



Building Better Oral Health Communities

Better Oral Health in Home Care Facilitator Guide

Activity 2: Dementia and oral care



Government of South Australia
SA Health



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Better Oral Health in Home Care

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With acknowledgement

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Disclaimer

While every effort was made to ensure the information was accurate and up to date at the time of production, some information may become superseded as future research and new oral hygiene products are developed. In addition, the information in this resource is not intended as a substitute for a health professional's advice in relation to any oral health issues of concern.

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Activity 2 Answers

Dementia and oral care

Instructions

Read

Read Better Oral Health in Home Care Part 1

Refer to:

- Dementia and oral care.

Watch

Watch Video

Dementia and oral care (9 minutes)

www.sahealth.sa.gov.au/oralhealthforolderpeoplevideos



Answer

Characters



Julie

Care worker



Henry

Client with dementia

1. How can you use your attitude, speech and body language to communicate more effectively with a client who has dementia?

Caring attitude

- Firstly focus on building a good relationship before you start oral care
- Use a calm, friendly and non-demanding manner
- Smile and give a warm greeting using the client's given name
- Continue to use their preferred name at the start of your sentences
- Allow plenty of time for the person to respond.

Speak clearly

- Speak clearly and at the client's pace
- Speak at normal volume
- Always explain what you are doing
- Use simple words and short sentences
- Ask questions that require a 'yes' or 'no'
- Give one instruction at a time
- Use reassuring words and positive feedback
- Use words that impart an emotion; for example 'lovely' or 'sore' mouth
- Observe the client closely when you are talking with them
- A lack of response, signs of frustration, anger, disinterest or inappropriate responses can all suggest the communication being used is too complex.

Body language

- Approach from the diagonal and at eye level
- By standing directly in front you can look big and are more likely to be grabbed or hit
- Touch a neutral place such as the hand or lower arm to get attention
- Position yourself at eye level and maintain eye contact if culturally appropriate
- Be aware that the personal spaces can vary
- Be consistent in your approach and maintain a positive expression and caring language.

2. What is the best time for oral care?

- Think about what is the best time for the person to do oral care
- It doesn't have to be first thing in the morning and last thing at night
- The best time is when the person is relaxed and able to focus on the task
- Establish a daily routine to reinforce the pattern of oral health care.

3. How do you decide the best location for oral care?

- Dementia can cause people's perceptions to change and the bathroom may no longer be the best place for oral care
- A person with dementia may not be able distinguish a white basin surrounded by white tiles
- Other places, such as the kitchen table, may be a better choice
- Cues to help you decide the best place are:
 - Can the person sit or stand comfortably in the bathroom at the basin?
 - Can they easily reach to pick things up and can they spit into the basin?
 - Does the person seem lost, unsure or worried when they are in the bathroom?
 - Can you fit into the bathroom at the same time?
 - Can the person see your face?

4. What can you do to help make the bathroom feel safe and comfortable for the client?

If the bathroom is still the best place, make it feel safe and comfortable:

- Do you need to warm the room with a heater or a non-slip bath mat for cosiness?
- You may need higher levels of lighting to help the person distinguish objects more easily?
- Colourful, familiar objects such as towels, a plant, a brightly-coloured toothbrush will help contrast the basin against the surroundings
- Does the bathroom smell fresh? Stale or offensive odours can make the bathroom unpleasant to be in so think about air fresheners
- Hard surfaces echo, making it hard to hear and concentrate
- Turn off the extractor fan, use soft music, add a thick, non-slip bath mat to help absorb sound
- Bathroom
 - Make sure the mirror is at a good height but keep in mind that for some people mirrors can be confusing. They may not recognize themselves in a mirror which can be confusing so consider installing a mirror that can be reversed to a solid finish or choose the kitchen table for brushing where there is no mirror
 - If the client likes to wear their glasses – make sure they are on as well as hearing aids if necessary
 - If they are seated, you may find a chair with arms on it gives them a bit more security and stability.

5. How can you help your client overcome fear of oral care?

- Having another person cleaning your teeth is a very intimate act
- You may need to spend more time building a trusting relationship and leave the toothbrushing until later
- Try gentle touching in a neutral place, such as the lower arm or hand
- Use calm, rhythmic movements to help them relax
- Once the person is relaxed, try stroking their face gently and smoothly.
- This will help create a sense of comfort and safety and help the person accept oral health care.

6. What is bridging?

- Bridging aims to engage the person's senses, especially sight and touch, and to help the person understand the task you are trying to get them to do
- Undertake this method only if the person is engaged with you
- Describing and showing the person their toothbrush may be enough cues for them to brush their own teeth
- If the person needs further prompting give them the toothbrush to hold
- Find out if they are left or right-handed so the toothbrush is in the correct hand
- Also try sitting opposite the person and mimicking brushing your own teeth while the person mimics you
- Think about whether the kitchen table might be better than the bathroom if the person needs you to model brushing for them.

7. What is chaining?

- This technique is used if bridging doesn't work
- If the person does not initiate brushing, gently bring the person's hand holding the toothbrush into their mouth and describe what they need to do, while encouraging them to do it themselves.

8. What is the hand over hand technique?

- If chaining doesn't work, place your hand over the person's hand and start brushing so you are doing it together
- This gives the person some control while you guide them to make sure they are cleaning their teeth effectively.

9. What can you do to distract the client?

- If the hand over hand method is not successful, place a toothbrush or a familiar item (such as a towel, cushion or activity board) in the person's hands while you use another toothbrush to clean their teeth
- Familiar music may also be useful to distract and relax the person.

10. What can you do if oral care is not working?

- If there is abrupt resistance to your help, stop, ease off and give the client time to relax
- Think about why this might be happening
- If your client needs full assistance and resists you, go back and think about how you set up the kitchen table or bathroom. With closer attention to the setting, the client is more likely to feel secure and safe
- Rethink how you can engage the client, make them feel safe and able to accept your help
- Try mimicking toothbrushing using gestures and encourage them to try again, If resistance persists, think about how you can approach oral care in a different way next time
- If your relationship with the client is not working and attempts at oral care are not going well, then tell the person you will leave if for now. Try again at another time
- If resistance to oral care is an ongoing problem report this to the care coordinator.

11. What can you do if the client has delusions?

- Mime what you want them to do
- Allow them to inspect the items
- Take the client to another room ie from the bedroom to the bathroom.

12. What can you do if the client grabs out at you or grabs your wrist?

- Pull back and give the client space
- Ask if the client is OK
- Offer the client something to hold and restart oral care
- If grabbing continues, stop and try again later, offer the client an activity they enjoy.

13. What can you do if the client hits out?

Think about what may have caused this:

- Was the client startled?
- Did something hurt?
- Was the client trying to help but the message was mixed?
- Did the client feel unsafe?

14. What can you do if the client walks away?

- Allow the client to perch rather than sit ie rest their bottom on a bench or table.

15. What can you do if the client does not open their mouth?

- Stroke the client's cheek with your finger in the direction of the mouth
- Place a bit of toothpaste on the client's upper lip to prompt the client to lick their lips.

16. What can you do if the client keeps turning their face away?

- Reposition yourself
- Sit the client upright
- Stroke the client's cheek with your finger in the direction of the mouth, the client's head will turn to the side being stroked.

17. What can you do if the client bites the toothbrush?

- Stop moving the toothbrush
- Ask the client to release it
- Distract the client with gentle strokes to the head or shoulder using soothing words.

18. What can you do if the client holds onto the toothbrush and does not let go?

- Stroke the client's forearm in long, gentle rhythmic movements as a distraction and to help them relax.

19. What can you do if the client spits?

- Ensure you are standing to the side or diagonal front
- Place a face washer or paper towel in the client's chest so you can raise to catch the spit.

