
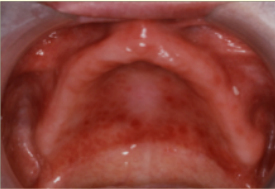


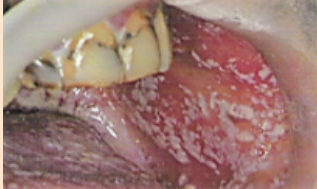


# Mouth care management

Healthy mouth	Sore or ulcerated mouth	Coated mouth	Dry mouth	Oral thrush
				
<ul style="list-style-type: none"> <li>Lips / mucous membranes / tongue smooth, pink and moist</li> <li>Healthy gums are usually pink and firm</li> <li>Teeth – are free from bacteria, visibly clean, no broken teeth and no pain</li> </ul>	<ul style="list-style-type: none"> <li>Redness of mucous membranes</li> <li>Ulcerated areas on gums, tongue or lips</li> <li>Pain</li> <li>Inability to take food or drink into mouth</li> <li>Difficulty chewing and swallowing</li> </ul>	<ul style="list-style-type: none"> <li>'Coating' may be on any part of the tongue. The coating may be yellow, brown or black in colour and may cause discomfort and taste changes</li> <li>The person may be reluctant to eat and drink<sup>7</sup></li> </ul>	<ul style="list-style-type: none"> <li>Dryness of mucous membranes</li> <li>Dryness of lips</li> <li>Impaired taste</li> <li>Difficulty chewing and swallowing</li> <li>Furrowed tongue with deep grooves (fissuring)<sup>9,14</sup></li> </ul>	<p><b>Fungal infection</b></p> <ul style="list-style-type: none"> <li>White spots or redness and soreness of the tongue and mucous membranes</li> <li>Cheilitis (soreness, redness and fissures at the angles/corners of the mouth)</li> <li>Pain with difficulty eating and drinking<sup>1,7</sup></li> <li>Denture stomatitis – red angry area on gum that sits under the denture area</li> <li>Severe oral thrush – white yellow patches, milk curd-like areas, painful red raw areas</li> </ul>
Management	Management	Management	Management	Management
<p><b>Essential mouth care</b></p> <ul style="list-style-type: none"> <li>Check health status and normal routine</li> <li><b>External</b> – look at the lips and angles/corners of the mouth</li> <li><b>Internal</b> – use a pen torch to look inside. Wearing gloves gently pull back the lips to examine inside the mouth. If lips are dry moisten finger with dry mouth gel before pulling back the lips.</li> <li>Take note of smell, it may indicate infection, or other underlying conditions<sup>1,2</sup></li> <li>Assess inside of mouth looking at the tongue, cheeks, palate, teeth, gums and floor of mouth using a tongue depressor and a light for this inspection/procedure<sup>1,3</sup></li> <li>Brush teeth, gums and oral cavity hourly<sup>1,4</sup> using water and a small headed and soft bristled toothbrush<sup>1,5,6</sup></li> <li>Brush tongue - from the middle of the tongue, not too far back to prevent gagging. This must be included as part of daily mouth care.</li> </ul>	<p><b>Essential mouth care - plus</b></p> <ul style="list-style-type: none"> <li>If possible identify cause to exclude infection or dental problems. Treat appropriately<sup>7</sup></li> <li>Apply Choline Salicylate e.g. Bonjela<sup>7,9</sup> directly every 3 hours. <b>Check for drug adverse reaction in BNF</b></li> <li>Topical anaesthetics applied directly to painful area for example Lidocaine<sup>7,9</sup> (Xylocaine<sup>®</sup>) 10% spray<sup>10</sup> can be applied using cotton bud directly to ulcerated area - up to 20 applications per 24 hours<sup>10</sup></li> <li>Dry mouth gel such as Oralieve<sup>®</sup> or Biotene Oral Balance gel<sup>®</sup> will help to moisten mouth and make comfortable. A dry mouth can cause the mouth to be very sore.</li> </ul>	<p><b>Essential mouth care - plus</b></p> <ul style="list-style-type: none"> <li>Tongue cleaning – starting from the tip of the tongue and working towards the middle of the tongue, not too far back to prevent gagging.<sup>1,6,7</sup> Also clean other mucous membranes<sup>7,15</sup></li> <li>If the tongue is dry and coated consider using Biotene<sup>®</sup> oral balance gel<sup>9,14,15</sup> (2-4 hourly as required)</li> </ul>	<p><b>Essential mouth care - plus</b></p> <ul style="list-style-type: none"> <li>A soft small toothbrush with cold water<sup>1,6,7</sup></li> <li>Use non-foaming toothpaste e.g. Oralieve or Sensodyne which is Sodium Lauryl Sulphate (SLS) free, reducing dryness and mucosal irritation</li> <li>Water based product to lips, tongue and oral cavities</li> <li>Use dry mouth gels e.g. Biotene<sup>®</sup> oral balance gel<sup>9,14,15</sup> (2-4 hourly as required) or Oralieve<sup>®</sup></li> <li>If on 4 litres or greater please use humidified oxygen</li> </ul>	<p><b>Essential mouth care - plus</b></p> <ul style="list-style-type: none"> <li>Brush tongue with a small headed soft bristled toothbrush<sup>1,6,7</sup> starting from the tip of the tongue and working towards the middle of the tongue, not too far back to prevent gagging</li> <li>Smear Miconazole gel (check the BNF for drug interactions) around inside of mouth; on and around lesions 5-10 mLs (4 times daily). To be continued for 48 hours after lesions healed. If conscious use after food and drink and remove any dentures before use<sup>9,22</sup></li> <li>If there is evidence of soreness, redness and fissures at the angles/corners of the mouth use miconazole nitrate 2% cream (2 times daily). Continue for 10 days after lesions healed<sup>9,22</sup></li> </ul>

When performing mouth care, wash and dry hands thoroughly and wear disposable gloves and apron.

**Foam mouth swabs are no longer used in oral care as ineffective in cleaning and are a significant choking risk**

MouthEze are available in some care settings for removing secretions and debris and providing dry mouth care. Use does not replace teeth cleaning. Please refer to procedure guidelines.

If you have any concerns about a person's mouth please consult a doctor for medical assessment and appropriate treatment.

Healthy mouth	Sore or ulcerated mouth	Coated mouth	Dry mouth	Oral thrush
<ul style="list-style-type: none"> <li>People without teeth also benefit from brushing the gums and tongue using water and a soft small toothbrush<sup>1,5</sup></li> <li>Always wash and air dry toothbrush after use</li> </ul>	<p><b>If the person is conscious consider also:</b>            Analgesia-soluble paracetamol to gargle 1g up to 4 times daily then swallowed<sup>9</sup>            Anti-fungal gel (see Oral thrush management)            Betamethasone 500mcg tablet in 20ml water rinsed around mouth 4 times daily<sup>7,9</sup></p>	<p><b>If the person is conscious consider also:</b>            If the person can chew consider fresh pineapple chunks as they contain an enzyme annase, which helps remove the coating<sup>16,17</sup> The enzyme is only present in the pineapple flesh<sup>18</sup></p>	<p><b>If the person is conscious consider also:</b>            Sips of water or ice chips or partially frozen melon            Saliva stimulants (see caution) such as sugar free chewing gum<sup>15,19</sup></p>	<p><b>If the person is conscious consider also:</b>            Nystatin oral suspension, as prescribed, as a mouthwash (see caution/consideration) should be kept in contact with the affected area for as long as possible then swallowed, 4 times daily for 7-14 days<sup>9,22</sup>. Avoid giving anything to drink or cleaning the mouth for 20 minutes in order to increase contact time with the mouth surface.</p>
<p><b>If the person is conscious, care as above and consider also:</b>            Brush teeth twice daily using small head and soft bristled toothbrush and a pea sized amount of toothpaste<sup>1,5,6</sup>  <b>If the person wears dentures:</b>            Individuals should be encouraged to remove dentures overnight and soak them in water to reduce shrinkage and damage<sup>1,7</sup> If this is not possible, consider removing for at least one hour during day<sup>7</sup>. This maintains a healthy oral mucosa<sup>7</sup>            Use mild soap and water, or denture cleansing paste, to clean dentures and use a soft, small toothbrush to remove debris<sup>7</sup>. Dentures should be cleaned at least once daily but ideally after every meal. Rinsing the mouth and dentures will remove any remaining food debris. Regardless of whether the patient has partial or complete dentures the rest of the mouth needs to be cleaned twice daily with a small-headed toothbrush.            Clean dentures over a bowl of water or a towel to prevent breakage if dropped<sup>7</sup></p>				<p>If thrush extends beyond mouth consider Fluconazole [capsules or suspension] 50mg daily [100mg if immuno-compromised] for 7-10 days<sup>9</sup> <b>(check BNF for drug interactions)</b></p> <p><b>If the person wears dentures:</b>            Remove dentures before applying any product and clean gums and oral cavity using a soft small toothbrush and water            Brush dentures at least 4 hourly in addition to soaking            Miconazole gel can be applied to fitting surface of a rinsed denture            Soak and cleanse dentures in Chlorhexidine mouth wash for 15 minutes (0.2%) twice a day (Mouth Care Matters)</p>
Caution / consideration	Caution / consideration	Caution / consideration	Caution / consideration	Caution / consideration
<p>Where possible establish optimal positioning of the person i.e. seated comfortably and their head is supported on a pillow or as near to upright as can tolerated<sup>7</sup>            Use non-foaming toothpaste (SLS free) e.g. Oralieve or Sensodyne to reduce risk of aspiration<sup>7</sup> It also reduces dryness and mucosal irritation.            Assess whether the person can carry out own oral hygiene effectively<sup>1</sup>            Continue to floss gently if this is their norm being careful not to damage the gum margins<sup>1</sup></p> <p><b>Dentures</b>            Do not use ordinary toothpaste on dentures as it causes scratches and increases staining<sup>7</sup>            Some people may want to soak their dentures in denture cleaner. These should be used according to manufacturer's guidelines, usually 3-6 minutes. Dentures should not be left in the solution overnight. There is also a poison risk as sterilizing tablets may be confused with soluble medication or sweets.            LOST dentures need replacing – take care of them</p>	<p>Many mouthwashes are alcohol based and will therefore increase pain initially. Suggest using alcohol free mouth wash</p> <p><b>Risk assess</b> the use of mouthwashes to reduce risk of aspiration.</p>	<p>Pineapple can cause the mouth to feel sore and raw, please assess and monitor. Also the person may not like pineapple. Pineapple is acidic and will therefore cause tooth erosion</p> <p>The use of effervescent vitamin C tablets<sup>18</sup> has been shown to lift the coating but must be used with caution as they can burn<sup>14</sup>. Moisten the tongue and apply a small chip (no more than 1/8<sup>th</sup> of a tablet) directly onto the coated area of the tongue Do not use if the person has had radiotherapy or chemotherapy in the last 6 weeks<sup>14</sup>. Caution: can cause tooth erosion.<sup>18</sup></p>	<p>Saliva stimulants not recommended for unconscious patients            Glycerin swabs cause oral dryness<sup>7,18,20</sup> and <b>should not be used</b>.            Glandosane is an acid and causes tooth erosion<sup>4,15</sup>            Saliva orthana contains animal products<sup>21</sup> check cultural beliefs and avoid if vegetarian/vegan            Consider Oralieve Salivary Spray</p> <p>Do not use Vaseline, as it can be aspirated/inhaled and is flammable risk if used near oxygen<sup>7</sup>.            Use a waterbased lipbalm - Optilube or KY Jelly</p> <p>Oralieve Moisturising Gel contains traces of milk protein and egg white protein</p>	<p>Replace toothbrush before and after treatment</p> <p>Nystatin not recommended as first line treatment due to poor compliance with technique and reduced effect<sup>21</sup></p> <p>Fluconazole – <b>check BNF for possible drug interactions</b> as there are many.</p> <p>If using sterilizing agent read and follow manufacturers guidance            Caution: not to be swallowed</p>

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