

Tips for Nurses: Oral Care



What it is: Oral health covers the ability to eat, speak and socialise without discomfort or active disease in the teeth, mouth or gums.

Why it matters: People in need of palliative care and/or at the end of life report a high prevalence of oral conditions including hyposalivation, mucositis, ulceration, erythema. Oral symptoms xerostomia (dry mouth) and mucositis (inflammation of the mucosa) are adverse effects of chemo- and radiation-therapy for cancer. A needs assessment is important to ensure a person's comfort and to alert nursing staff to any underlying concerns.

Nurses have a role in assessing and maintaining good oral health in the people in their care.

Poor oral and dental health causes discomfort and can be associated with:

- bad breath
- bleeding gums, tooth decay and tooth loss
- altered appearance and poor self-esteem
- swallowing and nutritional problems, and weight loss
- speech difficulties and problems with social interactions
- pain and discomfort
- change in behaviour
- increased risk of respiratory infection
- other infections.

What I need to know: Most people at the end of life need help with oral care. Many don't or can't communicate that they are in pain or discomfort. Knowing the signs of oral and dental pain can improve care.

Some older people are particularly at risk of poor oral health, including those:

- with severe dementia
- unable to express their needs
- who are dependent on staff for assistance with activities of daily living.

Actions

People at the end of life often need help with oral care. Explain what you are doing and try to involve them if possible.

In residential aged care, registered nurses are responsible for assessing, planning, and evaluating oral care provided by careworkers.

Signs of oral and dental pain may include:

- not eating
- decreased interest in food
- pulling at face or mouth
- chewing at lip, tongue or hands
- aggression
- changes in activity levels.

To provide good oral care remember to:

- always explain in clear language what you are doing
- maintain regular routines in a quiet environment
- use a brightly coloured toothbrush so it can be easily seen by the person
- use a soft toothbrush which can be bent or mouth swabs
- ask the person to copy your actions of brushing or gently help them to brush their teeth, or use objects to keep their hands busy while you brush their teeth
- ask a colleague or a dental hygienist to help
- avoid products containing lemon juice, glycerine, or alcohol as they may cause dryness or pain.

Tools

Tools that may be useful include:

Oral Health Assessment Tool (OHAT) is a validated screening tool suitable for older people including people with dementia.

Name:

My reflections:

What advice can I give careworkers when a person doesn't want to have their teeth cleaned?

How many of the people I care for need an oral assessment or assistance with oral cleaning?

Does my workplace encourage staff to regularly check clients' or residents' oral health?

My notes:

See related palliAGED Practice
Tip Sheets:
Advanced Dementia
Dysphagia
Nutrition and Hydration

For references and the latest version of all the Tip Sheets visit
www.palliaged.com.au/PracticeTipSheets