Better Oral Health in LTC - *Best Practice Standards for Saskatchewan*

Professional Portfolio

Oral Health Assessment Toolkit for Residents'
Oral Health Care Planning Guidelines
Oral Health Referral Protocol

(Adapted from Australia's Better Oral Health in Residential Care)

Saskatchewan
Health Authority

Better Oral Health in Residential Care program - Background

The Better Oral Health in Long Term Care – *Best Practice Standards for Saskatchewan* is adapted from the Australian Better Oral Health in Residential Care Education and Training Program.

The Better Oral Health in Residential Care Portfolio was dedicated to the life and work of geriatric dentist Dr. Jane Margaret Chalmers (1965-2008), who passionately and tirelessly strove to improve the oral health status of older people in residential care in Australia.

The Facilitator Portfolio (also known as Educators' Portfolio, in regard to Better Oral Health in Long Term Care – *Best Practice Standards for Saskatchewan program*) is designed to assist with delivery of the Education and Training Program for residential aged care staff. It is part of a suite of three Better Oral Health in Residential Care Portfolios:

- The Professional Portfolio for GPs and RNs
- The Facilitator Portfolio for delivery of the Education and Training Program
- The Staff Portfolio for nurses and care workers

The original portfolios were developed by the Better Oral Health in Residential Care Project funded by the Australian Government Department of Health and Ageing under the Encouraging Best Practice in Residential Aged Care (EBPRAC) Program. This project was led by South Australia Dental Service with the support of Consortium members during 2008-09.

The Better Oral Health in Long Term Care – *Best Practice Standards for Saskatchewan* was adapted collaboratively through the Saskatchewan Oral Health Professions Group (College of Dental Surgeons of Saskatchewan, Saskatchewan Dental Assistants Association, Saskatchewan Dental Hygienists Association, and Saskatchewan Dental Therapists Association), in partnership with the University of Saskatchewan, College of Dentistry, Saskatchewan Health Authority (SHA), and private practice Dentists.

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Professional Portfolio: for Nurses

The Professional Portfolio and the accompanying CD are designed to assist Nurses to undertake oral health assessment and care planning for people in Long Term Care home. A Dental Referral Protocol is included for referral for a more detailed dental examination and treatment.

This Professional Portfolio forms part of a suite of three Better Oral Health in LTC - *Best Practice Standards for Saskatchewan* Portfolios:

- The Professional Portfolio for Nurses.
- The Educators' Portfolio for delivery of the Education and Training Program
- The Staff Portfolio for Care aides.

The Portfolios were developed by the Better Oral Health in Residential Care Project funded by the Australian Government Department of Health and Ageing under the Encouraging Best Practice in Residential Aged Care (EBPRAC) Program. This project was led by SA Dental Service with the support of Consortium members during 2008-09.

Contents

Introduction

'Oral diseases and conditions can have social impacts on quality of life, including comfort, eating, pain and appearance, and are related to dentate status... Older adults need to eat and talk comfortably, to feel happy with their appearance, to stay pain free, to maintain self-esteem, and to maintain habits/standards of hygiene and care that they have had throughout their lives.'

Chalmers, JM 2003, 'Oral health promotion for our ageing Australian population', Australian Dental Journal; vol. 48, no.1, pp.2-9

The Facts

More Long Term Care residents have their natural teeth.

Many residents take medications that contribute to dry mouth.

The onset of major oral health problems takes place well before an older person moves into Long Term Care home.

As residents become frailer and more dependent, they are at high risk of their oral health worsening in a relatively short time if their daily oral hygiene is not maintained adequately.

A simple protective oral health care regimen will maintain good oral health.

Quality of Life

Poor oral health will significantly affect a resident's quality of life in many ways:

- bad breath
- bleeding gums, tooth decay and tooth loss
- appearance, self-esteem and social interactions
- speech and swallowing
- ability to eat, nutritional status and weight loss
- pain and discomfort
- change in behaviour.

Impact on General Health

Poor oral health can significantly impact on general health:

- aspiration pneumonia
- chronic infection and bacteraemia
- cardiovascular disease
- complicate management of systemic illnesses.

Better Oral Health in LTC - *Best Practice Standards for Saskatchewan* Model

Better Oral Health in LTC - *Best Practice Standards for Saskatchewan* requires a team approach to maintain a resident's oral health care.
The Oral Health Care Team (OHCT) may comprise of Oral Health Coordinator (OHC), Nurses, Care aides, physicians, and Oral Health Professionals (dentists, dental therapists, dental hygienists, dental assistants and denturists. Appropiate team members will be responsible for all of the four key processes.

1. Oral Health Assessment

This is performed by a licensed oral health professional on admission and, subsequently, on a regular basis and as the need arises by OHC/oral health professional or nurses

2. Oral Health Care Plan

OHCT and residents develop an oral care plan which is based on a simple protective oral health care regimen

3. Daily Oral Hygiene

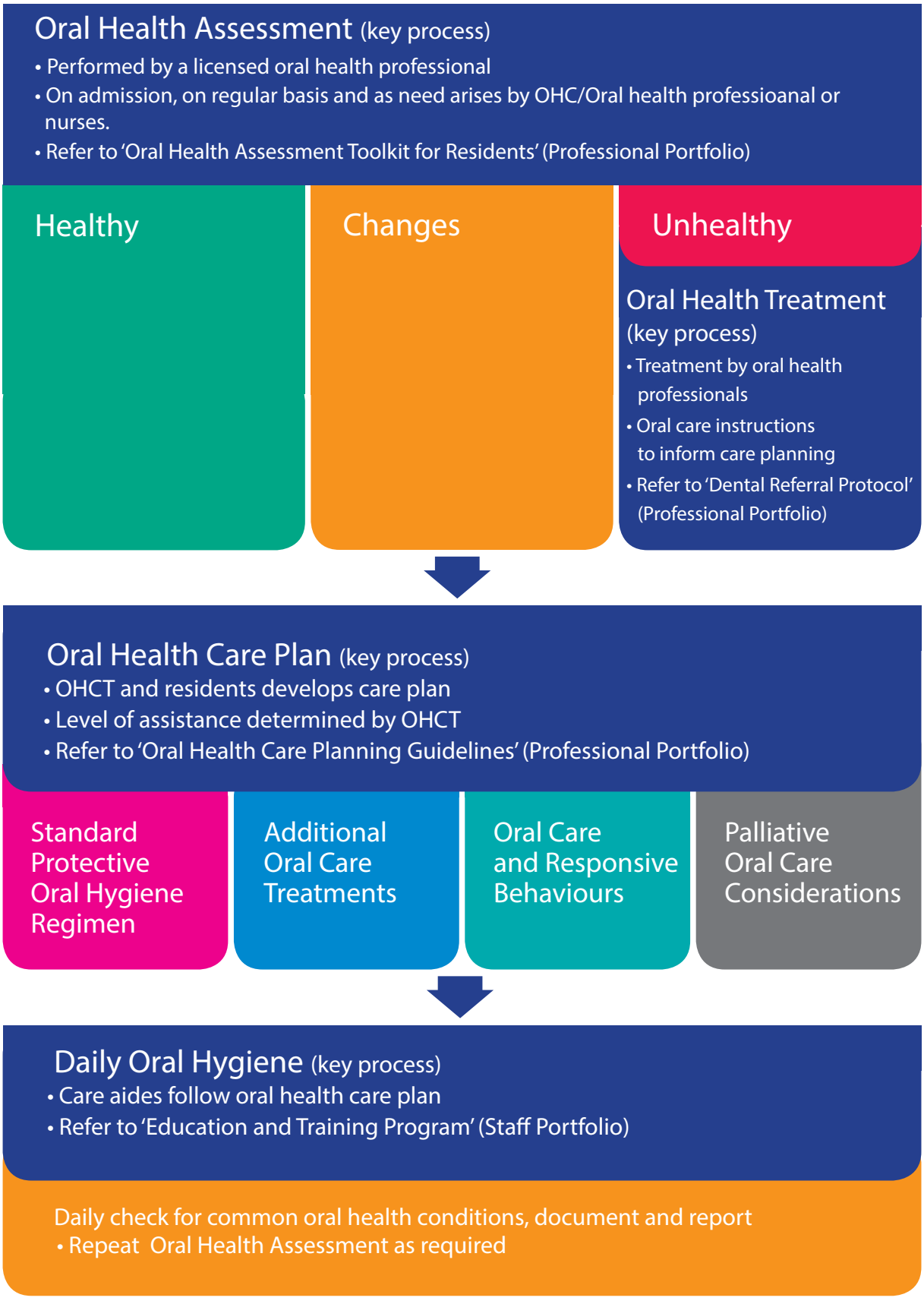
Nurses and care aides maintain daily oral hygiene according to the oral health care plan.

4. Oral Health Treatment

Referrals for more comprehensive oral health examination and treatment are made on the basis of an oral health assessment. It is recognized that residents may be best treated at the Long Term Care home.

Introduction

This flowchart illustrates the Better Oral Health in LTC - *Best Practice Standards for Saskatchewan* Model.



Oral Health Assessment Toolkit for Residents'

The Oral Health Assessment Toolkit for Residents' is described in this section of the Portfolio and includes an interactive CD.

The CD consists of: a video demonstration of how to perform an oral health assessment, a self directed learning module, an oral health assessment tool and other useful documents.

It is recommended a resident should have an oral health assessment performed by licensed oral health professional on a regular basis and as the need arises by OHC/oral health professional or nurses.

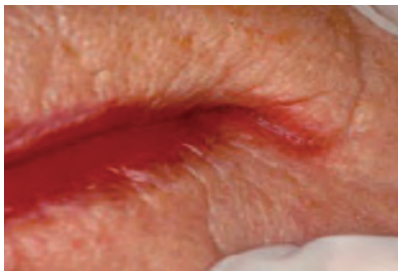
Eight categories of oral health (lips, tongue, gums and tissues, saliva, natural teeth, dentures, oral cleanliness and dental pain) are assessed as healthy, changes or unhealthy.

A 'healthy' or 'changes' assessment can be managed by using the Oral Health Care Guidelines whereas an 'unhealthy' assessment generally indicates the need for a comprehensive dental examination and treatment.

The Oral Health Assessment Toolkit for Residents (2009) presented in this Portfolio was modified from the Oral Health Assessment Toolkit for Older People for General Practitioners (2005) developed for the Australian Government Department of Health and Ageing. This was in turn modified from Kayser-Jones, Bird, Paul, Long and Schell (1995) and Chalmers (2004).

Common Oral Health Conditions experienced by Residents

Lips



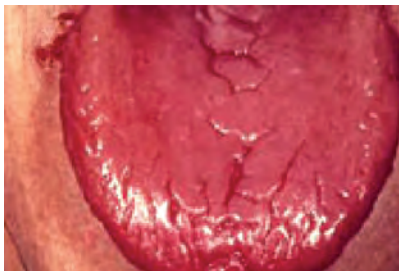
Angular Cheilitis

Bacterial or fungal infection which occurs at the corners of the mouth.

Check for:

- soreness and cracks at corners of the mouth.

Tongue



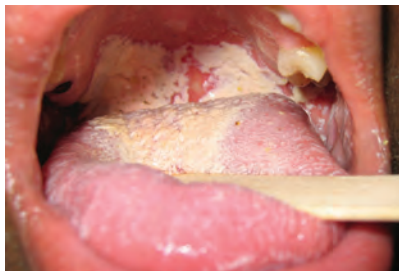
Glossitis

This is commonly caused by a fungal infection.

It may be a sign of a general health problem.

Check for:

- a reddened, smooth area of tongue
- a tongue which is generally sore and swollen.



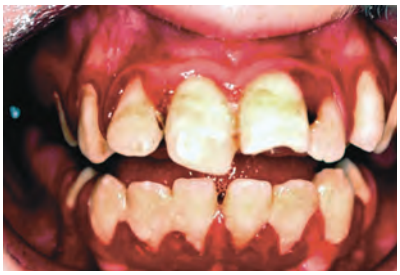
Candidiasis (Thrush)

This is a fungal infection of oral tissues.

Check for:

- patches of white film that leave a raw area when wiped away
- red inflamed areas on the tongue.

Gums and Oral Tissue



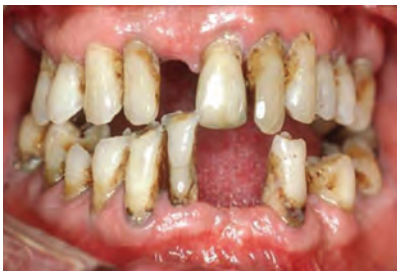
Gingivitis

This is caused by the bacteria in dental plaque accumulating on the gum line at the base of the tooth.

It gets worse and more common with age.

Check for:

- swollen red gums that bleed easily when touched or brushed
- bad breath.



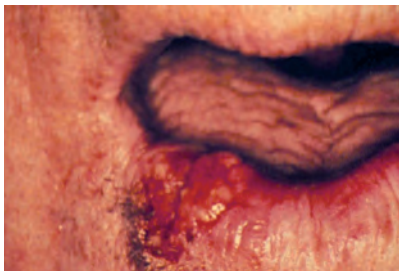
Periodontitis

This causes gums and bone that support the teeth to break down.

This condition can impact seriously on general health and wellbeing.

Check for:

- receding gums
- exposed roots of teeth
- loose teeth
- tooth sensitivity
- bad breath.



Oral Cancers

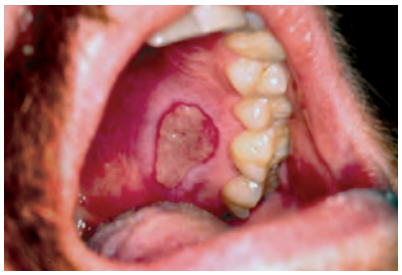
Oral cancer is a major cause of death. People who smoke and drink alcohol heavily are at higher risk.

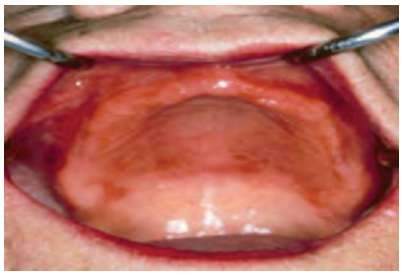
Check for:

- ulcers that do not heal within 14 days
- a white or red patch or change in the texture of oral tissues
- swelling
- unexplained changes in speech
- difficulty in swallowing.

Common Oral Health Conditions experienced by Residents

Gums and Oral Tissue (continued)





Ulcers & Sore Spots

These are caused by chronic inflammation, a poorly fitting denture or trauma.

Ulcers may be a sign of a general health problem.

Check for:

- sensitive areas of raw tissue caused by rubbing of the denture (particularly under or at the edges of the denture)
- broken denture
- broken teeth
- difficulty eating meals
- responsive behaviour.

Stomatitis

Usually, stomatitis is caused by a fungal infection.

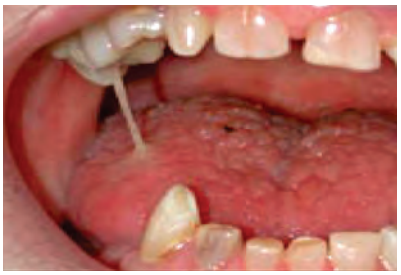
It is commonly found where oral tissue is covered by a denture.

It may be a sign of a general health problem.

Check for:

- red swollen mouth usually in an area which is covered by a denture.

Saliva



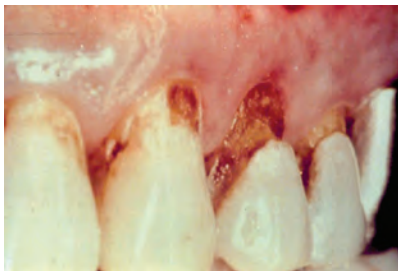
Xerostomia (Dry Mouth)

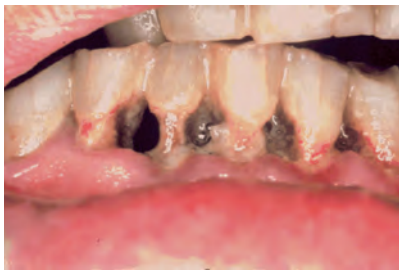
This can be a very uncomfortable condition caused by medications, radiation and chemotherapy or by medical conditions such as Sjögren's syndrome and Alzheimer's disease.

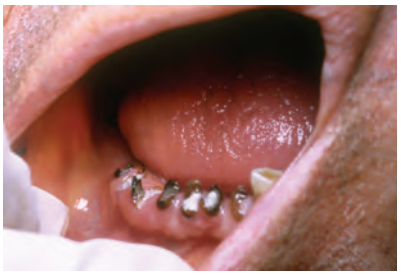
Check for:

- difficultly with eating and/or speaking
- dry oral tissues
- small amount of saliva in the mouth
- saliva which is thick, stringy or rope-like.

Natural Teeth







Caries

Tooth decay is a diet and oral hygiene related infectious disease which affects the teeth and causes pain.

Check for:

- holes in teeth
- brown or discoloured teeth
- broken teeth
- bad breath
- oral pain and tooth sensitivity
- difficulty eating meals
- responsive behaviour.

Root Caries

Gums recede and the surface of the tooth root is exposed.

Decay can develop very quickly because the tooth root is not as hard as tooth enamel.

Check for:

- tooth sensitivity
- brown discolouration near the gum line
- bad breath
- difficulty eating meals
- responsive behaviour.

Retained Roots

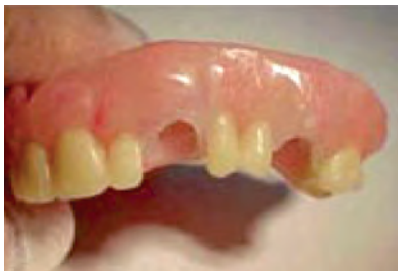
The crown of the tooth has broken or decayed away.

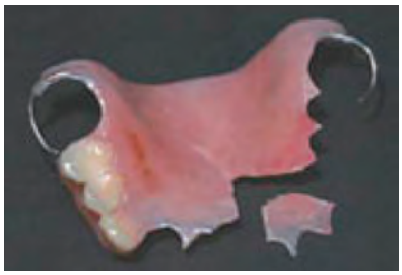
Check for:

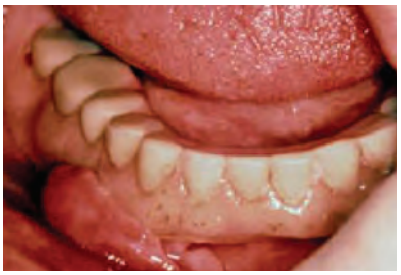
- broken teeth
- exposed tooth roots
- oral pain
- swelling
- bad breath
- trauma to surrounding tissues from sharp tooth edges
- difficulty eating meals
- responsive behaviour.

Common Oral Health Conditions experienced by Residents

Dentures







Requiring Attention

The denture is in need of repair or attention.

Check for:

- resident's name on the denture
- chipped or missing teeth on the denture
- chipped or broken acrylic (pink) areas on the denture
- bent or broken metal wires or clips on a partial denture.

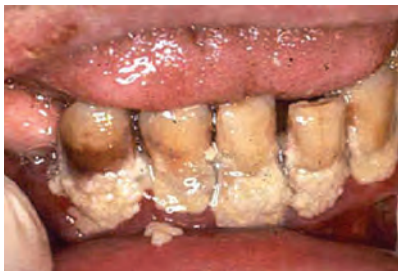
Poorly Fitting

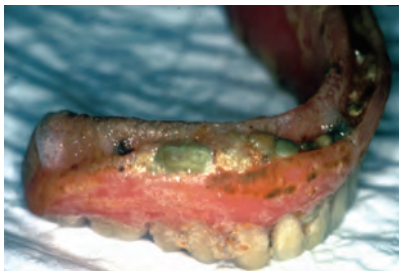
A denture can cause irritation and trauma to gums and oral tissues.

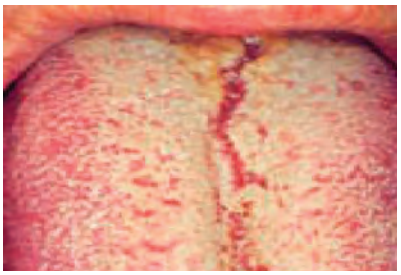
Check for:

- denture belonging to resident
- dentures being a matching set, particularly if the resident has several sets of dentures
- denture movement when the resident is speaking or eating
- resident's refusal to wear the denture
- overgrowth of oral tissue under the denture
- ulcers and sore spots caused by wearing the denture.

Oral Cleanliness







Poor Oral Hygiene

Poor oral hygiene allows the bacteria in dental plaque to produce acids and other substances that damage the teeth, gums and surrounding bone.

Dental plaque begins as an invisible film that sticks to all surfaces of the teeth, including the spaces between the teeth and gums. It forms continuously and must be removed by regular brushing. If dental plaque is not removed, it hardens into calculus (tartar).

Check for:

- build up of dental plaque on teeth, particularly at the gum line
- calculus on teeth, particularly at the gum line
- calculus on denture
- unclean denture
- bleeding gums
- bad breath
- coated tongue
- food left in the mouth.

Saskatoon Health Region

Better Oral Health in Long Term Care – *Best Practice Standards for Saskatchewan*

Oral Health Assessment Tool (OHAT)

Resident: ☐ Independent ☐ needs reminding ☐ needs supervision ☐ needs full assistance

☐ Not able to open mouth	☐ Grinding or chewing	☐ Head faces down	☐ Refuses treatment
☐ Has responsive behaviour	☐ Bites	☐ Excessive head movement	
☐ Not able to rinse and spit	☐ Cannot swallow well	☐ Does not take dentures out at night	

Date (Re-assessment every 6 months)									
Lips	**Healthy** Smooth, pink, moist								
	Changes Dry, chapped or red at corners								
	Unhealthy * Swelling or lump, red/white/ulcerated bleeding/ulcerated at corners *								
	Dental referral Y – Yes * N – No								

Date (Re-assessment every 6 months)									
Tongue	**Healthy** Normal moist, roughness, pink								
	Changes Patchy, fissured, red, coated								
	Unhealthy * Patch that is red and/or white/ulcerated, swollen*								
	Dental referral Y – Yes * N – No								

*Unhealthy signs usually indicate referral to a dentist is necessary

Staff Initials									

Helpful Hints

Preparation

It is suggested the resident be positioned in the semi-reclined position to facilitate the examination.

The use of a hands-free light source or LED flashlight is recommended to assist in viewing the oral cavity.

Assistance with the recording aspect of the assessment may help to decrease the amount of time required.

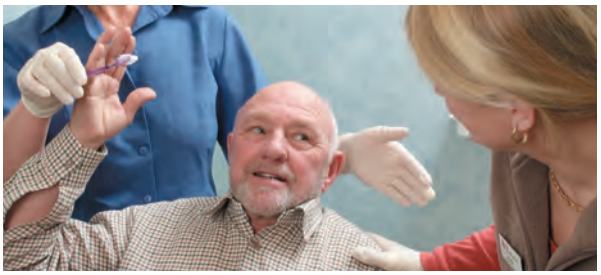
Using a Modified Toothbrush

A backward bent toothbrush can be used to retract the cheek and provide better access to the mouth.

Clear plastic toothbrushes are the easiest to bend. Some can be bent (without having to soften the plastic) to a 45 degree angle by simply using your hands.

Others will need to be softened by placing the toothbrush in a cup of hot water. Apply gentle downward pressure on the toothbrush until it bends to a 45 degree angle.

Managing Responsive Behaviours



Getting the resident's attention

Touch a neutral place such as the hand or lower arm.

Firstly, focus on building a good relationship with the resident before you start the oral health assessment.

Speak clearly and at the resident's pace giving one instruction at a time.

Mime what you want the resident to do and allow the resident to inspect the items you are going to use.

If the resident walks away allow the resident to perch against a bench or table rather than sit during the assessment.

Counteracting grabbing or hitting out

Approach the resident from the diagonal front and at eye level. By standing directly in front you can look big and are more likely to be grabbed or hit.

If the resident holds onto items you are using and does not let go stroke the resident's forearm in long, gentle rhythmic movements as a distraction and to help relax the resident.

Managing Responsive Behaviours (continued)

Counteracting grabbing or hitting out (continued)

If the resident grabs out at you or grabs your wrist, pull back and give the resident space. Ask if the resident is OKAY. Offer the resident something to hold while you do the oral health assessment.

Think about what may have caused the resident's behaviour. Did something hurt? Was the resident trying to help but the message was mixed?

Improving access

If the resident does not open his or her mouth or keeps turning his or her face away try to stimulate the resident's root reflex by stroking the cheek.

If the resident bites the items you are using ask the resident to release and distract the resident with gentle strokes to the head or shoulder, using soothing words.

Medication Issues

Xerostomia (Dry Mouth)

A variety of drugs, especially those with anticholinergic effects, can cause xerostomia (dry mouth), particularly with issues of polypharmacy and the elderly. When the quality and quantity of saliva is reduced oral diseases can develop very quickly.

The following drug classes can contribute to xerostomia (dry mouth), some generic examples are listed but this is not comprehensive:

- Tricyclic antidepressants (amitriptyline, doxepin, dothiepin)
- Selective serotonin reuptake inhibitors (citalopram, paroxetine)
- Monoamine oxidase inhibitors (moclobemide, phenelzine)
- Anticholinergic agents (oxybutynin, tolterodine, hyoscine, inhaled tiotropium)
- Opioids (codeine, morphine, oxycodone, methadone)
- Diuretics (frusemide, hydrochlorothiazide)
- Antipsychotic drugs (chlorpromazine, haloperidol, olanzapine)
- Antihistamines (promethazine, dexchlorpheniramine)
- Lithium
- Proton pump inhibitors (omeprazole, lansoprazole)
- ACE inhibitors (captopril, enalapril, lisinopril)
- Oral retinoids (isotretinoin, tretinoin)
- Benzodiazepines (diazepam, temazepam)
- Chemotherapy (capecitabine; many drugs cause mucositis)
- Other miscellaneous agents (carbamazepine, sibutramine, tramadol)

Note that incidence of xerostomia (dry mouth) may vary greatly between agents. For example, within the antipsychotic class of drugs, chlorpromazine, is more likely to produce a dry mouth whereas haloperidol will produce more tardive dyskinesia.

Other Considerations

Multiple drug interactions also need to be monitored. For example, warfarin often interacts with oral antifungals or azoles used to treat stomatitis in residents with poorly controlled INR levels.

The use of local anaesthetics, sedation and general anaesthesia may be complicated or negated with specific medication combinations.

Medication compliance must be considered. For example, poor compliance with insulin or blood pressure medications can result in complications with tooth extractions.

Medical history and duration of use can affect oral health. For example, a resident may have taken an antipsychotic medication and have ongoing tardive dyskinetic movement disorders.

Residents who take bisphosphonate agents may be at risk of developing bisphosphonate-related osteonecrosis of the jaws, especially following invasive dental procedures such as tooth extractions.

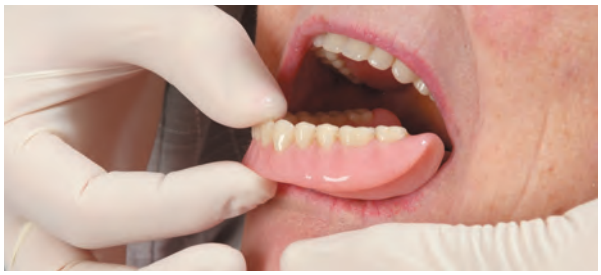
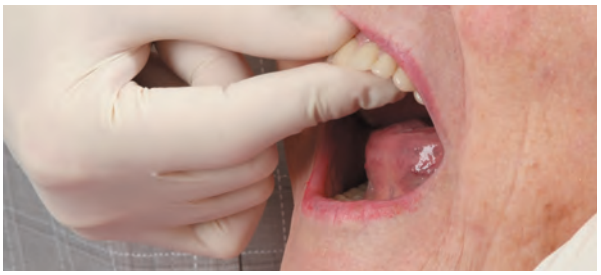
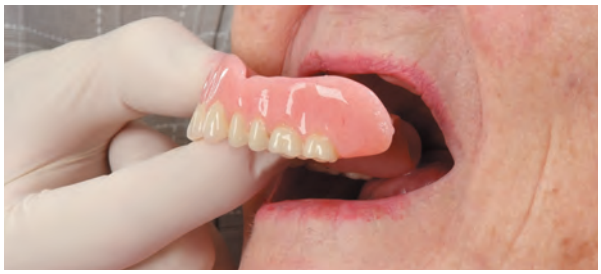
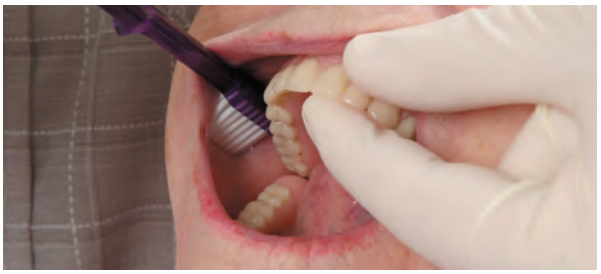
Further information

If you have questions about the medications taken by a particular resident, ?

Or refer to the latest edition of: ???

Helpful Hints

Removing Denture

Before you start, ask the resident to take a sip of water to moisten the mouth.

Encourage the resident to remove his or her own dentures.

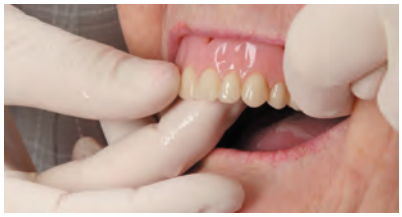
If the resident requires assistance, it is easier to take out the lower denture first by holding the lower front teeth with the thumb and index finger and lifting out.

To remove upper dentures, break the seal by holding front teeth with the thumb and index finger and rocking the denture up and down until the back is dislodged.

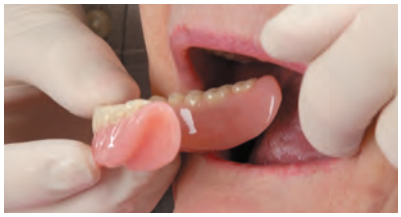
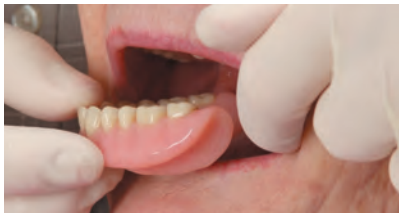
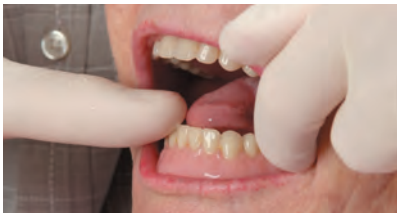
Remove the denture at a sideways angle.

If you are unable to break the seal, use a backward bent toothbrush to carefully push down on the side of the denture towards the back of the mouth until the denture is loosened and can be easily removed.

Putting Upper Denture In


Putting Lower Denture In

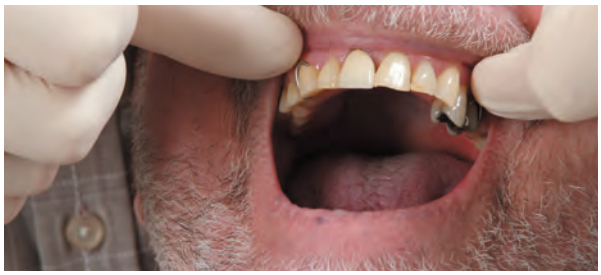
Encourage the resident to insert his or her own dentures.

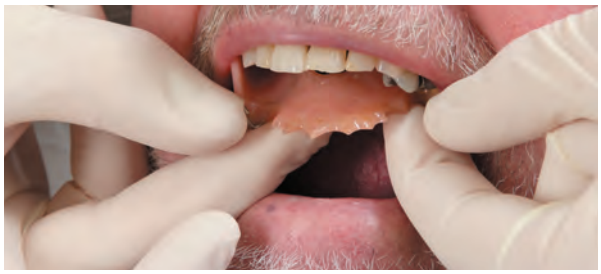
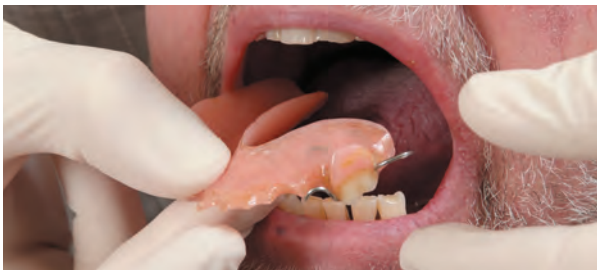
If the resident requires assistance, insert the upper denture first followed by the lower denture.

Ask the resident to open his or her mouth. Hold the denture at a sideways angle as it enters the mouth and then rotate into position.

Helpful Hints

Removing Partial Denture



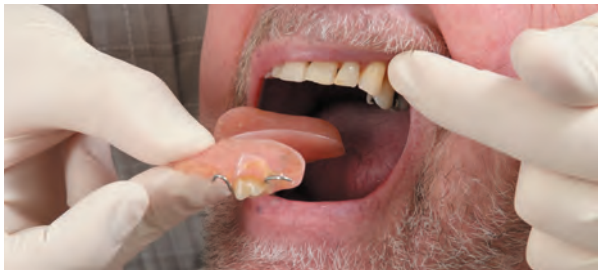
Before you start, ask the resident to take a sip of water to moisten the mouth.

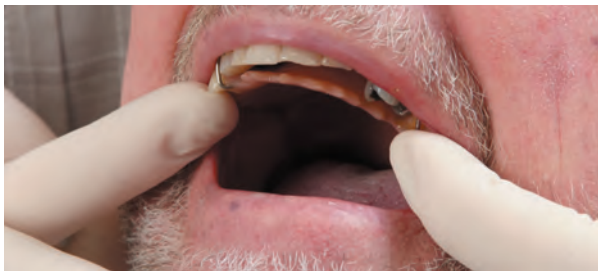
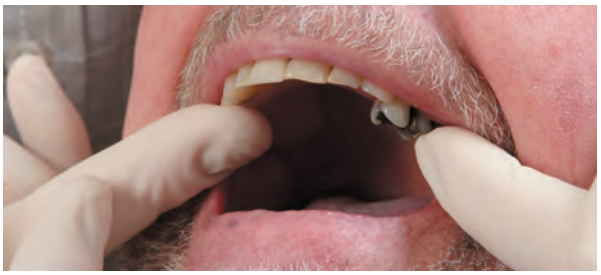
Encourage the resident to remove his or her own partial denture.

If the resident requires assistance, place your finger tips under the clasps that cling onto the natural teeth and push down carefully.

Gently grasp the plastic part of the denture and lift it out of the resident's mouth, taking care not to bend the wire clasps.

Putting Partial Denture In



Encourage the resident to insert his or her own dentures.

If the resident requires assistance ask the resident to open the mouth, hold the denture at a sideways angle as it enters the mouth and then rotate and click into position.

Oral Health Care Planning Guidelines

The Oral Health Care Planning Guidelines are designed to be used in conjunction with the Oral Health Assessment Toolkit for Residents' to assist with oral health care planning for residents.

It provides information on a standard protective care regimen, additional oral care treatment, oral care and responsive behaviour and palliative care considerations.

An Oral Health Care Plan guide is included and can be downloaded from the CD.

Standard Protective Oral Hygiene Regimen

This is recommended for all residents

Strengthen Teeth

Rationale

Fluoride protects teeth by remineralising tooth enamel.

Adequate concentrations of fluoride can inhibit the growth of bacteria in dental plaque.

Frail and dependent older people are considered at high risk of poor oral health.

Protective Oral Health Care

Use a pea-size amount of fluoride toothpaste when brushing teeth in the morning and at night.

Encourage the resident to spit but not to rinse the mouth after brushing, so the fluoride soaks into the teeth.

Use neutral fluoride toothpaste.

Caution

Do not use chlorhexidine and toothpaste (containing sodium lauryl sulphate) within 2 hours of each other, as the product effectiveness is reduced.

Brushing – Natural Teeth

Rationale

Brushing is the most effective and economic method of physically removing dental plaque.

A soft toothbrush is gentle on oral tissues and gums.

Protective Oral Health Care

Use a soft toothbrush to brush teeth, gums (giving particular attention to the gum line) and tongue in the morning and at night.

Use a soft toothbrush

Brushing – Dentures

Rationale

Residents who wear dentures are at high risk of developing fungal infections (such as thrush).

Dentures must be taken out and brushed to remove dental plaque.

Gums and tongue should be brushed to remove dental plaque.

Gum tissue needs time to rest from wearing dentures.

Protective Oral Health Care

Use a soft toothbrush to brush gums and tongue in the morning and night.

Use a denture brush and mild soap to brush dentures morning and night.

Do not use toothpaste as this is abrasive to the denture.

Leave cleaned denture out of the mouth overnight and soak in cold water.

Disinfect denture once a week.

Wash and dry the denture storage container daily.

Ensure the denture and the denture storage container are labelled with the resident's name.

Use a soft toothbrush for gums and tongue.

Use a denture brush.

Use a mild soap (liquid or foam) to clean dentures.

Use a denture storage container.

Soak denture in cold water overnight.

Dentures are best permanently named by a dental professional. Dentures can be temporarily labelled by using a Denture Labelling Kit or by:

- lightly sandpapering the pink acrylic on the outside (cheek side) of the denture
- writing the resident's name in pencil
- applying several coats of sealing liquid or clear nail polish to cover the name.

Disinfect denture

Take care with the choice of denture disinfection products as some may cause metal components of partial dentures to corrode. The following may be used.

- Chlorhexidine (with or without alcohol).
- Commercial denture cleaning tablet.

The denture tablet used should clearly identify whether it is suitable for full plastic or metal partial dentures or both.

Remove calculus

To remove calculus on a full plastic denture, soak dentures in full strength white vinegar for 8 hours to soften calculus and then scrub off using a denture brush (not suitable for partial dentures).

For heavy staining and for stain removal on partial dentures, cleaning by a dental professional is advised.

Caution
Excessive soaking in chlorhexidine may cause discolouration.

Allergy Alert

Persulphate (persulfate), a denture cleaning ingredient, may cause an allergic reaction. This may happen quickly or after many years, even with correct use.

Symptoms include; irritation, tissue damage, gum tenderness, breathing problems and low blood pressure. If symptoms occur remove dentures and refer to an oral health professional.

Prevention of Gingivitis

Rationale

The long-term daily application of a low strength antibacterial product helps to reduce the incidence of gingivitis for persons considered at high risk of poor oral health, such as frail and dependent older people.

Protective Oral Health Care

Use a soft toothbrush to apply a pea-size amount of a low-strength chlorhexidine gel to gums daily after lunch.

If the resident wears a denture, remove it and apply the chlorhexidine gel to gums or the fitting surface of a rinsed denture.

Use a low strength chlorhexidine product (alcohol free and non-teeth staining)

Caution
Do not use chlorhexidine and toothpaste (containing sodium lauryl sulphate) within 2 hours of each other, as the product effectiveness is reduced.

Relief of Xerostomia (Dry Mouth)

Rationale

Keeping the mouth moist provides relief of xerostomia (dry mouth).

When the quantity and quality of saliva is reduced, oral diseases can develop very quickly.

Protective Oral Health Care

Keep the mouth moist by frequent rinsing or sipping water (and increase water intake if appropriate).

Keep the lips moist by frequently applying a water-based moisturiser.

Discourage the resident from sipping fruit juices, cordial or sugary drinks.

Reduce intake of caffeine drinks.

Stimulate saliva production with xylitol based products as required.

Seek a medical review of medications.

A variety of xylitol based products are available.

Use a water-based lip moisturiser; for example, water based prodycts.

Caution
Petroleum-based lip moisturisers may increase the risk of inflammation and aspiration pneumonia and are contraindicated during oxygen therapy.

Reduce Tooth Decay

Rationale

Tooth decay is directly related to the frequency of sugar intake rather than the total amount of sugar eaten.

Protective Oral Health Care

Reduce the frequency of sugar intake between meals.

Encourage selection of tooth friendly alternatives in food, drinks and medications.

Encourage a drink of water after meals, other drinks or snacks and after taking medications.

Use tooth friendly sugar substitute products. Xylitol products are recommended.

Caution
Excessive consumption of sugar substitutes may cause diarrhea.

Additional Oral Care Management

As identified and prescribed by the oral health professionals

Additional Tooth Remineralisation

Rationale

Amorphous calcium phosphate is used to increase remineralisation of decayed teeth.

Oral Health Care

After brushing teeth with fluoride toothpaste morning and night, smear the amorphous calcium phosphate product over the teeth and leave on.

Use an amorphous calcium phosphate product as prescribed by the oral health professsional.

Caution

This product is not suitable for residents with a milk protein allergy. However, it can be used for residents who are lactose intolerant.

Treatment of Xerostomia (Dry Mouth)

Rationale

Saliva substitutes are the preferred treatment for xerostomia (dry mouth).

Oral Health Care

Apply dry mouth product to oral tissues, teeth and the fitting surface of rinsed dentures:

- before bed
- upon awakening
- before eating
- as required.

A dry mouth product best suited to the resident can be recommended by the oral health professional. There are a variety of products available.

Bleeding Gums - An Indication of Gingivitis

Rationale

Bleeding gums are a sign of dental plaque build up.

Continued brushing is the best method to remove dental plaque and reduce gum disease.

Oral Health Care

Continue to brush teeth and gums with high fluoride toothpaste morning and night.

Gum bleeding should stop as the dental plaque build up is removed. If it does not resolve after seven days, seek physician referral as it may be an indication of a general health problem.

If gum inflammation is severe, seek physician or dental referral for additional antibacterial treatment.

Use a soft toothbrush to apply a pea-size amount of high-strength chlorhexidine daily after lunch.

Use a soft toothbrush

Use a high strength chlorhexidine product (alcohol free and non-teeth staining)-

Caution

Do not use chlorhexidine and toothpaste (containing sodium lauryl sulphate) within 2 hours of each other, as the product effectiveness is reduced.

Ulcers and Sore Spots

Rationale

Normal saline promotes healing and granulation of tissue.

Oral Health Care

Rinse or swab the mouth with warm normal saline three to four times a day until healed.

Assess if the denture is the cause of irritation. If so, remove it until the oral tissue is healed.

If the ulcer does not resolve after seven days, seek a physician referral as it may be an indication of a general health problem.

Avoid acidic or spicy foods and foods with sharp edges until the oral tissue is healed.

Offer cold, soft foods.

Seek physician referral for pain relief as required.

Offer a warm normal saline mouth toilet three to four times a day.

Give oral pain relief medication as prescribed by the physician or oral health professional.

Fungal Infections - Glossitis, Thrush,Denture Stomatitis, Angular Cheilitis

Rationale

Treat fungal infection and prevent re-infection.

Oral Health Care

Seek a physician or dental referral for antifungal medication.

If the infection is localised, remove the denture while administering a lozenge or application of oral antifungal gel to the affected area.

Antifungal gel can also be applied to the fitting surface of a rinsed denture.

If the tongue is coated, brush it with a soft toothbrush to clean the surface.

Replace the toothbrush before treatment commences and again when treatment is completed.

Remove denture at night or at least for several hours during the day.

Disinfect denture and denture container daily, until infection is resolved.

If treating angular cheilitis, apply an antifungal gel as prescribed to corners of the mouth. Once resolved, maintain health of the corners of the mouth by regularly applying a water-based lip moisturiser.

Provide treatment as prescribed by the physician or oral health professional.

Fungal Infections - Glossitis, Thrush,Denture Stomatitis, Angular Cheilitis (Continued)

Disinfect Denture

Take care with the choice of denture disinfection products as some may cause metal components of partial dentures to corrode.

The following may be used.

- Chlorhexidine (with or without alcohol).
- Commercial denture cleaning tablet.

—The denture tablet used should clearly identify whether it is suitable for full plastic or metal partial dentures or both.

Caution
Excessive soaking in chlorhexidine may cause discolouration.

Allergy Alert
Persulphate (persulfate), a denture cleanser ingredient, may cause an allergic reaction. This may happen quickly or after many years, even with correct use.

Symptoms include irritation, tissue damage, gum tenderness, breathing problems and low blood pressure. If symptoms occur remove dentures and refer to a physician or oral health professional.

Poorly Fitting Dentures

Rationale

Poorly fitting dentures can cause sore spots and ulcers and may interfere with talking and eating.

Check and seek treatment for dry mouth, as it can contribute to poorly fitting dentures.

Oral Health Care

Add a small amount of denture adhesive cream, strips or powder to the underside of the denture.

Denture adhesive must be cleaned off the gums and denture at each oral hygiene session, before being reapplied.

Seek a dental referral if the denture continues to be poorly fitting.

Use a denture adhesive product best suited for the resident and recommended by the oral health professional.

Dental Pain

Rationale

It is quite common for residents to suffer pain from a dental origin but they are unable to articulate the cause.

Oral Health Care

Assess oral health to identify the cause of oral pain.

Assess for responsive behaviour and whether it is related to the oral pain.

Commence a pain chart.

Provide pain relief as per the medication chart.

Seek a physician or dental referral for further treatment options.

Treat the oral condition (ulcer/sore spot), if appropriate.

Provide pain relief and treatment options as prescribed by the physician or oral health professional.

Oral Care and Responsive Behaviour

Responsive Behaviour

Rationale

Some resident behaviour, particularly involving dementia, makes it difficult for staff to provide oral health care.

Oral Health Care

Establish effective verbal and non-verbal communication.

Develop ways to improve access to the resident's mouth.

Develop strategies to manage responsive behaviour.

Use oral aids such as a modified tooth-brush or mouth prop.

Use modified oral care application techniques as short-term alternatives to brushing.

Seek physician or dental referral to review oral care.

Use a soft toothbrush suitable for bending.

Use a brightly coloured toothbrush.

Use mouth props (but only if trained in their use).

Use modified oral health care application techniques.

Use a chlorhexidine mouthwash (alcohol free and non-teeth staining) as prescribed by the physician or oral health professional.

Palliative Oral Care Considerations

Palliative Oral Care

Rationale

Refer to Palliative Care Protocols as endorsed by the residential aged care facility.

Xerostomia (dry mouth) is common at the end stage of life.

Oral Health Care

Use the standard protective oral hygiene regimen and any additional treatment as prescribed, as long as it is appropriate, and then use modified oral health care application techniques.

Apply dry mouth products.

Use spray bottle application for products such as a chlorhexidine (alcohol free and non-teeth staining) mouthwash. Follow the Long Term Care home's infection control guidelines for decantering the solution or have a pharmacist do this.

Apply water-based lip moisturisers.

Caution

Petroleum-based lip moisturisers may increase the risk of inflammation and aspiration pneumonia and are contraindicated during oxygen therapy.

Do not use mouthwashes and swabs containing the following as they may damage oral tissues and may increase the risk of infection:

- alcohol
- hydrogen peroxide
- sodium bicarbonate (high-strength)
- lemon and glycerine.

The use of pineapple and other juices may also damage oral tissues.

Oral Health Care Plan

Oral Health Assessment (OHA) Date: _____ (OHA) Review Date: _____

Oral Health Care Considerations

Problems: ☐ difficulty swallowing ☐ difficulty moving head ☐ difficulty opening mouth ☐ fear of being touched

Interventions: ☐ bridging ☐ modelling ☐ hand over hand ☐ distraction (activity board/toy) ☐ alternative provider

☐ other _____

Daiy Activities of Oral Hygiene

	Morning	After Lunch	Night
Natural Teeth ☐ Yes ☐ No **Cleaned by:** ☐ Self ☐ Supervise ☐ Assist **Replace toothbrush** (once every 3 months) Date:	☐ clean teeth, gums, tongue	☐ rinse mouth with water ☐ antibacterial product (teeth & gums)	☐ clean teeth, gums, tongue
Denture ☐ Full ☐ Partial ☐ Upper ☐ Lower **Inserted / removed by:** ☐ Self ☐ Staff **Cleaned by:** ☐ Self ☐ Supervise ☐ Assist	☐ clean teeth, gums, tongue ☐ brush denture	☐ rinse mouth with water ☐ rinse denture ☐ antibacterial product (gums)	☐ clean teeth, gums, tongue ☐ brush denture with mild soap ☐ leave dentures out overnight ☐ soak denture in cold water **Disinfect dentures** (weekly) Specify day:

Oral Hygiene Aids

☐ soft toothbrush ☐ modified toothbrush ☐ toothbrush grip ☐ denture brush ☐ spray bottle (labelled)

Oral Health Care Products

☐ mild soap (denture) _____ ☐ antibacterial product _____ ☐ saliva substitute _____

☐ lip moisturiser _____ ☐ fluoride toothpaste _____

Additional Oral Care Instruction

☐ antifungal gel _____ ☐ denture adhesive _____

☐ interproximal brush ☐ tongue scraper ☐ normal saline solution

_____

_____

Check daily, document and report:

- bad breath
- bleeding gums
- lip blisters/sores/cracks
- tongue for any coating/change in colour
- sore mouth or gums
- mouth ulcer
- swelling of face/mouth
- broken / lost denture
- difficulty eating
- refusal of oral care
- denture not named
- excessive food left in mouth
- broken teeth

Signed: _____ Date: _____

Oral Health Referral Protocol

TO BE ADDED

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