

## Example Mouth Care for Policy for Adult Inpatients

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### Introduction

- 1.1 Effective oral hygiene practices (mouth care) are necessary to ensure the maintenance of effective oral health through the removal of bacterial plaque, dry mouth care and denture care. Good oral health is important for eating and drinking, communication, the absence of pain and infection, and paramount for dignity and comfort. There is increasing evidence linking poor oral health to systemic diseases including cardiovascular disease, diabetes and hospital acquired pneumonia (Winning *et al.*, 2015)
- 1.2 Research has shown that hospitalisation is associated with deterioration in oral health and this in turn may lead to hospital-acquired infections, poor nutritional intake, longer hospital stays and increased care costs (Terezakis *et al.*, 2011). Promoting and supporting patients with regular effective mouth care can improve patients overall health and wellbeing (Locker *et al.*, 2002).

### 1. Purpose

The aim of this policy is to provide guidance and standards for all staff whose role can positively impact oral health.

### 2. Definitions

- Dysphagia – Difficulty swallowing
- Mucositis – Inflammation and ulceration of the lining of the mouth
- SLS free – Sodium Lauryl Sulfate free (non-foaming agent)

### 3. Responsibilities, Accountabilities and Duties

#### 4.1 Chief Executive

The Chief Executive has overall responsibility for ensuring this policy is adhered to.

#### 4.2 Deputy Chief Nurse

The Deputy Chief Nurse is responsible for being the strategic lead for the initiative, and chair of the Mouth Care Matters focus group.

#### 4.3 Mouth Care Matters Trust Lead

**The role of the Mouth Care Matters Trust Lead is to:**

- Train and support nursing staff to carry out the best possible oral care, helping to maintain a patient's oral health whilst they are in hospital.
- Provide advice on oral health and mouth care in relation to eating and drinking.

- Support nursing staff to assess the mouth/lips and identify oral problems that may affect a patient's ability to eat or drink.
- Appropriately refer patients in situation not within their scope of practice who require the care of a dentist or medical advice.
- Advise patients/family/carers about seeking dental care after discharge from hospital.
- Facilitate patients who may be unable to access the support due to language barrier, or communication impairment via use of interpreters or support from Speech and Language Therapists.

#### **4.4 Nursing staff are responsible for**

- Completing the preliminary Mouth Care Screening tool within 24 hours of the patient's admission to a ward.
- Carrying out or assisting patients with mouth care when they are dependent on care.
- Identifying potential oral health issues and making appropriate referrals to the medical team, and mouth care lead.
- Implementing recommendations made by the medical team, mouth care lead and SALT team relating to a patient's oral health.
- Ongoing monitoring of patient oral health condition and alerting the medical team, or mouth care lead to any deterioration and additional support.

#### **4.5 Ward Managers are responsible for**

- Ensuring that staff comply with the Mouth Care Screening and Assessment paperwork is part of staff's local induction.
- Ensuring appropriate supply of mouth care products on their ward area.

#### **4.6 Medical Team**

Doctors are responsible for the on-going care of their patients and this may involve oral examination as part of a general examination to rule out oral causes of ill health for example, oral ulceration. Doctors will be responsible for prescribing for common oral condition such as thrush and severe dry mouth. Doctors are responsible for following up on staff's concerns regarding new symptoms or deterioration in regards to patients' oral health.

### 4.7 **Speech and Language Therapists**

Speech and language therapists (SALT) routinely look into patients' mouths to assess swallowing and are well placed to identify oral problems such as mobile teeth, poor oral hygiene and very dry mouths. The SALT team can communicate concerns to nursing staff, doctors or the mouth care lead.

### 4.8 **Palliative Care Team**

The palliative care team assess every patient, and provide a plan for effective mouth care. They are able to confidently identify urgent referrals and act on this as indicated.

### 4.9 **Dementia Service**

The dementia service is responsible for supporting the nursing/medical team in their assessment of oral care and writing an appropriate plan in the patients care notes.

## 5. **Policy**

### 5.1 **Implementing good practices in mouth care**

**For staff to provide effective daily mouth care they require the:**

- Knowledge of the importance of mouth care and effective oral health and the links to general health and well-being.
- Skills gained through education on how to carry out mouth care and assessment of the mouth.
- Resources/ products needed to provide mouth care.
- Support when necessary from the mouth care lead/medical team.

### 5.2 **Resources/products for mouth care**

To carry out mouth care assessments and provide mouth care, hospital wards must have a supply of the following:

- Small soft headed toothbrush
- Toothpaste
- Products for dry mouth

- Toothpaste including SLS free/non-foaming toothpaste
- Mouth Care Pack boxes for storage
- Denture pot (with lid)

### 5.2.1 Pen torch

A suitable light source such as a pen torch is essential to be able to see clearly in a patient's mouth. Without a light source it is impossible to fully assess the mouth and many conditions especially towards the back of the mouth will be missed..

### 5.2.2 Toothbrushes

**Patients/family/carers should be strongly encouraged to bring/provide their own mouth care products including toothbrushes.**

- If a patient does not have access to a toothbrush 12 hours after admission at the time of their mouth care assessment they should be provided with a small-headed soft or medium bristled toothbrush.
- A small head is more effective at reaching all parts of the mouth especially in frail hospitalised patients or patients with limited mouth opening. A soft toothbrush can be used for patient with very sore mouths, or those suffering from acute ulceration or mucositis.

### 5.2.3 Toothpaste

**Patients/family/carers should be strongly encouraged to bring/provide their own mouth care products including toothpaste.**

- Wards should have a supply of both standard toothpaste and non-foaming (sodium lauryl sulphate/SLS free) fluoride toothpaste.
- Non-foaming toothpastes can be used on any patient and are particularly useful for patients who have dysphagia. They can also be useful for patients with dry mouths.
- A pea-sized amount of toothpaste should be used on a toothbrush and a smear for patients with dysphagia. Patients should be encouraged to spit out any excess toothpaste and not rinse their mouths out for 30 minutes so that the residual fluoride is not washed away.

- It is important to note that some toothpastes such as Oralieve contain proteins extracted from milk and will not be suitable for patients with a confirmed allergy to milk or vegans and this must be checked with the patient and their notes.

### 5.2.4 MouthEze oral cleansers

- MouthEze oral cleansers can be used to provide dry mouth care, including the application of dry mouth gels; the soft, rubbery head can hold water to help hydrate and cleanse the mouth.
- They can also be used to clean the soft tissues of the mouth and remove food debris and tenacious dried saliva. They are gentle enough to use on patients with sore mouths and yet strong enough, with a hard plastic handle, to reduce the choking hazard.
- The integrity of the MouthEze should be checked by tugging the end before use, and should be used with care for patients who have strong biting reflexes, for example those with profound brain injury.
- **MouthEze oral cleansers should not be used to brush teeth.** Tooth brushing with a toothbrush is the only effective way to remove dental plaque from teeth.
- MouthEze can be requested via the mouth care lead, or ward managers can choose to have their own stock ordered to the ward.

### 5.2.5 Dry mouth products

- Dry mouth is a very common problem for hospitalised patients. Dry mouth gels can be very useful in lubricating the mouth to alleviate symptoms, and prior to eating and tooth brushing.
- Wards should have a stock of dry mouth gels that can be provided for patients that are assessed as having a dry mouth.
- Doctors can also prescribe dry mouth gels and sprays.

### 5.2.6 Denture pots with lids

- Staff/patients should put dentures in a labelled denture pot with a lid when the dentures are not in the mouth.

- Wards must have a supply of denture pots to provide to patients where necessary to help prevent the loss of a denture during a hospital stay.
- Patients/carers should be advised that dentures should be placed in the denture pots when not in the mouth and should not be wrapped in tissues/placed in linen.
- A Datix form must be completed by the ward staff if a denture is lost during a hospital stay and the hospital is deemed to be responsible. A discussion with the patient regarding reimbursement and arrangements for remaking the denture should also take place.

### 5.2.7 Denture 'sunflower' signs

Laminated denture sunflower signs should be available on all wards and placed on the board/wall behind patients' bed who have dentures. The sign should act as a reminder for hospital staff when removing food trays/changing linen to check that a denture is not accidentally disposed of.

### 5.2.8 Mouth Care Packs

Wards should have a stock of flat-pack mouth care packs which can be used to store patient's mouth care products for a more hygienic and less wasteful approach to keeping products.

### 5.2.9 Foam swabs

- In 2012 the Medicines and Healthcare Regulations Agency (MHRA) published a medical device alert on the safety of oral swabs with a foam head and the risk of choking. The alert advised not to use the swabs in patients who were likely to bite down and not to soak them before use.
- Research show that oral foam swabs are not an effective means to remove dental plaque and should not be used as an alternative to tooth brushing (Pearson, 2002).
- Foam swabs can however, be used to provide moisture to dry mouths or soak up saliva secretions.



- Alternatives for dry mouth are a small-headed toothbrush. Regular suctioning is recommended for patients with swallowing problems and excessive saliva.

### 5.2.10 Defining risk

- A low risk patient is someone identified as being independent with regards to caring for their mouth and does not have any condition that would increase their chances of having problems with their mouth. Low risk patients should have their mouth care risk assessment reviewed every seven days or if their health status changes (for example the patient has surgery or is intubated).
- There are also patients who appear independent but may be finding it difficult to maintain good oral hygiene for example, frail older patients with reduced manual dexterity or patients with mobility problems that find it difficult to stand at a sink. Patients who require some assistance should be identified within the screening process within 24 hours of admission.
- A high risk patient is someone who is either fully dependent on others for care of their mouth, or one who falls within any of the following categories – this is not an exhaustive list;

#### **Oral Health high-risk groups include the following groups of patients**

- Dementia
- Learning disabilities
- Palliative/end of life care
- Chemotherapy
- Intensive care
- Immuno-compromised
- Head and neck radiation therapy
- Stroke
- Severe mental health conditions
- Oxygen use
- Physical disability
- Nil by mouth
- High risk dysphagia
- Frail elderly
- Uncontrolled diabetes
- Mobility problems
- Delirium

### 5.2 Completing a Mouth Care Screen and Risk Assessment

- The Mouth Care documentation found within the Patient Safety Booklet (see appendix 1) should be completed by either a registered nurse, or a nursing assistant (this must be counter signed by a registered nurse) within 12 hours of a patient's admission to the ward. The screen will identify if the patient requires: 1. Daily risk assessment completion, 2. Delivery of 'some assistance' on a daily basis, or 3. Fully independent with no need for nursing input/support unless circumstances were to change (e.g. a deterioration in patient's condition).
- Consent should be gained prior to carrying out the screening process – if the patient is unable to give informed consent, consider if this would be in the patient's best interest, and document outcome on the recording sheet.
- If the patient has fallen within the 'red box' category on the screen, the daily risk assessment overleaf must be completed daily for a minimum of two weeks. After two weeks, the screen can be repeated on use of a new safety booklet document.
- All nursing staff in the trust can request training/support on the use and completion of the Mouth Care Screen and Risk Assessment document from the mouth care lead and/or ward manager.
- Any actions or comments, which may be significant to caring for the patients mouth state during their admission, must be included on the recording sheet. This may include relevant information for example the patient's mouth care routine is supported by a named carer, they have an electric toothbrush, or they are more cooperative at certain times of the day.

#### 5.3.1 Frequency and Assistance with Mouth Care

- Frequency and/or assistance with mouth care is patient specific and can vary depending on patient circumstances, i.e. change in medical condition/deterioration.
- Staff should use their knowledge of the patient, and seek advice from relevant professionals if in doubt on frequency of mouth care. Relevant

professionals can include: medical team, mouth care lead, speech and language therapists, and members of the palliative care team.

### 5.3.2 Dysphagia

- Dysphagia has numerous causes, including stroke, and is most frequently seen in elderly patients. The reduced oral clearance in such patients negatively impacts their oral health, and a study by Poisson *et al.* (2014) found that dysphagia was related to oral candidiasis, oral self-care dependency and salivary hypo-function.
- As with all patients it is important that hospitalised patients at risk of dysphagia maintain good oral hygiene whilst they are in hospital. When cleaning the mouth of a patient at risk of dysphagia, extra care should be taken to reduce the risk of a patient aspirating toothpaste or any debris that may be present in the oral cavity.
- If possible sit the patient in a semi upright position with their head tilted forward and to one side. If the patient is able to spit out following mouth care this should be encouraged. Suction toothbrushes are available and may be used if deemed beneficial.
- Nursing staff should be aware and follow any special guidance from the SALT team relating to oral care for very high-risk patients.

### 5.3.3 Palliative Care: Oral care at the end of life

- Oral care is an essential component of good quality nursing care and palliative patients are known to be at higher risk of developing oral health problems (Salamone *et al* 2013).
- In palliative care, the emphasis is on quality of life, and it helps to think holistically about our patients and their families' needs (Becker 2009).
- The aim of assessing and providing good regular oral care at the end of life is to clean and hydrate the mouth, promoting comfort and dignity.
- It is recognised that a pain free mouth impacts positively upon a patient's physical, sociological and psychological being (Costello and Coyne 2008).

#### **5.3.4 Intensive care and oral health**

- Ventilated patients are at an increased risk of developing ventilator-assisted pneumonia. Oral plaque can form and travel endotracheal tubes in ventilated patients can harbour respiratory pathogens increasing their risk of ventilated-associated pneumonia; oral hygiene care for such patients reduces this risk (Shi *et al.*, 2013).
- There is a wealth of knowledge and clear guidelines for hospitals, intensive care wards and nursing staff to ensure that these critical care patients receive the correct mouth care measures to prevent further impact on their health (Tablan *et al.*, 2004; NICE, 2008).
- Pneumonia carries a risk of mortality of up to 25% (cited in Sjögren *et al.*, 2008) and it is therefore important that oral hygiene care is provided for all hospitalised patients whether they are intubated, non-ambulatory or independent.
- Access to the mouth due to space for cleaning can also be challenging in patients that are intubated. Toothbrushes should have a small head and a long handle.
- The pressure of the endotracheal tubes can lead to the development of traumatic ulceration to the lips. There are many devices such as masks, fasteners and bite blocks on the market that are now used to prevent this.
- A Cochrane systematic review has found that oral care for ventilated patients using chlorhexidine mouthwash or gel reduces the risk of ventilated-associated pneumonia by 40% (Shi *et al.*, 2013).

**Taking this evidence into consideration, mouth care for ventilated patients should include:**

- Tooth brushing twice daily with ideally a non-foaming (SLS free) toothpaste to remove bacterial plaque.
- The use of a small headed toothbrush with suction if appropriate.
- Dry mouth care with 2 hourly application of dry mouth gel to the mouth and lips (if required).

- Minimising traumatic ulceration caused by endotracheal tubes using specifically designed fasteners and bite blocks.

### 5.3.5 Suctioning in mouth care

- Some patients may require oral suctioning during mouth care to reduce the risk of saliva or residue from mouth care products such as toothpaste being aspirated (content entering the lungs).
- This can be due to multiple reasons, e.g. the patient is too drowsy, the patient cannot follow instructions due to confusion, and/or the patient has severe dysphagia which puts them at high risk of aspiration.
- Staff who have received training on delivering suctioning can make use of 'Yankeur' suction, or the soft headed suction wands which are available on request via the mouth care lead.

### 5.3.6 Dementia and oral health

- The incidence of dementia is increasing in the older population. This decline in cognitive function frequently causes behavioural changes that directly affect oral health.
- The loss of interest and ability to complete everyday tasks such as tooth brushing can cause rapid development of dental caries and periodontal disease.
- There is also an increased risk of dry mouth due to medication and mouth breathing. In turn this may lead to decreased function, such as difficulty in eating and drinking, and increased dental pain (Brennan and Strauss, 2014).
- Patients with dementia can be supported by hospital staff to care for their mouths in a number of ways. Some patients may simply require a reminder to brush their teeth. Others may be dependent on others for their oral care, although patients with mild to late stage dementia may develop reflexes that make tooth brushing difficult such as closing their lips, clenching their mouth, biting and moving their head.
- A kind and calm approach is required, as well as the possibility of asking relatives/carers for advice and support.

### 5.3.7 Tips for delivering oral care include:

- Encouraging the patient to participate in mouth care and providing hands on support if required.
- Develop a routine, providing mouth care at the same time each day.
- Having a calm and patient approach.
- Asking a carer/family member who is more familiar to the patient to help with providing mouth care.
- Use short sentences and simple instructions and use reminders and prompts - sometimes placing a toothbrush in front of a patient will be a sufficient reminder.
- Use the handle of a second toothbrush to improve access to the whole mouth.
- Distraction with singing or by giving the patient something to hold in their hands.
- A three-headed toothbrush if co-operation and access to the mouth is limited.
- Hand-over-hand technique (carer's hand over patient's hand), guiding the patient to brush their teeth.
- A non-foaming toothpaste (SLS- free) may be useful as it may be more tolerable.
- Some patients with dementia may be very resistant to mouth care, it is important to record that the patient is not compliant and try again at a different time or day.

These tips can also be applied to other groups of patients with cognitive issues that may prevent them from fully cooperating with mouth care.

### 5.3.8 Mental Capacity Act, safeguarding and mouth care

- The Mental Capacity Act (MCA) 2005 provides the legal framework for acting and making decisions on behalf of individuals aged 16 and older who lack the mental capacity to make particular decisions for themselves.
- Everyone working with and/or caring for an adult who may lack capacity to make specific decisions must comply with this Act when making decisions or acting for that person, when the person lacks the capacity to make a particular decision for themselves.

- This applies whether the decisions are about life-changing events or for everyday matters. This will also include providing mouth care for such patients on the wards; any treatment or care provided should be in the patient's best interests and be the least restrictive on the individual's rights and freedom of action.

### 5.3.9 Cross Infection

**When carrying out mouth care and oral assessments it is important that:**

- Hand hygiene is carried out immediately before and after contact with the patient's mouth.
- A fresh pair of gloves should be used immediately before contact with the patient's mouth.
- Mouth care products are stored appropriately.

## 6. Training Implications

- The trust's Mouth Care Lead will provide regular classroom and ward-based training sessions to nursing staff. This can include as part of specialist study days, ward away days and nurse preceptorship days.
- Individual staff/ward areas can also request bespoke training sessions.
- A mouth care training session is carried out as part of the Care Certificate for all new Health Care Assistance entering the trust.
- There is also some mouth care e-learning available via NHS e-learning for healthcare staff at: <http://www.e-lfh.org.uk/programmes/improving-mouth-care/>

### 7. Monitoring Arrangements

Measurable Policy Objective	Monitoring / Audit Method	Frequency	Responsibility for performing monitoring	Where is monitoring reported & what groups/committees Are responsible for progressing & reviewing action plans
<ol style="list-style-type: none"> <li>1. Compliance with the Mouth Care Screen and Risk Assessment documentation tool</li> <li>2. Audit of essential products/stock levels on wards</li> <li>3. Patient experience survey audits on access and quality to mouth care</li> <li>4. Staff evaluation on mouth care training</li> <li>5. Number of lost dentures audit and related Datix</li> </ol>	All audits will be carried out by the Mouth Care Matters Trust Lead using set templates	Audits will be carried out quarterly and fed back to Deputy Chief Nurse within the Mouth Care Matters Focus Group	Mouth Care Matters Trust Lead, as overseen by Deputy Chief Nurse	Monitoring and progressing reports fed back to Deputy Chief Nurse

### 8. Due Regard Assessment Screening

See Appendix 2.

### 9. Links to other Trust policies

- Privacy and Dignity Policy
- Dementia Policy
- The Mental Capacity Act Policy
- Supporting staff and patients language and communication needs policy
- The Management of Dysphagia in Adult Inpatients



### 10. Associated documentation

- Mouth Care Matters Patient Information Leaflet (available electronically on Trust info.net)

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### Appendix Mouth Care Assessment and Recording form

## Mouth Care Pack

To be completed for every patient **24 hours** after admission

### Mouth care screening sheet

Patient name	
D.O.B	
MRN Number	
NHS Number	

Any tick in a red highlighted box indicates a **MOUTH CARE ASSESSMENT** is required

#### 1. Patient has:

Toothbrush	Y <input type="checkbox"/>	N <input type="checkbox"/>	Provided <input type="checkbox"/>
Toothpaste	Y <input type="checkbox"/>	N <input type="checkbox"/>	Provided <input type="checkbox"/>
Upper denture	Y <input type="checkbox"/>	N <input type="checkbox"/>	At home <input type="checkbox"/>
Lower denture	Y <input type="checkbox"/>	N <input type="checkbox"/>	At home <input type="checkbox"/>
Denture pot	Y <input type="checkbox"/>	N <input type="checkbox"/>	Provided <input type="checkbox"/>
No teeth	Y <input type="checkbox"/>	(Patient will still require mouth care)	

If 'Y' to dentures, place the sunflower sign at the bedside

#### 2. Does the patient have any pain or discomfort in the mouth?

Severe dry mouth	Y <input type="checkbox"/>	N <input type="checkbox"/>
Ulcers	Y <input type="checkbox"/>	N <input type="checkbox"/>
Painful mouth	Y <input type="checkbox"/>	N <input type="checkbox"/>
Painful teeth	Y <input type="checkbox"/>	N <input type="checkbox"/>
Sore tongue	Y <input type="checkbox"/>	N <input type="checkbox"/>

Other   
(please specify):

#### 3. Patients with any of the following will require a mouth care assessment:

<input type="checkbox"/> Chemotherapy	<input type="checkbox"/> Learning difficulties
<input type="checkbox"/> Delirium	<input type="checkbox"/> Nil by mouth
<input type="checkbox"/> Dementia	<input type="checkbox"/> Palliative care
<input type="checkbox"/> Dependent on oxygen use	<input type="checkbox"/> Refusing food or drink
<input type="checkbox"/> Dysphagia	<input type="checkbox"/> Severe mental health
<input type="checkbox"/> Frail	<input type="checkbox"/> Stroke
<input type="checkbox"/> Head & neck radiation	<input type="checkbox"/> Unable to communicate
<input type="checkbox"/> ICU / HDU	<input type="checkbox"/> Uncontrolled diabetes

#### 4. Level of support:

Requires risk assessment

Unable to get to a sink/needs assistance

**Patient is fully dependent on others for mouth care**

**Mouth care assessment required.** Record all mouth care on the daily recording sheet

**Patient requires some assistance**

**Unable** to get to a sink or needs help with mouth care. Record all mouth care on the daily recording sheet

Please state the assistance patient requires: (i.e: bowl, encouragement, reminder, remove dentures etc)

**Patient is Independent**

**Able** to walk to a sink and needs **NO** assistance with mouth care

Signed:

Name:

Date:

Job title:

### Mouth care assessment

Complete **WEEKLY** if the patient has a red box ticked on the mouth care screening sheet or if their condition deteriorates during their stay.

Patient name	
D.O.B	
MRN Number	
NHS Number	

Look in the patients mouth using a light source and carry out a weekly mouth care assessment. Mark as L, M or H in the white box.				Date	Date	Date	Date	Date
	Low risk (L)	Medium risk (M)	High risk (H)*					
<b>Lips</b>	<ul style="list-style-type: none"> <li>• Pink &amp; moist</li> </ul>	<ul style="list-style-type: none"> <li>• Dry/cracked</li> <li>• Difficulty opening the mouth</li> </ul>	<ul style="list-style-type: none"> <li>• Swollen</li> <li>• Ulcerated</li> </ul>					
<b>Action</b>	None	Dry mouth care	Refer to DOCTOR					
<b>Tongue</b>	<ul style="list-style-type: none"> <li>• Pink &amp; moist</li> <li>• Clean</li> </ul>	<ul style="list-style-type: none"> <li>• Dry</li> <li>• Fissured/shiny</li> </ul>	<ul style="list-style-type: none"> <li>• Looks abnormal</li> <li>• White coating</li> <li>• Very sore</li> <li>• Ulcerated</li> </ul>					
<b>Action</b>	None	Dry mouth care	Refer to DOCTOR					
<b>Teeth &amp; gums</b>	<ul style="list-style-type: none"> <li>• Clean</li> <li>• Teeth not broken</li> <li>• Teeth not loose</li> <li>• Gums not bleeding</li> <li>• Gums not inflamed</li> </ul>	<ul style="list-style-type: none"> <li>• Unclean</li> <li>• Broken teeth (no pain)</li> <li>• Bleeding gums</li> <li>• Inflamed gums</li> </ul>	<ul style="list-style-type: none"> <li>• Severe pain</li> <li>• Facial swelling</li> </ul>					
<b>Action</b>	2 x daily toothbrushing	2x daily toothbrushing & clean the mouth	Refer to DOCTOR or DENTAL TEAM	Advise the patient to visit their dentist on discharge if there are any problems with their teeth that do not require urgent treatment in hospital				
<b>Cheeks, Palate &amp; under the tongue</b>	<ul style="list-style-type: none"> <li>• Clean</li> <li>• Saliva present</li> <li>• Looks healthy</li> </ul>	<ul style="list-style-type: none"> <li>• Mouth dry</li> <li>• Sticky secretions</li> <li>• Food debris</li> <li>• Ulcer &lt; 10 days</li> </ul>	<ul style="list-style-type: none"> <li>• Very dry/painful</li> <li>• Ulcer &gt; 10 days</li> <li>• Widespread ulceration</li> <li>• Looks abnormal</li> </ul>					
<b>Action</b>	None	<ul style="list-style-type: none"> <li>• Clean the mouth</li> <li>• Dry mouth care</li> <li>• Ulcer care</li> </ul>	Refer to DOCTOR	An ulcer present for more than <b>2 weeks</b> must be referred to the doctor				
<b>Dentures</b>	<ul style="list-style-type: none"> <li>• Clean</li> <li>• Comfortable</li> </ul>	<ul style="list-style-type: none"> <li>• Unclean</li> <li>• Loose</li> <li>• Patient will not remove</li> </ul>	<ul style="list-style-type: none"> <li>• Lost</li> <li>• Broken and unable to wear</li> </ul>					
<b>Action</b>	Clean daily	<ul style="list-style-type: none"> <li>• Denture care</li> <li>• Denture fixative</li> <li>• Encourage removal</li> </ul>	DATIX if lost or refer to the DENTAL TEAM if broken	Remember to place the denture sunflower at the patients bedside. Advise the patient to visit their dentist if the denture is loose				

\*For patients who are unable to communicate or cooperate with a mouth care assessment, some signs of a mouth related problem may include; not eating/drinking, facial swelling & behavioural changes

Signed:

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#### Dry mouth care

Frequent sips of water unless nil by mouth  
 Moisturise dry mouth gel onto the tongue, cheeks and palate  
 Hydrate with a moist toothbrush  
 Apply lip balm to dry lips  
 Keep mouth clean

#### Ulcer care

Rinse mouth with saline  
 Anti-inflammatory mouth spray – discuss with doctor  
**ULCER PRESENT FOR MORE THAN 2 WEEKS; REFER TO DOCTOR**

#### Denture care

Advise the patient to leave denture out at night in a named denture pot with a lid  
 If the patient has oral thrush, soak in chlorhexidine (0.2%) mouthwash for 15 minutes twice a day, rinse thoroughly and encourage the patient to leave the denture out whilst the mouth heals



