



Better Oral Health in Residential Care

Staff Portfolio

Education and Training Program

Module 3 Answers: It Takes a Team Approach to Maintain a Healthy Mouth



Government of South Australia
SA Health



Better Oral Health
in Residential Care

Prepared by

Adrienne Lewis, SA Dental Service

Anne Fricker, SA Dental Service

This resource was developed by the Better Oral Health in Residential Care Project which was funded by the Australian Government Department of Social Services (previously Department of Health and Ageing) under the Encouraging Better Practice in Aged Care (EBPAC) Initiative (2008).

The Better Oral Health in Residential Care Project was led by SA Dental Service in collaboration with:

- Australian Research Centre for Population Oral Health, The University of Adelaide
- Department of Human Services, Victoria
- Centre for Oral Health Strategy, NSW
- Kara Centre for the Aged, Baptist Community Services, NSW
- Kyabram and District Health Service –Sheridan, Victoria
- Umoona Aged Care Aboriginal Corporation, Coober Pedy, South Australia
- Tanunda Lutheran Home, South Australia
- Resthaven –Craigmore, South Australia
- Helping Hand –Parafield Gardens, South Australia

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was made to ensure the information was accurate and up to date at the time of production, some information may become superseded as future research and new oral hygiene products are developed.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.

ISBN 9780730897910

For more information

South Australian (SA) Dental Service

GPO Box 864

Adelaide, SA 5001

+61 8 8222 8222

Email: sadental@health.sa.gov.au



www.ausgoal.gov.au/creative-commons

Public–11–A1

Designed by [slipperyfish](http://slipperyfish.com.au)

www.slipperyfish.com.au

Module 3 Answers

Scenario Description Part 1: New Resident



Mr Osmond is a new resident.

He is a frail, well mannered and cooperative gentleman.

Mr Osmond has settled well into his new surroundings.

He has a good appetite and loves sweet foods and treats.

He likes to drink coffee with two teaspoons of sugar.

Mr Osmond is sometimes forgetful but he is able to manage his activities of daily living with standby assistance and occasional prompting.

The GP has recently put him on several new medications.

On admission, the RN performed an Oral Health Assessment. Mr Osmond has natural teeth and an upper partial denture. His oral health was found to be 'healthy' and a referral to a dentist was not needed.

Based on this, the RN wrote up an Oral Health Care Plan for Mr Osmond.

Guided Questions

Answers

1. What information about Mr Osmond is relevant to his oral health care?

His oral health assessment is satisfactory, no dental follow up required

Need to care for both natural teeth and partial denture

He can self manage with stand by assist

He is forgetful, needs prompting

He has a good appetite, loves sweet food

Medications – implications for dry mouth

2. What oral health care would you give to Mr Osmond?

Six best ways to maintain a resident's oral health

1. brush teeth and partial denture morning and night
2. high fluoride toothpaste on teeth
3. soft toothbrush
4. antibacterial product after lunch
5. keep mouth moist
6. reduce sugar

Care of partial denture (metal components)

- daily cleaning of denture – soap and water
- weekly disinfection – to reduce risk of thrush – chlorhexidine
- take out overnight and soak in water

Module 3 Answers

Scenario Description Part 2: Changed Behaviour



Several months have passed.

Mr Osmond's behaviour has changed. He has recently become confused and uncooperative.

The GP is treating him for a suspected urinary tract infection.

Mr Osmond is not cleaning his teeth and he won't let you help him. If you try, he won't open his mouth.

When Mr Osmond is like this it is easier to leave him and not do his oral hygiene care. This seems to be happening a lot. Other staff members have been doing the same and leaving out his oral hygiene care.

You notice his breath smells and it is unpleasant to be around him.

You also notice Mr Osmond is having difficulty eating his food.

Guided Questions

1. What could or might be happening here?
2. How might this have happened?
3. What could you do to encourage Mr Osmond to open his mouth?

Answers

Oral infection (bad breath) rather than urinary tract infection
Dental pain (refusal of oral care and not eating)

Daily oral hygiene not being maintained
Continual refusal of oral care not being reported to RN

Effective Communication:

- Caring attitude
- Talk clearly
- Right environment
- Body language

Techniques to gain access to mouth:

- Overcoming fear of being touched
- Bridging
- Chaining
- Hand over hand
- Distraction
- Rescuing

Module 3 Answers

Scenario Description Part 3: Daily Checking and Reporting to RN



You have been able to get Mr Osmond to open his mouth and you take out his partial upper denture which has metal wires.

You notice his denture is very dirty and one of the metal wires is broken.

When you look at Mr Osmond's mouth, you see the part of the mouth where the partial denture has been is red and sore.

When you brush his teeth his gums begin to bleed.

Guided Questions

Answers

1. Who should know about this?
2. What else should you look for and report?
3. What could happen to Mr Osmond if his oral health gets worse?

RN should know about:

- Poor oral cleanliness
- Bad breath
- Red inflamed upper palate
- Broken wire
- Bleeding gums

RN would need to do an Oral Health Assessment

Importance of daily checks

Report to RN if:

- Tongue for any coating /change of colour
- Lip blister, sores, cracks
- Sore mouth, gums/teeth
- Mouth ulcer
- Swelling of face or localised swelling
- Difficulty eating
- Excessive food left in mouth
- Continual refusal of oral care

Good oral health is essential for healthy ageing

Quality of life:

- Appearance, self esteem, social interaction
- Speech and swallowing
- Ability to eat, nutritional status and weight loss
- Pain and discomfort
- Changed behaviour

Impact on General health:

- Aspiration pneumonia
- Heart attack
- Stroke
- Lowered immunity
- Poor diabetic control

Module 3 Answers

Scenario Description Part 4: Follow Up Oral Health Assessment and Treatment



You assist the RN to do an oral health assessment.

The RN notifies the GP and arranges for Mr Osmond to see a dentist.

Treatment is prescribed and the Oral Health Care Plan is updated.

Guided Questions

Answers

Before asking this question

Tell participants the oral health assessment findings are:

- oral thrush
- gingivitis (gum disease) as indicated by bleeding gums
- confirms partial denture needs repair

1. What additional oral care could be required?
2. List the various ways you can apply the different types of oral care products?
3. List the types of aged care staff / health professions who have been involved in providing oral health care for Mr Osmond.

Treatment of thrush

- Oral medication for thrush
- Disinfection of partial denture
- Repair of partial denture
- Replacement of toothbrush/denture brush

Bleeding Gums

- Sign of gingivitis
- Best way to heal is to remove dental plaque by brushing twice a day with a soft toothbrush
- Should resolve within a week
- Antibacterial product – chlorhexidine gel (higher strength used as a treatment)

Application techniques

- Resident if able to apply with finger
- Use of toothbrush to apply, can also use a backward bent toothbrush as a retractor
- Spray bottle, can also use a backward bent toothbrush as a retractor

Team approach

- Care worker
- RN
- GP
- Dentist

Module 3 Answers

Conclusion



The scenario has highlighted the fact that:

- As residents become more frail they are at high risk of their oral health worsening in relatively short time periods if their daily oral hygiene is not adequately maintained.
- Simple daily protective oral health practices are important because they will maintain good oral health.
- A team approach is the best way to enhance evidence based practice for *Better Oral Health in Residential Care*.

It takes a team approach to maintain a healthy mouth. There are four key processes:

1. **Oral Health Assessment**
This is performed by the GP or RN on admission and, subsequently, on a regular basis and as the need arises.
2. **Oral Health Care Plan**
RNs develop an oral care plan which is based on a simple protective oral health care regimen:
 - brush morning and night
 - use high fluoride toothpaste morning and night
 - use a soft toothbrush on gums, tongue and teeth
 - apply antibacterial product daily after lunch
 - keep the mouth moist
 - cut down on sugar intake.
3. **Daily Oral Hygiene**
Nurses and care workers maintain daily oral hygiene according to the oral health care plan.
4. **Dental Treatment**
Referral to a dental professional for a more detailed dental examination and treatment are made on the basis of an oral health assessment. (It is recognised that frail and dependent residents may be best treated at the residential aged care facility).

