# Daily Mouth Care: Special Considerations

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| **MANUAL DEXTERITY PROBLEMS**    | • Don’t assume person is capable of mouth care – **assess & check regularly**; individual may need your help!  
• Consider **toothbrush handle modification** (build up, lengthen, bend)  
• Consider **power toothbrush**  
• Consider keeping toothbrush stationary and moving head back and forth for those with limited arm strength (ALS)  
  o With toothbrush in hand of bent arm, prop elbow on firm surface; place toothbrush in mouth; move head back & forth to clean teeth  
• Denture wearers: attach a nail brush to counter with suction cups  
• Stroke: check for food pocketing/clearance on paralyzed side  
• Arthritis: may have limited opening of mouth if jaw joint is affected; consider a mouth prop |
| **DRY MOUTH**                    | • **At high risk for tooth decay – thorough plaque removal** using toothpaste with fluoride; avoid toothpastes with sodium lauryl sulphate (foaming agent which breaks down saliva)  
• Recommend **Biotene toothpaste**  
• Consider other **Biotene products** for dry mouth (helps **re-establish normal mouth enzymes and moisture**)  
• Tissues uncomfortable and easily traumatized - moisturize mucosa with artificial saliva sprays & gels, frequent sips of water throughout the day; use a sports or spray bottle; use cold air humidifier  
• Avoid drying effect of alcohol; Only use **non-alcohol mouthwashes**  
• Avoid sugary foods, drinks & candies; choose **sugar-free candies & gum** to stimulate saliva and offer comfort  
• For denture wearers, consider applying Biotene Oral Balance or KY-Jelly on tissue side of denture for comfort and improved retention |
| **CANDIDIASIS/YEAST/THRUSH**      | • Oral **yeast infections can be aspirated into the lungs, enter the blood stream** and spread to other organs; potentially life-threatening  
• **Mouth must be treated** with prescription drugs (rinse, cream, lozenge forms)  
• Replace toothbrush & denture brush at beginning and end of treatment  
• **Denture must be treated** to prevent recurrence (chlorhexidine, nystatin, or 50/50 vinegar/water solution)  
• **Prevent recurrence**: remove denture overnight or 4-6 hours/day; perform both mechanical cleaning and chemical disinfection daily; avoid mouthwashes containing alcohol |
| **CHEMOTHERAPY/RADIATION**        | • **High risk for serious oral infections**, including tooth decay and gum disease  
• **Follow dry mouth recommendations** as salivary glands are often affected  
• **Daily mouth care is critical**; mouth often tender - must be very gentle  
  o If mouth very irritated & tender, avoid toothpaste; can dip toothbrush in baking or club soda  
• **Very frequent rinsing** (water or club soda) for comfort and to remove dead cells which can be a source of infection; if unable to rinse, cleanse all oral tissues frequently and gently with moist gauze/swab  
• Consider prescription for **chlorhexidine mouthwash**: swab 2x/day using lootheette  
• If vomiting involved, rinse immediately with baking soda/salt solution (see recipes); avoid brushing for ½ hour as enamel has been weakened by acid  
• **Caution: Do not brush or floss if platelet count is inadequate** |
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| **Swallowing/Feeding Problems** | - At increased risk for aspiration pneumonia  
- Place resident’s **chin in neutral position** to help prevent choking/ascpiration  
- **Use Suction** during mouth care to remove pocketed food and debris, help prevent choking and aspirating bacteria; try suction toothbrush (Plak-Vac or Sage suction toothbrush)  
- Use pea-sized amount of a **non-foaming toothpaste** (Biotene) |
| **Bedridden** | - Raise head by adjusting bed or using pillows  
- Use **neutral chin position** to help prevent choking; suction can be helpful |
| **Unconscious** | - **Daily plaque control is necessary** even if resident is not eating by mouth  
- Position resident in **side-lying position**; place basin and towel under mouth/chin  
- Place **mouth prop** on side of mouth closest to pillow; clean opposite side; then reverse  
- Choose a **non-foaming toothpaste** (Biotene)  
- Use **suction** to help prevent swallowing bacteria  
- **Cleanse oral tissues frequently** with a moistened gauze or wash cloth, i.e. 3-4 times/day |
| **Tube Feed** | - **Daily plaque control is necessary** even if resident is not eating by mouth  
- High risk for aspiration pneumonia  
- Inactivity of tongue/muscles; results in build up of heavy plaque on gums/teeth  
- Consider using an **ultra soft toothbrush** for sensitive tissues  
- Use a **mouth prop** if resident unable to control their head and jaw  
- Choose a **non-foaming toothpaste** (Biotene); other options: water, Canada Dry Club Soda  
- For those able to take any food by mouth, check for and remove any pocketed food  
- Use **suction** to help ensure resident does not choke/aspire  
- With drooling, watch for cracks at corners of mouth; potential for yeast infection (candidiasis) |
| **Supplemental Feeding** | - **Daily plaque control is necessary** even if resident is not eating solid foods  
- **Liquid supplements** (i.e. Boost, Ensure) have high sugar content and can cause extensive tooth decay; daily mouth care for those with natural teeth is critical  
- If able, have resident **drink supplement through a straw** to minimize contact with teeth  
- **Rinse/drink water immediately** after supplement. **If possible, brush teeth.** |
| **Palliative Care** | - **Comfort and prevention of infection** are of the utmost concern  
- **Lubricate lips and swab mouth frequently** (every 2-3 hours) with moistened gauze or toothette to remove food debris, mucous, sloughed tissue, and blood products  
- **Avoid regular toothpaste**; brush teeth using water, Canada Dry Club Soda, or Biotene products  
- For those who can’t tolerate brushing, gently remove food debris/plaque from mouth using a **moistened gauze, toothette, or swab several times a day**  
- **Wear denture only for eating & clean thoroughly**  
- Consider prescription for **chlorhexidine mouthwash**; swab on 2x/day using toothette  
- **Caution: Do not brush or floss if platelet count is inadequate** |
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## SITUATION

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## MOUTH CARE CONSIDERATIONS

- **High risk** for oral and systemic diseases due to challenging behavior
- **Persevere, be flexible & creative** (gentle cheek rubbing, singing and other individual approaches may boost cooperation)
- **Follow a mouth care routine**, including time of day, approach, sequencing of tasks
- Brushing: seat resident in chair; position yourself *behind resident*; immobilize head using *head-hug position*; to control mouth and movements; retract lower lip with thumb and hold chin in hand
- **Piggy-back** mouth care on to other tasks such as bathing or when sedated
- Trouble managing on your own – *partner up with another caregiver* for a 4-handed approach

### Early Stage

- Have dental work done as resident is more likely to be able to cooperate
- Encourage/support daily mouth care, provide increased assistance as required

### Middle Stage

- Gentle reminders may be necessary; just seeing the toothbrush may trigger the habit
- Consider “head hug” position, mouth prop, Collis-Curve toothbrush, partnering with another caregiver
- Check the mouth regularly; resident may be unable to tell you if they are in pain; pain in the mouth may result in lost interest in food, difficulty eating, frequent removal of dentures
- Sedation may become necessary for dental appointments

### Late Stage

- Ability to clean independently or to cooperate will diminish considerably
- Choking episodes may be frequent as saliva is being aspirated; suction may be helpful
- If toothbrushing is not possible, consider prescription for chlorhexidine mouthwash; swab on 2x/day using a toothette

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