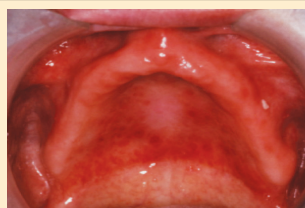


Essential mouth care management

It is important to assess the mouth, including any risk factors or concerns, before carrying out mouth (oral) care e.g. any dysphagia/swallowing recommendations that may be in place.

- If the patient is **conscious**, ensuring optimum positioning e.g. upright. Use a soft paediatric toothbrush and a pea sized amount of non-foaming toothpaste (recommended fluoride 1450ppm) on a dry toothbrush two times daily. Continue with 1-2 hourly mouth care using water and a toothbrush as and when needed.
- If the patient is **unconscious**, consider best position before starting - support the upper body and head using pillows or raise the head of the bed. Use a soft paediatric toothbrush and water (shake off excess water from the toothbrush) to clean the teeth, gums and oral cavities. Use a smear of non-foaming toothpaste if comfortable doing so. 1-2 hourly mouth care using water and a toothbrush as needed is recommended.
- If the patient has **dentures** remove them at night, clean using denture brush and denture toothpaste, and place them in a dry and named container. Water is not needed to soak the dentures. Dentures should be rinsed after each meal. Continue 1-2 hourly mouth care using water and a toothbrush as above and as and when needed. If using a denture sterilizing agent read and follow manufacturers guidance. Caution: Not to be swallowed.
- Clean toothbrush using water and allow the toothbrush to air dry by standing it upright.
- Wash your hands and dry thoroughly using a clean towel.

Sore or ulcerated mouth management



Continue essential mouth care management.

- Treat underlying cause of pain if possible, e.g. ulcers, mucositis or oral herpes simplex. If not possible, treat pain symptomatically.

For localised pain

- Consider use of Bonjela® applying directly to ulcerated areas every three hours.
- Consider use of topical anaesthetics and apply directly to painful area e.g. Xylocaine® 10% spray applied using cotton bud – up to 20 applications.

For diffuse oral pain

- Benzylamine mouthwash — diluting the mouthwash in an equal volume of water before use reduces stinging.
- For moderate to severe pain relief use a combination of topical and systemic analgesia.

Dry/coated mouth management



Continue essential mouth care management.

- Clean the mouth with a moistened soft paediatric toothbrush to gently remove coatings, debris and plaque from soft tissues, lips and mucosa. MC3 (moutheze) to be used if there are lots of secretions and debris.
- Clean the tongue, starting from the tip of the tongue and working towards the middle of the tongue. Don't place the toothbrush too far back as this may cause the person to gag.
- Failing to remove dried secretions, debris and plaque gently can cause pain, ulceration, bleeding and predispose to infection, and may cause build-up of a dry and thick coating of the moisturising gels.
- Use oral moisturising gels e.g. Biotene® oral balance gel or Oralieve moisturising gel 2-4 times hourly or when required. **Please note, some products may be unsuitable for vegetarians and people from certain religious groups.**
- Avoid glycerin as it dehydrates the mucosa and lemon juice exhausts saliva secretion.
- If the patient is conscious and able to swallow, consider sips of water or ice chips.
- Sugar free chewing gum and sugar free sweets can stimulate saliva.
- Use lip balm. If a person is on oxygen, ensure it is a water-soluble based product.

Oral thrush management



Continue essential mouth care management.

- Clean the mouth and tongue with a moistened soft paediatric toothbrush. Brush from the tip of the tongue and work towards the middle of the tongue. Don't place the toothbrush too far back as this may cause the person to gag.
- Apply Miconazole® gel to the inside of the mouth, on and around lesions. Use 5-10mls four times daily.
- If there is evidence of soreness or redness at the corners of the mouth, use Miconazole® nitrate 2% cream and apply two times daily.
- Replace toothbrush before and after treatment.

Treatments:

Nystatin is not recommended as first line treatment due to poor compliance with technique and reduced effect.

Fluconazole – check British National Formulary for possible drug interactions as there are many.