



Better Oral Health in Residential Care

Staff Portfolio

Education and Training Program

Module 2: Protect your Residents' Oral Health



Government of South Australia
SA Health



Better Oral Health
in Residential Care

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was made to ensure the information was accurate and up to date at the time of production, some information may become superseded as future research and new oral hygiene products are developed.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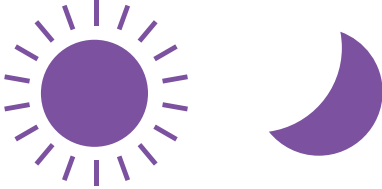




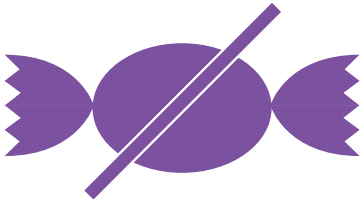
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Module 2

Protect your Residents' Oral Health

Six of the Best Ways to Maintain a Healthy Mouth

Protect your Residents' Oral Health

Brush Morning and Night	High Fluoride Toothpaste on Teeth
	
Soft Toothbrush on Gums, Tongue and Teeth	Antibacterial Product After Lunch
	
Keep the Mouth Moist	Cut Down on Sugar
	



Care of Natural Teeth

Teeth are mainly made up of minerals including calcium. Bacteria in dental plaque convert sugars into acid, which can dissolve the minerals out of teeth. If the teeth are not cleaned, this can lead to decay (caries) in the teeth and lead to tooth infections and pain. Good oral hygiene is extremely important to help avoid tooth decay. High fluoride toothpaste helps strengthen teeth as well as reverse the effects of the acid produced by the bacteria in dental plaque.

Rationale

Strengthen Teeth

High fluoride toothpaste strengthens teeth.

Encourage the resident to spit and not rinse the mouth after brushing so the fluoride can soak into the teeth.

Brushing

Brushing is the best way to remove dental plaque.

A soft toothbrush is gentle on oral tissues and is more comfortable for the resident.

Brushing before bed is important as bacteria can grow in number by as much as 30 times overnight.

Recommended Oral Health Care

Use high fluoride toothpaste (5000 ppm) morning and night.

Use a soft toothbrush to brush teeth, gums and tongue morning and night.

Encourage the resident to spit and not to rinse the mouth after brushing, so the fluoride can soak into the teeth.

Encourage the resident to drink water after meals, medications, other drinks and snacks to keep the mouth clean.

Oral Hygiene Aids & Products



Use a high fluoride toothpaste (5000 ppm).
Use a soft toothbrush suitable for bending

Standard Precautions



Wash hands before and after oral care.

RN to determine precautions dependent on risk management assessment. Consider:

- Gloves
- Eye/facial protection (glasses/face shield)
- Gown
- Mask

Toothbrush Alternatives



Modified Soft Toothbrush

A soft toothbrush can be bent to give better access to the mouth.

A forward bent toothbrush can be used to brush the inner upper and lower teeth.

A backward bent toothbrush can be used to retract the cheek, while another brush is used to brush the resident's teeth.



Electric Toothbrush

An electric toothbrush may help residents with limited manual dexterity, due to stroke or arthritis for example, to manage brushing by themselves.

Vibration can be a problem for some residents.

Cost and maintenance can be a barrier.

This type of brush is recommended if the resident is currently using one.



Interproximal Brush

This type of brush is ideal for cleaning the larger spaces between teeth, underneath bridges, around crowns and between tooth roots where gum recession has occurred.

The brush can also be used to apply antibacterial gels between the teeth.

Interproximal brushing does not replace normal toothbrushing. The brushing of teeth, gums and tongue must still take place with a soft toothbrush.

Additional Oral Hygiene Aids



Tongue Scraper

This can be used as an alternative when a toothbrush is not able to clean the surface of the tongue sufficiently; for example, when thrush is present.



Hand Grip

This is useful for residents with reduced grip strength.

Toothpaste Application



Use high fluoride toothpaste (5000 ppm) morning and night. Only a small pea-sized amount of toothpaste is required.

Positioning



When the resident requires assistance, try different positions to suit the situation.

Standing in front position

Sit the resident in a chair facing you.

If the resident is in bed you will need to support the resident's head with pillows.

Support the resident's chin with your index finger and thumb, being careful not to place pressure on the resident's throat with your remaining fingers. This is sometimes referred to as a 'pistol grip'.

The thumb holding the chin can be used to roll down and hold the lower lip for better vision and access.

Good eye contact between you and the resident is maintained with this position.

Cuddle Position

Stand behind and to the side of the resident.

Rest the resident's head against the side of your body and arm.

Support the resident's chin with your index finger and thumb, being careful not to place pressure on the resident's throat with your remaining fingers. This is sometimes referred to as a 'pistol grip'.

The thumb holding the chin can be used to roll down and hold the lower lip for better vision and access.

Greater head control is achieved by using this position.

Toothbrushing Technique Lower Teeth



Toothbrushing Technique Upper Teeth



Toothbrushing

Place the toothbrush at a 45 degree angle to the gum line.

Gently brush front, back and chewing surfaces of the teeth and gums in a circular motion. Give particular attention to the gum line.

If some teeth are missing, make sure all surfaces of single teeth are cleaned.

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

Bleeding Gums

Report this to the RN as it may be a sign of a general health problem.

Bleeding is usually caused by the build up of dental plaque.

Brushing is the best way to remove the dental plaque and heal the gums.

Continue to brush teeth (with particular attention to the gum line) with a soft toothbrush twice a day. The bleeding should resolve in a week.

Tongue Cleaning



Ask the resident to stick out the tongue.
Scrape the tongue carefully from back to front.
Do not go too far back as it will cause the resident to gag.

Alternative Toothbrushing Techniques



Electric Toothbrush

Turn the brush on and off while it is in the mouth, to limit toothpaste splatter.
Use the vibrating brush to reach all surfaces of the teeth and gums.



Interproximal Brush

Brush into the space between the teeth at the level of the gum and gently move back and forth to remove dental plaque and food.

An interproximal brush can also be used to apply antibacterial product between the teeth.

Toothbrush Care



After Brushing

Thoroughly rinse the toothbrush under running water.
Tap the toothbrush on the sink to remove excess water.
Store the toothbrush uncovered in a dry place.
Replace the toothbrush with a new one when:

- bristles become shaggy
- with the change of seasons (every three months)
- following a resident's illness such as a 'bad cold'.

When a resident is being treated for a fungal infection (such as thrush), replace the toothbrush when the treatment starts and again when the treatment finishes.
If a toothbrush grip is used, remove the grip and wash and dry the toothbrush handle and grip after each use.

Refusal of Oral Care

Refer to Module 1 for more information on how to manage oral care and changed behaviour.

Check Daily, Document and Report to RN

- Lip blisters/sores/cracks
- Tongue for any coating/change in colour
- Sore mouth/gums/teeth
- Swelling of face or localised swelling
- Mouth ulcer
- Bleeding gums
- Sore teeth
- Broken or loose teeth
- Difficulty eating meals
- Excessive food left in mouth
- Bad breath
- Refusal of oral care



Care of Dentures

Many problems can occur in residents with dentures. If dentures are not removed, allowing for the tissues to rest, infections such as thrush, or denture sore mouth can develop. Poorly fitting dentures can also lead to soreness or cracking at the corners of the mouth. Over time, dentures can wear out and the shape of the gums and jaws can change. Because of this, dentures may need to be relined or re-made to cater for these changes. Reduced saliva flow can also affect the ability to wear dentures comfortably.

Protective Oral Hygiene

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.

Recommended Oral Health Care

Label dentures with the resident's name.
Brush dentures with a denture brush morning and night, using a mild soap.
Rinse dentures well under running water.
Brush gums and tongue with a soft toothbrush morning and night.
Therapeutic guidelines recommend dry storage for dentures overnight.
Disinfect dentures once a week.
Encourage the resident to drink water after meals, medications, other drinks and snacks to keep the mouth clean.

Oral Hygiene Aids & Products



Use a soft toothbrush suitable for bending to brush gums, tongue and partial dentures.

Use a denture brush for full dentures.

Use mild soap (liquid or foam) for cleaning dentures – handwashing soap as supplied by the residential aged care facility should be suitable.

Provide a denture storage container (disposable or non-disposable).

Use a denture disinfection product (suitable for full or partial denture or both).

Soak dentures in white vinegar for calculus removal (not suitable for partial dentures).

Use a denture adhesive (if required).

Provide a denture labelling kit (if required).

Standard Precautions



Wash hands before and after oral care.

RN to determine precautions dependent on risk management assessment. Consider:

- Gloves
- Eye/facial protection (glasses/face shield)
- Gown
- Mask

Denture Care



Label Dentures

Dentures must be labelled with the resident's name.

Dentures are best named permanently by a dental professional, ideally when the denture is made.

To temporarily name dentures:

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

The denture storage container should also be labelled with the resident's name.

Daily Denture Care

Either remove dentures after each meal and rinse mouth and denture with water or encourage the resident to drink water after meals to help keep the mouth clean.

Brush dentures morning and night.

Encourage the resident to remove dentures overnight to rest the gums.

Therapeutic guidelines recommend dry storage for dentures overnight.

Do not let dentures dry out completely.

Denture storage containers should be washed and dried daily.

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.

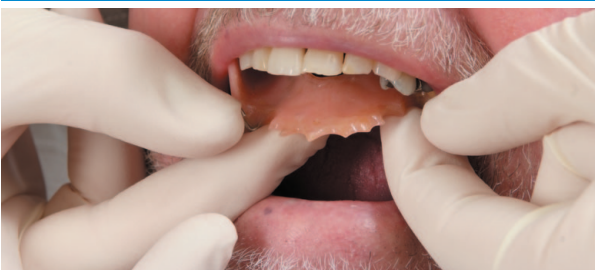
To remove upper denture, break the seal by holding front teeth with the thumb and index finger and rocking the

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.

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.

Brush Gums, Tongue and Teeth (Partial Denture)



Use a soft toothbrush to brush the gums morning and night. This will remove dental plaque, any food particles and stimulate the gums.

Ask the resident to stick out the tongue and brush the tongue carefully from the back to the front.



Do not go too far back as it will cause the resident to gag.

For residents who wear a partial denture, give particular attention to the teeth that support the denture clasps. Make sure all surfaces of single teeth are cleaned (including back, front and sides) with high fluoride toothpaste.

Residents Who Have No Teeth and Do Not Wear Dentures

For residents who have no teeth and do not wear dentures, it is still important to brush the gums and tongue morning and night to maintain good oral health.

Use a soft toothbrush to brush the gums morning and night. This will remove dental plaque, any food particles and stimulate the gums.

Ask the resident to stick out the tongue and brush the tongue carefully from the back to the front.

Do not go too far back as it will cause the resident to gag.

Cleaning Dentures



Cleaning Technique

Clean the denture over a sink with a bowl filled with water or place a wash cloth in the base of the sink to protect the denture from breakage if dropped.

Use a denture brush and a mild soap (liquid or foam) to clean food, dental plaque and any denture adhesive from all surfaces of the denture. The handwashing soap as supplied by the residential aged care facility should be suitable for denture cleaning purposes.

Do not use normal toothpaste as it may be abrasive and over time will abrade and scratch the denture. A scratched denture can be a source of irritation and increase the risk of fungal infections.

Support the denture while cleaning as it can break very easily if dropped.

Holding a lower denture from end to end may apply force and cause the denture to break.

Cleaning Lower Denture

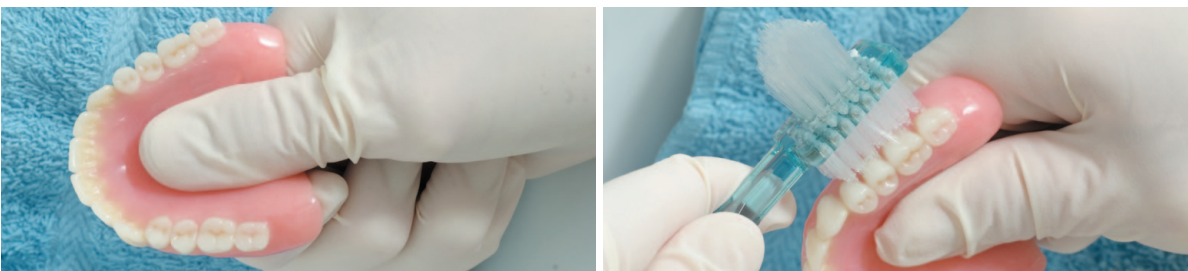


Cradle the lower denture between the thumb and the base of the index finger for a stable hold.

Brush all surfaces to remove dental plaque and any denture adhesive.

If the denture has been relined with a soft cushion liner, use a soft toothbrush to clean it gently.

Cleaning Upper Denture



Support the upper denture between the thumb and fingers for a stable hold.

Brush all surfaces to remove dental plaque and any denture adhesive.

If the denture has been relined with a soft cushion liner, use a soft toothbrush to clean it gently.

Cleaning Partial Denture



Use a soft toothbrush to clean metal clasps.

Gently brush around the metal clasps, taking care not to bend or move them as this will affect the denture fit.

Denture Adhesives



Residents with poorly fitting dentures may benefit from denture adhesives.

Denture adhesives can be used to hold dentures more firmly in place and prevent dentures from rubbing.

Denture adhesives come as a paste, powder or sticky strips.

Follow the product instructions for directions on how to apply the denture adhesive.

Thoroughly remove all traces of the denture adhesive from both the denture and gums morning and night.

Putting Upper Denture In



Putting Lower Denture In



Dentures must always be rinsed well under running water before being placed in the resident's mouth.

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.

Putting Partial Denture In



Partial dentures must always be rinsed well under running water before placing them in the resident's mouth.

Encourage the resident to insert his or her own dentures.

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.

Denture Disinfection



Disinfect dentures once a week and as directed if the resident is being treated for a fungal infection (such as thrush).

Always rinse dentures well under running water before placing in the resident's mouth.

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

Chlorhexidine solution with or without alcohol (for example, Savacol):

- This is suitable for both full plastic and partial dentures.
- Alcohol content is acceptable for this purpose as it is not in direct contact with the mouth.
- Chlorhexidine has a low allergy risk.
- Disinfect by using enough solution to cover the denture, soak for no more than 10 minutes, then rinse well.
- Follow the residential aged care facility's infection control guidelines for decanting the solution.

Commercial denture cleansing tablet

(for example, Steradent):

- The product used should clearly identify whether it is suitable for either full plastic or metal partial dentures or both.
- Follow the manufacturer's instruction for soaking time.

Caution

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

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.

Removing Calculus and Stains



Calculus (tartar) is dental plaque that has been hardened by the minerals in saliva.

Thorough daily brushing should stop calculus from forming on the denture.

To remove calculus from a full plastic denture, soak denture in full strength white vinegar for 8 hours to soften calculus and then scrub off using a denture brush.

Caution

Vinegar has corrosive properties and is not suitable for partial dentures.

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

Denture Brush and Toothbrush Care



After Brushing

Thoroughly rinse the toothbrush and denture brush under running water.

Tap the brushes on the sink to remove excess water.

Store the brushes uncovered in a dry place.

Replace the brushes when:

- bristles become shaggy
- with the change of seasons (every three months)
- following a resident's illness such as a 'bad cold'.

When a resident is being treated for a fungal infection (such as thrush), replace the toothbrush and denture brush when the treatment starts and again when the treatment finishes.

If a toothbrush grip is used, remove the grip and wash and dry the toothbrush handle and grip after each use.

Refusal of Oral Care

Refer to Module 1 for more information on how to manage oral care and changed behaviour.

Check Daily, Document & Report to RN

- Lip blisters/sores/cracks
- Tongue for any coating/change in colour
- Sore mouth/gums/teeth
- Swelling of face or localised swelling
- Mouth ulcer
- Bleeding gums
- If partial denture, sore or broken teeth
- Broken denture or partial denture
- Lost denture
- Denture not named
- Poorly fitting denture
- Stained denture
- Difficulty eating meals
- Excessive food left in mouth
- Bad breath
- Refusal of oral care



Prevention of Gum Disease (Gingivitis)

Dental plaque is the major contributor to the two main dental diseases, tooth decay and gum disease. It forms continuously on the teeth and, if left on the teeth over a period of time, it can harden to become calculus (tartar).

Severe gum disease (periodontitis) results in the break down of the gums and bone that support the teeth. This condition affects general health and wellbeing.

Protective Oral Hygiene

Antibacterial Control of Dental Plaque

Daily application of an antibacterial product can reduce harmful bacteria in the dental plaque and help to prevent gum disease.

Chlorhexidine is a safe and effective antibacterial product.

Use an alcohol free product because alcohol can dry out the mouth and damage oral tissue.

Recommended Oral Health Care

Use a low-strength (0.12%) chlorhexidine product (alcohol free and non-teeth staining) applied daily after lunch for all residents.

Note

Higher-strength chlorhexidine products are used as a treatment for severe gum disease and are prescribed by the GP or dentist.

Oral Hygiene Aids & Products



Use a soft toothbrush suitable for bending.

Use a low-strength (0.12%) chlorhexidine product (alcohol free and non-teeth staining).

Use an interproximal brush (as directed by dentist).

Standard Precautions



Wash hands before and after oral care.

RN to determine precautions dependent on risk management assessment. Consider:

- Gloves
- Mask
- Eye/facial protection (glasses/face shield)
- Gown

Application Techniques for Chlorhexidine Product



Resident Self Application

Before you start, ask the resident to have a drink of water or rinse the mouth with water before applying the chlorhexidine gel.

If the resident is able, put a small pea-size amount of gel on the finger and ask him or her to rub it over the teeth and gums.

If the resident has dentures, remove and rinse the dentures, apply a small pea-size amount of gel to the gums, and replace dentures.

Alternatively, the gel can be applied to the fitting side of the denture.

Caution

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

Application Techniques for Chlorhexidine Product (Continued)



Use a Toothbrush to Wipe over Teeth

If the resident requires full assistance, apply a small pea-size amount of gel to a toothbrush and wipe over the teeth and gums.

In severe cases of gum disease, an interproximal brush can be used to apply the gel into the space between the teeth at the level of the gum.

Caution

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

Never place your fingers between the teeth of a resident.

Application Techniques for Chlorhexidine Product (Continued)



Use of a Spray Bottle

If it is difficult to apply the chlorhexidine gel, an alternative is to spray a chlorhexidine mouthwash into the mouth.

The mouthwash should be placed undiluted into a spray bottle.

You must follow the residential aged care facility's infection control guidelines for decanting the mouthwash or a pharmacist may do this for you.

The spray bottle must be labelled with the resident's name and the contents.

Spray four squirts directly into the mouth. Take care not to spray the resident's face.

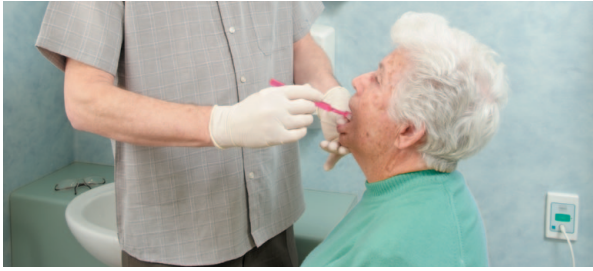
If appropriate, a backward bent toothbrush can also be used to retract the cheek, so you can gain greater access as you spray the mouth.

Caution

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

Some chlorhexidine mouthwashes, for example Curasept rinses, require an opaque spray bottle because the non-teeth staining formula is light sensitive.

Positioning



When the resident requires assistance, try different approaches or different positions to suit the situation.

Standing in Front Position

Sit the resident in a chair facing you.

If the resident is in bed you will need to support the resident's head with pillows.

Support the resident's chin with your index finger and thumb, being careful not to place pressure on the resident's throat with your remaining fingers. This is sometimes referred to as a 'pistol grip'.

The thumb holding the chin can be used to roll down and hold the lower lip for better vision and access.

Good eye contact between you and the resident is maintained with this position.

Cuddle Position

Stand behind and to the side of the resident.

Rest the resident's head against the side of your body and arm.

Support the resident's chin with your index finger and thumb, being careful not to place pressure on the resident's throat with your remaining fingers. This is sometimes referred to as a 'pistol grip'.

The thumb holding the chin can be used to roll down and hold the lower lip for better vision and access.

Greater head control is achieved by using this position.

Toothbrush Care after Application of Chlorhexidine Product



After use, thoroughly rinse the toothbrush under running water.



Tap the toothbrush on the sink to remove excess water.



Store the toothbrush uncovered in a dry place.

Refusal of Oral Care

Refer to Module 1 for more information on how to manage oral care and changed behaviour.

Check Daily, Document and Report to RN

If a chlorhexidine product has not been applied according to the oral health care plan, document this and report it to the RN.



Relief of Dry Mouth (Xerostomia)

Reduced saliva flow is known as dry mouth or xerostomia and is common in residents of aged care facilities.

Relief from dry mouth also reduces tooth decay, gum disease and other oral diseases.

Protective Oral Hygiene

Relief of Dry Mouth

Saliva is the key to maintaining a healthy mouth.

Medications taken by residents contribute to dry mouth.

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

Dry mouth increases the incidence of mouth ulcers and oral infection.

Dry mouth can be very uncomfortable for the resident.

Recommended Oral Health Care

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

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

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

Reduce the intake of caffeine drinks.

Stimulate saliva production with tooth friendly lollies as required.

Encourage the resident to drink water after meals, medications, other drinks and snacks, to keep the mouth clean.

Oral Hygiene Aids & Products



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.

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

A variety of tooth friendly xylitol lollies are available. Look for the 'happy tooth' symbol on the packet.

Standard Precautions



Wash hands before and after oral care.

RN to determine precautions dependent on risk management assessment. Consider:

- Gloves
- Eye/facial protection (glasses/face shield)
- Gown
- Mask

Keep Mouth Moist



Encourage the resident to frequently sip cold water especially after meals, medications, other drinks and snacks.

Reduce intake of caffeine drinks such as coffee, tea.

Apply saliva substitutes according to the oral health care plan to teeth, gums, inside of cheeks, roof of mouth and the fitting surface of dentures.

Saliva substitutes are especially useful before bed, upon awakening and before eating.

If appropriate, tooth friendly lollies may be used to stimulate saliva. Look for the 'happy tooth' symbol on the packet.

Keep Lips Moist



Apply a water-based lip moisturiser before and after mouth care and as required.

If the resident is able, put a small pea-size amount of lip moisturiser on the finger and ask him or her to rub it over the lips.

If the resident requires full assistance, apply a small pea-size amount of lip moisturiser to your gloved finger or use a swab and rub it over the lips.

Caution

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

Never place your fingers between the teeth of a resident.

Protect Oral Tissue



Take care when choosing oral care products as some ingredients, in particular alcohol, can dry out the mouth and damage oral tissue.

Pineapple, lemon and other citric juices may over-stimulate and exhaust the salivary glands causing the dry mouth condition to worsen.

Dry mouth products are recommended and are particularly soothing for residents receiving palliative care.

Caution

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.

Application Techniques for Saliva Substitutes



Resident Self Application

Before you start, ask the resident to have a drink of water or rinse the mouth with water before applying the dry mouth gel.

If the resident is able, put a small pea-size amount of gel on the finger and ask him or her to rub it over the teeth and gums.

If the resident has dentures, remove and rinse the dentures, apply a small pea-size amount of gel to the gums, and replace dentures.

Alternatively, the gel can be applied to the fitting side of the denture.

Use a Toothbrush to Wipe over Teeth

If the resident requires full assistance, apply a small pea-size amount of dry mouth gel to a toothbrush and wipe over the teeth and gums.

Use a Spray Bottle

If it is difficult to apply a gel, an alternative is to use a dry mouth spray.

Follow the manufacturer's instructions.

Take care not to spray the resident's face.

If appropriate, a backward bent toothbrush can also be used to retract the cheek, so you can gain greater access as you spray the mouth.

Caution

Never place your fingers between the teeth of a resident.

Positioning



When the resident requires assistance, try different approaches or different positions to suit the situation.

Standing in Front Position

Sit the resident in a chair facing you.

If the resident is in bed you will need to support the resident's head with pillows.

Support the resident's chin with your index finger and thumb, being careful not to place pressure on the resident's throat with your remaining fingers. This is sometimes referred to as a 'pistol grip'.

The thumb holding the chin can be used to roll down and hold the lower lip for better vision and access.

Good eye contact between you and the resident is maintained with this position.

Cuddle Position

Stand behind and to the side of the resident.

Rest the resident's head against the side of your body and arm.

Support the resident's chin with your index finger and thumb, being careful not to place pressure on the resident's throat with your remaining fingers. This is sometimes referred to as a 'pistol grip'.

The thumb holding the chin can be used to roll down and hold the lower lip for better vision and access.

Greater head control is achieved by using this position.

Toothbrush Care after Application of Saliva Substitutes



After use, thoroughly rinse the toothbrush under running water.



Tap the toothbrush on the sink to remove excess water.



Store the toothbrush uncovered in a dry place.

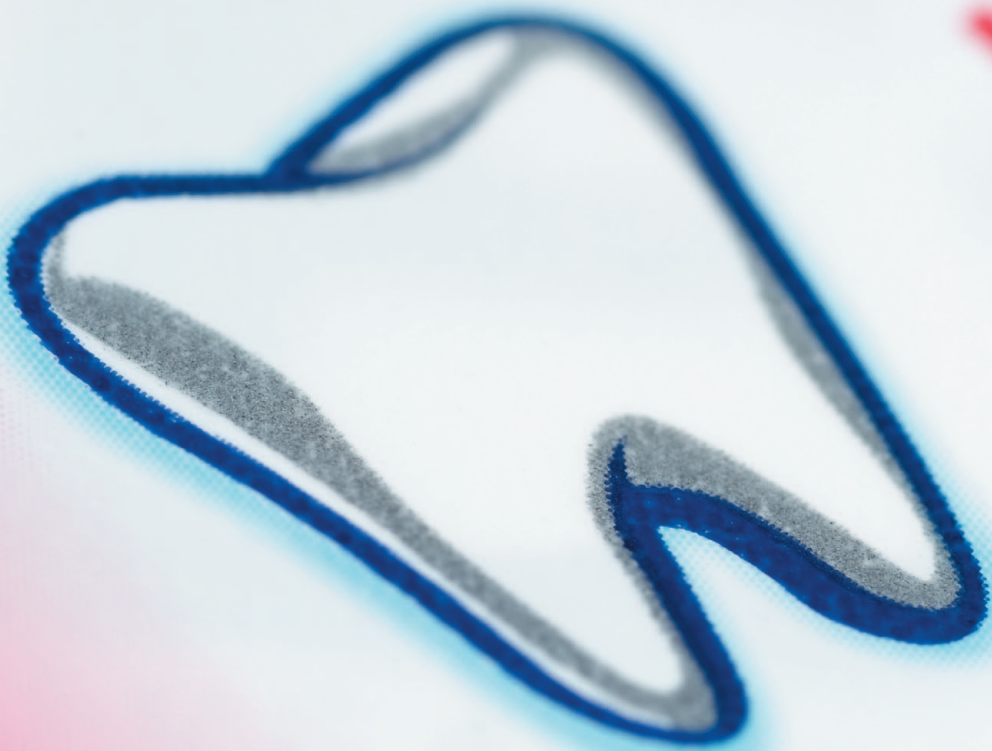
Refusal of Oral Care

Refer to Module 1 for more information on how to manage oral care and changed behaviour.

Check Daily, Document and Report to RN

If saliva substitutes have not been given as per the oral health care plan, document this and report it to the RN.

Help



Reduce Tooth Decay

Tooth decay is directly related to the frequency of eating and drinking food and drinks containing sugar.

Many foods contain sugar including bread and cereals. Foods and drinks containing sugar should be limited to meal times.

Consider sugar substitutes between meals.

Protective Oral Hygiene

Reduction of Sugar in Diet

Sugars that are harmful to teeth include ordinary sugar (sucrose) which is added to many manufactured foods and fruit juice, and honey.

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

Encourage the use of natural chemical free sweeteners such as xylitol, made from fruit and vegetables.

Recommended Oral Health Care

Encourage the resident to drink water to rinse the mouth after meals, medications, other drinks and snacks.

Provide xylitol sugar substitute products. (Eating too many sugar substitute products may have a laxative effect.)

Encourage tooth friendly products between meals.

Rinse Mouth



Water reduces the acid that causes tooth decay.
Encourage the resident to drink water to rinse the mouth after meals, medications, other drinks and snacks.
A small drink of water before bed is also encouraged.

Sugar Substitute



Use xylitol instead of sugar for sweetening tea and coffee between meals.
Normal sugar may be used for drinks and cooking at meal times.
Xylitol does not leave an after-taste like other substitute sweeteners.
Xylitol also acts like other dietary fibre and improves the health of the digestive tract. However, if it is used in excessive amounts it may cause similar discomfort as other high fibre foods, such as diarrhoea.

Sugar Substitute (Continued)



Foods labelled 'no added sugar' or 'sugar free' do not necessarily mean they are tooth friendly.
Only products with the 'happy tooth' symbol are guaranteed to be tooth friendly.



Encourage residents' families to bring tooth friendly treats.
Xylitol products are safe for all consumers including children.

Caution
Foods containing xylitol may be harmful to pets and may have a laxative effect.

