



Better Oral Health in Residential Care

Professional Portfolio

Oral Health Care Planning Guidelines



Government of South Australia
SA Health



Better Oral Health
in Residential Care

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was made to ensure the information was accurate and up to date at the time of production, some information may become superseded as future research and new oral hygiene products are developed.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

The Oral Health Care Planning Guidelines are designed to be used in conjunction with the Oral Health Assessment Toolkit for Older People to assist with oral health care planning for residents.

It provides information on a standard protective care regimen, additional oral care treatment, oral care and changed behaviour and palliative care considerations.

An Oral Health Care Plan guide is included.

Standard Protective Oral Hygiene Regimen

This is recommended for all residents

The Australian Government does not endorse any product listed in this publication. Some of the medication items discussed may be available on the Schedule of Pharmaceutical Benefits Scheme (www.pbs.gov.au).

Strengthen Teeth

Rationale

Fluoride protects teeth by remineralising tooth enamel.

High concentrations of fluoride can inhibit the growth of bacteria in dental plaque.

Frail and dependent older people are considered at high risk of poor oral health.

Protective Oral Health Care

Use a pea-size amount of high fluoride (5000 ppm) toothpaste when brushing teeth in the morning and at night.

Encourage the resident to spit but not to rinse the mouth after brushing, so the fluoride soaks into the teeth.

Recommendation

Use neutral high fluoride toothpaste 5000ppm (5mg/g). For example, Colgate NeutraFluor 5000 Plus.

Caution

High fluoride is suitable only for people at high risk. Do not use for other adults or children unless prescribed by the dentist.

Do not use chlorhexidine and toothpaste (containing sodium lauryl sulphate) within 2 hours of each other, as the product effectiveness is reduced.

Brushing – Natural Teeth

Rationale

Brushing is the most effective and economic method of physically removing dental plaque.

A soft toothbrush is gentle on oral tissues and gums.

Protective Oral Health Care

Use a soft toothbrush to brush teeth, gums (giving particular attention to the gum line) and tongue in the morning and at night.

Recommendation

Use a soft toothbrush

Brushing – Dentures

Rationale

Residents who wear dentures are at high risk of developing fungal infections (such as thrush).

Dentures must be taken out and brushed to remove dental plaque.

Gums and tongue should be brushed to remove dental plaque.

Gum tissue needs time to rest from wearing dentures.

Protective Oral Health Care

Use a soft toothbrush to brush gums and tongue in the morning and night.

Use a denture brush and mild soap to brush dentures morning and night.

Do not use toothpaste as this is abrasive to the denture.

Leave cleaned denture out of the mouth overnight and soak in cold water.

Disinfect denture once a week.

Wash and dry the denture storage container daily.

Ensure the denture and the denture storage container are labelled with the resident's name.

Recommendation

Use a soft toothbrush for gums and tongue.

Use a denture brush.

Use a mild soap (liquid or foam) to clean dentures.

Use a denture storage container.

Soak denture in cold water overnight.

Dentures are best permanently named by a dental professional. Dentures can be temporarily labelled by using a Denture Labelling Kit or by:

- lightly sandpapering the pink acrylic on the outside (cheek side) of the denture
- writing the resident's name in pencil
- applying several coats of sealing liquid or clear nail polish to cover the name.

Disinfect denture

Take care with the choice of denture disinfection products as some may cause metal components of partial dentures to corrode. The following may be used.

- Chlorhexidine (with or without alcohol). For example, Savacol.
- Commercial denture cleaning tablet. For example, Steradent.

The denture tablet used should clearly identify whether it is suitable for full plastic or metal partial dentures or both.

Allergy Alert

Persulphate (persulfate), a denture cleaning ingredient, may cause an allergic reaction. This may happen quickly or after many years, even with correct use.

Symptoms include; irritation, tissue damage, gum tenderness, breathing problems and low blood pressure. If symptoms occur remove dentures and refer to a GP or dentist.

Remove calculus

To remove calculus on a full plastic denture, soak dentures in full strength white vinegar for 8 hours to soften calculus and then scrub off using a denture brush (not suitable for partial dentures).

For heavy staining and for stain removal on partial dentures, cleaning by a dental professional is advised.

Caution

Excessive soaking in chlorhexidine may cause discolouration. Soak no longer than 10 minutes.

Prevention of Gingivitis

Rationale

The long-term daily application of a low strength antibacterial product helps to reduce the incidence of gingivitis for persons considered at high risk of poor oral health, such as frail and dependent older people.

Protective Oral Health Care

Use a soft toothbrush to apply a pea-size amount of a low-strength chlorhexidine gel to gums daily after lunch.

If the resident wears a denture, remove it and apply the chlorhexidine gel to gums or the fitting surface of a rinsed denture.

Recommendation

Use a low strength chlorhexidine product (alcohol free and non-teeth staining). For example, Curasept ADS 712 gel toothpaste 0.12% (75 mL).

Caution

Do not use chlorhexidine and toothpaste (containing sodium lauryl sulphate) within 2 hours of each other, as the product effectiveness is reduced.

Relief of Xerostomia (Dry Mouth)

Rationale

Keeping the mouth moist provides relief of xerostomia (dry mouth).

When the quantity and quality of saliva is reduced, oral diseases can develop very quickly.

Protective Oral Health Care

Keep the mouth moist by frequent rinsing or sipping water (and increase water intake if appropriate).

Keep the lips moist by frequently applying a water-based moisturiser.

Discourage the resident from sipping fruit juices, cordial or sugary drinks.

Reduce intake of caffeine drinks.

Stimulate saliva production with 'tooth friendly' lollies as required.

Seek a medical review of medications.

Recommendation

A variety of 'tooth friendly'(containing xylitol) lollies are available (look for the 'happy tooth' symbol on the packet).

Use a water-based lip moisturiser; for example, KY Jelly or Oral Base Gel.

Caution

Petroleum-based lip moisturisers may increase the risk of inflammation and aspiration pneumonia and are contraindicated during oxygen therapy.

Organise a GP referral to review medications for anti-cholinergic effects.

Reduce Tooth Decay

Rationale

Tooth decay is directly related to the frequency of sugar intake rather than the total amount of sugar eaten.

Protective Oral Health Care

Reduce the frequency of sugar intake between meals.

Encourage selection of tooth friendly alternatives in food, drinks and medications.

Encourage a drink of water after meals, other drinks or snacks and after taking medications.

Recommendation

Use tooth friendly sugar substitute products endorsed with a 'happy tooth' symbol. Xylitol products are recommended.

Caution

Excessive consumption of sugar substitutes may cause diarrhoea.

Additional Oral Care Management

As identified and prescribed by the GP or dentist

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Additional Tooth Remineralisation

Rationale

Amorphous calcium phosphate is used to increase remineralisation of decayed teeth.

Oral Health Care

After brushing teeth with high fluoride toothpaste morning and night, smear the amorphous calcium phosphate product over the teeth and leave on.

Recommendation

Use an amorphous calcium phosphate product as prescribed by the dentist. For example, GC Tooth Mousse Plus 900 ppm.

Caution

This product is not suitable for residents with a milk protein allergy. However, it can be used for residents who are lactose intolerant.

Treatment of Xerostomia (Dry Mouth)

Rationale

Saliva substitutes are the preferred treatment for xerostomia (dry mouth).

Oral Health Care

Apply dry mouth product to oral tissues, teeth and the fitting surface of rinsed dentures:

- before bed
- upon awakening
- before eating
- as required.

Recommendation

A dry mouth product best suited to the resident can be recommended by the dentist. There are a variety of products available. For example:

- Oral Balance gel or liquid
- GC Dry Mouth gel
- Hamilton Aquae mouth spray.

Bleeding Gums - An Indication of Gingivitis

Rationale

Bleeding gums are a sign of dental plaque build up.

Continued brushing is the best method to remove dental plaque and reduce gum disease.

Oral Health Care

Continue to brush teeth and gums with high fluoride toothpaste morning and night.

Gum bleeding should stop as the dental plaque build up is removed. If it does not resolve after seven days, seek GP referral as it may be an indication of a general health problem.

If gum inflammation is severe, seek GP or dental referral for additional antibacterial treatment.

Use a soft toothbrush to apply a pea-size amount of high-strength chlorhexidine daily after lunch.

Recommendation

Use a soft toothbrush

Use a high strength chlorhexidine product (alcohol free and non-teeth staining) as prescribed by GP or dentist. For example, Curasept ADS 350 gel 0.50% (30 mL).

Caution

Do not use chlorhexidine and toothpaste (containing sodium lauryl sulphate) within 2 hours of each other, as the product effectiveness is reduced.

Ulcers and Sore Spots

Rationale

Normal saline promotes healing and granulation of tissue.

Oral Health Care

Rinse or swab the mouth with warm normal saline three to four times a day until healed.

Assess if the denture is the cause of irritation. If so, remove it until the oral tissue is healed.

If the ulcer does not resolve after seven days, seek a GP referral as it may be an indication of a general health problem.

Avoid acidic or spicy foods and foods with sharp edges until the oral tissue is healed.

Offer cold, soft foods.

Seek GP referral for pain relief as required.

Recommendation

Offer a warm normal saline mouth toilet three to four times a day.

Give oral pain relief medication as prescribed by the GP or dentist. For example:

- Difflam mouth gel
- Ora-sed Jel
- Kenalog in Orabase (corticosteroid).

Fungal Infections - Glossitis, Thrush, Denture Stomatitis, Angular Cheilitis

Rationale

Treat fungal infection and prevent re-infection.

Oral Health Care

Seek a GP or dental referral for antifungal medication.

If the infection is localised, remove the denture while administering a lozenge or application of oral antifungal gel to the affected area.

Antifungal gel can also be applied to the fitting surface of a rinsed denture.

If the tongue is coated, brush it with a soft toothbrush to clean the surface.

Replace the toothbrush before treatment commences and again when treatment is completed.

Remove denture at night or at least for several hours during the day.

Disinfect denture and denture container daily, until infection is resolved.

If treating angular cheilitis, apply an antifungal gel as prescribed to corners of the mouth. Once resolved, maintain health of the corners of the mouth by regularly applying a water-based lip moisturiser.

Recommendation

Provide treatment as prescribed by the GP or dentist. The following may be prescribed.

Local antifungal medication:

- Miconazole gel

Caution

Miconazole and warfarin interact with one another.

- Amphotericin lozenges
- Nystatin lozenges or drops

Systemic antifungal medication:

- Fluconazole
- Ketoconazole.

Use a water-based lip moisturiser. For example, KY Jelly, Oral Base Gel.

Caution

Petroleum-based lip moisturisers may increase the risk of inflammation and aspiration pneumonia and are contraindicated during oxygen therapy.

Fungal Infections - Glossitis, Thrush, Denture Stomatitis, Angular Cheilitis (Continued)

Disinfect Denture

Take care with the choice of denture disinfection products as some may cause metal components of partial dentures to corrode.

The following may be used.

- Chlorhexidine (with or without alcohol). For example, Savacol.
- Commercial denture cleaning tablet. For example, Steradent.

The denture tablet used should clearly identify whether it is suitable for full plastic or metal partial dentures or both.

Caution

Excessive soaking in chlorhexidine may cause discolouration.

Allergy Alert

Persulphate (persulfate), a denture cleanser ingredient, may cause an allergic reaction. This may happen quickly or after many years, even with correct use.

Symptoms include irritation, tissue damage, gum tenderness, breathing problems and low blood pressure. If symptoms occur remove dentures and refer to a GP or dentist.

Poorly Fitting Dentures

Rationale

Poorly fitting dentures can cause sore spots and ulcers and may interfere with talking and eating.

Check and seek treatment for dry mouth, as it can contribute to poorly fitting dentures.

Oral Health Care

Add a small amount of denture adhesive cream, strips or powder to the underside of the denture.

Denture adhesive must be cleaned off the gums and denture at each oral hygiene session, before being reapplied.

Seek a dental referral if the denture continues to be poorly fitting.

Recommendation

Use a denture adhesive product best suited for the resident and recommended by the dentist. A variety of products are available; for example:

- Biotene denture grip (dry mouth)
- Polident denture adhesive cream or powder
- Polident adhesive strips
- Fittydent denture adhesive cream.

Dental Pain

Rationale

It is quite common for residents to suffer pain from a dental origin but they are unable to articulate the cause.

Oral Health Care

Assess oral health to identify the cause of oral pain.

Assess for changed behaviour and whether it is related to the oral pain.

Commence a pain chart.

Provide pain relief as per the medication chart.

Seek a GP or dental referral for further treatment options.

Recommendation

Treat the oral condition (ulcer/sore spot), if appropriate.

Provide pain relief and treatment options as prescribed by the GP or dentist.

Oral Care and Changed Behaviour

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Changed Behaviour

Rationale

Some resident behaviour, particularly involving dementia, makes it difficult for staff to provide oral health care.

Oral Health Care

Establish effective verbal and non-verbal communication.

Develop ways to improve access to the resident's mouth.

Develop strategies to manage changed behaviour.

Use oral aids such as a modified toothbrush or mouth prop.

Use modified oral care application techniques as short-term alternatives to brushing.

Seek GP or dental referral to review oral care.

Recommendation

Use a soft toothbrush suitable for bending. For example, an inexpensive, clear plastic toothbrush such as Colgate soft toothbrush (order 'cello wrapped').

Use a brightly coloured toothbrush.

Use mouth props (but only if trained in their use).

Use modified oral health care application techniques. For example, spray bottle.

Use a chlorhexidine mouthwash (alcohol free and non-teeth staining) as prescribed by the GP or dentist. For example, Curasept chlorhexidine rinse.

Caution

Curasept rinses require an opaque spray bottle because the non-teeth staining formula is light sensitive.

Palliative Oral Care Considerations

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Palliative Oral Care

Rationale

Refer to Palliative Care Protocols as endorsed by the residential aged care facility.

Xerostomia (dry mouth) is common at the end stage of life.

Oral Health Care

Use the standard protective oral hygiene regimen and any additional treatment as prescribed, as long as it is appropriate, and then use modified oral health care application techniques.

Recommendation

Apply dry mouth products.

Use spray bottle application for products such as a chlorhexidine (alcohol free and non-teeth staining) mouthwash. Follow the residential aged care facility's infection control guidelines for decanting the solution or have a pharmacist do this.

Apply water-based lip moisturisers.

Caution

Petroleum-based lip moisturisers may increase the risk of inflammation and aspiration pneumonia and are contraindicated during oxygen therapy.

Do not use mouthwashes and swabs containing the following as they may damage oral tissues and may increase the risk of infection:

- alcohol
- hydrogen peroxide
- sodium bicarbonate (high-strength)
- lemon and glycerine.

The use of pineapple and other juices may also damage oral tissues.

Oral Health Care Plan

Oral Health Assessment (OHA) Date: _____ (OHA) Review Date: _____

Oral Health Care Considerations

Problems: difficulty swallowing difficulty moving head difficulty opening mouth fear of being touched

Interventions: bridging chaining hand over hand distraction (activity board/toy) rescue

other _____

Daily Activities of Oral Hygiene

	Morning	After Lunch	Night
Natural Teeth			
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> clean teeth, gums, tongue	<input type="checkbox"/> rinse mouth with water <input type="checkbox"/> antibacterial product (teeth & gums)	<input type="checkbox"/> clean teeth, gums, tongue
Cleaned by:			
<input type="checkbox"/> Self <input type="checkbox"/> Supervise <input type="checkbox"/> Assist			
Replace toothbrush (3 monthly)			
Date:			
Denture			
<input type="checkbox"/> Full <input type="checkbox"/> Partial	<input type="checkbox"/> clean teeth, gums, tongue	<input type="checkbox"/> rinse mouth with water	<input type="checkbox"/> clean teeth, gums, tongue
<input type="checkbox"/> Upper <input type="checkbox"/> Lower	<input type="checkbox"/> brush denture	<input type="checkbox"/> rinse denture	<input type="checkbox"/> brush denture with mild soap
Inserted / removed by:		<input type="checkbox"/> antibacterial product (gums)	<input type="checkbox"/> leave dentures out overnight <input type="checkbox"/> soak denture in cold water
<input type="checkbox"/> Self <input type="checkbox"/> Staff			
Cleaned by:			Disinfect dentures (weekly)
<input type="checkbox"/> Self <input type="checkbox"/> Supervise <input type="checkbox"/> Assist			Specify day:

Oral Hygiene Aids

soft toothbrush modified toothbrush toothbrush grip denture brush spray bottle (labelled)

Oral Health Care Products

mild soap (denture) _____ antibacterial product _____ saliva substitute _____

lip moisturiser _____ high fluoride (5000 ppm) toothpaste _____

Additional Oral Care Instruction

antifungal gel _____ denture adhesive _____

interproximal brush tongue scraper normal saline mouth toilet

Comments _____

Check daily, document and report to RN if:

- bad breath
- sore mouth or gums
- difficulty eating
- broken teeth
- bleeding gums
- mouth ulcer
- refusal of oral care
- lip blisters/sores/cracks
- swelling of face/mouth
- denture not named
- tongue for any coating/change in colour
- broken / lost denture
- excessive food left in mouth

Signed RN: _____ Date: _____

