






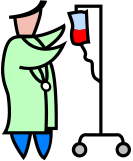





Daily Mouth Care: Special Considerations

SITUATION	MOUTH CARE CONSIDERATIONS
<p>MANUAL DEXTERITY PROBLEMS INCREASED RISK: arthritis, stroke, Parkinson's, MS</p> 	<ul style="list-style-type: none"> • Don't assume person is capable of mouth care – assess & check regularly; individual may need your help! • Consider toothbrush handle modification (foam build up, lengthen, bend) • Consider power toothbrush • Consider keeping toothbrush stationary and moving head back and forth for those with limited arm strength (ALS) <ul style="list-style-type: none"> ○ 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 then drag denture over brush to clean • 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.
<p>DRY MOUTH INCREASED RISK: 400+ meds associated with dry mouth, diabetes, Parkinson's, Sjogren's syndrome, rheumatoid arthritis, cancer therapy, smoking</p> 	<ul style="list-style-type: none"> • 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 and contributes to dry mouth) • 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 gel or KY-Jelly on tissue side of denture for comfort and improved retention
<p>CANDIDIASIS/YEAST/THRUSH INCREASED RISK: elderly, droolers, denture wearers, immunosuppressed, on drug therapy, dry mouth, diabetes</p> 	<ul style="list-style-type: none"> • 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 (toothbrushing) and chemical disinfection (denture tablet) daily; avoid mouthwashes containing alcohol
<p>CHEMOTHERAPY/RADIATION</p> 	<ul style="list-style-type: none"> • 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 <ul style="list-style-type: none"> ○ If mouth very irritated & tender, avoid toothpaste; can dip toothbrush in baking or club soda • Very frequent rinsing (water or Canada Dry 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 toothette • If vomiting involved, rinse immediately with baking soda solution (see dental recipes fact sheet); avoid brushing for ½ hour as enamel has been weakened by acid • Caution: Do not brush or floss if platelet count is inadequate

SITUATION	MOUTH CARE CONSIDERATIONS
<p>SWALLOWING/FEEDING PROBLEMS</p> 	<ul style="list-style-type: none"> • At increased risk for aspiration pneumonia • Place resident's chin in neutral position to help prevent choking/aspiration • 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 a smear of a non-foaming fluoridated toothpaste (Biotene or Sensodyne Pronamel)
<p>BEDRIDDEN</p> 	<ul style="list-style-type: none"> • Raise head by adjusting bed or using pillows • Use neutral chin position to help prevent choking; suction can be helpful
<p>UNCONSCIOUS</p> 	<ul style="list-style-type: none"> • 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 fluoridated toothpaste (Biotene or Sensodyne Pronamel) • Use suction to help prevent swallowing bacteria • Cleanse oral tissues frequently with a moistened gauze or wash cloth, i.e. 3-4 times/day
<p>TUBE FED head injury, stroke, cerebral palsy</p> 	<ul style="list-style-type: none"> • Daily plaque control is necessary even if resident is not eating by mouth • High risk for aspiration pneumonia • Inactivity of tongue/muscles; results in buildup 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 fluoridated toothpaste (Biotene or Sensodyne Pronamel); 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/aspirate • With drooling, watch for cracks at corners of mouth; potential for yeast infection (candidiasis)
<p>SUPPLEMENTAL FEEDING</p> 	<ul style="list-style-type: none"> • 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. <i>If possible, brush teeth.</i>

SITUATION	MOUTH CARE CONSIDERATIONS
<p>UNCOOPERATIVE/DEMENTIA</p> 	<ul style="list-style-type: none"> • 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, most successful 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 <p>Early Stage</p> <ul style="list-style-type: none"> • Have dental work done as resident is more likely to be able to cooperate • Encourage/support daily mouth care, provide increased assistance as required <p>Middle Stage</p> <ul style="list-style-type: none"> • Gentle reminders may be necessary; just seeing the toothbrush may trigger the habit • Consider “head hug” position, mouth prop, 2- toothbrush technique, 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 and dental hygiene appointments <p>Late Stage</p> <ul style="list-style-type: none"> • 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
<p>PALLIATIVE CARE</p> 	<ul style="list-style-type: none"> • 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 toothpaste • 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 <p>**MOST IMPORTANT</p>