

Brushing Up on Mouth Care

An oral health resource for those who
provide care to older adults



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Please note that these educational resources were developed for use in Long Term Care and therefore the term 'resident' is used throughout to describe the recipient of care. This information is also valuable to those providing care in other settings such as home care and acute care. In these instances, please take the term 'resident' to mean client, patient, loved one, or whatever term best describes the person you are caring for.

TOOL-KITS & CARE CARDS

Explanation of the Oral Health Toolkit and samples of the various oral care cards

ASSESSMENT FORMS

Daily Oral Health Assessment Form, Oral Health Assessment Tool & Oral Hygiene Care Plan

INFORMATION SHEETS

Information on various oral health conditions and tips & tricks for providing effective oral care to older adults

ORAL HEALTH PRODUCTS/AIDS

Information on a variety of oral health products/aids

EDUCATIONAL VIDEOS

Educational videos on various topics related to oral health and mouth care

ORAL HEALTH TOOLKITS



It is important that oral care supplies be stored together in an appropriate place.



An Oral Health Toolkit should be made for each resident. These toolkits are used to store **oral care supplies ONLY**. The suggested model includes a metal basket containing a disposable plastic cup. This model was selected for the following reasons:

- *The basket is portable and provides an easy way to transport oral care supplies into the washroom **OR** the basket can be mounted to the wall of the washroom*
- *The metal basket is deep enough to hold the plastic cup (without fear of it falling over), it is wide enough to store a denture cup/container, and it is easy to clean*
- *The plastic cup is easy to label, tall enough to keep the toothbrush upright to dry, and disposable so it can be replaced when it gets dirty*

Supplies that may be stored in the toolkit include:

- | | |
|-----------------------|-------------------------------------|
| ⇒ Toothbrush | ⇒ Facecloth(s) |
| ⇒ Toothpaste | ⇒ Denture cup/container |
| ⇒ Mouthrinse | ⇒ Dentures or partial plates |
| ⇒ Floss | ⇒ Denture cleaner |
| ⇒ Floss handle | ⇒ Denture brush |
| ⇒ Proxabrush | ⇒ Emesis/kidney basin |
| ⇒ Toothettes | ⇒ Care cards* |
| ⇒ Mouth prop | |

For a complete break down of various oral health supplies and their uses, please see section #4 of this manual

TOOLKIT ASSEMBLY: *Suggested Guidelines*



- #1) Mount the metal basket securely to the wall at a height that is appropriate for the resident**
- *If possible, avoid mounting behind or beside the toilet*
 - *Toolkit may be placed in cupboard if required*
 -

- #2) Be sure that all oral care supplies are labeled with the resident's name or initials**

- *Plastic cup*
- *Toothbrush*
- *Toothpaste*
- *Denture brush*
- *Dentures*
- *Denture cup*
- *Mouth rinse*
- *Oral care card*



- #3) Use the cup to stand the resident's toothbrush and denture brush (if necessary) to air dry**
- *Toothpaste, flossers, and/or proxabrushes may also be placed in the cup*
 - *The cup will need to be replaced OR washed when the resident's toothbrush is replaced*

- #4) Place plastic cup in basket. Any other oral supplies can be placed in the other side of the basket**
- *i.e. Denture cup, mouth rinse, face cloth, etc.*



- #5) Oral care cards can stand in the back of the basket OR can be pinned to the wall**
- *Placing the card in a large ziplock bag may help to prevent smudging*

- #6) ONLY oral care supplies should be stored in the basket.**

ORAL CARE CARDS



The daily oral care needs older adults depend on their current oral health status.

Daily mouth-care Card for people with **NATURAL TEETH** Name: _____

Instructions or comments:

- Check mouth for abnormalities _____
- Brush teeth _____
- Brush tongue from back to front _____
- Floss or alternative (if possible)* _____
- Rinse mouth with mouth rinse**/salt water _____
- Rinse toothbrush and store to air dry _____

*Alternatives to flossing include a proxbrush, floss handle, or flossers
**Avoid alcohol-based mouth rinse (tends to dry out the mouth)

Oral care cards outline the necessary steps for providing daily oral care to someone with natural teeth, dentures, partials, or a combination of natural teeth and dentures/partials. There is also a card available for those residents who have difficulty swallowing. **Each resident, should be provided with a care card appropriate for his or her needs.**

The resident's name should be placed on the front of the card along with any special instructions. Special instructions may include personal preferences such as the time of day they prefer to have mouth care done.

Required supplies: toothbrush, toothpaste, mouth rinse (non-alcohol)

Additional supplies (if necessary): floss (OR proxbrush, floss handle, flossers), facecloth, towel, tongue cleaner, lip lubrication, mouth props, gloves, gauze, kidney basin

Further details about personal oral care

- Take note of any abnormalities on the lips, tongue, cheeks, gums, teeth, roof and floor of mouth. Look for red or white patches, sores, swelling, bleeding, loose/broken teeth
- If concerned or if issue does not resolve itself in 7 to 14 days, contact a health professional
- Lubricate lips with lip lubricant (not just water or saliva)
- Brush teeth minimum once daily (thoroughly)
- Gently massage gums with toothbrush at 45 degrees to the gums
- For those who have difficulty reaching the sink, have kidney basin available to spit
- For those who have trouble swallowing, dry the mouth and teeth with gauze

DATE
When toothbrush was last changed: _____
Of last visit to dentist: _____

On the back of every card there is a space to record:

- The date the resident's toothbrush was last changed
- The date of the resident's last visit with an oral health professional

Care cards should be stored with or near the oral health toolkit.

LEGEND - DENTAL CARDS

Pink

= NATURAL TEETH

Purple

= NATURAL TEETH + PARTIAL DENTURES

Blue

= NATURAL TEETH + DENTURES

Yellow

= NO NATURAL TEETH + DENTURES

Green

= NO NATURAL TEETH + NO DENTURES

Red

= UNABLE TO SWALLOW

NATURAL TEETH

Name : _____

Instructions or comments:

- Check mouth for abnormalities
- Brush teeth
- Brush tongue from back to front
- Floss or alternative (if possible)*
- Rinse mouth with mouth rinse**/salt water
- Rinse toothbrush and store to air dry
- Record success on flow sheet

*Alternatives to flossing include a proxabrush, floss handle, or flossers
 **Avoid alcohol-based mouth rinse (tends to dry out the mouth)



Required supplies: toothbrush, toothpaste, mouth rinse (non-alcohol)

Additional supplies (if necessary): floss (OR proxabrush, floss handle, flossers), facecloth, towel, tongue cleaner, lip lubrication, mouth props, gloves, gauze, kidney basin

Further details about personal oral care

- Record any abnormalities on the 'Resident Oral Health Assessment' sheet
- Lubricate lips with lip lubricant (not just water or saliva)
- Brush teeth minimum once daily (thoroughly)
- Gently massage gums with toothbrush at 45 degrees to the gums
- For those who cannot reach the sink, have kidney basin available to spit
- For those who have trouble swallowing, dry the mouth and teeth with gauze

DATE

When toothbrush was last changed: _____

Of last visit to dentist: _____



Capital Health

Daily mouth-care Card for people with
NATURAL TEETH + PARTIAL DENTURES

Name : _____

STEP 1 (Teeth)

- Remove partials and rinse
- Check mouth for abnormalities
- Brush teeth and tongue
- Floss or alternative (if possible)*
- Rinse mouth with mouth rinse**/salt water
- Rinse toothbrush and air dry
- Record success on flow sheet

**Alternatives to flossing include a proxabrush, floss handle, or flossers*

***Avoid alcohol-based mouth rinse (tends to dry out the mouth)*

Instructions or comments:

STEP 2 (Partial)

- Brush partial with liquid soap (NOT toothpaste)* and rinse
- Check partial for problems
- Air dry partial or soak in water with denture cleaning product (NOT bleach) overnight
- Rinse partial before placing back in mouth

**Toothpaste is abrasive and will scratch partial allowing bacteria to build-up*



Required supplies: toothbrush, toothpaste, mouth rinse (non-alcohol), denture brush, liquid soap, storage container

Additional supplies (if necessary): floss (OR proxabrush, floss handle, flossers), facecloth, towel, tongue cleaner, lip lubrication, mouth props, denture cleaning solutions, gloves, gauze, kidney basin

Further details about personal oral care

STEP 1 (Teeth)

- Record any abnormalities on the 'Resident Oral Health Assessment' sheet
- Lubricate lips with lip lubricant (not just water or saliva)
- Brush teeth minimum once daily (thoroughly)
- Gently massage gums with toothbrush at 45 degrees to the gums
- For those who cannot reach the sink, have kidney basin available to spit
- For those who have trouble swallowing, dry the mouth and teeth with gauze

STEP 2 (Partial)

- Get resident to remove partial if able
- Look for plaque and tartar buildup on partial
- If plaque and tartar buildup present, place partial in container with denture cleaner for 30 to 60 minutes

DATE

When toothbrush was last changed: _____

Of last visit to dentist: _____



Capital Health

Daily mouth-care Card for people with
NATURAL TEETH + DENTURES

Name : _____

STEP 1 (Teeth)

- Remove dentures and rinse
- Check mouth for abnormalities
- Brush teeth and tongue
- Floss or alternative (if possible)*
- Rinse mouth with mouth rinse**/salt water
- Rinse toothbrush and air dry
- Record success on flow sheet

*Alternatives to flossing include a proxabrush, floss handle, or flossers

**Avoid alcohol-based mouth rinse (tends to dry out the mouth)

Instructions or comments:

STEP 2 (Denture)

- Brush denture with liquid soap (NOT toothpaste)* and rinse
- Check denture for problems
- Soak overnight in water with 1 tsp bleach or denture cleaning product
- Rinse denture before placing back in mouth

*Toothpaste is abrasive and will scratch denture allowing bacteria to build-up



Required supplies: toothbrush, toothpaste, mouth rinse (non-alcohol), denture brush, liquid soap, storage container

Additional supplies (if necessary): floss (OR proxabrush, floss handle, flossers), facecloth, towel, tongue cleaner, lip lubrication, mouth props, denture cleaning solutions, gloves, gauze, kidney basin

Further details about personal oral care

STEP 1 (Teeth)

- Record any abnormalities on the 'Resident Oral Health Assessment' sheet
- Lubricate lips with lip lubricant (not just water or saliva)
- Brush teeth minimum once daily (thoroughly)
- Gently massage gums with toothbrush at 45 degrees to the gums
- For those who cannot reach the sink, have kidney basin available to spit
- For those who have trouble swallowing, dry the mouth and teeth with gauze

STEP 2 (Denture)

- Get resident to remove denture if able
- Look for plaque and tartar buildup
- If plaque and tartar buildup present, place denture in container with denture cleaner for 30 to 60 minutes

DATE

When toothbrush was last changed: _____

Of last visit to dentist: _____



Faculty of Dentistry

Atlantic Health Promotion Research Centre

Capital Health

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Daily mouth-care Card for people with
NO NATURAL TEETH + DENTURES

Name : _____

STEP 1 (Mouth)

- Remove dentures and rinse
- Check mouth for abnormalities
- Gently brush tongue and palate*
- Rinse mouth with mouth rinse**/salt water
- Rinse toothbrush and air dry
- Record success on flow sheet

*Brush with mouth rinse (preferred) or toothpaste

**Avoid alcohol-based mouth rinse (tends to dry out the mouth)

Instructions or comments:

STEP 2 (Denture)

- Brush denture with liquid soap (NOT toothpaste)* and rinse
- Check denture for problems
- Soak overnight in water with 1 tsp bleach or denture cleaning product
- Rinse denture before placing back in mouth



Required supplies: toothbrush, mouth rinse (non-alcohol), denture brush, liquid soap, denture container

Additional supplies (if necessary): facecloth, towel, tongue cleaner, lip lubrication, mouth props, denture cleaning solutions, gloves, gauze, kidney basin

Further details about personal oral care

STEP 1 (Mouth)

- Record any abnormalities on the 'Resident Oral Health Assessment' sheet
- Lubricate lips with lip lubricant (not just water or saliva)
- Brush teeth minimum once daily (thoroughly)
- Gently massage gums with toothbrush at 45 degrees to the gums
- For those who cannot reach the sink, have kidney basin available to spit
- For those who have trouble swallowing, dry the mouth and teeth with gauze

STEP 2 (Denture)

- Get resident to remove denture if able
- Look for plaque and tartar buildup
- If plaque and tartar buildup present, place denture in container with denture cleaner for 30 to 60 minutes

DATE

When toothbrush was last changed: _____

Of last visit to dentist: _____



Capital Health

Name : _____

Instructions or comments:

- Check mouth for abnormalities
- Gently brush tongue and palate*
- Rinse mouth with mouth rinse**/salt water
- Rinse toothbrush and air dry
- Record success on flow sheet

**Brush with mouth rinse (preferred) or toothpaste*

***Avoid alcohol-based mouth rinse (tends to dry out the mouth)*



Required supplies: toothbrush, mouth rinse (non-alcohol), denture brush, liquid soap, denture container

Additional supplies (if necessary): facecloth, towel, tongue cleaner, lip lubrication, mouth props, denture cleaning solutions, gloves, gauze, kidney basin

Further details about personal oral care

- Record any abnormalities on the 'Resident Oral Health Assessment' sheet
- Lubricate lips with lip lubricant (not just water or saliva)
- Brush mouth minimum once daily (thoroughly)
- Gently massage gums with toothbrush at 45 degrees to the gums
- For those who cannot reach the sink, have kidney basin available to spit
- For those who have trouble swallowing, dry the mouth and teeth with gauze

DATE

When toothbrush was last changed: _____

Of last visit to dentist: _____

Daily mouth-care Card for people who are
UNABLE TO SWALLOW

Name : _____

Instructions or comments:

- Check mouth for abnormalities
- Sit upright or lie on side
- Lubricate lips (for resident comfort)
- Dip toothbrush in mouth rinse and brush teeth / tongue / palate
- Dry teeth / tongue / palate with gauze*
- Rinse toothbrush and air dry
- Record success on flow sheet

* This will remove excess moisture from the mouth



Required supplies: lip lubrication, toothbrush, mouth rinse (to dip toothbrush in), facecloth, towel, gauze, kidney basin

Additional supplies (if necessary): tongue cleaner, mouth props, gloves

Further details about personal oral care

- Record any abnormalities on the 'Resident Oral Health Assessment' sheet
- Brush teeth minimum once daily (thoroughly)
- Gently massage gums with toothbrush at 45 degrees to the gums

DATE

When toothbrush was last changed: _____

Of last visit to dentist: _____

DAILY ORAL HEALTH ASSESSMENT



Providing daily oral care to residents also presents an important opportunity to check the mouth for any abnormalities.



Before providing daily oral care, we ask that you take 60 seconds to do a quick ‘check’ of the resident, patient, or client’s mouth. Use the following principles to guide you:

LOOK: Look in the mouth for any abnormalities. Look at the teeth, the roof of the mouth, the floor of the mouth, all sides of the tongue, inside the cheeks and lips, and along the gumline. If the resident has dentures or partials, remove them from the mouth and inspect them for any loose or broken pieces.

FEEL: Feel along the gum line and in the cheeks. DO NOT put your fingers between the teeth.

TELL: If you notice something abnormal:

- 1) fill out the Daily Oral Health Assessment Form,
- 2) put it in the resident’s file,
- 3) TELL your supervisor.

An abnormality would be considered anything new, or that wasn’t there before. It may present as red or white patches, swelling/lumps, loose teeth, etc. Using the legend provided, simply mark on the mouth-diagram **what you’ve noticed and where**. Place your name and date on the card. This will provide a recorded timeline of any changes occurring in the resident’s mouth.

LEGEND	
(R)	RED PATCHES
(W)	WHITE PATCHES
~	LUMPS, BUMPS OR SWELLING
(S)	SORES
(B)	BLEEDING
☆	LOOSE/BROKEN TOOTH

Any abnormalities that do not resolve themselves within 14 days should be looked at by a dental professional.

Daily assessment forms only need to be completed when something abnormal is found. Completed cards are then to be placed in the resident’s file. Since there are many tasks that must be completed while in the washroom with the resident, we recommend completing this form as soon as possible once you have completed care for that resident.

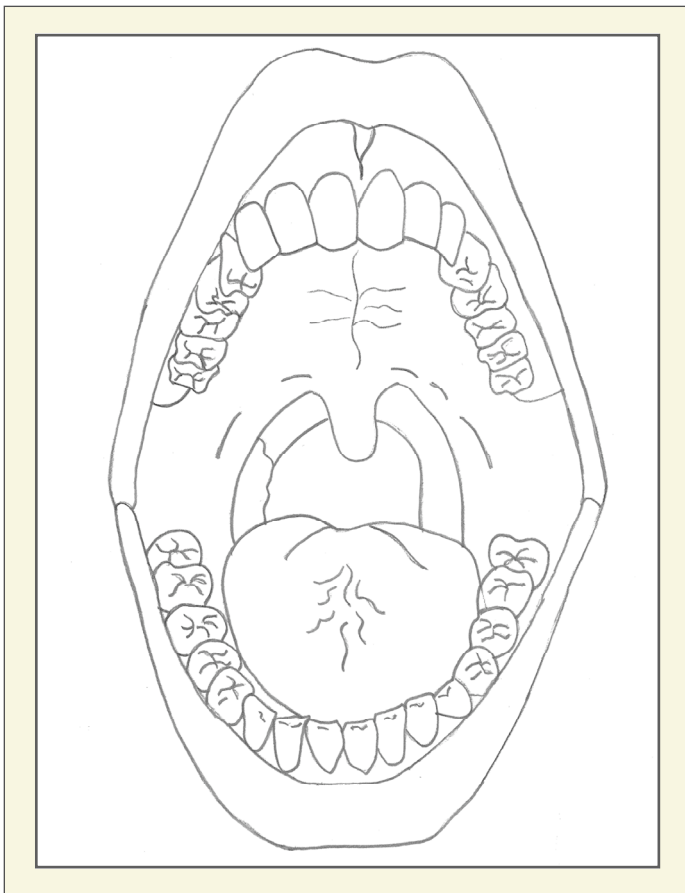


SEE EDUCATIONAL VIDEO #5 FOR MORE INFORMATION ON HOW TO COMPLETE THIS ASSESSMENT

DAILY ORAL HEALTH ASSESSMENT SHEET



Please use the illustration below to record any problems observed when performing the resident's daily oral care routine



Date: _____

Resident Name: _____

Staff Name: _____

LEGEND

(R)	RED PATCHES
(W)	WHITE PATCHES
⚡	LUMPS, BUMPS OR SWELLING
(S)	SORES
(B)	BLEEDING
☆	LOOSE/BROKEN TOOTH

BE SURE TO REMOVE DENTURES/PARTIALS BEFORE COMPLETING ASSESSMENT

Where to look

- **Tongue** (sides and front)
 - Have resident stick out tongue
- **Floor of the mouth** (underneath the tongue)
 - Have resident lift tongue OR move with toothbrush
- **Roof of the mouth** (hard & soft palate)
 - Tilt resident's head back slightly
- **Cheeks**
 - Pull cheek away from teeth
- **Gums & Teeth**
 - Fold top lip up and bottom lip down to assess gums
- **Lips**

PLEASE REPORT ANY PROBLEMS TO THE RN ON DUTY



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ANNUAL ORAL HEALTH ASSESSMENT



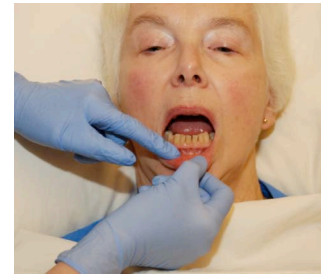
A resident's oral status should be assessed on a regular basis, and in a routine and methodical manner

Each new resident entering a care facility should have an assessment completed prior to the development of their initial care plan. **All residents should have their oral health assessed annually by a member of the nursing staff.** Ideally annual assessments will be completed to coincide with annual care conferences.

The Oral Health Assessment Tool (OHAT) is a widely accepted validated tool for assessing various aspects of oral health status. This quick and easy one page document is used to identify common healthy and unhealthy conditions associated with the mouth tissues and dentures.

The 8 categories we will examine are:

- LIPS NATURAL
- TONGUE -
- GUM & TISSUES
- ORAL CLEANLINESS
- TEETH
- DENTURE(S)
- SALIVA
- DENTAL PAIN



At the top of the page write the date, resident's name, and indicate if this assessment is:

- 1) an **ADMISSION** assessment,
- 2) an **ANNUAL** assessment
- 3) a **FOLLOW-UP** assessment being completed on a resident who requires more attention to their oral health

The OHAT is divided into columns:

Category: the areas and conditions to be examined

Assessment columns: Any section in these columns that is underlined with a star indicates that a dental professional should be consulted to assess the issue.

0 = HEALTHY: the resident has good oral health; no intervention required

1 = CHANGES: some changes are apparent; an intervention or referral is required

2 = UNHEALTHY: the oral cavity is unhealthy; referral is required.

Score: add up the score from the assessment columns

Action Required: based on the score, indicate if referral and/or intervention is required

Action Completed: indicate if the referral or intervention been completed

At the bottom of the page there is space for follow-up and referral. The Oral Hygiene Care Plan should be updated based on the results of the OHAT. A resident with abnormal findings may need to have a follow-up assessment completed within the year. If referral to an oral health professional was recommended and the resident or a family member refuses the referral, there is a space for them to indicate why they refused and to sign.



SEE EDUCATIONAL VIDEO #5 FOR MORE INFORMATION ON HOW TO COMPLETE THIS ASSESSMENT

ORAL HEALTH ASSESSMENT TOOL (OHAT) for LONG TERM CARE

Resident: _____

Admission Assessment Annual Assessment Follow-up Assessment 1 2 3

Date: _____

NOTE: A Star* and underline indicates referral to an oral health professional (i.e. dentist, dental hygienist, denturist) is required

Category	0 = HEALTHY	1 = CHANGES	2 = UNHEALTHY	Score	Action Required	Action Completed
Lips	Smooth, pink, moist	Dry, chapped, or red at corners	<u>Swelling or lump, white/red/ulcerated patch; bleeding/ ulcerated at corners*</u>		1=intervention 2=refer	<input type="checkbox"/> YES <input type="checkbox"/> NO
Tongue	Normal, moist, pink	Patchy, fissured, red, coated	<u>Patch that is red and/or white, ulcerated, swollen*</u>		1=intervention 2=refer	<input type="checkbox"/> YES <input type="checkbox"/> NO
Gums & Tissues	Pink, moist, Smooth, no bleeding	<u>Dry, shiny, rough, red, swollen around 1 to 6 teeth, one ulcer or sore spot under denture*</u>	<u>Swollen, bleeding around 7 teeth or more, loose teeth, ulcers and/or white patches, generalized redness and/or tenderness*</u>		1 or 2 = refer	<input type="checkbox"/> YES <input type="checkbox"/> NO
Saliva	Moist tissues, watery and free flowing saliva	Dry, sticky tissues, little saliva present, resident thinks they have dry mouth	<u>Tissues parched and red, very little or no saliva present; saliva is thick, ropey, resident complains of dry mouth*</u>		1=intervention 2=refer	<input type="checkbox"/> YES <input type="checkbox"/> NO
Natural Teeth <input type="checkbox"/> Y <input type="checkbox"/> N	No decayed or broken teeth/roots	<u>1 to 3 decayed or broken teeth/roots*</u>	<u>4 or more decayed or broken teeth/roots, or very worn down teeth, or less than 4 teeth with no denture*</u>		1 or 2 = refer	<input type="checkbox"/> YES <input type="checkbox"/> NO
Denture(s) <input type="checkbox"/> Y <input type="checkbox"/> N	No broken areas/teeth, dentures worn regularly and labeled	1 broken area/tooth, or dentures only worn for 1 to 2 hours daily, or no name on denture(s)	<u>More than 1 broken area/tooth, denture missing or not worn due to poor fit, or worn only with denture adhesive*</u>		1=ID denture 2=refer	<input type="checkbox"/> YES <input type="checkbox"/> NO
Oral Cleanliness	Clean and no food particles or tartar on teeth or dentures	Food particles/ tartar/ debris in 1 or 2 areas of the mouth or on small area of dentures; occasional bad breath	<u>Food particles, tartar, debris in most areas of the mouth or on most areas of denture(s), or severe halitosis (bad breath)*</u>		1=intervention 2=refer	<input type="checkbox"/> YES <input type="checkbox"/> NO
Dental Pain	No behavioural, verbal or physical signs of pain	<u>Verbal and/or behavioural signs of pain such as pulling of face, chewing lips, not eating, aggression*</u>	<u>Physical signs such as swelling of cheek or gum, broken teeth, ulcers, 'gum boil', as well as verbal and or behavioural signs*</u>		1 or 2 = refer	<input type="checkbox"/> YES <input type="checkbox"/> NO

Completed by: _____

FOLLOW UP:

- 1) Oral Hygiene Care Plan updated - Y N
Date: _____
- 2) OHAT to be repeated - in one year
 on date _____

REFERRAL:

- a) REFERRAL to an oral health professional required Y N
 - b) REFERRAL made Y (appointment date: _____) N (see below)
 - c) REFERRAL refused by resident/family/guardian Y
- Reason for refusal: _____ Signature: _____

(OHAT Tool, Chalmers 2004)

This version is based on modifications from the Halton Region's Health Department (2007)



ORAL HYGIENE CARE PLAN



The care planning tool can be used to outline what is required to ensure that each resident is receiving adequate and appropriate oral care on a daily basis



This care plan should be reviewed and updated each time the Oral Health Assessment Tool is completed: It provides a way for staff to communicate about the oral care of individual residents and can also provide a record of whether or not progress is being made over time.

It is important to fill in the patient's name, who completed the chart, the date it was completed, and, if they have one, the name and phone number of the resident's dentist for easy referral. The date of the resident's last dental appointment and the date for their next oral hygiene assessment and treatment can also be recorded here.



Assessment of dentures:

Circle whether the resident has upper or lower dentures or both. Indicate whether they are full or partial dentures. If the resident does not have any dentures, this should also be noted here. Record if the dentures are labeled or not.

Assessment of natural teeth:

Here we indicate whether the resident has any natural teeth in either the upper or lower arch. There is also an opportunity to record whether there are "root tips" present in either arch. When the crown of a tooth breaks off at the gum-line, the part of the tooth that remains in the arch is a root or root-tip. These are often stable in older adults and not a cause for concern. However, they can become infected so need to be monitored carefully.

Level of Assistance:

Record whether or not the resident is able to look after his or her own teeth or denture care or what level of assistance they may require.



Interventions for Oral Hygiene Care:

A variety of common oral hygiene interventions are itemized to cue the care-provider about best approaches for a particular resident. For example, it may be observed that an electronic toothbrush is indicated at least once a day.

Regular Barriers to Oral Care:

The itemized list helps to identify behaviors that might be expected of a particular resident such as "won't open mouth" or "aggressive". These are noted in order to better prepare the care-provider to deliver oral hygiene care.



SEE EDUCATIONAL VIDEO #5 FOR MORE INFORMATION ON HOW TO COMPLETE THIS ARE PLAN

ORAL HYGIENE CARE PLAN for LONG TERM CARE

Resident:
Date:

Completed by:

Dentist: _____ **Dentist Phone #:** _____

Date of last dental appointment: _____ **Date for next oral hygiene care plan review:** _____

Assessment of Dentures: <i>(please circle)</i>	UPPER	FULL <i>Name on denture:</i> Yes	PARTIAL No	NOT WORN No	NO DENTURE	Level of Assistance <i>(please circle)</i> Denture Cleaning: Independent some assistance fully dependant
	LOWER	FULL <i>Name on denture:</i> Yes	PARTIAL No	NOT WORN No	NO DENTURE	
Assessment of Natural Teeth: <i>(please circle)</i>	UPPER	YES	NO	Root tips present		Teeth Cleaning: Independent some assistance fully dependant
	LOWER	YES	NO	Root tips present		
Interventions for oral hygiene care <i>(check all that apply and indicate frequency as needed)</i>	<input type="checkbox"/> Mouth swab..... <input type="checkbox"/> a.m. <input type="checkbox"/> p.m. <input type="checkbox"/> Electric toothbrush..... <input type="checkbox"/> a.m. <input type="checkbox"/> p.m. <input type="checkbox"/> Suction toothbrush..... <input type="checkbox"/> a.m. <input type="checkbox"/> p.m. <input type="checkbox"/> Regular toothbrush <input type="checkbox"/> a.m. <input type="checkbox"/> p.m. <input type="checkbox"/> Use 2 toothbrushes..... <input type="checkbox"/> a.m. <input type="checkbox"/> p.m. <input type="checkbox"/> Interproximal toothbrush / floss.... <input type="checkbox"/> a.m. <input type="checkbox"/> p.m. <input type="checkbox"/> Regular fluoride toothpaste..... <input type="checkbox"/> a.m. <input type="checkbox"/> p.m. <input type="checkbox"/> Do not use toothpaste <input type="checkbox"/> Scrub denture/s with denture brush..... <input type="checkbox"/> a.m. <input type="checkbox"/> p.m. <input type="checkbox"/> Soak denture/s over night in water with denture tablet <input type="checkbox"/> Scrub denture bath weekly <input type="checkbox"/> Dry mouth products as needed _____ <input type="checkbox"/> Fluoride varnish or other fluoride products (Rx by dentist or physician) <input type="checkbox"/> Chlorhexidine mouth rinse (Rx by dentist or physician) <input type="checkbox"/> Other:				Regular barriers to oral care <i>(check all that apply)</i>	<input type="checkbox"/> Forgets to do oral hygiene care <input type="checkbox"/> Refuses oral hygiene care <input type="checkbox"/> Won't open mouth <input type="checkbox"/> No compliance with directions <input type="checkbox"/> Aggressive / kicks / hits <input type="checkbox"/> Bites toothbrush and/or staff <input type="checkbox"/> Can't swallow properly <input type="checkbox"/> Can't rinse / spit <input type="checkbox"/> Constantly grinding / chewing <input type="checkbox"/> Head faces downwards / moves <input type="checkbox"/> Won't take dentures out at night <input type="checkbox"/> Dexterity or hand problems / arthritis <input type="checkbox"/> Requires financial assistance <input type="checkbox"/> Other:

(Modified from Chalmers, 2004)

Common Oral Conditions



Many oral conditions become more prevalent with age



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Dental Decay:

SIGNS: Dark, stained holes and fractures of the teeth (including the roots along the gumline)
MANAGEMENT: The best prevention is good daily mouth care. Consumption of sticky, sugary foods and drinks (*especially in between meals*) should be limited. Using fluoridated toothpastes, topical fluoride gels and varnishes can prevent small shallow decayed areas from getting bigger. Most often, cavities should be filled by a dentist. .

Gingivitis:

SIGNS: Red, swollen or bleeding gums
MANAGEMENT: Daily brushing, flossing (or alternative)

Periodontal Disease:

SIGNS: Gingivitis, recession, loose teeth
MANAGEMENT: Good oral hygiene, regular dental exams and professional cleaning
CAN CONTRIBUTE TO: Systemic conditions such as cardiovascular disease, diabetes, or pneumonia

Denture Stomatitis:

SIGNS: Small red lesions (Petechia) usually under the top denture. Not usually painful.
MANAGEMENT: Remove the dentures at night. Ensure dentures are thoroughly cleaned. *If severe, see a dentist for an anti-fungal cream*
This is one of the reasons dentures should be removed at night.

Candidiasis:

SIGNS: White spots on the tissues that can be wiped off (thrush), red burning lesions, or fissures at the corners of the mouth
MANAGEMENT: Topical or systemic antifungal medication. (see a dental or medical professional)

Angular Chelitis

Commonly seen in people who have lost some or all of their teeth.

SIGNS: Red and ulcerated patches in the corners of the mouth. It can be very painful to open the mouth and can limit eating drinking or speaking.
MANAGEMENT: Treatment with antifungal agents and overall good nutrition

Xerostomia (Dry Mouth):

SIGNS: Red, cracked, swollen, dry tongue, change in taste, difficulty eating, swallowing or talking

Usually caused by medications, radiation to the head & neck area, and smoking

MANAGEMENT: Frequent sips of water, sucking ice cubes, chewing sugar free gum, or saliva substitutes

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Dehydration




Some reports suggest that as many as 30% of long-term care residents are chronically dehydrated




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Dehydration in palliative patients and the frail elderly is a significant problem.

Dehydration can occur for a variety of reasons:

 **The physiological mechanisms that control the thirst reflex may decline with age or be inhibited as a side effect of medications.**

 **Urinary tract dysfunction can be painful and may reduce the intake of fluids - however, dehydration can also lead to urinary tract dysfunction.**

 **Elderly patients with dementia may have decreased fluid intake**

TECHNIQUES TO IMPROVE HYDRATION:

- 1) Sip on water throughout the day. *Avoid juices between meals as this can promote tooth decay*
- 2) Suck on ice chips **ONLY** if this is appropriate for the resident
- 3) Use a humidifier at night

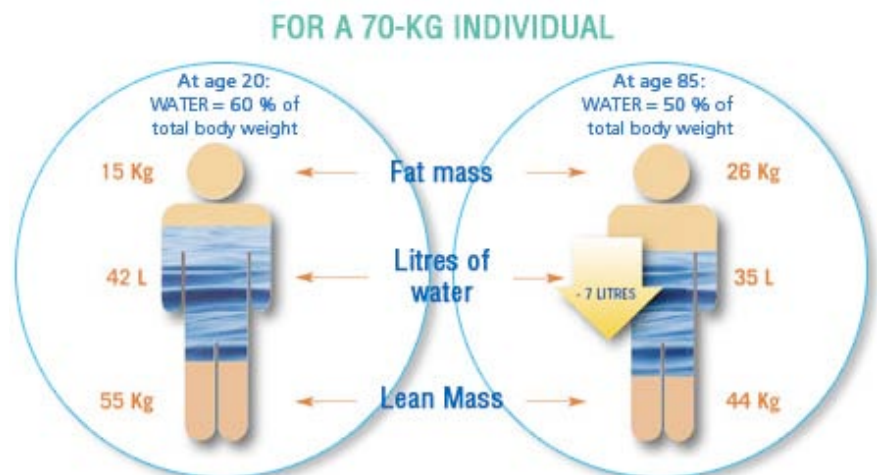


Figure 1: Diminution of water... according to M. Ferry, 2001.

The elderly are particularly susceptible to dehydration because a lower percentage of their body weight is made up of water.

An elderly person can have **up to 7 liters less** water in their bodies compared to a 20 year old.

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DEMENTIA & Oral Care



People with dementia are likely to need various degrees of assistance

The most prominent form of dementia is **Alzheimer's Disease**



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By 2038 approximately 3% of Canadians will be affected by dementia



Signs & Symptoms:

Confusion, memory loss, changes in behaviour & personality, difficulty organizing daily tasks



FACTS ABOUT 'DEMENTIA':

- ➔ The cause is still unclear and is believed to be a combination of family history, lifestyle and environment
- ➔ As the disease progresses, people with dementia find it difficult to work or participate in normal daily activities
- ➔ Symptoms of dementia often worsen over time
- ➔ There is no cure but there are medications that may help slow the progression of the disease
- ➔ As the brain loses its ability to process information the person relies heavily on cues from their environment and reacts without the ability to think through a situation or problem solve to determine appropriate actions

Why should you care?

- 🦷 Poor daily oral care can cause periodontal disease, difficulty chewing and lead to poor nutrition
- 🦷 Oral care tasks will likely take more time as dementia progresses from early to later stages
- 🦷 It is important to label all oral care products, including dentures, brushes, etc. in case they go missing or end up in another room
- 🦷 People with dementia may appear to have a fearful reaction to a non-threatening situation – such as someone attempting to brush their teeth

Understanding the Losses of Dementia - The 7 A's

Anosognosia – no knowledge of their illness or disease: People with dementia may become angry with caregivers trying to provide oral care, not appreciating they need assistance.

Amnesia – loss of memory: Always introduce yourself and the task you intend to perform.

Aphasia – loss of language: Speak slowly to the person when engaging them in the task of

performing oral care and provide visual cues, like a toothbrush, to indicate what is about to take place.

Agnosia – loss of recognition of people, objects and sounds: Put yourself and the object into context by performing mouth care in the bathroom and running the water.

Apraxia – loss of purposeful movement: Provide simple instructions - break down and demonstrate each step, and

initiate the task of brushing the teeth.

Altered Perception - changes in the way the person walks or sits and misinterpretation of objects in their environment: Approach the person from the front when initiating oral care.

Apathy – loss of initiation: Initiate the activity of brushing the teeth and the person may be able to complete the activity on their own.

Changes in behaviour as a result of these losses are common. It is important to try to understand what you are seeing in a care recipient's behavior and why they may be behaving a certain way. With an understanding of the losses of dementia (the 7 A's) it becomes easier to develop an individualized approach for providing oral care.

In Canada in 2008, **231 million hours** of informal care were provided to people with dementia. By 2038 that number is expected to rise to **756 million hours** per year



Always encourage a care recipient to participate in their own oral care if possible

TIPS for providing oral care:

- Set a routine time and place for oral care
- Identify yourself and what you plan to do
- Use visual & verbal cues, short sentences, and simple words
- Maintain a calm & quiet atmosphere
- Use positive reinforcement like nodding head or thumbs up
- Provide oral care after a meal or when a care recipient is most content and cooperative
- Distract the care recipient by singing or giving them something to hold (like a toothbrush or facecloth)
- Initiate toothbrushing but encourage participation from the care recipient (put the toothbrush in their hand and guide it with your own)
- Attempt to provide oral care EVERYDAY

<http://www.ahprc.dal.ca/projects/oral-care/>

Thank you to the **Canadian Dementia Knowledge Translation Network (CDRAKE)** for providing funding to develop this resource

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Dental Caries & Diet



If there was no SUGAR
there would be no
CAVITIES!



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How does dental decay occur?

Plaque & bacteria + sugar or starch = an **acidic** environment. Starch & sugar are broken down by **bacteria** in the mouth (*a natural bacteria that is always present*). A by-product of this process is **acid**. The mouth goes from a basic or neutral environment to acidic environment each time food is consumed. This can soften the enamel of the teeth for 5-15 minutes each time food is consumed

REDUCING THE RISK OF DECAY

☞ Brush daily with a fluoridated toothpaste. Fluoride gel may be recommended when there is a high risk for cavities.

☞ Starchy foods (such as bread, cereal, pasta) are necessary for a healthy diet. Follow Canada's Food Guide to Healthy Eating to find healthy choices.

☞ Minimize the time teeth are exposed to starch & sugar by eating these foods with meals rather than snacking on them throughout the day

☞ Substitute sugary snacks with sugar-free gum and mints (especially made with xylitol). This can also help reduce dental cavities by increasing the saliva flow.

☞ Drink high sugar beverages through a straw, then rinse mouth with water, and brush within 30mins.

☞ Rinsing with water or chewing sugarless gum helps cleanse the teeth after a snack.

RISK FACTORS

- **Poor oral hygiene**
- **Frequent or prolonged intake of sugary foods (such as sucking a hard candy)** enables the bacteria to maintain an acidic environment on the surfaces of the teeth
- **The consistency of the sugary foods.** *Soft and sticky foods cling to the biting surfaces of the teeth and stay there until brushed off. Hard candy allows the saliva to flow around the teeth causing decay between the teeth as well as the front and back of the teeth.*
- **Currently having one or more dental cavities** increases the risk of developing more
- **Decreased saliva flow (dry mouth)** slows the clearance of the sugary liquid from the oral cavity

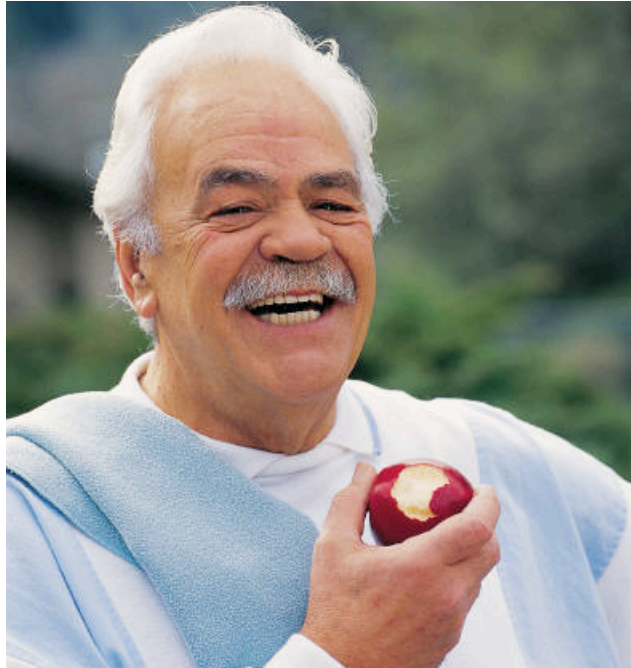
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DENTURE CARE



Dentures build up plaque and tartar just like natural teeth



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Helpful Hints

1) **Dentures should be thoroughly cleaned everyday.**



2) **Soaking dentures in cleaning solution about 30 minutes before brushing** will loosen tarter and plaque.

3) **Brush dentures with a denture brush and liquid soap or a foam denture cleaner.** These cleansers are

not abrasive and will not scratch the denture. Strong bleach, harsh cleansers and toothpaste can scratch the surface of dentures. Scratched surfaces allow bacteria to accumulate more easily.

4) It is ideal to **leave dentures out all night if possible or 1-2 hours per day minimum.**


This will let gums rest and helps prevent denture stomatitis (inflammation). Dentures can be stored overnight either dry or in a mild cleanser to minimize bacteria production. Dentures that remain out of the mouth for prolonged periods of time may distort.



5) **Clean denture cup at least once a week.**


6) **Change denture brush on a yearly basis and denture cups as required.**

Denture Care 101:

 **Remove and clean dentures, check and brush the oral cavity daily.**


- Get the resident to take the dentures out themselves (if possible)

- Otherwise, to remove denture, put finger to the back of the denture and gently push it down and pop it out

 **It is important to remove dentures, even when the patient refuses.**

- You may have to try at different times throughout the day, but the dentures must be removed every day

 **Check dentures for broken or cracked areas and check the mouth for any oral concerns.**

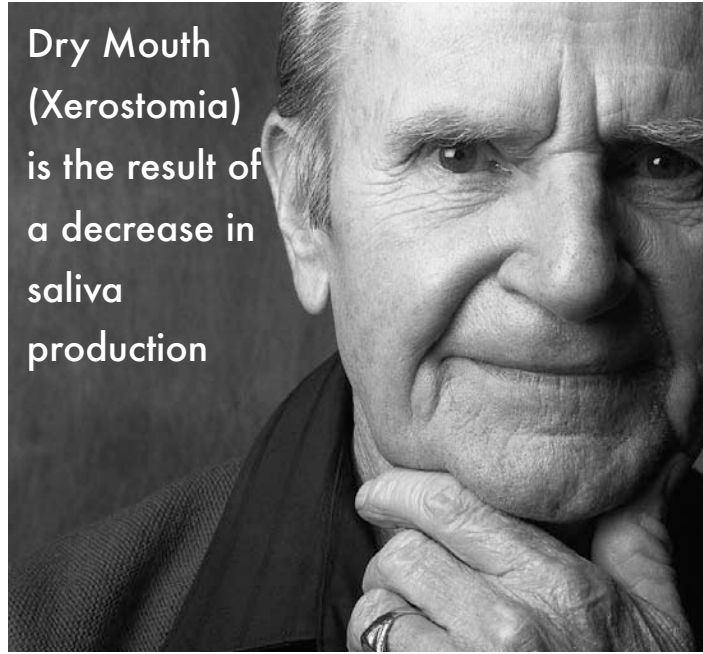
 **Gently brush (soft brush) all tissues to stimulate the gums, tongue, cheeks, and palate.**

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DRY MOUTH

Dry Mouth
(Xerostomia)
is the result of
a decrease in
saliva
production



**Xerostomia
affects up to
60% of older
adults**



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CAUSES OF DRY MOUTH

Medications (over 400 medications cause dry mouth)

Radiation to the head & neck

Cancer treatments

Smoking

Immune deficiency

Systemic diseases (Diabetes, Parkinson's, Sjogren syndrome)

Salivary gland aplasia

If mouth is dry, avoid the following...

- ➔ Alcohol or alcohol products (such as mouth rinses with alcohol),
- ➔ Glycerin or lemon toothette swabs,
- ➔ Food and drinks that promote dry mouth (caffeine, sweet sticky foods, spicy, acidic or dry foods),
- ➔ Lemon or cinnamon flavored candy or gum

SIGNS:

- * **Red**, cracked, or **swollen** gum tissues
- * Dry, cracked tongue
- * Changes in taste
- * Cracked corners of the mouth
- * Lips that stick to the teeth
- * Gums that bleed easily
- * **Bad breath**
- * Problems wearing dentures
- * Frequent & abundant cavities
- * Difficulty eating, swallowing or talking

Saliva lubricates the mouth and prevents decay by protecting tooth enamel and fungal/bacterial infections

MANAGEMENT

- 1) Careful daily mouth care with fluoridated toothpaste
- 2) Clean between teeth with floss or alternative
- 3) Sip water or suck on ice cubes
- 4) Use water based lip lubricant
- 5) Chew sugar free gum or suck sugar free candy
- 6) Use saliva substitutes
- 7) Use a mist humidifier at night
- 8) Reduce or change medication (if possible) in consultation with physician
- 9) Regular check-ups with a dental professional



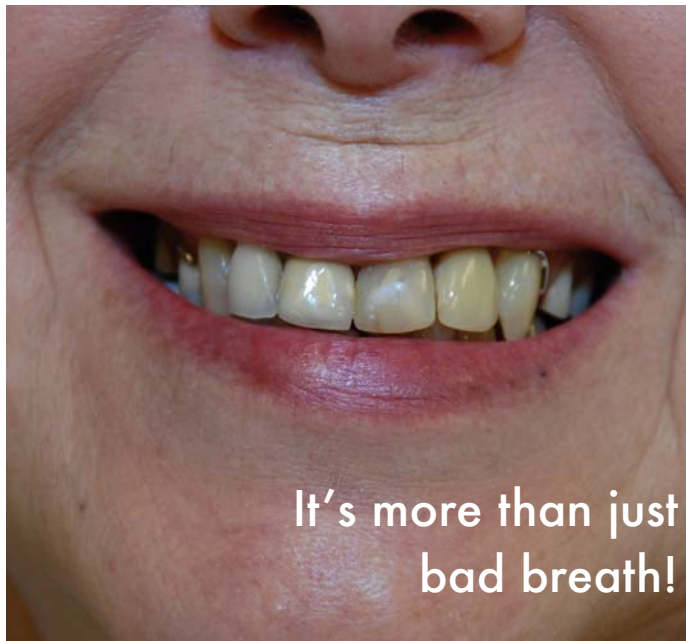
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GINGIVITIS



It's more than just bad breath!

'GINGIVITIS'

A mild or early form of gum disease



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Do YOU have GINGIVITIS?

16 million Canadians do!

THE FACTS ABOUT 'GINGIVITIS':

- When teeth are not properly cleaned, plaque forms on the tooth surface
- Plaque causes irritation of the gums, making them red and slightly swollen - this is gingivitis
- More serious forms of gum disease (periodontitis) START with gingivitis

YOU CAN REVERSE GINGIVITIS...

YOU CANNOT REVERSE PERIODONTITIS

4 Steps to prevent & reverse gingivitis:

- 1 BRUSH
- 2 FLOSS
- 3 RINSE with antiseptic mouthwash
- 4 Get a regular CHECKUP with a dental PROFESSIONAL



Signs & Symptoms:

Red, **swollen**, or *tender* gums that bleed when brushed or flossed & **Bad breath (Halitosis)**



Only 33% of Canadians floss

Why should you care?

- ☞ Good management of gingivitis is a sign of good oral hygiene.
- ☞ This prevents halitosis, bleeding gums, and other more serious dental diseases like tooth decay and periodontal disease.
- ☞ There is a link between **oral** health and **overall** health

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Labeling Dentures



**Labeling can be
done
professionally
or at home**



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Denture labeling is important for identifying a resident's dentures. Dentures can be easily misplaced at meals or while soaking. Resident's can find it difficult to speak, eat or socialize without their dentures.

Making new dentures is time consuming, expensive and residents may not be able to tolerate or adjust to new dentures.

Do-it-yourself Denture Labeling:

You will need:

- 1 Spray disinfectant
- 2 Emery board (nail file)
- 3 Indelible marker
- 4 CLEAR Acrylic nail polish



STEPS:

- 1) Always wear gloves
- 2) Clean and disinfect the denture
- 3) Use an emery board to roughen the cheek side of the denture at the back
- 4) Print the resident's name on the area with a permanent marker and then seal it with clear acrylic nail polish
- 5) Once dry, clean and disinfect the denture again and rinse thoroughly with cool water

Other

Options:

- ☞ Permanent labeling can be done at the denturist or the dentist office when the dentures are made.
- ☞ Dental professionals can label dentures with an engraving tool and apply acrylic over the top to make it permanent.
- ☞ Denture ID kits are available.

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Oral Cancer



**Early
detection is
critical**

50% of people diagnosed with oral cancer do not live longer than 5 years because it isn't detected early enough



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Take 60 seconds to check the mouth daily for any changes

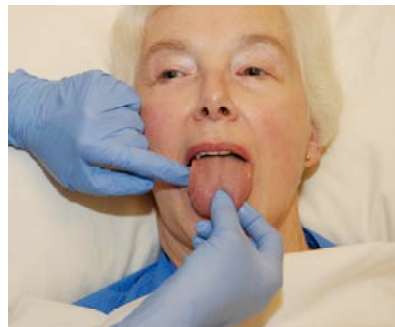
LOOK: Look on all sides of the tongue, on the floor of the mouth, the cheeks, the hard palate, the soft palate, gums and teeth. Look for anything abnormal or different from the day before -any white or red patches, sores, bleeding, loose or broken teeth.

FEEL: Feel for any lumps , bumps, sores that bleed and do not heal. Check if the resident has trouble chewing or swallowing.

TELL: Write any concerns on the **daily oral health assessment** sheet, along with your name, the residents name, and the date. Then let the RN on duty , or the LTC coordinator know about the concern.

If the area of concern is still present or continues to worsen 7-14 days after initial finding, make arrangements for the resident to see a dentist or a doctor.

In Canada, there are 3400 new cases of mouth cancer every year and 1500 deaths associated with mouth cancer.



Risk increases with:

AGE, tobacco use (smoking, chewing), **alcohol**, and **prolonged sun exposure**

Cancer has a high prevalence on the tongue

Most common sites oral cancer is found:

- 1 TONGUE
- 2 THROAT
- 3 FLOOR of the mouth
- 4 LIPS

 DALHOUSIE UNIVERSITY
Inspiring Minds
Faculty of Dentistry

 **AHPRC**
Atlantic Health Promotion Research Centre
Capital Health

<http://www.ahprc.dal.ca/projects/oral-care/>

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Oral Care DURING Cancer Treatment



Cancer treatments can reduce saliva production



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Dental concerns should be looked after prior to cancer treatment, and residents must be made aware of the dental complications of cancer treatments.





Cancer treatments can cause a decrease in white blood cells (which help the body fight infection) and platelets (which helps the blood to clot).

When these blood counts are low, use an ultra soft toothbrush, be very gentle when brushing, and avoid flossing to prevent bleeding. No professional dental treatment should be performed at this time.

WHEN PROVIDING ORAL CARE...

Mouth problems can arise during cancer treatment such as canker sores, dry mouth, bleeding, thrush, changes in taste and appetite, and development of cavities due to dry mouth

- 1) Brush teeth at least 2X per day using an ultra soft brush
- 2) Brush after taking liquid medications as they may contain sugar
- 3) Rinse with water after vomiting; do not brush for at least 30 minutes because the enamel is soft
- 4) Rinse with non-alcoholic antibacterial mouth rinse
- 5) Apply a fluoride gel or mouth rinse gel once a day and do not rinse for 30 minutes
- 6) Keep the mouth and lips moist (do not use petroleum jelly)
- 7) Use saliva substitutes, gum, rinse, & toothpaste as tolerated

- T
I
P
S**
-  Avoid sweet drinks and sugary snacks - SUGAR FREE CHEWING GUM IS GOOD TO INCREASE SALIVA FLOW
 -  Watch fruit drinks - they have a high concentration of sugar and acid which can damage the teeth
 -  Drink milk, or water - teas and coffee can dry out the mouth
 -  Brush and/or rinse before bed

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ORAL SWABS



Oral swabs are not a replacement for regular toothbrushing!



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Benefits of the brush...



A soft toothbrush removes the plaque and stimulates the gums



Toothbrushes dipped in non-alcoholic mouth rinse can kill bacteria that cause bad breath, pneumonia and many other diseases



Toothbrushes are safe and effective for removing debris and plaque from all oral tissues, including the tongue, palate, cheeks and teeth



The bristles stimulate the tissues in the mouth to initiate natural healing



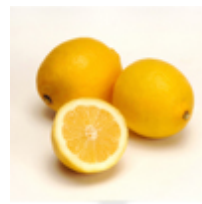
★ **Swabs lack the mechanical action of a toothbrush and do not meet criteria for safe & effective oral hygiene**

★ **Oral swabs can be useful to:**

- ★ *remove pocketed food prior to brushing, or*
- ★ *moisten a dry mouth*

★ **The spongy tip is:**

- ★ *too soft to stimulate the gums or to remove plaque from the surfaces of teeth*
- ★ *likely to push debris around the mouth*
- ★ *small enough to be a choking hazard so exercise caution*



LEMON GLYCERIN SWABS:

- Lemon glycerin swabs are no longer recommended due to their high levels of acidity
- The citric acid in lemon glycerin swabs was thought to increase saliva flow but new research shows citric acid actually dries out the tissues in the mouth
- The acidity in lemon glycerin swabs contributes to the erosion of tooth enamel & irritation of mouth tissues
- When acidic swabs are used on broken or cut tissues it can be painful
- There is no actual cleaning product in the acidic solution

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PALLIATIVE Oral Care



A main focus of palliative care is **pain management**.

This includes pain caused by various oral conditions



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Traditionally, we think of palliative care as care that is provided for those with **a terminal or life threatening illness** such as cancer. One of the primary goals is to provide comprehensive care that alleviates suffering and promotes quality of life at the end of life. *While many older adults may not be suffering from a specific terminal illness, advanced frailty and chronic diseases often require us to apply similar goals to ensure optimum comfort in the months and years preceding end of life*

It is important to be diligent in providing oral care and evaluating oral care needs on a daily basis. **Oral health problems can develop very quickly can effect a patient's overall health.**

Palliative patients are particularly susceptible to ulcerations, infections, dryness, and coatings affecting mouth tissues. They are also at a higher risk for tooth decay.

These are all sources of oral pain and discomfort.

COMMON CONDITIONS IN PALLIATIVE PATIENTS

- ☞ **Dry Mouth & Lips**
- ☞ **Angular Cheilitis**
- ☞ **Candida Infection (Thrush/yeast)**
- ☞ **Taste & Swallowing Disorders**
- ☞ **Denture Stomatitis**
- ☞ **Chronic Dehydration**

TIPS FOR PROVIDING CARE

- ➔ **Use an ultra soft Toothbrush 2x day** with a very gentle brushing or patting action, the gums may be tender
- ➔ **Rinse with saline, soda water or neutral fluoride rinse after every meal** or use a moist gauze to wipe out leftover food from the cheeks and under the tongue.
- ➔ **Provide a saliva substitute to the mouth 2-6 X daily** to keep it moist. This may help to prevent issues with swallowing and to maintain oral health.
- ➔ **Apply a non-petroleum, water soluble moisturizer to the lips 2-6X daily** as needed. These types of lubricants are available commercially.
- ➔ **Clean dentures after each meal** to make sure that no food is left under the denture which can cause irritation and lead to infections.

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periodontal disease

The silent mouth disease



75% of adults over the age of 35 show signs of periodontal disease



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PERIODONTAL DISEASE FACTS:

- ➔ It is a bacterial infection that affects the gums, ligaments and bone supporting the teeth
- ➔ This bacteria lives in plaque, which hardens over time and causes gum irritation (i.e. gingivitis)
- ➔ Left untreated develops into a bacterial infection which attacks the supporting bone
- ➔ It is called the silent disease because without regular checkups you may never know you have it

THE EFFECTS OF PERIODONTAL DISEASE CANNOT BE REVERSED!

Signs & Symptoms:

- **Red, swollen**, or tender gums that bleed when brushed or flossed
- Receding **gums**
- Loose or **s p a c e d** teeth
- Persistent **bad breath**
- Pus and sores in the mouth
- Change in the fit of partial dentures
- Change in bite



4 Steps to PREVENT periodontal disease:

- 1 BRUSH
- 2 FLOSS
- 3 Eat a BALANCED DIET
- 4 Get regular ORAL CHECKUPS AND CLEANINGS

Why should you care?

- 🦷 It is the leading cause of tooth loss in adults and initial symptoms can go unnoticed
- 🦷 Bacteria that cause periodontal disease can enter the blood stream; and may be related to other diseases such as heart disease and diabetes



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Taste & Swallowing DISORDERS



For palliative patients at the end of life, swallowing is often a problem.



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The senses of taste and smell are so closely linked that people who can't smell often complain that they can't taste either. Taste buds are located at various spots on the tongue and olfactory (smell) cells are specialized cells found in the nose. They both depend on zinc, and other nutrients, for their growth and maintenance

TASTE DISORDERS

CAUSES:

- Viral infections, head injuries, cancer therapy and side effects of prescription medications are common causes.

SYMPTOMS:

- Sensory changes, such as a metallic, bitter or salty taste that can occur by themselves or be triggered by foods or certain medications.

MANAGEMENT

- Eating foods with higher taste sensations.
- Using artificial saliva substitutes before eating.
- Using fluids like gravy and light cream sauces to increase the fluid of the food and give it more taste.
- Some people benefit from taking zinc substitutes, to help increase their taste sensation. *Taste buds are especially dependent on zinc.*

SWALLOWING DISORDERS

CAUSES:

- Lack of saliva in the mouth caused by some medications, mouth breathing, or dehydration
- Neurological disorders such as stroke, Parkinson's, or Alzheimer's disease

SYMPTOMS:

- The tongue cannot push the food to the back of the throat while chewing
- Reduced use of the facial muscles - the mouth and lips cannot close properly making it more difficult for the food to be swallowed
- Loss of sensation in the mouth makes it difficult to know where food is in the mouth - this results in pocketing of food in the cheeks or under the tongue.

Food must be removed by the care provider to prevent choking

MANAGEMENT:

- Swallowing is improved when the mouth is moist and treating for dry mouth may help with swallowing
- Ensuring that food is moist
- Pre-blending food to make food particle size smaller and more manageable
- Using a suction machine (if available) or wrapping a thin face-cloth or gauze around the finger and sweeping the tissues may help to remove food debris from the cheeks and under the tongue

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TOOTHBRUSHES

I N F O R M A T I O N

Toothbrushes remove debris and plaque from the surfaces of teeth and gums. They also stimulate the gums to keep them pink and healthy. There are many different kinds of toothbrushes, the question is, which is the most effective at removing plaque?

GUIDELINES FOR EFFECTIVE TOOTHBRUSHING:

The toothbrushing technique recommended by most dental professionals removes plaque with minimal trauma to the teeth and gums. **Here's how to do it:**

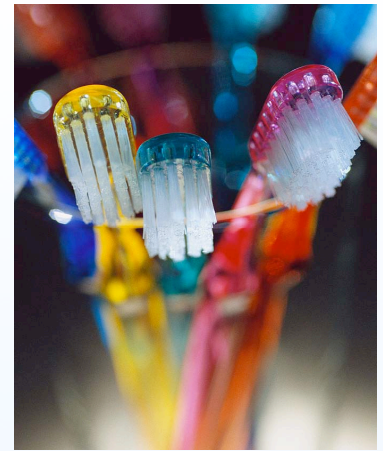


1) Hold the toothbrush handle in the palm of your hand with your thumb against the handle. Your thumb should be close enough to the head of the toothbrush to manipulate it with control.

2) Direct the bristles toward the gums at a 45 degree angle to the tooth. Place the bristles partly on the gums and partly on the tooth surface.

3) Gently vibrate the bristles and roll slowly, moving the bristles from the gums towards the top of the tooth. Slowly count to 10 as you do this procedure.

4) Repeat these steps up to five more times in the same area. For the front teeth, position brush on it's end and place the narrow end of the brush head 45 degrees to the gums and teeth, vibrate and roll as described previously.



A toothbrush should be:

- ★ durable
- ★ flexible
- ★ light weight handle
- ★ strong bristles that are not too rigid
- ★ easily manipulated
- ★ easily cleaned
- ★ meet individual requirements

Not all toothbrushes are appropriate for all people

Always use a soft or ultra soft toothbrush.

- ★ Softer bristles are more effective at cleaning the gum-line (where the gum meets the crown of the tooth) and are gentler on the gum tissues
- ★ Using a soft toothbrush reduces gum recession and toothbrush abrasion
- ★ Harder bristles can actually cause tooth enamel and dentin to wear away weakening the crown of the tooth

DID YOU KNOW?



Toothbrushes date back to 1600BC. Originally, they were twigs or sticks cut from tree branches. The ends of the branch were frayed by crushing the fibers to make bristles that are similar to the toothbrush bristles we see today.

TOOTHBRUSHES



ADAPTED HANDLES

Specialty grips can be custom made to meet the needs of individual residents. Some examples of specialty grips include:



a rubber bike handle:

This provides a better grip for residents that don't have good manual control



a tennis ball: *This is good for residents that cannot grasp the small handle of a regular toothbrush.*

Long handled toothbrushes are also available for residents that cannot fully bend their arms

The effective removal of plaque depends more on brushing technique than on the toothbrush itself

Factors to consider when choosing a toothbrush for a resident:

- 1) What is their ability to use a brush effectively without causing damage?
- 2) Are there physical conditions to consider such as problems with manual dexterity, vision and so on?
- 3) Are they motivated and willing to do their own oral care?

TYPES OF TOOTHBRUSHES

An electric toothbrush is a good alternative to a manual brush, especially if the resident has physical limitations that affect their ability to brush. When used properly, certain electric toothbrushes are known to be more effective than manual brushes at removing plaque. Electric toothbrushes have higher speeds and motions that cannot be reproduced using a manual brush.



It is important to read the directions before using an electric brush as they are all designed slightly differently. Technique is still important when using an electric toothbrush. If the bristles are not placed properly at the gum line, the gums can

become irritated. There is no need to apply pressure on the gums or teeth when using an electric brush, it is designed to do the work for you. Oscillating or rotating technology loosens and sweeps away plaque.



A **"Collis Curve"** brush is specially designed so that the bristles are curved. These curved bristles surround the tooth. This is meant to allow both the inside and outside surfaces of the teeth to be brushed at the same time.

WHEN TO REPLACE A TOOTHBRUSH

- ✓ Toothbrushes should be replaced every 3 months (at a minimum)
- ✓ Replace toothbrushes immediately following a cold or flu to prevent re-exposure to bacteria or viruses
- ✓ Always replace a brush that looks worn or frayed

It may be necessary to use a **child size toothbrush** for residents who have difficulty opening their mouths wide or have a small mouth. Children's toothbrushes have smaller heads and smaller handles. Smaller handles can also be good for residents with small hands.



Suction toothbrushes attach to suction machines and allow the care provider to brush a resident's teeth while the suction works to remove any debris or saliva as they brush. This is ideal for residents who have difficulty swallowing.



MOUTH RINSES

I N F O R M A T I O N

Mouth rinses can be a good addition to brushing and flossing. Some provide benefits that go beyond freshening the breath

GUIDELINES FOR USING MOUTH RINSES:



- 1) Pour a small amount of mouth rinse into a cup and have the resident take it into their mouth. Have the resident close their lips with teeth slightly apart.
- 2) Encourage them to force the fluid through the teeth and swish the fluid back and forth between the teeth and all around the mouth for 30-60 seconds.
- 3) Have them spit the mouth rinse out into the sink or a basin. **Do not allow the resident to swallow the mouth rinse.**
- 4) Make sure to read the manufacturers instructions for appropriate frequency and length of time to rinse.



REMEMBER!

- ★ Residents should only use mouth rinses if they have the ability to swish and spit properly
- ★ Fluoride rinses are an important addition to regular oral care especially if the resident is prone to tooth decay.
- ★ Natural mouth rinses containing aloe vera or chamomile may help reduce mouth sensitivities.

Remedies that can be used as alternatives to commercial mouth rinses.

- A) A one-to-one mixture of hydrogen peroxide and saline or water;
- B) Club Soda;
- C) A mixture of a 1/2 teaspoon salt and 1/2 teaspoon baking soda in one cup of water



Rinses can be therapeutic depending on the ingredients:

- Oxygenating agents cleanse the mouth,
- Astringents agents shrink tissues when they are inflamed
- Anodyne ingredients reduce oral pain
- Buffering agents reduce acidity in the mouth
- Deodorizers neutralize odors in the mouth,
- Antimicrobial agents kill or reduce bacteria in the mouth
- Antiseptic agents inhibit the growth of bacteria in the mouth
- Fluoride helps prevent tooth decay

DID YOU KNOW?



Many commercial mouth rinses contain alcohol which can dry out tissues. These should be avoided if the resident has dry mouth or is a recovering alcoholic. Non-alcoholic rinses are available.



FLOSS & FLOSS AIDS

I N F O R M A T I O N

Flossing is important because it cleans plaque and food debris from between the teeth where tooth brushing cannot reach. Removing plaque from between the teeth will help prevent dental cavities and gingivitis.

GUIDELINES FOR EFFECTIVE FLOSSING:

When flossing a resident's teeth, remember to position yourself so that your back, neck and joints are comfortable and you have a clear view of the mouth.



- 1)** Take about 18 inches of floss and wind it around the middle fingers of each hand with about 5 inches between your 2 hands.
- 2)** Pinch your thumb and index fingers together on the floss and leave about an inch between your two hands.
- 3)** Glide the floss between the resident's teeth. Hold the floss snug to the tooth and make a C shape around the tooth. Slide the floss under the gums. Use an up & down motion along the side of each tooth.
- 4)** Pull the floss out from between the teeth. With a clean section of floss, then move to the next tooth.



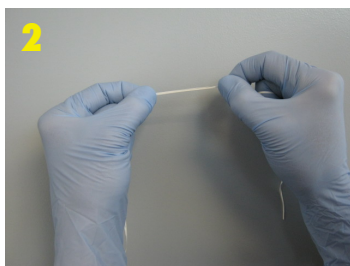
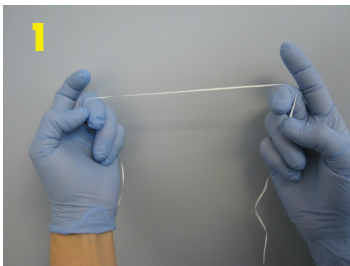
POINTS TO CONSIDER:

If the spaces between the teeth are wide, something as simple as a fine knitting yarn can be used for flossing

Waxed floss, slides easily between teeth and does not shred like other floss

For residents with limited motor skills, floss can be tied in a knot to make a circle and looped around the resident's fingers.

Flossing technique will improve with practice!



Whenever possible, residents should be encouraged to floss their own teeth. If limitations prevent a resident's teeth from being flossed the traditional way, there are a number of floss aids available commercially.

DID YOU KNOW?



Gums may bleed with flossing at first but with regular flossing and brushing this should stop within a few weeks.

FLOSS & FLOSS AIDS

OTHER FLOSS AIDS

FLOSS HANDLES

A handle may allow some residents who could not normally floss on their own to floss more easily. Handles also prevent care providers from having to place their fingers in between the resident's teeth when flossing.

Floss handles come in different shapes and sizes. They can be used with residents that have limited dexterity and can be used with only one hand. There are a variety of floss handles on the market today.

All floss handles have some type of handle with the floss attached. There are some where only the floss is removed and discarded after use. With these models, the handle should be rinsed thoroughly after use.

Disposable floss handles are also available. These should be discarded once the floss becomes broken or frayed.

Proper technique for using a floss handle involves:

1 placing the floss in between two teeth on the biting surface and gently pushing the floss into the space between the teeth.

2 once inserted, pull the floss towards the side of one tooth and rub up and down to remove any debris on the surface of that tooth.

3 push the floss toward the opposite tooth and use the same technique to clean all surfaces between the two teeth.

4 move to the next tooth and repeat for all surfaces.



RE-USABLE FLOSS HANDLE DISPOSABLE FLOSS HANDLE

INTERDENTAL BRUSHES have large handles and small cylindrical brush heads that fit between the teeth. Some models have permanent handles with replacement brushes. These should be maintained the same as a regular toothbrush. Some interdental brushes are completely disposable. Interdental brushes can be dipped in mouth rinse or have toothpaste added to help clean between the teeth.

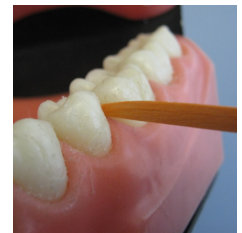


RE-USABLE INTERDENTAL BRUSH



DISPOSABLE INTERDENTAL BRUSH

DENTAL TOOTHPICKS are usually made of wood such as birch, which helps reduce splintering. The shape is designed to allow them to fit into the spaces between teeth. Toothpicks are sometimes called interdental cleaners, dental wood sticks, Stimudents, Dental pics, Soft pics or Go between.



DENTAL TOOTHPICK



INTERDENTAL TIPS are usually made of rubber or plastic and are attached to the end of a toothbrush handle. A rubber tip is usually preferred because it fits between the teeth more easily and is gentler on the gums than the plastic tips. Proper use of an interdental tip involves tracing the tip along the gumline and in between the teeth. Be sure to rinse off the tip after use.



DENTURE PRODUCTS

I N F O R M A T I O N

Proper denture care is important for maintaining dentures, preventing sores, and limiting the amount of bacteria in the mouth. Dentures should be cleaned and cared for daily.

GUIDELINES FOR CLEANING DENTURES:

A denture brush, or a toothbrush (used only to clean the denture), is required for proper cleaning. Denture brushes have very soft bristles and have been designed to clean all surfaces of the denture. **Here are some guidelines:**



- 1) Line the sink with a wet facecloth or fill it 1/4 full with water. This provides a buffer to prevent damage should the dentures fall while being cleaned.
- 2) Remove the dentures from the resident's mouth. Place your finger at the back of the mouth by sliding it along the gum line. Loosen dentures by pulling them down from the roof of the mouth or up from the floor of the mouth.

- 3) Hold the denture firmly between the thumb and forefinger of your non-dominant hand. **Never hold a denture or partial denture cupped in your hand -** this increases the likelihood of the denture being dropped. Partial dentures can also be bent this way.
- 4) Rinse the denture to remove any loose debris and saliva.
- 5) Remove any denture adhesive materials that remain on the denture and thoroughly brush all surfaces of the denture.
- 6) Use liquid soap or a foam denture cleaning product and brush for at least 90 seconds and rinse. Never use toothpaste as this may scratch the surfaces of the denture.

Dentures should be cleaned at least once a day and checked for any broken or worn parts.



REMEMBER!

- ★ Always clean dentures over the sink
- ★ Toothpaste is abrasive and will scratch the denture surface
- ★ A scratched denture is more likely to collect bacteria
- ★ Ensure that dentures are moist before placing them back in the mouth to reduce irritation to the tissues

DID YOU KNOW?

Dentures are made of acrylic - a porous material that can be easily scratched and damaged. Acrylic does not have germ-fighting properties and bacteria can grow on the surface of the denture. This bacteria can cause odors, sores and irritations under the denture.

DENTURE PRODUCTS



SOAKING DENTURES

Residents should be encouraged to remove their dentures at night to allow the gum tissues to rest. They should be cleaned thoroughly and placed in a soaking solution. Doing a quick brushing without soaking the dentures may not provide the disinfection they require.

Soaking will help to remove hard tartar, debris and bacteria that builds up on the denture. Soak dentures in:

- A) a mixture of one teaspoon bleach and one cup water or,**
- B) commercial denture cleaning solution**

Remember to put the clean denture back into a clean mouth - brush the resident's mouth with a soft toothbrush to remove any debris and to stimulate the gum tissues.

For residents with dry mouth, products such as water-soluble lubricants can be placed under the denture to help make it more comfortable.

There are many commercial denture care products available that help reduce scratches and prevent damage during cleaning. These products are usually foam or gels with antibacterial agents that kill odor causing bacteria and micro-clean without scratching.

DENTURE COMFORT & ADHESIVES

Dentures that fit properly should not require adhesive - the natural suction between the denture and the roof or floor of the mouth should be enough to hold them in place. Using a denture adhesive may help prevent irritation caused by a loose fitting denture. Some people feel more comfortable and secure when using a denture adhesive. Denture adhesives come in three forms, paste, powder, or wafers.

DENTURE PASTE comes in a tube and is squeezed right onto the denture. It comes in a variety of flavors and strengths. **To properly apply paste to denture:** clean dentures thoroughly and then follow the instructions on the package. Paste can leave an unpleasant residue in the mouth when the denture is removed. **To remove excess paste:** use a slightly rough face cloth to wipe the remaining paste from the mouth or have the resident drink carbonated soda which will dissolve the paste.



POWDERED ADHESIVES change the bite less than pastes and are easier to clean off the dentures. **To use a powdered adhesive:** clean and rinse the denture, shake powder onto the denture, and place the denture in the resident's mouth.

DENTURE WAFERS are cut to fit the shape of the denture and work better if the denture is more of a snug fit. **To apply denture wafers:** place the strips in the denture and seat properly in the mouth. The saliva will help the wafer adhere to the gum tissue.



Denture adhesives should not be used to compensate for an ill-fitting denture. A denturist or a dentist should be consulted to adjust or relin the dentures so that they fit properly.



DRY MOUTH PRODUCTS

I N F O R M A T I O N

Xerostomia (or dry mouth) is a condition that causes a lack of saliva in the mouth resulting in dry mouth. This can cause oral disease and discomfort.

DRY MOUTH:

Saliva is necessary to maintain the health of the teeth and gums. It protects, lubricates and cleanses the mouth and aids in disease resistance. Decreased saliva flow can be caused by medications, illness, chronic diseases such as diabetes and hypothyroidism, or from cancer therapy. Residents with a dry mouth may find that their tongue sticks to their palate and they may have trouble speaking, chewing food or swallowing. They may be thirsty and will probably lick their lips frequently. They may complain of a burning or sore mouth. Some residents will complain that their dentures hurt or do not fit properly.



POINTS TO CONSIDER:

Having a dry mouth can cause plaque and tartar to accumulate in the mouth increasing the risk of dental decay, particularly along the gum line.

Placing a humidifier in a resident's room may help alleviate some of the discomfort associated with dry mouth

Mouth rinses with alcohol, glycerin or lemon toothette swabs, and certain foods and candies can promote dry mouth.

Residents with dry mouth may stop eating because of discomfort when chewing and trying to swallow food. They may need large amounts of water to help moisten the food and to assist with swallowing.



DID YOU KNOW?



Dry mouth affects up to 60% of older adults

DRY MOUTH PRODUCTS

PRODUCTS TO TREAT DRY MOUTH



There are many ways to help residents with dry mouth such as placing a humidifier in their room, using toothpaste and rinses designed to treat dry mouth, and using saliva substitutes and lip lubricants. Some examples of commercial products are Oral balance, BioXtra, Xerostom, Moi-Stir, Mouth Kote, Optimoist, Xero-Lube.

SALIVA SUBSTITUTES

Saliva substitutes are products that contain physical and chemical properties similar to natural saliva. Saliva substitutes can be applied throughout the entire mouth as often as needed for comfort. They provide lubrication that soothes and helps relieve dry mouth.



LIP LUBRICANTS

Dry, cracked lips are also common in residents who are dehydrated, are on many medications, or have nutritional deficiencies. Dry lips can be painful and embarrassing. It is important to keep the lips moist to allow comfort when eating and communicating. Lip lubricants contain lipid hydrophobic bases that help prevent moisture loss and softens the skin. Apply lip lubricants generally as often as needed to the lip area.



Saliva substitutes can help reduce burning and minor irritations and help with swallowing. Most saliva substitutes are naturally sweetened with xylitol.





COLD & CANKER SORE PRODUCTS

I N F O R M A T I O N

Canker sores and cold sores are common and often contagious. These sores will usually heal on their own, but to speed up the process and diminish the symptoms there are treatments and remedies available.



COLD SORES

Cold sores are very common for many people and are characterized by **small, red blisters on the lips**. One common type is herpes simplex. This virus is very common and highly contagious. After the initial outbreak, these blisters can re-occur frequently and **there is no cure**.

Many over the counter treatments are available. These products typically contain **docosonal or benzyl alcohol** and are usually available as gels or creams.

For the best results,
use these products as soon as there is tingling on the lips.
This usually indicates a cold sore is starting to develop.

Common over the counter medications are
Abreva and Zilactin

GUIDELINES FOR USING COLD SORE PRODUCTS

- ★ Wash the resident's hands, lips and face with soap & water and dry with a clean towel



- ★ Apply the treatment with a cotton swab directly to the cold sore
- ★ Discourage the resident from licking their lips



- ★ Reapply according to the manufacturer's directions

CANKER & COLD SORE PRODUCTS



CAUSES OF CANKER SORES

- ★ injury to the mouth
- ★ stress
- ★ unhealthy diet
- ★ certain medical conditions
- ★ some medications
- ★ Nicotine gum
(switching to nicotine spray or patches can eliminate this issue)

To ease pain and promote healing - AVOID acidic foods when a canker sore is present

Canker sores are found on the tissues inside the mouth. They are small but painful blister-type sores that tend to heal on their own within 14 days. They are caused by a variety of factors and are sometimes contagious.

TREATMENT OF CANKER SORES:

Treatment of canker sores depends on their type and severity. It is important to try to determine what triggered the outbreak as prevention is often the best treatment. There are no known cures but there are different remedies and medications to help relieve the symptoms associated with canker sores.

REMEDIES INCLUDE:



1) salt water rinses: Mix 1 teaspoon salt to 1 cup of warm water. Swish the solution around the mouth and spit out.
2) 1/2 teaspoon of baking soda mixed with a few drops of water until it makes a thick paste. You can use this paste to cover the canker sore.

3) Hydrogen peroxide can be mixed 1 to 1 with water. This solution can be applied to the sore using a cotton swab.

4) Milk of magnesia can aid in the healing process and reduce pain. Apply it directly 3-4 times a day.

5) There are many over the counter oral care products available (gels, pastes and rinses) to help relieve the symptoms of canker sores and help speed up the healing process. Use as directed.

6) In severe cases, oral medications can be prescribed by a physician or dentist.

If a canker sore lasts longer than 14 days or if the resident develops a fever, a physician or dentist should be consulted



DID YOU KNOW?



Canker sores are a type of herpetic lesion - also known as 'aphthous ulcers'. They are the most common type of mouth ulcer.



OTHER PRODUCTS

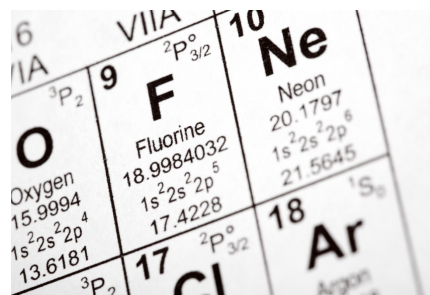
INFORMATION

There are a number of products available commercially to assist in the delivery of effective oral care. Fluoride treatments, tongue cleaners, and mouth props are some examples.

Fluoride treatment is indicated for people with natural teeth who have a history of dental decay, a high number of fillings, and/or a dry mouth.

FLUORIDE PRODUCTS:

Fluoride products are used to prevent dental decay and strengthen tooth enamel. There are a number of ways to apply fluoride and they are typically prescribed or recommended by a dental professional or primary health care provider. The frequency and method of applying these products varies depending on the situation.



Daily fluoride rinses that are sold over the counter are generally safe to use as directed.

Fluoride gels are also available at the pharmacy. These products are designed for daily use but should be used as directed or as prescribed by a dental professional or pharmacist.

Fluoride varnish is a more highly concentrated form of fluoride generally applied by health professionals. It is painted onto the teeth with a special brush and can take less than two minutes to apply. The varnish adheres to the teeth - even in the presence of saliva. Fluoride is then released slowly over time to help re-mineralize the surface of the teeth. It's effects can last for several weeks. Residents should wait until the day after fluoride varnish application to brush their teeth.



REMEMBER!

- ★ Daily fluorides should be used immediately after brushing and flossing and just before bedtime
- ★ Any residue left in the mouth after fluoride rinsing or application should be spit out
- ★ When residents are unable to spit effectively, fluoride must be used with caution

DID YOU KNOW?

It is important not to eat, drink, or rinse for 30 minutes after using a topical fluoride - this allows the fluoride to adhere to the teeth

OTHER PRODUCTS

There are many oral health products available today for many different purposes. The best way to determine whether or not to use a particular product is to look at the physical abilities of the residents and what their specific oral care needs are.

MOUTH PROPS

Mouth props are a valuable tool to hold a resident's mouth open while oral care is being provided. **Residents can gently bite on the white spongy mouth prop to help**



relax the muscles of the jaw. Because the prop is soft, it can be wedged in between the front teeth in the flat position and then turned to assist with opening. The prop should be resting on the back teeth, not on the front teeth. The teeth should be positioned on the ridges. When the prop is resting on one side of the mouth, the opposite side of the mouth can be brushed. Care providers can also dip the prop in a non-alcoholic lubricant to help with insertion.



Mouth props can be washed, labeled and re-used



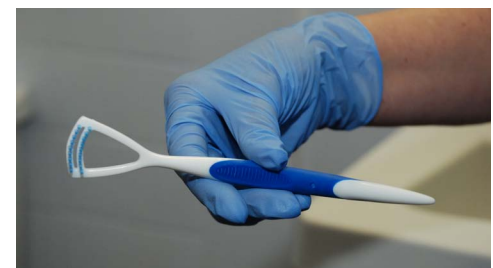
The handle of another toothbrush can be used in place of a mouth prop if one is not available. This is called the 2-toothbrush technique.

TONGUE CLEANERS

The tongue and mouth tissues can accumulate bacteria on their surfaces. While these surfaces can be brushed using a regular toothbrush, commercial tongue cleaners are also available.

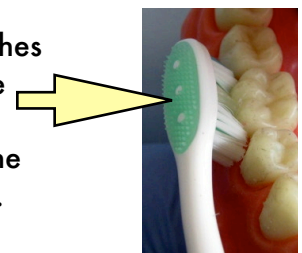


Both the tongue and the cheeks should be brushed during daily oral care.



Depending on the cleaner, there is often a plastic edge used to 'scrape' coatings and debris off the tongue. Sometimes there is another edge with bristles to brush the inside of the cheeks and the top of the tongue.

Some toothbrushes now have tongue cleaners on the opposite side of the toothbrush head.



ORAL HEALTH EDUCATION SERIES

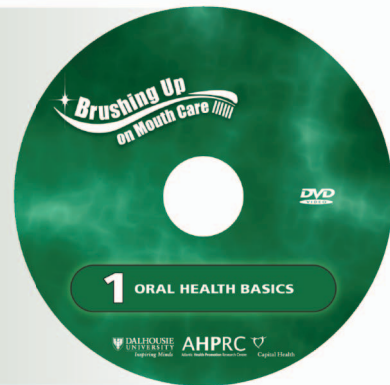


Welcome to the “Brushing Up on Mouth Care” education series. In this series, we are focusing on personal daily mouth care for older adults. When older adults experience a decline in physical and mental health, they may require assistance with their personal care needs.

There are five learning modules in this series that relate to various aspects of providing daily mouth care.

In This Session We Will Review:

- a) The Importance of Oral Health
- b) Various Dental Diseases and How to Prevent Them
- c) Daily Oral Health Assessments
- d) Hands-on Resources for Daily Oral Care
 - I) Tool Kits
 - II) Care Cards
- e) The Role of the Care Provider (in delivering daily oral care)



In This Session We Will Review:

- a) Toothbrushes, Toothpaste and Brushing Technique
- b) Floss, Floss Alternatives, and Flossing Technique
- c) Mouth Rinses
- d) Denture Care Products & Cleaning Technique
- e) Other Oral Conditions and Products

In This Session We Will Review:

- a) Understanding Dementia
 - I) What is dementia? (Prevalence, Types & Symptoms)
 - II) The most common 'losses' of dementia (the 7A's)
 - III) Responsive behaviors
- b) Tips and Techniques for providing oral care





In This Session We Will Review:

- a) Importance of Palliative Care
- b) Oral Care for Palliative Patients
 - I) General goal
 - II) Symptoms and Treatment of Common Oral Conditions
 - III) Tips & Products for Delivering Daily Oral Care



In This Session We Will Review:

- a) The Daily Oral Health Assessment Form
- b) Oral Health Assessment Tool (used for Annual Oral Health Assessments)
- c) Oral Hygiene Care Planning Tool



Please note that these educational videos were developed for use in Long Term Care and therefore the term ‘resident’ is used throughout to describe the recipient of care. However, this information is also valuable to those providing care in other settings such as home care and acute care. In these instances, please take the term ‘resident’ to mean client, patient, loved one, or whatever term best describes the person you are caring for.



1

ORAL HEALTH BASICS

1

ORAL HEALTH BASICS

2

**BRUSHING TECHNIQUES
& ORAL HEALTH PRODUCTS**

2

**BRUSHING TECHNIQUES
& ORAL HEALTH PRODUCTS**

3

**CONSIDERATIONS
FOR DEMENTIA**

3

**CONSIDERATIONS
FOR DEMENTIA**

4

**CONSIDERATIONS
FOR PALLIATIVE CARE**

4

**CONSIDERATIONS
FOR PALLIATIVE CARE**

5

ORAL HEALTH ASSESSMENT

5

ORAL HEALTH ASSESSMENT

Brushing Up on Mouth Care

✓ Brush teeth/dentures

✓ Brush the tongue & gums

✓ Rinse with salt water or
mouth rinse

✓ Use floss or floss alternative
to clean between teeth

✓ Stand the toothbrush
upright to air dry



DID YOU KNOW?

DENTURE CARE



- ✓ **Dentures need as much care as natural teeth**
- ✓ **It is important to brush the mouth and the gums of denture-wearers**
- ✓ **Toothpaste will scratch dentures. Use liquid soap or foam denture cleaner instead**
- ✓ **Line the sink with a face cloth or fill it ($\frac{1}{4}$ full) with water to protect dentures should they fall while being cleaned**
- ✓ **Dentures should be taken out at night (or 1-2 hours per day)**

**Brushing Up
on Mouth Care**

DID YOU KNOW ?

MOUTH CARE



- ✓ **Bad breath (halitosis) is often a sign of poor oral hygiene**
- ✓ **Brushing natural teeth without toothpaste is still effective**
- ✓ **A soft bristled brush is recommended - it removes plaque and is gentler on gums**
- ✓ **Toothpaste with fluoride and fluoride rinse help prevent tooth decay**
- ✓ **Toothbrushes should be stored in an upright position to help prevent bacteria from collecting on the bristles**

**Brushing Up
on Mouth Care**

✓ **LOOK**

for redness, white patches,
sores or bleeding

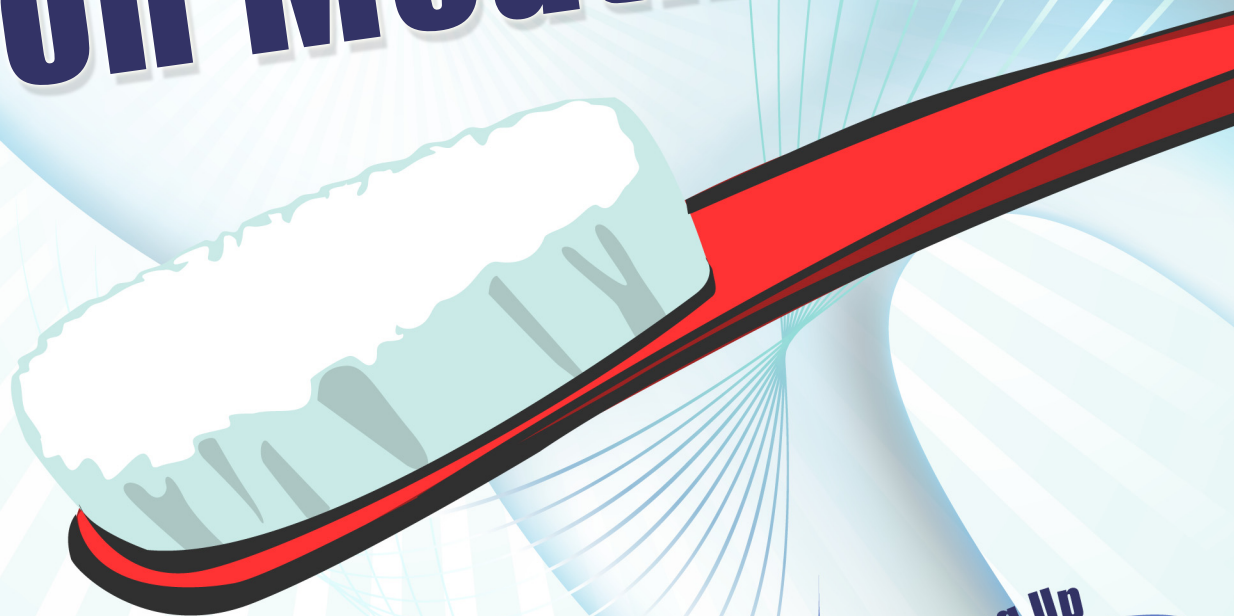
✓ **FEEL**

for tenderness, swelling,
or loose/broken teeth

✓ **TELL**

your supervisor if you
notice anything unusual

**Brushing Up
on Mouth Care**



**Brushing Up
on Mouth Care**

