Oral hygiene care

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In this session, you will learn:

• How to carry out oral care
• Procedures for oral care and frequency
• How to perform oral care if residents cannot sit up or have mouth tenderness
• When to report to the team leader
Why do oral care?

• Good oral hygiene has health and social benefits, and will help patients recover from illness
• To maintain the oral mucosa and lips clean, soft, moist and intact
• To keep the natural teeth free from plaque and debris
• To maintain denture hygiene and prevent denture induced disease
• To prevent infection
• To prevent oral discomfort
• To encourage adequate nutritional intake
• To maintain the mouth in state of normal function
• Nurses should carry out oral care for residents who cannot do it for themselves
• Before oral care is started, the resident’s mouth should be assessed
• Residents may need referral to a dentist
Why might residents have poor oral hygiene?

- Inability to carry out oral care, for example due to stroke, arthritis, arm injury, head injury, surgery
- Lack knowledge or motivation
- Lack of access to dental services
- Lack of money to afford equipment for oral care
- Poor diet or reduced fluid intake
- If the patient is nil by mouth or has swallowing problems.
- Some medications can cause a dry mouth or an unpleasant taste in the mouth (Major, 2005).
Why do residents benefit from a clean mouth?

• Promote self-esteem and comfort
• Improve appetite and enjoyment of food and drink, as poor oral hygiene can affect taste
• Improve social acceptability and social interaction by preventing halitosis
• Better recovery from illness, such as URTI
What should nurses do?

• Where necessary nurses should facilitate/prompt/assist residents who are able/unable to carry out oral hygiene for themselves, at appropriate times. It is important to provide the equipment to do this.
• For example, residents who are unable to go to the bathroom should be given water and a bowl.
• They should also be given privacy to carry out the procedure.
• Ensure that all food debris is removed from the mouth after meals.
• Access to appropriate oral hygiene products and high-dose fluoride toothpaste as required.
How often should oral care be carried out?

- As often as necessary. This will have been identified from the oral assessment tool and could be daily, twice daily, four-hourly, two-hourly or hourly, depending on the resident’s individual circumstances (Dougherty and Lister, 2008)
- First thing in the morning and last thing at night, as well as after meals or after vomiting
Procedure for oral assessment

- Gain consent
- Wash hands
- Wear gloves and apron
- Maintain privacy as required
- Have a look at the oral cavity
- You may need a tongue depressor and a torch
- Do not force the mouth open
- Report any difficulty to your team leader
The oral cavity

- Hard Palate
- Soft Palate
- Tonsil
- Uvula
- Tongue
- Vestibule of Mouth
- Gingiva

Mouth
Why should an oral assessment be carried out?

- The registered nurse will perform a formal assessment
- Report anything unusual you notice in the resident's mouth
- To provide a baseline, initial information about the condition of your resident’s oral cavity.
- To monitor progress of oral care/treatments.
- To identify any new problems (Dougherty and Lister, 2008)
What problems might you find?

- Poor oral hygiene can lead to a range of problems including dry, sore lips; ulcers; plaque; dryness; dental caries; tumours; cracks; bleeding, white/yellow deposits of candidiasis (thrush). (Renton, 2007)
- Speak to your team leader if anything looks abnormal
- The resident may need to be referred to a dentist if specialist advice is needed, but in the meantime it is important to proceed with oral care
- Reasons to refer to a dentist include excessive plaque, ill-fitting dentures, multiple ulcers
- The registered nurse will organise the referral
Consequences of poor oral health
The procedure for oral hygiene

• Gain consent
• Assemble equipment – soft toothbrush, toothpaste, clothing protection, receiver, glass of water for rinsing mouth, tissues
• Ask the resident to get into an upright position if possible or assist them to do this. (If the resident needs to lie flat special care must be taken to avoid choking. The procedure should be undertaken with the resident’s head turned to the side, and suction equipment should be to hand)
• Wet the toothbrush head and apply a small amount of toothpaste only. Use a gentle, rotational movement to clean the inner, outer and biting surfaces of the teeth.
• You may also gently brush the surface of the tongue and the gums
• If the resident cannot tolerate the use of a toothbrush (for example due to mouth tenderness) foam sticks and mouthwash can be used instead (Dougherty and Lister, 2008)
• Allow the resident to take mouthfuls of water, rinse the mouth and spit into the receiver
• Use tissues to dry around the mouth
• Apply moisturiser to the resident’s lips if required
• Artificial saliva can be used to alleviate a dry mouth (Dougherty and Lister, 2008)
Denture care

• Gain consent (NMC, 2008)
• Assemble equipment – gloves and apron, a denture brush or toothbrush, and denture cleaner or toothpaste
• Denture products are preferable if available as they preserve the condition of the dentures compared with toothpaste (Major, 2005)
• Check the oral cavity
• Remove dentures and partial dentures from the oral cavity
• Clean at a sink
• Pat dry and rinse with cold water before repositioning in patient’s mouth (Hickson 2008)
Dentures

• Dentures may be soaked occasionally – use specific soaking solution and follow manufacturer’s instructions
• Always use a dedicated denture container, carefully labelled with the resident’s details
• Don’t forget to document as necessary
• If not sure, ask your team leader
References:

Any questions?