



Better Oral Health in Residential Care

Staff Portfolio

Education and Training Program

Module 1: Good Oral Health is Essential for Healthy Ageing



Government of South Australia
SA Health



Better Oral Health
in Residential Care

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was made to ensure the information was accurate and up to date at the time of production, some information may become superseded as future research and new oral hygiene products are developed.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

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Public–11–A1

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Module 1

Good Oral Health is Essential for Healthy Ageing

Better Oral Health in Residential Care

Oral diseases and conditions can have social impacts on quality of life, including comfort, eating, pain and appearance, and are related to dentate status... Older adults need to eat and talk comfortably, to feel happy with their appearance, to stay pain free, to maintain self-esteem, and to maintain habits/standards of hygiene and care that they have had throughout their lives.

Chalmers, JM 2003, 'Oral health promotion for our ageing Australian population', Australian Dental Journal; vol. 48, no.1, pp.2-9.

The Facts

More aged care residents have their natural teeth.

Many residents take medications that contribute to dry mouth.

The onset of major oral health problems takes place well before an older person moves into residential aged care.

As residents become frailer and more dependent, they are at high risk of their oral health worsening in a relatively short time if their daily oral hygiene is not maintained adequately.

A simple protective oral health care regimen will maintain good oral health.

Quality of Life

Poor oral health will significantly affect a resident's quality of life in many ways:

- bad breath
- bleeding gums, tooth decay and tooth loss
- appearance, self-esteem and social interactions
- speech and swallowing
- ability to eat, nutritional status and weight loss
- pain and discomfort
- change in behaviour.

Impact on General Health

Oral integrity is as important as skin integrity in protecting the body against infection.

When this defence barrier is broken because of poor oral health, the bacteria in dental plaque can enter airways and the bloodstream. This can cause infection of tissues far away from the mouth and may contribute to:

- aspiration pneumonia
- heart attack
- stroke
- lowered immunity
- poor diabetic control.

Better Oral Health in Residential Care requires a team approach to maintain a resident's oral health care. GPs, RNs, nurses, care workers and dental professionals have responsibility for one or more of the 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.

3. Daily Oral Hygiene

Nurses and care workers maintain daily oral hygiene according to the oral health care plan.

4. Dental Treatment

Dental referrals for more detailed dental examination and treatment are made on the basis of an oral health assessment. It is recognised frail and dependent residents may be best treated at the residential aged care facility.



Common Oral Health Conditions experienced by Residents

This section examines common oral health conditions experienced by residents.

When doing a resident's oral hygiene, nurses and care workers should check daily for signs of the following conditions. Changes should be documented and reported to the RN.

Daily Check, Document and Report to the RN

Lips

- sore corners of mouth (angular cheilitis)

Tongue

- sore tongue (glossitis)
- thrush (candidiasis)

Gums and Tissues

- gum disease (gingivitis)
- severe gum disease (periodontitis)
- oral cancers
- ulcers and sore spots
- sore mouth (stomatitis)

Saliva

- dry mouth (xerostomia)

Natural Teeth

- tooth decay (caries)
- root decay (root caries)
- retained tooth roots

Dentures

- requiring attention
- poorly fitting

Oral Cleanliness

- poor oral hygiene

Lips



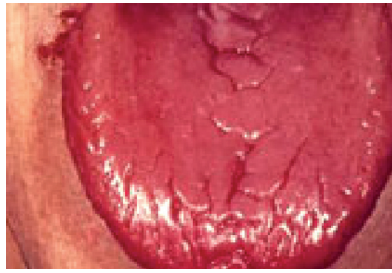
Sore Corners of Mouth (Angular Cheilitis)

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

Check for:

- soreness and cracks at corners of the mouth.

Tongue



Sore 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.



Thrush (Candidiasis)

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 Tissues



Gum Disease (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.



Severe Gum Disease (Periodontitis)

This causes gums and bone that support the teeth to breakdown.

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.

Gums and Tissues (Continued)



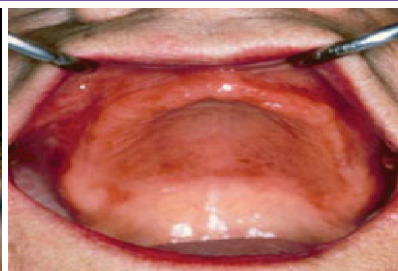
Ulcers & Sore Spots

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.



Sore Mouth (Stomatitis)

Usually, this 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



Dry Mouth (Xerostomia)

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:

- difficulty 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



Tooth Decay (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 Decay (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 discoloration 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.

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.

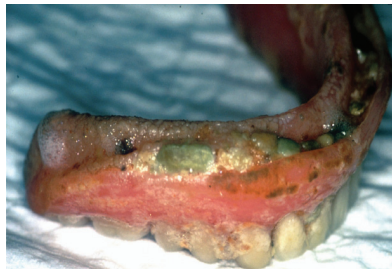
Poorly Fitting

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 Care and Changed Behaviour

Changed Behaviour

Residents, especially residents suffering dementia, can behave in a way that makes it difficult to provide oral health care. They may display changed behaviour, such as the following:

- fear of being touched
- not opening the mouth
- not understanding or responding to directions
- biting the toothbrush
- grabbing or hitting out.

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.

Oral Hygiene Products & Aids



- Use a soft toothbrush suitable for bending.
- 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.

Effective Communication



Talk Clearly

- Speak clearly and at the resident's pace.
- Speak at a normal volume.
- Always explain what you are doing.
- Use words the resident can understand.
- Ask questions that require a yes or no response.
- Give one instruction or piece of information at a time.

Use reassuring words and positive feedback.

Use words that impart an emotion; for example, 'lovely' smile or 'sore' mouth.

Observe the resident closely when you are talking with him or her. A lack of response, signs of frustration, anger, disinterest or inappropriate responses can all suggest the communication being used is too complex.

Effective Communication Strategies (continued)



Caring attitude

- Firstly, focus on building a good relationship with the resident before you start oral care.
- Use a calm, friendly and non-demanding manner.
- Smile and give a warm greeting using the resident's given name. Using the given name is more likely to engage the resident.
- Allow plenty of time for the resident to respond.
- If you cannot remain calm, try again at another time or get assistance.

The Right Environment

- Choose the location where the resident is most comfortable. This may be the bedroom where there are familiar things or the bathroom because this is the usual place for oral care.
- Maintain regular routines.
- Ensure there is good lighting as residents with dementia need higher levels of lighting.
- Use a brightly coloured toothbrush so it can be seen easily by the resident.
- If possible, turn off competing background noise such as the television or radio.

Body Language

- 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.
- Touch a neutral place such as the hand or lower arm to get the resident's attention.
- Position yourself at eye level and maintain eye contact if culturally appropriate.
- Be aware that the personal spaces of residents can vary.
- Be consistent in your approach and maintain a positive expression and caring language.

Improve Access to the Mouth



Overcoming Fear of Being Touched

The resident may respond fearfully to intimate contact when the relationship with you has not been established.

Firstly, concentrate on building up a relationship with the resident. Once you have engaged the resident, gently and smoothly stroke the resident's face. The aim is to relax the resident and create a sense of comfort and safety.

This process may need to be staged over time until the resident becomes trusting and ready to accept oral care.

Bridging

Bridging aims to engage the resident's senses, especially sight and touch, and to help the resident understand the task you are trying to do for him or her.

Undertake this method only if the resident is engaged with you.

Describe the toothbrush and show it to the resident.

Mimic brushing your own teeth so the resident sees physical prompts, and smile at the same time.

Place a brightly coloured toothbrush in the resident's preferred hand (usually the right hand).

The resident is likely to mirror your behaviour and begin to brush his or her teeth.

Chaining

If the resident does not initiate brushing his or her teeth through bridging, gently bring the resident's hand and toothbrush to his or her mouth, describing the activity and then letting the resident take over and continue.

Improve Access to the Mouth (Continued)



Hand over hand

If chaining does not work, then place your hand over the resident's hand and start brushing the resident's teeth so you are doing it together.

Distraction

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 resident's hand while you use the other toothbrush to brush the resident's teeth.

Familiar music may also be useful to distract and relax the resident during oral care.

Rescuing

If your relationship with the resident is not working and attempts at oral care are not going well, then tell the resident that you will leave it for now. Ask for help and have someone else take over the oral care.

Manage Changed Behaviour (First Stage Dementia)

Changed Behaviour

The resident has delusions.

The resident may think:

- you are not who you say you are
- you are trying to hurt or poison him or her
- he or she has cleaned their teeth already

What To Do

Mime what you want the resident to do.

Allow the resident to inspect the items.

Take the resident to another room; for example, move from the bedroom to the bathroom.

Manage Changed Behaviour (Second Stage Dementia)

Changed Behaviour

The resident grabs out at you or grabs your wrist.

What To Do

Pull back and give the resident space.

Ask if the resident is OK.

Offer the resident something to hold and restart oral care.

If grabbing continues, stop the oral care activity and try again later. In the meantime, offer the resident an activity he or she enjoys.

Changed Behaviour

The resident hits out.

What To Do

Think about what may have caused the resident's behaviour.

Was the resident startled?

Did something hurt?

Was the resident trying to help but the message was mixed?

Was the resident saying 'stop'?

Did the resident feel insecure or unsafe?

Changed Behaviour

The resident walks away.

What To Do

Allow the resident to perch rather than sit.

Perching is resting the bottom on a bench or table.

Manage Changed Behaviour (Third Stage Dementia)

Changed Behaviour

The resident does not open his or her mouth.

What To Do

Stimulate the resident's root reflex with your finger by stroking the resident's cheek in the direction of the mouth.

Place toothpaste on the top lip to prompt the resident to lick his or her lips.

Changed Behaviour

The resident keeps turning his or her face away.

What To Do

Reposition yourself.

Sit the resident upright.

Stimulate the resident's root reflex with your finger by stroking the resident's cheek in the direction of the mouth. The resident's head will turn to the side which is being stroked.

Changed Behaviour

The resident bites the toothbrush.

What To Do

Stop moving the toothbrush.

Ask the resident to release it.

Distract the resident with gentle strokes to the head or shoulder, using soothing words.

Changed Behaviour

The resident holds onto the toothbrush and does not let go.

What To Do

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

Changed Behaviour

The resident spits.

What To Do

Ensure you are standing to the side or diagonal front.

Place a face washer or paper towel on the resident's chest so you can raise it to catch the spit.

Modified Oral Hygiene Methods



Wipe high fluoride toothpaste onto teeth

Instead of brushing teeth, try wiping a smear of toothpaste along the teeth with a toothbrush or oral swab.

Alternatively, a chlorhexidine gel can be applied the same way.

This does not replace brushing but is a short-term alternative.



Mouth props

Mouth props can be used for residents who clench or bite or who have difficulty opening their mouth. Use mouth props only if you have been trained to do so.

Caution

Never place your fingers between the teeth of a resident.

Modified Oral Hygiene Methods (Continued)



Modified Soft Toothbrush

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

Use one hand in a 'pistol grip' to support the chin and roll down the lower lip while you insert a backward toothbrush and retract the cheek. Release your grip to hold the backward bent brush and use another toothbrush in your other hand to brush the resident's teeth.

To bend a soft toothbrush handle:

- place the brush in a cup of hot water to soften the plastic
- apply downward pressure on the brush until it bends to a 45 degree angle
- take care as some brands of toothbrush may snap
- clear plastic toothbrushes are the easiest to bend.



Use of a Spray Bottle

If it is difficult to brush or smear high fluoride toothpaste or chlorhexidine gel onto the teeth, a chlorhexidine mouthwash can be sprayed into the mouth.

This does not replace brushing but is a short-term alternative.

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 have a pharmacist 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.



Review what you are doing

Are you using the right oral hygiene aids?

Are you approaching with a caring attitude?

Is your language and expression effective?

Is the resident not concentrating or participating because of the environment?

Is it the right room or location for the resident?

Is your approach familiar to the person?

Is the time of the day best for the person, such as morning versus evening?

Ask others, including family, for ideas.

Ask for help.

