



How to instructions

Providing mouth care in palliative and end of life stages.



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Mouth care is an integral component of both palliative and end of life care. The aim of palliative mouth care management is preventing oral complications such as pain and infection, maintaining adequate oral function, promoting comfort, hydration and overall quality of life. People can be in palliative stages for a very long time, so it is important to not add to any disease, pain and infection burden by reducing the priority and frequency of daily hygiene practices and oral disease. End of life stages are more focused on comfort, however in general, the principles, practices and motivation behind oral care in both situations are similar.

People in palliative care often require support from carers for their mouth care. Unfortunately oral health is often neglected at the end of life as mouth hygiene practices may be forgotten or eliminated. This can impact on the vital social interactions with family and friends resulting in avoidance of loved ones due to bad breath (halitosis), poor function and aesthetics. Thus, worsening a person's isolation during this important time

With the right knowledge, techniques, and products, carers and family members can be of tremendous assistance for those in their final stages of life. Our Amelo care plans will take into consideration the circumstances of the individual and may include some of the following.

Here is what you can do to assist

Comfort and Hydration.

Dry mouth is very common, is unpleasant, and can lead to difficulty speaking and swallowing.

Ensure sufficient Hydration – this is best achieved by sipping water frequently, as opposed to large volumes of water less frequently. The use of ice chips for those able to spit and swallow is another way to provide mouth comfort and temporary moistening.

Damp gauze (non-fraying type, which has been thoroughly wetted in clean running water) wrapped around a gloved finger may be used if the individual is unconscious or unable to tolerate a toothbrush.

Regular use of **water based** Lip balms to avoid excessive dryness and cracking of the lips.

Use of recommended dry mouth gels (preferably containing enzymes such as Oral 7) or saliva substitutes can provide longer lasting comfort. These are safe to swallow.

Dry mouth gels can also be used under dentures to improve comfort, and they are much easier to clean than traditional denture adhesives.

Use of dry mouth rinses such as Denta-Med **if the person is able to spit**. Commercially available products also contain other ingredients that can improve lubrication. For a simple and effective alternative you can make your own:

- Use half a tablespoon or 3g sodium bicarbonate powder in 50 ml of water. Rinse and spit, do not swallow.

Cleaning and Brushing

Twice daily brushing with a soft or extra soft brush using a low foaming Fluoride toothpaste. Mild mint, non mint or non flavoured toothpastes may also be less irritating.

For those with very sensitive, irritated or ulcerated soft tissue, a surgical or **ULTRA SOFT** brush may be provided.

Denture Hygiene

Twice daily denture hygiene to reduce the risk of trauma, painful fungal infections and odour. Rinse dentures after meals to remove excessive food debris. It is best to clean dentures with liquid soap and a dedicated denture brush or a specific device such as Dr Mark's Hygiene and dental fresh gel.

Dentures are to be removed, cleaned and stored DRY overnight as per current therapeutic guidelines. This reduces irritation and the risk of fungal infections and reduces the growth of microorganisms on the denture surface.

Ulcers and sore spots

The pain from ulcers, and mouth sores can be severe and lead to difficulty eating and speaking which can lead to a rapid decline in nutrition and socialisation.

These may be difficult to identify without professional dental expertise.

- Ulcers are a painful breakdown in the surface of the gum tissue and may be from a range of causes from localised trauma to underlying health and vitamin deficiency.
- Damaged teeth with sharp edges can also be responsible for cutting the tongue and cheeks.
- Dentures may rub and create painful ulcers, and this is made worse in dry mouth situations where there is no lubrication. Having dentures adjusted by a dental professional can help, or

leaving dentures out to allow healing can also be considered.

Candida / fungal infections

Also known as oral thrush, candida infections can be uncomfortable and may present in a variety of forms such as overall redness of the oral tissues, especially under dentures. Other types cause a white film to form on the soft tissues that wipes off to reveal red tissue underneath. Oral infections are important to manage as they can spread throughout the body creating serious systemic issues.

Dry mouth, antibiotic use, poor oral and denture hygiene and a compromised immune system are all risk factors for candidal infections.

The use of antifungal lozenges or other creams and medications are best prescribed by the medical (doctor) or dental (dentist) care team. Maintaining a healthy, clean and hydrated oral environment is also essential.

DO NOTS!

The following are often used but are not recommended!

1. **Petroleum or Glycerin based lip balms are a fire and burn risk when people are placed on oxygen. So use water based only!**
1. **Use of lemons and other citrus or fruits and juices to try and stimulate saliva in those with dry mouth. Any saliva capacity will be quickly exhausted and the acidity can be irritating to the soft tissue and damaging to teeth.**
1. **Common mouth rinses such as Listerine, Savacol or alcohol containing rinses. While these are antibacterial, they will likely cause soft tissue irritation in a dry mouth environment.**