

Family Connect

Oral Hygiene for Individuals in Palliative Care

The Facts

- Traditional oral hygiene care may not be appropriate for those who are acutely sick, unconscious, non-responsive, or terminally ill.
- Palliative oral care focuses on maintaining individuals' quality of life and mouth comfort.
- Those who lie flat most of the time are at higher risk for choking or developing lung infections such as aspiration pneumonia.
- An individual's mouth may need to be rinsed with water several times an hour for comfort.

Oral Health Problems & Oral Care Actions

Dry Mouth

- Reduced saliva can cause pain as well as bacterial and viral infections.
- Terminal decline, medical conditions, and radiation or chemotherapy can cause dry mouth.
- Some medications also cause dry mouth. Contact pharmacist to review medications.

Oral Care Action

- Increase water intake, use spray bottles, ice chips, or rinses.
- Stimulate salivary flow with sugar-free gum or candy.
- Use toothpastes without additives (sodium lauryl sulfate) that can burn the mouth. These are usually labeled as formulated for dry mouth.
- Saliva substitutes such as gels or sprays replace missing saliva and can be used as often as needed.
- In the final stages of illness, gently rub saliva substitute in the individual's mouth every few hours.
- Keep Lanolin on the lips continually.

Excessive Saliva

- Excessive saliva results from the muscles of the mouth and tongue not working properly, causing saliva to pool in the mouth or flow out.
- Those with swallowing difficulties may have both a dry mouth and drooling from excessive saliva.

Oral Care Action

- There are medications available to reduce saliva production.
- Medications have side effects and should be discussed with a pharmacist.



Always wear gloves when providing oral care!

Oral Health Problems & Oral Care Actions, *Continued*

Burning Mouth & Problems with Taste

- Both burning mouth and taste problems have been associated with depression.
- Taste disorders are common with head and neck radiotherapy.
- Image: rampant tooth decay and dry mouth in a bed-bound individual after prolonged use of antipsychotic medications.

Oral Care Action

- Placing saliva substitute in the mouth before eating can counter the salty or metallic taste due to dry mouth.
- Substances, food, or drinks that trigger burning should be avoided.
- In consultation with dental professional:
 - Topical analgesics may be used.
 - Zinc may be used to treat taste disorders.



Swallowing Problems

- Those who lie in a flat or reclining position most of the time are at higher risk for choking or aspirating germs and/or small objects.
- Because of the weakened immune system, aspirated germs/objects can result in the development of pneumonia.

Oral Care Action

- To prevent choking, raise the head of the bed or turn the individual's head sideways when providing oral hygiene care.
- A suction toothbrush or suction mouth swab should be used.
- Use low foaming, dry mouth toothpastes. If not available, reduce toothpaste or eliminate as needed.

Mucositis

- Inflammation and bleeding of the oral soft tissues (lips, cheeks, gums, tongue) due to radiation or chemotherapy.

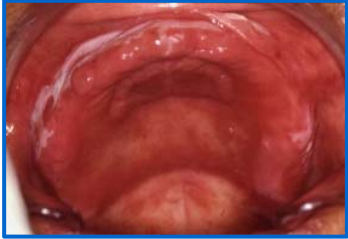
Oral Care Action

- "Magic mouth rinses" containing topical analgesics are not generally advised. Consult a dental professional.
- Helpful mouth rinses include:
 - Alkaline saline (1/2 teaspoon salt, and 1/2 teaspoon baking soda in 8 oz. of water).
 - Alcohol-free chlorhexidine gluconate, prescribed by a dental professional, to improve plaque control.
- Use treatment methods for dry mouth to prevent viral and bacterial infections.
- Remove heavy nasal and oral secretions regularly.
- Dentures may need to be removed.
- Diet modifications:
 - Consider softer foods.
 - Pineapple and some other juices contain enzymes that destroy oral mucosa.
 - Hydrogen peroxide products may harm oral mucosa.

Fungal Infections & Care Tips

Thrush

- Acute pseudomembranous oral candidiasis
- A white or yellow growth that covers the soft oral tissues that cannot be wiped off, even though it looks like it can be.



Oral Care Tips

- As prescribed by a medical or dental professional, treat with topical and/or systemic anti-fungal medications, usually administered as gels or lozenges for a longer effect.

Angular Cheilitis

- Appears as irritated, red areas at the corners of the mouth.
- It is usually caused by candida, but can also be caused by certain bacterial strains.
- A dentist should conduct an examination to determine the cause of the infection.



Oral Care Tips

- Clean the corners of the mouth daily with antibacterial soap.
- Apply topical antifungal medications, as prescribed by a dental or medical professional, to the corners of the mouth.

Denture Stomatitis (Candida)

- Appears as red, inflamed area of the upper palate (and occasionally the lower dental ridge).
- Often non-symptomatic but can be painful and bleed



Oral Care Tips

- Remove dentures at night to rest the oral tissues.
- Scrub dentures thoroughly in soap and water daily. Do not use bleach with partial metal dentures; it is corrosive to metal.
- If infection is severe, treat with topical and/or systemic antifungal medications as prescribed by a dental or medical professional.
 - Before applying antifungal topical gel to dentures, disinfect the complete denture in a solution of dilute (1 tablespoon into a cup of clean water) sodium hypochlorite (bleach).
 - Disinfect denture containers or replace them frequently.

Speak with your provider or pharmacist about symptoms and medication options for oral hygiene in palliative care.

Oral Care Products

Mouth Rinses

- Individuals receiving palliative oral care usually cannot rinse and spit using mouth rinse.
- Mouth rinse could run down the throat and increase the risk of choking among those with swallowing problems.
- Alcohol contained in some mouth rinses can burn cheeks, tongue, and other soft tissues, especially if the mouth is dry.
- If necessary, mouth rinse can be applied using a small spray bottle.

Saliva Substitutes

- Can help the individual's mouth feel more comfortable.
- Substitutes do not increase saliva production but instead replace saliva.
- Usually come in the form of a gel or spray that can be used as often as needed.
- In the final stages, gently rub saliva substitute in the individual's mouth every few hours.

Mouth Swabs

- Most mouth swabs are safe to use in palliative oral hygiene care; there is little risk of the individual biting on the swab and breaking it.
- Use a swabstick made of strong material (not cardboard) that is firmly secured.
- Mouth swabs pre-moistened with sodium bicarbonate and suction mouth swabs are available for those with swallowing problems.
- Mouth swabs pre-moistened with lemon and glycerin may cause dry mouth and are not recommended.
- Dry swabs, soaked in a warm water and salt mixture or in alcohol-free mouth wash may also be used.
- Several layers of gauze taped to a tongue depressor can be used to remove excessive debris and secretions from the tongue and soft tissues.
- Dry swabs may also be used to apply Biotene Oral Balance Gel or MI Paste on individuals who may bite.

