

MOUTH CARE

A Guideline

Everyone produces 1.5 litres of saliva a day slowing to virtually no flow at around 4am (assuming normal sleeping pattern) so this often why people can wake feeling the need to drink water at this time. Salty foods and alcohol can enhance the feeling of thirst so these are to be avoided, especially if the patient is on liquid restrictions (for instance dialysis) or if a high number of drugs are being taken that have a side effect of dry mouth. Dryness can also be exaggerated by patient mouth breathing.

End of Life

End of life care is a very special moment for both patient and loved ones. Very often mouth care is something that those close to the dying want to carry out. They feel close to the patient and also feel that they are making a difference – because they are helpless in being able to make the patient better, so physiologically they are helping to make them feel useful and caring.

The mouth is an incredibly personal thing; we eat, drink, talk, sing, hum and kiss with it. Very few people are privileged enough to get close to it and equally not many people would like to have their mouth cleaned for them, but if a patient is slipping in and out of conscious or perhaps has poor compliancy because of a debilitating disease like dementia or Parkinson's then this essential task is extremely important.

It is also important that mouth care is easy – using tools which are accessible and prevent stress for both the carer and the patient.

Ask yourself a few questions:

- Did you clean your their teeth in the morning?
- Did you clean your teeth with a pink sponge?
- Did you clean your teeth with toothpaste?
- Did you clean your teeth without toothpaste but water instead?

If you don't clean your teeth with a pink sponge and water why would you deliver that care to a patient?

- How would you feel if it was your mum or dad and they had their own teeth and had cleaned them by themselves right up until they were unable to manage?

Quality of life – no matter whereabouts in that life you are - is essential.

Loved ones may want to get comfort by kissing the patient – on the cheek perhaps – and if mouth care has been poor or neglected then it maybe slightly off

putting if there is an unfamiliar or unpleasant aroma coming from the mouth – especially if the patient is mouth breathing or intubated.

Dignity on the delivery of care is also essential.

Cleaning teeth and/or gums is something most people do twice a day but towards end of life it might be appropriate to deliver this care more frequently.

In the Liverpool Care Pathway (LCP) the last 48 hours of care suggest mouth care to be delivered 2 hourly.

Dentures can be difficult to remove and then reapply to the mouth, so care must be taken not to unnecessarily stress the patients or cause them pain. It must be remembered that when dentures are removed from the mouth all the bacteria in the mouth doesn't automatically come out with them.

Once the dentures are removed clean them – it doesn't necessarily have to be with toothpaste, it is just essential to remove any debris and then soak the teeth in a solution which can deliver the appropriate cleaning and hygiene.

As one suggestion; soak the dentures in BioXtra mouthrinse. Its active ingredients make the product antibacterial, antiplaque and antifungal with fluoride and no alcohol. The dentures need to be in a sealed box and they can be soaked for anything from 20 minutes to 20 hours. Do not rinse the teeth before reapplying them as this will transfer the goodness straight into the mouth, so if no other mouth care can be delivered this will be sufficient enough to keep the mouth in good shape.

BioXtra mouthrinse also prevents oral thrush.

Bear in mind utopia has to be tried at all times – that is cleaning the teeth and gums with high fluoride toothpaste and a brush at least twice a day.

If trying to clean someone's teeth has always been a struggle then simply don't clean their teeth. It can't be ignored or neglected but there are other solutions available to cleaning.

Equally if a person is lying down, unconscious, sitting in a supported chair or leaning, then that is where you leave them to clean their teeth. The patient doesn't have to be moved into a certain position to deliver the care. Simply change the tools that are being used to accommodate an easier and more comfortable method of delivery.

Use toothpaste that has no foaming agent. This is called Sodium Lauryl Sulphate (SLS) and toothpastes without SLS will reduce recurrent ulceration by 81%.

To protect mouth ulcers from pain use a moisturising gel that covers the affected area without moving around to other parts of the mouth. Just by covering the

sore area will take away the pain. Use a very soft brush while the ulcers exist and again, don't forget to discard the brush to prevent reinfection.

It is important not to wet the brush as this will avoid unnecessary liquid in the mouth, reduce the aspiration risk, eliminate any potential choking or gagging and also allow the carer to see if there is any problem in the mouth. Non foaming toothpaste means you have a clear view of what problems (like bleeding gum) may exist.

Always try and deliver a mouth assessment – especially if the patient is new to you. It is important to know what dentures or partial plates exist, how well they fit, what is used to clean them and how frequently. Many people refuse to allow to be seen without their teeth so it is essential that they are educated to how they need to manage their own cleaning.

Quality of life and dignity at all times.

In the event the patient has any kind of mouth infection; ulcers, cold sores, oral thrush as soon as it has been treated and cleared throw away their toothbrush as often this is the cause of reinfection.

Vaseline or petroleum jelly are oil based therefore not suitable for dry or cracked lips as they make them more dry, so these are to avoided too.

Any changes to mouth care that is presently being delivered need to be managed in small steps – it's not just the staff and carers that need to get used to change but the patients too. Small introductions of change will be able to allow you to gauge how well things are working and if the patient likes and is compliant with the new introductions/ workings/materials.

Using the correct tools to do a job – toothpaste, toothbrush – you wouldn't clean a patient with just water, you would use soap, so don't clean a patients teeth with just water and nothing to actually clean.

Two things for you to try;

To emulate a dry mouth eat 5 cream crackers very quickly and with no water on standby. It is easier to eat them slowly and gives the mouth a chance at trying to generate saliva, so ensure they are gobbled as quickly as possible. While you are struggling and feeling uncomfortable think how people feel who have to live with a dry mouth.

To emulate the sensation of post radiation saliva – this is stringy and sticky. It is too gluttonous to swallow, but too stringy to cut from the mouth. Again, eat a cream cracker but with the addition of natural yoghurt.

The pH chart runs from 0-14 and saliva fits neatly in the middle at around 7. Very often if people suffer from sore mouths they may damage the mouth more

by trying to eat foods that are too acidic. A dry mouth is acidic so it is advisable to avoid things like sweets, lemon, tomatoes, potatoes and cucumber as these foods have a relatively high pH, however foods such as eggs, bread, cheese and fish are much more neutral and therefore may be easier to eat and digest.

One of the greatest joys in life is to be able to eat orally; not only to cover the basic need of survival but to taste, smell and share the joy of eating as a social occasion, so to have this taken away is devastating. In that case the very least that can be done for someone who is nil by mouth is good, thorough, gentle, effective and kind mouth care.

It is a task not to be rushed and ideally with as little mess as possible so dignity is maintained at all times. Always treat people as you would like to be treated.

A few years ago it was considered appropriate to give people pineapple juice to help with mouth care. This means the juice of a pineapple and not condensed in a carton. The reasoning behind this is that the enzymes we have naturally in our saliva are strikingly similar to that of pineapple. However the pH of pineapple is 3.2-4.0 making it extremely acidic, so for purposes of managing a dry mouth it would only serve to exacerbate the situation.

Avoid commonly prescribed artificial saliva substitutes that are acidic, although the intention is to create a burst of saliva by delivering something acidic (and usually lemon flavoured) to the mouth, the long term use of it will create further dry mouth problems.

Another area of soreness is ulcers. These can be common occurrences in people whose health is deteriorating and although these will often be painful it is essential that regular mouth care is delivered.

Use a super soft toothbrush; a baby brush or silicone finger brush – NOT a toddler brush as often the bristles are too harsh. Use toothpaste that is non-abrasive – ideally one with high fluoride and sodium lauryl sulphate free – as this will make mouth care easier, faster and almost certainly pain free.

In the event mouth care hasn't been possible for a particular patient for a while (perhaps poor compliance – dementia – lack of time etc) then a slow introduction by desensitising the patient should be done.

Always work from the outside in, so by using a very soft dry tooth brush gently massage the hand, work up the arm to the neck and then onto the face perhaps tickling the end of the nose or the lips. Do not have any background distractions like music or even talking. The patient will not need your reassurance (the action will be reassuring enough) and may be distracted and therefore not pay attention to the physical action of the toothbrush and desensitising.

It may take several days before the patient is used to what is happening and calm enough to be able to go one stage further and actually deliver mouth care. Initially it may be that toothpaste is smeared on the lips. The patient is almost

bound to lick it off, and although this doesn't get the teeth brushed initially what it does is prepare the patient for the taste and sensation of cleaning.

Consider using unflavoured toothpaste so the 'shock' of mint isn't too great. People who haven't had mouth care delivered for a while may sense that minty toothpaste is 'hot' and take their breath away so to reduce any perceived pain while delivering care will greatly increase the compliancy.

However, for those who are end of life minty toothpaste will help leave a fresh breath smell which tells the family and loved ones that mouth care has been delivered.

Utopia is cleaning teeth with a brush and toothpaste at least twice a day.

Use a mouthrinse without alcohol to reduce soreness and ensure it can be used with other medications.

There are a range of products to stimulate saliva – simply ensure they have a neutral pH and do not use anything like a lozenge if the mouth is very dry as it is likely to stick to the oral mucosa and tongue and will be extremely painful to remove. Always ensure there is a little moisture to start with before using saliva stimulants.

For end of life care a dry mouth is third behind pain and fatigue, so need so be taken very seriously. There are many dry mouth products on the market and everyone will have a different favourite. Choice has always been a problem up to now, so it is worth contacting companies (look under Xerostomia in the BNF) who manufacture this type of product and ask them for samples for your patients to try. Ensure there are no known contra-indications, that the ingredients are suitable for your patients – allergies or on religious grounds – and that they are pH neutral.

Mouth care is an essential part of everyday care and if you don't know how to deliver it ask, if you don't know what to use, get proper advice and go that extra mile to make the difference.

If you couldn't clean your teeth for a week how would you feel?