

Mouthcare in Palliative Care

Patient has a healthy mouth

1. Assess mouth daily for changes.
2. Oral care using a soft, small headed toothbrush, fluoride toothpaste and water, after each meal and at bedtime.
3. Pink sponges or gauze on a gloved finger, may be used if patient unconscious or unable to tolerate toothbrush.
4. Apply soft white paraffin to lips after oral care
5. Dentures removed and soaked overnight in:
dilute **sodium hypochlorite** (1 part Milton to 80 parts water) if plastic dentures
or **chlorhexidine gluconate 0.2%**, if metal dentures

Mouth dry/coated

1. Review medication
2. Frequent oral care as above plus use of a tongue scraper
3. **Chlorhexidine gluconate 0.2%**, mouthwash used twice daily for 1 min. Dilute with water if too strong.
4. Offer regular, cold unsweetened drinks.
5. Ice to suck or sugar free chewing gum.
6. Use of atomised water spray.
7. No clear evidence for saliva sprays /gels (eg oralbalance), but some patients find them helpful.

Candidiasis present

Chlorhexidine gluconate 0.2% mouthwash used twice daily for 1 min, plus
Fluconazole 50-100mg daily for 7 -14 days, suspension available
NB drug interactions → check BNF .
If contraindicated use **nystatin** solution or lozenges, qds for 7-14 days [as effective if used correctly]
Note: nystatin should be given with dentures out and 30mins after chlorhexidine is used
If angular cheilitis present, use **miconazole gel**, topically 4 times daily.

Mouth painful

1. Soft white paraffin to dry cracked lips.
2. Identify cause - if caused by dry mouth, coated tongue or mouth ulcers→ care as below.
3. Refer to dentist if related to dentures or teeth
4. If patient is receiving chemotherapy/radiotherapy; seek advice
5. If painful mucositis, benzydamine hydrochloride 0.15% (Difflam) can be used qds; usually for not more than 7 days. May need to be diluted .

Ulcers present

1. Identify cause and refer to dentist if related to dentures or teeth
2. If ulcers painful, care as above.
3. To prevent and treat infection, use **chlorhexidine gluconate 0.2%** mouthwash.
4. If persistent ulcers, consider sending a swab for culture
5. If herpetic ulcers on lip, use **acyclovir 5%** cream, 5 times daily for 5 days.
6. If herpetic ulcers inside mouth, use **acyclovir** tabs or susp 200mg, 5 times daily for 5 days.
7. If malignant ulcers or staphylococcal mucositis, prescribe **flucloxacillin** 250 - 500mg 6 hrly.
8. If anaerobic (foul smelling) lesions, prescribe **metronidazole** 400mg tds.

References:-

1. Milligan S, McGill M., Sweeney MP et al. Oral care for people with advanced cancer: an evidence based protocol. International Journal of Palliative Nursing 2001;7(9):418 – 426.
2. Bowsher J., Griffiths G A clinical effectiveness based systematic review of oral care. Nursing Standard 1999;13(37):31