



Brushing Up on Mouth Care

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



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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

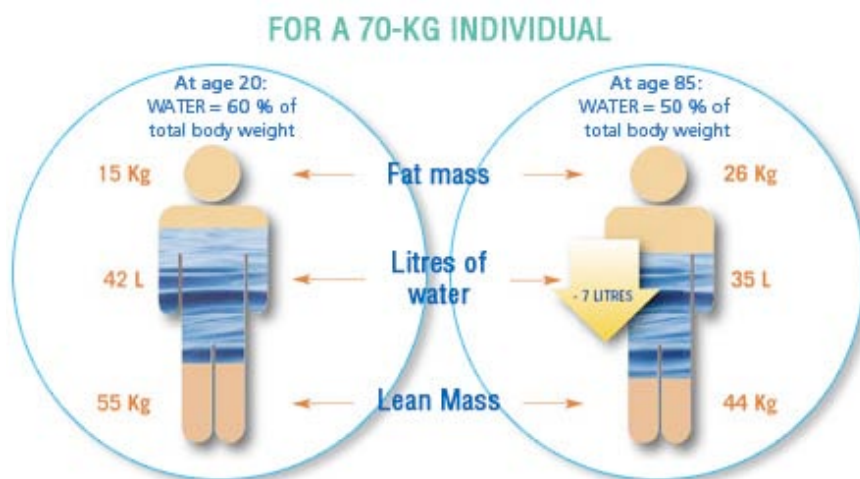


Figure 1: Diminution of water... according to M. Ferry, 2001.

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/>

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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

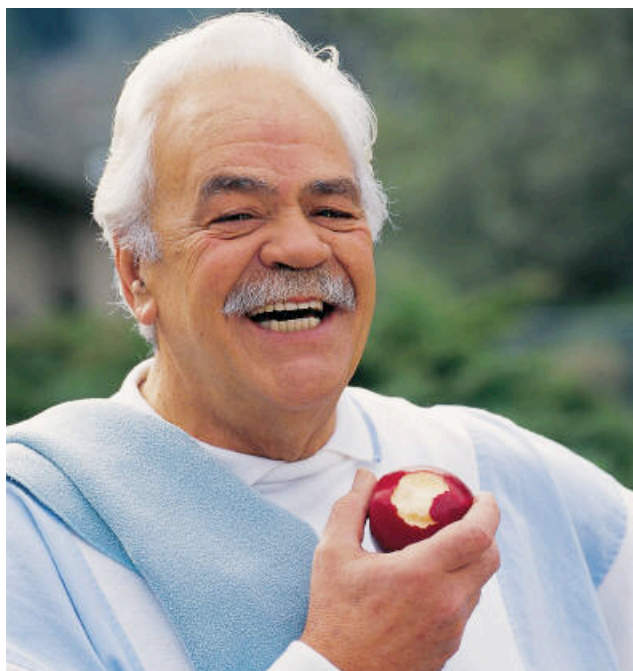
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DENTURE CARE



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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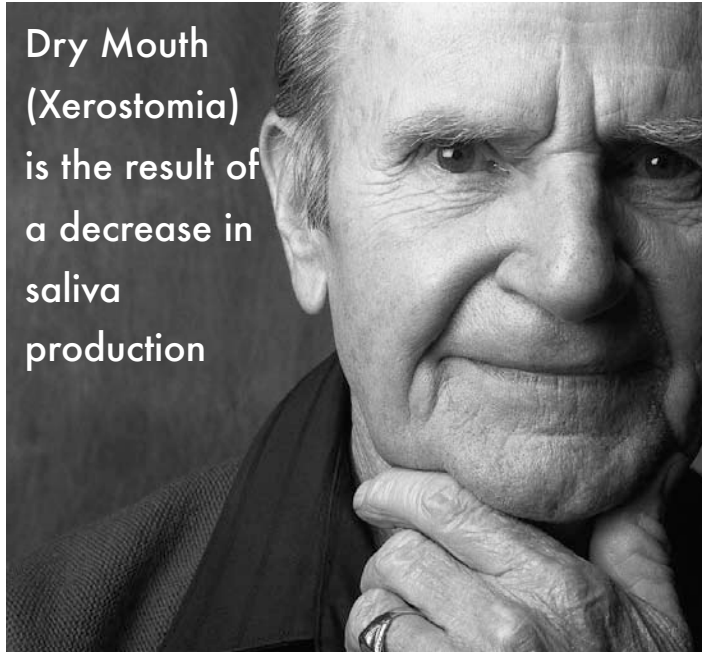
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DRY MOUTH

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

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

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

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

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



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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 Emory 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 emory 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

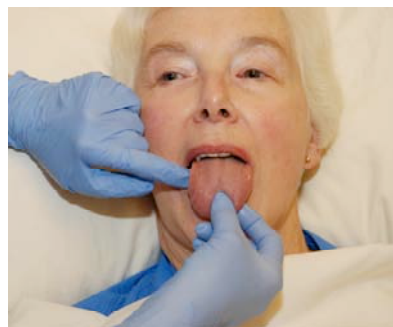
LOOK: Look on all sides of the tongue, on the floor of the mouth, the cheeks, the hard palate, the soft palate, gums and teeth. Look for anything abnormal or different from the day before -any white or red patches, sores, bleeding, loose or broken teeth.

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

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<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

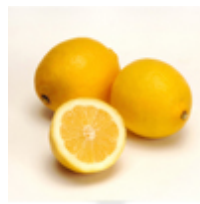
★ **Swabs lack the mechanical action of a toothbrush and do not meet criteria for safe & effective oral hygiene**

★ **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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DYSPHAGIA & Oral Care



Individuals with swallowing problems (dysphagia) can reduce their risk of chest infections by keeping their mouth clean



Risk of dysphagia increases with age and frailty (i.e. multiple medical issues)



FACTS ABOUT 'DYSPHAGIA':

- ➔ A normal mouth has saliva with bacteria.
- ➔ The throat has two tubes; the esophagus leads to the stomach and the trachea leads to the lungs.
- ➔ For people with dysphagia - saliva, food and liquid can go down the wrong way and end up passing through the trachea and into the lungs. *This is called 'aspiration'.*
- ➔ Saliva, food and liquid can sometimes go down the trachea into the lungs without coughing. *This is called 'silent aspiration'.*
- ➔ If bacteria from the mouth enters the lungs it may cause aspiration pneumonia.

Possible Signs & Symptoms:

- Difficulty when trying to swallow
- Coughing and choking during or after meals
- Wet voice during or after meals
- Weight loss and/or dehydration
- Difficulty with certain textures of foods
- Pocketing of food in the mouth
- Regurgitating food
- Frequent fevers or chest infections

Why
should
you
care?

🦷 Dysphagia is related to many different medical issues: *conditions that cause the esophagus to narrow, neuromuscular conditions, stroke, dementia, traumatic brain injury, gastroesophageal reflux disease (GERD), certain cancers of the head and neck (including oral cancer), and certain respiratory conditions such as COPD (chronic obstructive pulmonary disease).*

🦷 It can also be caused when the muscle in the esophagus does not relax enough to let food pass into the stomach.

🦷 Other risk factors include smoking, excessive alcohol use, certain medications, and teeth or dentures in poor condition.

Mouth Care for Patients with Dysphagia

For Patients with NATURAL TEETH:

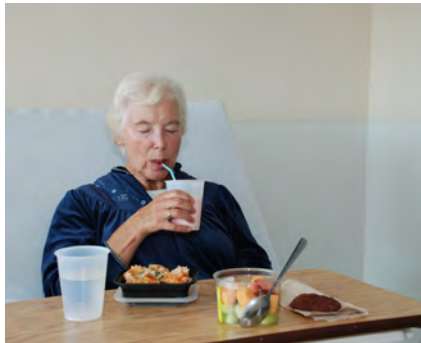
- *Brush teeth before and after each meal and at bedtime using:
 - *Soft bristled tooth brush
 - *Fluoride tooth paste
- *Rinse mouth with water, swish and spit out.
 - *Alcohol-free mouth rinse may be used.
- *Brush tongue from back to front, using large sweeping strokes.
- *Floss teeth daily.

For Patients with FULL & PARTIAL DENTURES:

- *Remove dentures and clean (i.e. brush with a denture brush) before and after meals and at bedtime.
- *Brush the tongue from back to front, using large sweeping strokes, with a soft toothbrush.
- *Rinse mouth with water, swish and spit out.
 - *Alcohol-free mouth rinse may be used.
- *Soak dentures daily in denture cleaner.

MANAGING DYSPHAGIA:

Keeping your mouth clean is just one way to help decrease the risk of aspiration pneumonia. Another way to decrease the chances of developing aspiration pneumonia is to follow the safest option for eating and drinking (as outlined by your dysphagia team).



TIPS for providing oral care:

- Follow the mouth care directions above
- Look inside the patient's mouth before brushing and remove any debris (i.e. food, secretions) with a gloved hand if possible.
- If a person cannot spit, a suction toothbrush is recommended
- Ensure that the patient's mouth is free of pocketed food after each meal
- Avoid using oral swabs - the foam tip can dislodge and become a choking hazard

Ideally, teeth should be brushed 3-4 times daily.

Brushing the teeth well, even once every 24 hours, can help reduce the risk of developing aspiration pneumonia.

For patients with dysphagia, the most important time to brush teeth or clean dentures is before bed because saliva flow is reduced at night

PLEASE NOTE!

- ★ Rinsing with mouth wash is NOT a substitute to good teeth brushing
- ★ For patients with a dry mouth, use a bit of water on a gauze pad to moisten the lips and tongue
- ★ **GUIDELINES FOR MOUTH CARE FROM YOUR DYSPHAGIA TEAM:**