

THE ROWANS HOSPICE

MOUTH CARE – SCORES AND PROTOCOLS

ORAL HEALTH SCORE

1. **Clean**
Clean, moist mouth
2. **Dirty**
Mouth generally dirty with debris
3. **Dry**
Dry mouth
4. **Coated**
Coated tongue

Subsequent scores indicate nursing careplan, medical assessment and pharmacological treatment. Scores 5-7 indicate oral candida infection.

5. **Red**
Erythematous candidosis - redness of tongue +/- oral cavity
6. **Cracked corners**
Angular cheilitis - broken skin at mouth corners +/- denture stomatitis (redness underneath upper dentures)
7. **Thrush**
Pseudomembranous candidosis 'thrush' - white/yellow plaques on oral mucosa and tongue
8. **Ulcers**
Abrasions or ulcers +/- pain, herpes simplex
9. **Bleed**
Swollen, inflamed or bleeding gums +/- pain

MOUTH CARE PROTOCOLS

Guidelines

For oral health scores of **1-3** use treatment plan below and record on general nursing care plan

For oral health score of **4 -8** initiate care plan agreeing treatment plan for each score with the medical team. Assess and score daily noting the psychosocial as well as the physical impact on the patient – **how do you feel?** When appropriate engage the help of carers/family members in purchasing materials and performing mouth care.

PROTOCOL 1 (if the patient has a reduced level of consciousness or is unable to co-operate use PROTOCOL 2)

SCORE → TREATMENT PLAN

1-2 (Clean moist mouth/mouth generally dirty with debris) → Maintain oral hygiene

- Encourage/assist the patient to brush their teeth, gums and tongue using low foam fluoride toothpaste and a small-headed toothbrush with soft bristles. If toothpaste cannot be tolerated, use water on its own. This should be done 2-4 times a day,
- Warm water is the best mouthwash/rinse
- Dentures should be cleaned twice a day (see protocol for cleaning dentures)
- Aquagel or similar may be used for lip protection

3 (Dry mouth)→ As above + saliva management

- *Natural remedies*: Encourage frequent sips of water, avoid acidic fruit juice, offer ice cubes.
- *Saliva stimulation* – Chewing gum, pilocarpine (4% eye drops to tongue tds)
- *Saliva replacement* – Biotene oralbalance gel may be used for lip protection and to maintain a moist mouth.
- *Alternative remedies* - acupuncture

4 (Coated tongue) → As above +

- Increase frequency of mouth care with particular attention to tongue
- Try toothpaste with added sodium bicarbonate (e.g. Boots Smile fluoride toothpaste for sensitive teeth)
- Vit C ¼ tablet qds (5 day course , applied to a clean moist tongue following meals)

5/6/7 (Candidal infection) → As above +

- Encourage/assist with regular mouth care following meals
- Nystatin (5 mls qds, swilled and swallowed after meals).
- If there is improvement the course should last 7-14 days (prolonged courses may be needed in certain conditions eg HIV).
- If no improvement is seen after three days treatment report to the medical team, who may prescribe fluconazole (7 days at 50mg od or a one off dose of 150mg if patient thought unable to tolerate a prolonged course).
- For angular cheilitis consider topical miconazole
- If painful, consider Oxford mixture (nystatin plus lidocaine)

8 (Abrasions, ulcers, herpes simplex) → Liaise with medical team. Observe and monitor daily and report any changes

- Apply any medication to a clean dry mouth after meals
- Ulcers may be treated with corlan (hydrocortisone) pellets, bonjela or adcortyl (protective barrier) if painful or chlorhexidine mouthwash if widespread (dilute by half with water if stings).

- Herpes simplex – oral acyclovir may be prescribed.
- **For painful mouth, the following options may be considered:**
 - *Topical analgesic* – benzydamine (difflam - diluted by half with water if stings), soluble aspirin or paracetamol (held in mouth for 2 minutes, spit or swallow)
 - *Topical anaesthetic* – lidocaine ointment 5%, benzocaine lozenge
 - *Topical opioid* – oramorph 10mg held in mouth for 2 minutes, spit or swallow
 - *Systemic analgesics* - non-opioid, opioid, ketamine.

9 (Swollen, inflamed or bleeding gums) → as for 8 +

- Maintain gentle regular mouth care and monitor pain level carefully.
- For bleeding gums the medical team may consider Sucralfate 1g mixed with 5ml water as a mouthwash.

PROTOCOL 2 SCORE → TREATMENT PLAN

All care is aimed at patient comfort and minimising distress for the patient and family. Frequent (1-2hrly) oral care can be obtrusive for patients (and families) and very time consuming for carers. Some patients may require this frequency of oral care but this should be determined on an individual basis.

1-4

- regular mouth care day and night, using a soft toothbrush or pink mouth swabs with water, Biotene oralbalance gel to lips.

5-9 As above +

- Nystatin may be wiped around the oral mucosa using a pink mouth swab qds.
- If appropriate consider treating topically with bonjela, or with systemic analgesia.

SPECIALIST MANAGEMENT

On some occasions the medical team may deviate from the care plan for specific reasons, for example in the use of ketamine for chemotherapy-induced mucositis. The reasons for the deviation should be clearly documented in the medical notes.

RECOMMENDATIONS FOR DENTURE CLEANING

Denture cleanliness is essential to prevent malodour, poor aesthetics and the accumulation of plaque/calculus with its deleterious effects on the mucosa. (D.C. Jagger 1995).

Acrylic resin dentures

- Rinse denture after every meal and remove debris by brushing with a soft brush, soap and cold water.
- Soak denture in an alkaline hypochlorite solution (Dentural) for twenty minutes in the evening.
- Rinse thoroughly with cold water and soak in cold water over night.

Metal & Acrylic resin

- Rinse denture after every meal and remove debris by brushing with a soft brush, soap and cold water.
- Soak denture in an alkaline peroxide solution (Steradent) for fifteen minutes or an alkaline hypochlorite solution (Dentural) for ten minutes in the evening.
- Rinse denture thoroughly with cold water and soak in cold water over night.
Do not use acid cleansers

Oral prosthesis (removable) & soft linings

- Rinse after every meal and remove debris by brushing with a soft brush, soap and cold water.
- Soak in an alkaline hypochlorite solution (Dentural) for twenty minutes in the evening.
- Rinse thoroughly with cold water and soak in cold water as appropriate i.e. overnight or when the patient is not wearing them.