Better Oral Health in Residential Care

Professional Portfolio

Oral Health Assessment Toolkit for Older People

Government of South Australia
SA Health

Better Oral Health
in Residential Care

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was made to ensure the information was accurate and up to date at the time of production, some information may become superseded as future research and new oral hygiene products are developed.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

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Oral Health Assessment Toolkit for Older People

The Oral Health Assessment Toolkit for Older People is described in this section of the Portfolio.

A video demonstration of how to perform an oral health assessment, a self directed learning module, an oral health assessment tool and other useful documents, can be found at www.sahealth.sa.gov.au/OralHealthForOlderPeople

It is recommended a resident should have an oral health assessment performed by the GP or RN on admission and subsequently on a regular basis and as the need arises.

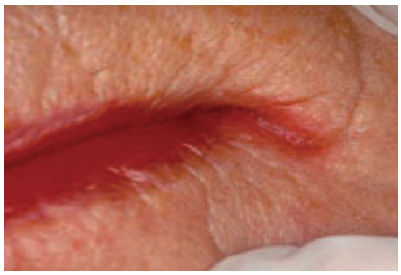
Eight categories of oral health (lips, tongue, gums and tissues, saliva, natural teeth, dentures, oral cleanliness and dental pain) are assessed as healthy, changes or unhealthy.

A 'healthy' or 'changes' assessment can be managed by using the Oral Health Care Guidelines whereas an 'unhealthy' assessment generally indicates the need for a dental referral for a more detailed dental examination and treatment.

The Oral Health Assessment Toolkit for Older People (2009) presented in this Portfolio was modified from the Oral Health Assessment Toolkit for Older People for General Practitioners (2005) developed for the Australian Government Department of Health and Ageing. This was in turn modified from Kayser-Jones, Bird, Paul, Long and Schell (1995) and Chalmers (2004).

Common Oral Health Conditions experienced by Residents

Lips



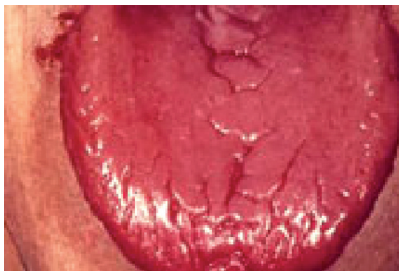
Angular Cheilitis

Bacterial or fungal infection which occurs at the corners of the mouth.

Check for:

- soreness and cracks at corners of the mouth.

Tongue



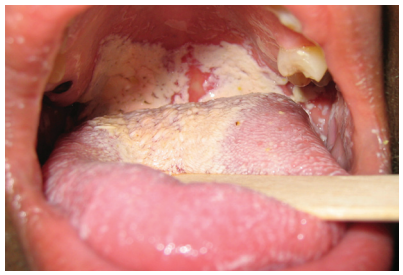
Glossitis

This is commonly caused by a fungal infection.

It may be a sign of a general health problem.

Check for:

- a reddened, smooth area of tongue
- a tongue which is generally sore and swollen.



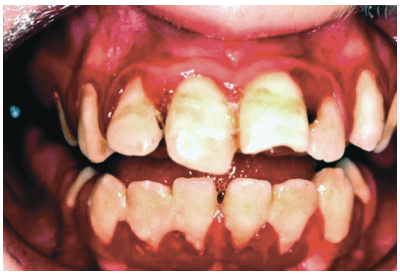
Candidiasis (Thrush)

This is a fungal infection of oral tissues.

Check for:

- patches of white film that leave a raw area when wiped away
- red inflamed areas on the tongue.

Gums and Oral Tissue



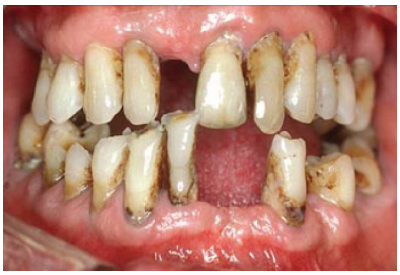
Gingivitis

This is caused by the bacteria in dental plaque accumulating on the gum line at the base of the tooth.

It gets worse and more common with age.

Check for:

- swollen red gums that bleed easily when touched or brushed
- bad breath.



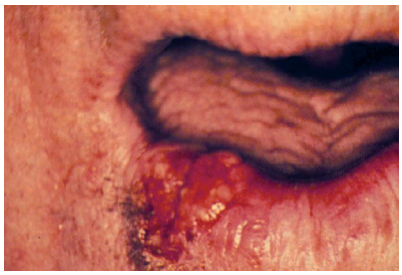
Periodontitis

This causes gums and bone that support the teeth to break down.

This condition can impact seriously on general health and wellbeing.

Check for:

- receding gums
- exposed roots of teeth
- loose teeth
- tooth sensitivity
- bad breath.



Oral Cancers

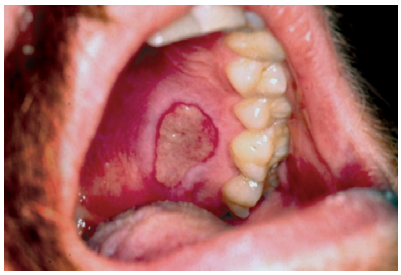
Oral cancer is a major cause of death. People who smoke and drink alcohol heavily are at higher risk.

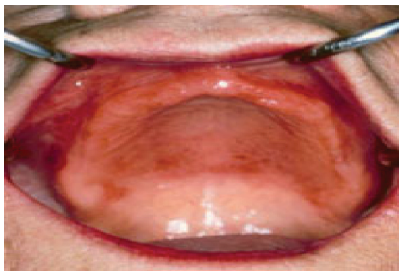
Check for:

- ulcers that do not heal within 14 days
- a white or red patch or change in the texture of oral tissues
- swelling
- unexplained changes in speech
- difficulty in swallowing.

Common Oral Health Conditions experienced by Residents

Gums and Oral Tissue (continued)





Ulcers & Sore Spots

These are caused by chronic inflammation, a poorly fitting denture or trauma.

Ulcers may be a sign of a general health problem.

Check for:

- sensitive areas of raw tissue caused by rubbing of the denture (particularly under or at the edges of the denture)
- broken denture
- broken teeth
- difficulty eating meals
- changed behaviour.

Stomatitis

Usually, stomatitis is caused by a fungal infection.

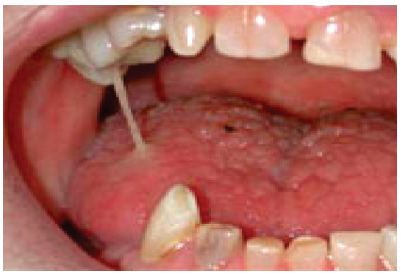
It is commonly found where oral tissue is covered by a denture.

It may be a sign of a general health problem.

Check for:

- red swollen mouth usually in an area which is covered by a denture.

Saliva



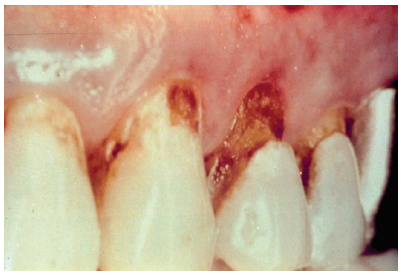
Xerostomia (Dry Mouth)

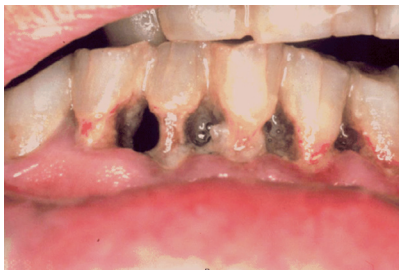
This can be a very uncomfortable condition caused by medications, radiation and chemotherapy or by medical conditions such as Sjögren's syndrome and Alzheimer's disease.

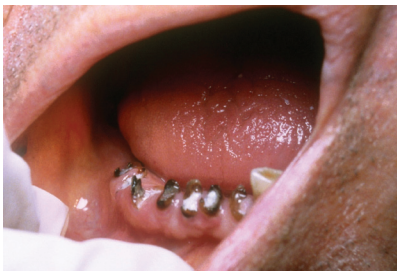
Check for:

- difficultly with eating and/or speaking
- dry oral tissues
- small amount of saliva in the mouth
- saliva which is thick, stringy or rope-like.

Natural Teeth







Caries

Tooth decay is a diet and oral hygiene related infectious disease which affects the teeth and causes pain.

Check for:

- holes in teeth
- brown or discoloured teeth
- broken teeth
- bad breath
- oral pain and tooth sensitivity
- difficulty eating meals
- changed behaviour.

Root Caries

Gums recede and the surface of the tooth root is exposed.

Decay can develop very quickly because the tooth root is not as hard as tooth enamel.

Check for:

- tooth sensitivity
- brown discolouration near the gum line
- bad breath
- difficulty eating meals
- changed behaviour.

Retained Roots

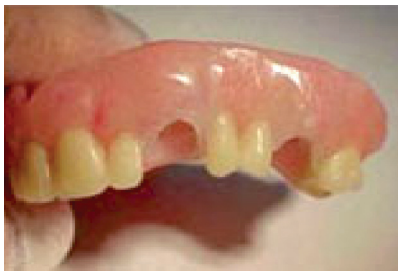
The crown of the tooth has broken or decayed away.

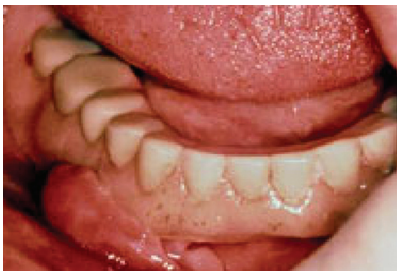
Check for:

- broken teeth
- exposed tooth roots
- oral pain
- swelling
- bad breath
- trauma to surrounding tissues from sharp tooth edges
- difficulty eating meals
- changed behaviour.

Common Oral Health Conditions experienced by Residents

Dentures





Requiring Attention

The denture is in need of repair or attention.

Check for:

- resident's name on the denture
- chipped or missing teeth on the denture
- chipped or broken acrylic (pink) areas on the denture
- bent or broken metal wires or clips on a partial denture.

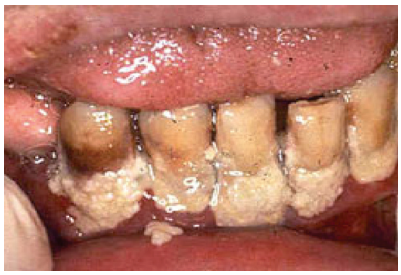
Poorly Fitting

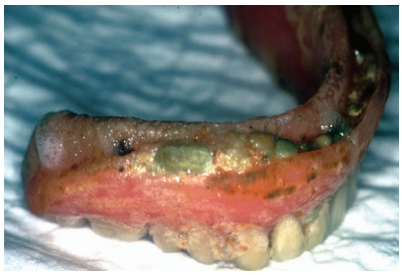
A denture can cause irritation and trauma to gums and oral tissues.

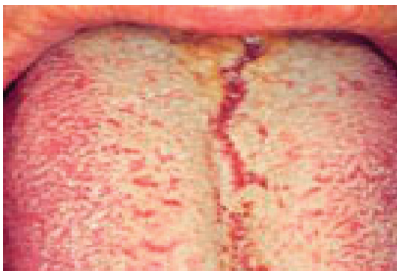
Check for:

- denture belonging to resident
- dentures being a matching set, particularly if the resident has several sets of dentures
- denture movement when the resident is speaking or eating
- resident's refusal to wear the denture
- overgrowth of oral tissue under the denture
- ulcers and sore spots caused by wearing the denture.

Oral Cleanliness







Poor Oral Hygiene

Poor oral hygiene allows the bacteria in dental plaque to produce acids and other substances that damage the teeth, gums and surrounding bone.

Dental plaque begins as an invisible film that sticks to all surfaces of the teeth, including the spaces between the teeth and gums. It forms continuously and must be removed by regular brushing. If dental plaque is not removed, it hardens into calculus (tartar).

Check for:

- build up of dental plaque on teeth, particularly at the gum line
- calculus on teeth, particularly at the gum line
- calculus on denture
- unclean denture
- bleeding gums
- bad breath
- coated tongue
- food left in the mouth.

Oral Health Assessment Tool

Resident: _____ Completed by: _____ Date: _____

Resident: ☐ is independent ☐ needs reminding ☐ needs supervision ☐ needs full assistance

☐ Will not open mouth ☐ Grinding or chewing ☐ Head faces down ☐ Refuses treatment

☐ Is aggressive ☐ Bites ☐ Excessive head movement ☐ Cannot swallow well

☐ Cannot rinse and spit ☐ Will not take dentures out at night

Lips

Healthy	Changes	Unhealthy	Dental Referral
☐ Smooth, pink, moist	☐ Dry, chapped or red at corners	☐ Swelling or lump, red/ white/ulcerated bleeding/ ulcerated at corners *	☐ Yes ☐ No

Natural Teeth

Healthy	Changes	Unhealthy	Dental Referral
☐ No decayed or broken teeth or roots	☐ 1- 3 decayed or broken teeth/ roots, or teeth very worn down	☐ 4 or more decayed or broken teeth/ roots or fewer than 4 teeth, or very worn down teeth *	☐ Yes ☐ No

Tongue

Healthy	Changes	Unhealthy	Dental Referral
☐ Normal moist, roughness, pink	☐ Patchy, fissured, red, coated	☐ Patch that is red and/or white/ulcerated, swollen *	☐ Yes ☐ No

Dentures

Healthy	Changes	Unhealthy	Dental Referral
☐ No broken areas or teeth, worn regularly, and named	☐ 1 broken area or tooth, or worn 1-2 hours per day only or not named	☐ 1 or more broken areas or teeth, denture missing /not worn, need adhesive, or not named *	☐ Yes ☐ No

Gums and Oral Tissue

Healthy	Changes	Unhealthy	Dental Referral
☐ Moist, pink, smooth, no bleeding	☐ Dry, shiny, rough, red, swollen, sore, one ulcer/sore spot, sore under dentures	☐ Swollen, bleeding, ulcers, white/ red patches, generalised redness under dentures *	☐ Yes ☐ No

Oral Cleanliness

Healthy	Changes	Unhealthy	Dental Referral
☐ Clean and no food particles or tartar in mouth or on dentures	☐ Food, tartar, plaque 1-2 areas of mouth, or on small area of dentures	☐ Food particles, tartar, plaque most areas of mouth, or on most of dentures *	☐ Yes ☐ No

Saliva

Healthy	Changes	Unhealthy	Dental Referral
☐ Moist tissues watery and free flowing	☐ Dry, sticky tissues, little saliva present, resident thinks they have a dry mouth	☐ Tissues parched and red, very little/no saliva present, saliva is thick, resident thinks they have a dry mouth *	☐ Yes ☐ No

Dental Pain

Healthy	Changes	Unhealthy	Dental Referral
☐ No behavioural, verbal or physical signs of dental pain	☐ Verbal &/or behavioural signs of pain such as pulling at face, chewing lips, not eating, changed behaviour.	☐ Physical pain signs (swelling of cheek or gum, broken teeth, ulcers), as well as verbal &/or behavioural signs (pulling at face, not eating, changed behaviour) *	☐ Yes ☐ No

*** Unhealthy signs usually indicate referral to a dentist is necessary**

Assessor Comments

Helpful Hints

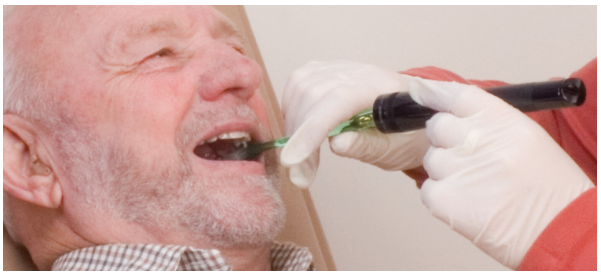
Preparation

It is suggested the resident be positioned in the semi-reclined position to facilitate the examination.

The use of a planet lamp, hands-free light source or torch is recommended to assist in viewing the oral cavity.

Assistance with the recording aspect of the assessment may help to decrease the amount of time required.

Using a Modified Toothbrush

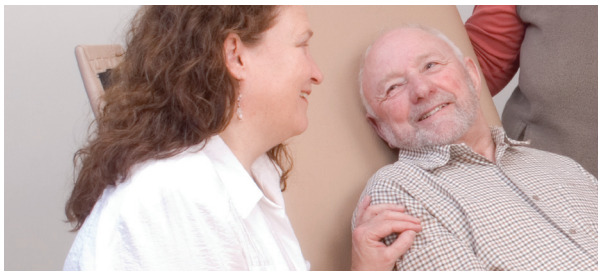


A backward bent toothbrush can be used to retract the cheek and provide better access to the mouth.

Clear plastic toothbrushes are the easiest to bend. Some can be bent (without having to soften the plastic) to a 45 degree angle by simply using your hands.

Others will need to be softened by placing the toothbrush in a cup of hot water. Apply gentle downward pressure on the toothbrush until it bends to a 45 degree angle.

Managing Changed Behaviours



Getting the resident's attention

Touch a neutral place such as the hand or lower arm.

Firstly, focus on building a good relationship with the resident before you start the oral health assessment.

Speak clearly and at the resident's pace giving one instruction at a time.

Mime what you want the resident to do and allow the resident to inspect the items you are going to use.

If the resident walks away allow the resident to perch against a bench or table rather than sit during the assessment.

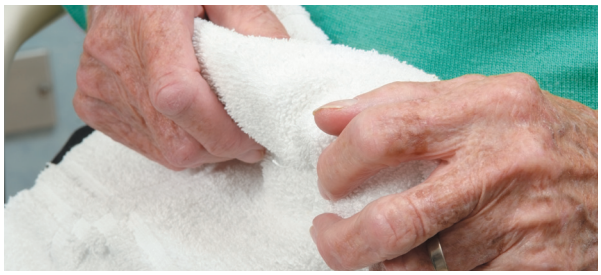
Counteracting grabbing or hitting out

Approach the resident from the diagonal front and at eye level. By standing directly in front you can look big and are more likely to be grabbed or hit.

If the resident holds onto items you are using and does not let go stroke the resident's forearm in long, gentle rhythmic movements as a distraction and to help relax the resident.

Helpful Hints

Managing Changed Behaviours (continued)



Counteracting grabbing or hitting out (continued)

If the resident grabs out at you or grabs your wrist, pull back and give the resident space. Ask if the resident is OK. Offer the resident something to hold while you do the oral health assessment.

Think about what may have caused the resident's behaviour. Did something hurt? Was the resident trying to help but the message was mixed?

Improving access to the mouth

If the resident does not open his or her mouth or keeps turning his or her face away try to stimulate the resident's root reflex by stroking the cheek.

If the resident bites the items you are using ask the resident to release and distract the resident with gentle strokes to the head or shoulder, using soothing words.

Medication Issues

Xerostomia (Dry Mouth)

A variety of drugs, especially those with anticholinergic effects, can cause xerostomia (dry mouth), particularly with issues of polypharmacy and the elderly. When the quality and quantity of saliva is reduced oral diseases can develop very quickly.

The following drug classes can contribute to xerostomia (dry mouth), some generic examples are listed but this is not comprehensive:

- Tricyclic antidepressants (amitriptyline, doxepin, dothiepin)
- Selective serotonin reuptake inhibitors (citalopram, paroxetine)
- Monoamine oxidase inhibitors (moclobemide, phenelzine)
- Anticholinergic agents (oxybutynin, tolterodine, hyoscine, inhaled tiotropium)
- Opioids (codeine, morphine, oxycodone, methadone)
- Diuretics (frusemide, hydrochlorothiazide)
- Antipsychotic drugs (chlorpromazine, haloperidol, olanzapine)
- Antihistamines (promethazine, dexchlorpheniramine)
- Lithium
- Proton pump inhibitors (omeprazole, lansoprazole)
- ACE inhibitors (captopril, enalapril, lisinopril)
- Oral retinoids (isotretinoin, tretinoin)
- Benzodiazepines (diazepam, temazepam)
- Chemotherapy (capecitabine; many drugs cause mucositis)
- Other miscellaneous agents (carbamazepine, sibutramine, tramadol)

Note that incidence of xerostomia (dry mouth) may vary greatly between agents. For example, within the antipsychotic class of drugs, chlorpromazine, is more likely to produce a dry mouth whereas haloperidol will produce more tardive dyskinesia.

Other Considerations

Multiple drug interactions also need to be monitored. For example, warfarin often interacts with oral antifungals or azoles used to treat stomatitis in residents with poorly controlled INR levels.

The use of local anaesthetics, sedation and general anaesthesia may be complicated or negated with specific medication combinations.

Medication compliance must be considered. For example, poor compliance with insulin or blood pressure medications can result in complications with tooth extractions.

Medical history and duration of use can affect oral health. For example, a resident may have taken an antipsychotic medication and have ongoing tardive dyskinetic movement disorders.

Residents who take bisphosphonate agents may be at risk of developing bisphosphonate-related osteonecrosis of the jaws, especially following invasive dental procedures such as tooth extractions.

Further information

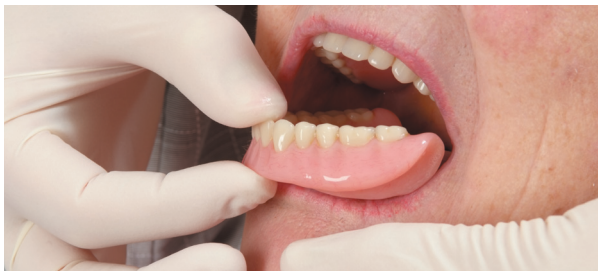
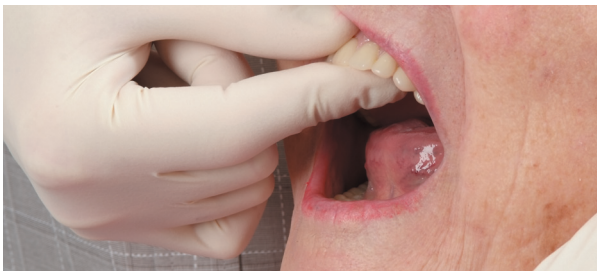
If you have questions about the medications taken by a particular resident, refer to NPS MedicineWise at www.nps.org.au/

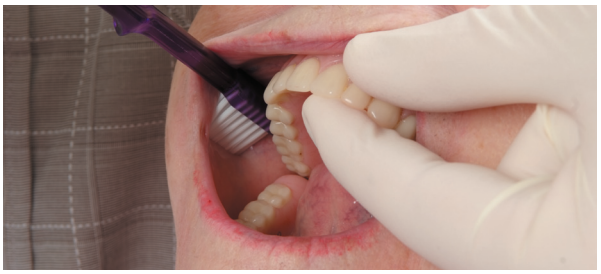
Or refer to the latest edition of:

- *Australian Medicines Handbook*
- *Australian Medicines Handbook Drug Choice Companion: Aged Care*
- *Therapeutic Guidelines: Oral and Dental*

Helpful Hints

Removing Denture



Before you start, ask the resident to take a sip of water to moisten the mouth.

Encourage the resident to remove his or her own dentures.

If the resident requires assistance, it is easier to take out the lower denture first by holding the lower front teeth with the thumb and index finger and lifting out.

To remove upper dentures, break the seal by holding front teeth with the thumb and index finger and rocking the denture up and down until the back is dislodged.

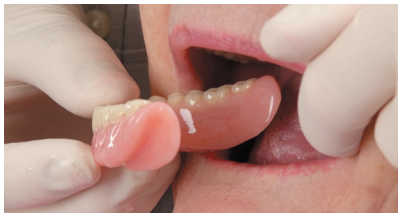
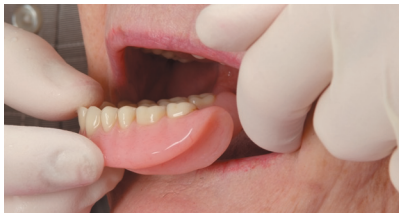
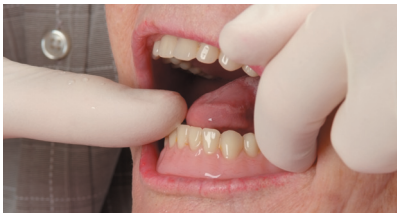
Remove the denture at a sideways angle.

If you are unable to break the seal, use a backward bent toothbrush to carefully push down on the side of the denture towards the back of the mouth until the denture is loosened and can be easily removed.

Putting Upper Denture In



Putting Lower Denture In

Encourage the resident to insert his or her own dentures.

If the resident requires assistance, insert the upper denture first followed by the lower denture.

Ask the resident to open his or her mouth. Hold the denture at a sideways angle as it enters the mouth and then rotate into position.

Helpful Hints

Removing Partial Denture



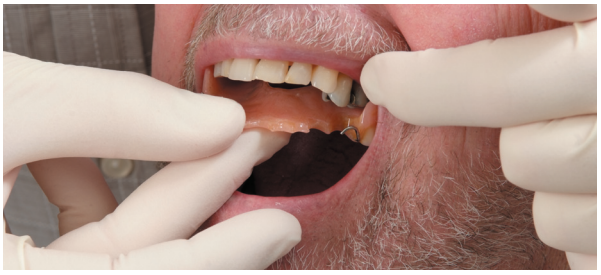
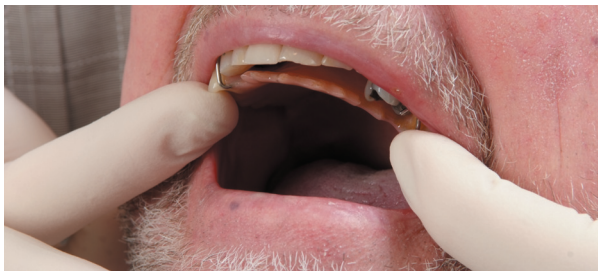
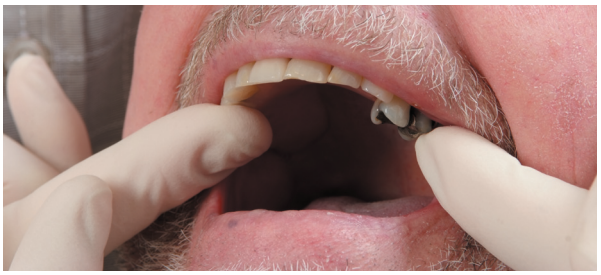

Before you start, ask the resident to take a sip of water to moisten the mouth.

Encourage the resident to remove his or her own partial denture.

If the resident requires assistance, place your finger tips under the clasps that cling onto the natural teeth and push down carefully.

Gently grasp the plastic part of the denture and lift it out of the resident's mouth, taking care not to bend the wire clasps.

Putting Partial Denture In

Encourage the resident to insert his or her own dentures.

If the resident requires assistance ask the resident to open the mouth, hold the denture at a sideways angle as it enters the mouth and then rotate and click into position.