

ORAL HEALTH		
VERSION No	2	
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Policy Statement

As an organisation we recognise the importance of good oral health including dental health and daily mouth care, for the adults in our care homes. Our aim is to maintain and improve the oral health of our residents and ensure timely access to dental treatment. *Self-care can deteriorate before a person moves into a care home, so they may be admitted with poor oral health. Mouth care needs may not be visible and can be missed if they are not specifically assessed. It is important that mouth care needs are assessed as soon as possible when someone moves into a care home, so that tailored care can start straight away.*

As an organisation, we follow NICE Guidelines NG48 and access resources such as the “Oral Health Assessment Toolkit” (OHAT) <https://www.nice.org.uk/guidance/ng48/resources> and carry out an oral health assessment using the tool available from the above-mentioned website. This acts as a risk assessment flagging up any issues regarding oral health.

The Policy

We assess the oral care needs of all residents as soon as they start living in our care home, regardless of the length or purpose of their stay. Residents, relevant persons and where consented to by the resident, family and friends are involved in the initial assessment. This informs the plan of care for continued oral hygiene support for the resident. The assessment includes:

- ✔ how the resident usually manages their daily mouth care (for example, tooth brushing and type of toothbrush, removing and caring for dentures including partial dentures and identifying any support required)
- ✔ taking regard to any cultural or ethnic preferences in regards to oral hygiene
- ✔ If they have dentures, including partial dentures, whether they are marked or unmarked. If unmarked, we can arrange for marking if they wish
- ✔ If the resident is experiencing any dental pain
- ✔ obtaining the name and address of their dentist or any dental service they have had contact with, and where and how long ago they saw a dentist or received dental treatment
- ✔ recording if there has been no contact or they do not have a dentist, and help them find one and support the resident to make an appointment
- ✔ this is recorded in the care plan and the date and time of any forthcoming appointments documented
- ✔ results of any dental assessments and appointments are recorded in the care plan along with any mouth or dental care requirements
- ✔ reviews are carried out with the care plan reviews or if oral health needs change

Daily mouth care

Good oral health is important to maintain self-esteem, dignity and quality of life. Adults with poor oral health often have problems with eating, speaking and socialising. We ensure care staff provide residents with daily support to meet their mouth care needs and preferences, as set out in their care plan after their assessment. This includes encouraging and supporting residents to:

- ☞ brush their natural teeth at least twice a day with fluoride toothpaste
- ☞ providing daily oral care for full or partial dentures (such as brushing, removing food debris and removing dentures overnight)
- ☞ use their choice of cleaning products for dentures if possible
- ☞ using their choice of toothbrush, either manual or electric/battery powered

- ☞ daily use of mouth care products prescribed by dental clinicians (for example, this may include a high fluoride toothpaste or a prescribed mouth rinse as per their MAR)
- ☞ daily use of any over-the-counter products preferred by residents if possible, such as particular mouth rinses or toothpastes; or sugar-free gum, (gum containing xylitol helps promote dental health)
- ☞ Observing and reporting any soreness, bleeding, pain or marks while carrying out oral hygiene
- ☞ Care plans are reviewed regularly and oral care updated as required

Supporting Staff Knowledge

Information on specific oral health needs are given by an appropriate health professional and recorded in individual care plans. Prescribed mouth care products are as per MAR sheets. Training on general oral health is given to all staff, this includes:

- ☞ understanding the importance of residents' oral health and the potential effect on their general health, wellbeing and dignity
- ☞ understanding the potential impact of untreated dental pain or mouth infection on the behaviour, and general health and wellbeing of people who cannot articulate their pain or distress or ask for help (this includes, for example, residents with dementia or communication difficulties)
- ☞ knowing how and when to reassess residents' oral health
- ☞ knowing how to deliver daily mouth care
- ☞ how to support people who are lacking capacity with oral health care tasks e.g. the brushing of their teeth
- ☞ understanding the role of diet, alcohol and tobacco in promoting good oral health
- ☞ knowing how and when to report any oral health concerns for residents, and how to respond to a resident's changing needs and circumstances (for example, some residents, may over time lose their manual dexterity)
- ☞ understanding the importance of denture marking and how to arrange this for residents, with their permission (there are many advantages to denture marking most importantly the ability to identify and the return of lost or misplaced dentures, which is essential for our residents)
- ☞ ensuring care staff know how to respond if a resident does not want daily mouth care or to have their dentures removed
- ☞ recognising and reporting adverse symptoms

As an organisation we work with and access information from local Health Watch Teams and Dental Public Health information to support us to meet the oral health needs of all residents, especially those with complex needs. We have also created local partnerships or links with general dental practice and community dental services including special care dentistry. This enables the sharing of good practice and the identification of any gaps in the service to our residents. It also enables us to provide routine or specialist preventive care and arrange their treatment as necessary, in line with local arrangements on oral health.

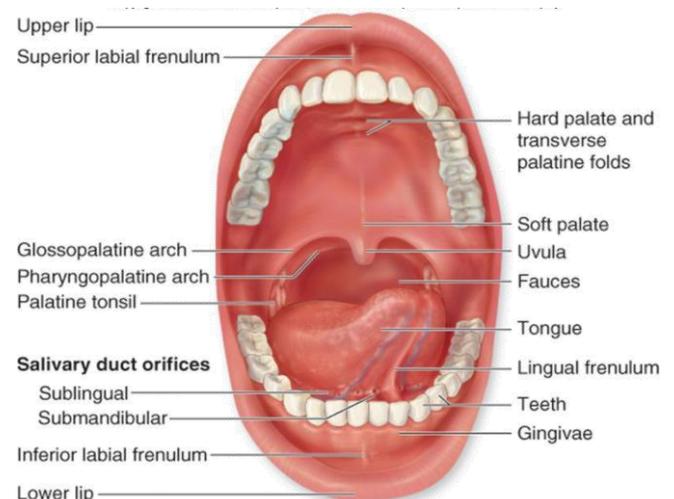
Guidance

- NICE Quality Statement (QS151) Oral health assessment in care homes published June 2017*
- NICE Quality Statement (QS 139) Oral health promotion in the community published Dec 2016*
- NICE Guidelines (NG48) Oral health for adults in care homes published July 2016*

Contact Details: The contact details of the individual residents' Dentist or NHS Dentist are documented in their care plan

Training

Oral health is covered during induction and training is received by staff throughout their employment.



Objectives: -

- To recognise the need to individual patient assessment
- To discuss the methods/medication that support oral hygiene provision
- To state how to perform oral care/assessment
- To recognise some common symptoms

What Should a Healthy Mouth look like?

- Pink moist tongue, oral mucosa & gum
- Teeth/dentures clean and free from debris
- Well fitting dentures
- Adequate salivation
- Smooth moist lips
- No difficulties eating or swallowing



Objectives of oral care

- To maintain the oral mucosa and keep it clean soft moist and intact
- To keep natural teeth free from plaque
- 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 a state of normalcy

Large aphthous (mouth ulcer)



Related Policies
Assessment of Need
Care Planning
Consent
Co-operating with other Providers
Dignity and Respect
Equality and Diversity
Mental Capacity

What do we Look for When Giving Oral Care

Physical Feature:-	Observe For:-
Teeth / Dentures	Plaque, debris or dental Caries or ill-fitting dentures
Mucous Membranes	Coating, redness, ulceration Or bleeding
Lips	Cracking, bleeding or ulceration
Saliva	Consistency & Quantity
Gums	Redness, ulceration & bleeding

Conditions/Treatments which increase patients risk of oral complications

Conditions

- Diabetes
- Renal failure
- Malnutrition
- Dehydration
- Physical disability/unable/unco-operative
- Depression
- HIV/Immuno-suppressed patients

Treatments

- Oxygen therapy
- Radiotherapy to the head & neck
- Intermittent suction

Thurgood (1994)

Cold Sores –Herpes Sin



Functions of the Oral Cavity

- Initial breakdown of food products utilising teeth and saliva.
- Taste
- Communication/social interaction
- Breathing

How Can We as Nurses Help?

- Assessment is required, not only for those in obvious need of care, but where treatment is preventable
- Care should be evidence based, and tailored to meet the patients individual requirements
- Oral hygiene assessment tool

Drug Treatments which increase patients risk of oral complications

Drugs

- Antibiotics
- Phenytoin
- Diuretics
- Anti-depressants
- Morphine

Gingivitis



A rare sight!



Tongue Cancer / Lip Cancer



Leukoplakia



Radiation Caries



Radiation caries affecting the incisal edge of the teeth and the necks of the teeth, complicated by poor hygiene.

Meths Mouth



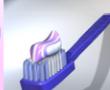
How often do you perform mouth care?

- Literature search reveals no consensus
- Regularity should be related to the clients condition and his/her need.
- Assessment is essential to evaluate the care you are giving and the frequency required

Products to Support Oral Hygiene

Toothbrush:-

should be the first line of oral cleansing, as it effectively reduces plaque and gingivitis (Pearson et al 2002), and is proven to be more effective than foam swabs at removing plaque and cleaning approximal and crevice sites



Products to Support Oral Hygiene

Fluoride Toothpaste:-

Recommended and recognised as the most effective and safest cleansing agent, fluoride reduces the incidence of dental caries and prevents cavities

(Beck and Yasko 1993)



Products to Support Oral Hygiene

- Sodium Bicarbonate:-appropriately diluted according to manufacturers instructions to dissolve viscous mucous and remove debris



Dentures:-

Clean dentures with toothbrush and toothpaste at least once per day, ensure removal prior to oral assessment.

Ensure container is cleaned and replaced weekly, and correctly labelled to identify owner.



Products to Support Oral Hygiene

Chlorhexidine corsodyl

Use under prescription to complement oral care procedure, has broad spectrum antibacterial and anti-fungal activity, can aid prevention of plaque, caries and gingivitis – prolonged use can alter taste perception and cause yellow/brown superficial stain.

