing can prevent gum disease, halitosis and dental caries (i.e. tooth decay).
Sage Suction Toothbrush with Perox-A-Mint (H_2O_2 1.5%) and Mouth Moisturizer 	• Use with a pea-size amount of toothpaste • Disposable

Fluoride toothpaste
 
Biotene dry mouth fluoride toothpaste
 
	• Toothpaste is the most effective cleansing agent.
	• Fluoride prevents dental caries (i.e. tooth decay)
	• Avoid whitening formulas like sodium bicarbonate as these can be abrasive and long-term effects can be damaging.
	• Dry mouth formulations e.g. Biotene:
	  ○ Cleanses without further irritation of dry mouth.
	  ○ Contains bioactive enzymes to promote beneficial mouth conditions.
	• Family/resident responsible for obtaining
	
	Tooth Paste crest reg. 100ml - ePro # 00079912
	Tooth Paste with Fluoride fresh mint 2.75 oz ePro - # 00028289
	Tooth paste with Fluoride tube 0.6 OZ - ePro # 00023179

Wash Cloth	• For removing excess moisture in mouth. • Use to aid in removing coating on tongue, especially if tongue is cracked or sore.

Product	Application, Pros/Cons
Alcohol Free Mouthwash 	• Alcohol free antibacterial mouthwashes are preferred because alcohol can dry oral mucosa, irritate sores and be misused by residents seeking alcohol alternatives. For residents with teeth mouth wash should also contain fluoride. • Prevent dental caries. • Decrease bacterial acid production. • Promotes repair of damaged areas. • Treatment of mouth sores. Mouth wash April fresh 118 mint alcohol free - ePro #00052723
Mouth Moisturizing Gel / Lubricants 	• Water-based formula soothes and moisturizes lips and oral tissue • Lubricates and promotes healing Mouth Gel/ Moisturizer ½ OZ - ePro #00052723

Denture Related Products

Daily removal and cleaning of dentures is a key step in good oral hygiene.

Product	Application, Pros/Cons
Denture Cup with lid 	• Clean dentures and place dry into labelled denture cup for storage. • Place lid on cup. • Always make sure denture cup is labelled with resident's name. ePro # 00008248
Brush GUM denture nylon 	• Used to brush off residue from dentures. • Can also use a regular toothbrush. ePro# 00016334
Denture adhesive super 68g 	• To keep dentures in place. • If too much is used, may block salivary glands and cause halitosis.

Specialized Oral Care Requiring Physician Assessment / Order

Product	Application, Pros/Cons
Chlorhexidine Gluconate 0.12% solution 	• Antibacterial and antifungal and may prevent plaque formation. • May stain teeth with prolonged use. • Short-term use only (less than 6 months). • May be used in spray form in same concentration if resident has dysphagia • ***NOT SWALLOWED - <u>SWISH AND SPIT</u>***
Nystatin	• Antifungal (Thrush) • Swish and swallow.
Fluconazole	• Antifungal (Thrush) • Fluconazole (tablet or suspension) may cause heartburn and altered sense of taste.
Hydrogen Peroxide 1.5% solution for use as antiseptic mouthwash. 3% solution for canker sores, minor oral wounds.	• **Do not use full strength as it will damage the oral tissue and will burn.** • **Use limited to 14 days.** • Used to cleanse minor sores and irritation, canker sores or gum inflammation from minor dental procedures, dentures, appliances, accidental injury. • Prolonged use has been linked to cancer and black hairy tongue • ***NOT SWALLOWED - <u>SWISH AND SPIT</u>***

Topical Anesthetics / Coatings

Physician/ nurse practitioner order required for all applications

- These products are used primarily for oral pain in cancer care due to radiation complications
- Where possible, should be applied locally, rather than over whole mouth
- Some products come in gel form, which may be easier to apply. Relief is usually temporary

Product	Application, Pros/Cons
Tantum rinse: 0.15 % w/v benzydamine hydrochloride solution.	Used following dental surgery, tonsillectomy. Used to treat: • Gingivitis • Stomatitis • Glossitis • Mouth Ulcers • Pharyngitis • Tonsillitis • Radiation or intubation Mucositis. ***NOT SWALLOWED - <u>SWISH AND SPIT</u>***
Lidocaine viscous	For a sore or irritated mouth. • Swish around until the pain goes away, then spit out. For a sore throat: • Gargled then may be swallowed. Lidocaine viscous causes mouth numbness and can affect swallow so residents must wait 1 hour before eating / drinking.
Orajel: *Benzocaine 10% topical Application.*	Used for mouth and gum irritations e.g. sores / ulcers. **Caution in older adults**: increased risk of Methemoglobinemia

Appendix C - Brushing Technique When Assisting Resident with Brushing.

Brushing technique is important for healthy gums and to remove plaque.

1. Apply a pea sized amount of toothpaste or gel to brush.
2. Smear toothpaste or gel over toothbrush and push into brush to prevent it falling off and being aspirated.
3. Hold brush at 45 degrees to teeth with brush partly on gum and partly on teeth see Brushing and Flossing Pamphlet
4. Gently vibrate toothbrush massaging gums and brush outside surface of teeth from gum to crown with sweeping motion at least 5 sweeps per section. Top teeth from gum sweep down, bottom teeth from gum sweep up.
5. Brush inside surface of teeth.
6. Brush biting surfaces of teeth.

Note: Do not rinse with water after brushing as this removes fluoride from surface of teeth. A non-alcohol mouthwash should be used as per resident care plan.

Appendix D - Denture Labelling, Cleaning and Disinfecting

Labelling

1. Labelling can be performed by resident's dental office.
2. Labelling Kits are available for purchase by residential care sites or family members.
3. Descriptions of how dentures can be labelled by family or residential care facilities can be found in:
   - Caring for Smiles
   - Labelling Dentures
     (Atlantic Health Promotion Research Centre. (2011) Dalhousie University. Halifax, N.S. page 18.)

Denture Cleaning

1. Dentures need to be removed and rinsed after meals and cleaned at bedtime.
2. Use specially formulated denture creams or mild dish soap with a soft denture brush.
3. Rinse well after cleaning and store in a dry, clean, labelled container with a lid.

Denture Disinfection

1. When disinfecting dentures it is recommended that dentures be soaked in an area not accessed by residents to prevent accidental ingestion of soaking solution.
2. Dentures **with** metal must **NOT** be soaked in sodium hypochlorite (bleach) solutions. Never use heat to disinfect dentures as this causes distortion.
3. Personal protective equipment: gloves, eye and clothing protection, must be used.

Dentures with or without metal

1. Clean dentures with denture cream or mild dish soap to remove visible debris and rinse thoroughly.
2. Immerse dentures in chlorhexidine 0.2 % in container with a lid for 20 minutes.
3. Rinse well with tap water.
4. Store in a clean, dry, labelled container with a lid

Dentures without metal

1. Clean dentures with denture cream or mild dish soap to remove visible debris and rinse thoroughly.
2. Prepare sodium hypochlorite solution by diluting household bleach (sodium hypochlorite 5.25%) in water in a ratio of 1 part bleach to 10 parts tap water.
3. Immerse dentures in diluted sodium hypochlorite solution in a container with a lid for 20 minutes.
4. Rinse well with tap water.
5. Store in a clean, dry, labelled container with a lid.