

Guidance on End of Life ORAL CARE

People at the end of life are often dependent on staff for their mouth care. Unfortunately mouth hygiene practices are often neglected at the end of life as it often gets forgotten or eliminated, this can contribute to halitosis and can impact on contact with friends and family members as an unpleasant aroma from the mouth can be off putting causing loved ones avoid having close contact or kiss the person.

This leaflet is aimed at giving caregivers and nurses a quick reference guide in best practice End of life mouth care regime. Best mouth care practices include consensus-based practices as published by:

- NICE Clinical Knowledge Summary: Palliative care – How should I manage oral care in the terminal phase? (National Institute for Health and Care Excellence)¹ July 2023
- Scottish Palliative Care Guidelines – Mouth Care in the last days of life (Healthcare Improvement Scotland and NHS Scotland)²
- Palliative Care Wales: Palliative Care (Adult) Network Guidelines

Care plan

All aspects of mouth care that will provide comfort and improve quality of life should be included in the patient's care plan for example, pain relief, management of dry mouth, removing dry secretions, frequency of mouth rinsing. This should ensure continuity of care between care settings and amongst different carers.

Assessment

Oral healthcare should focus on improving the quality of life of the patient instead of striving for curative treatment approaches.

- It is essential to carry out an assessment of the mouth using a glove, torch and tongue depressor.
- Remove denture before examining the mouth
- Assess for pain. Look for signs of dryness, coating, ulceration, infection or tooth decay.

Dry mouth

People at the end of life often breathe through their mouth causing the mouth to become very dry. It is essential to keep the mouth hydrated and comfortable with frequent attention to avoid secretions in the mouth to become too dry and sticky, as not only do they become difficult to remove but are uncomfortable for the person.

A dry mouth may become progressively worse as days near death and can be a debilitating symptom.

- Hydrate the mouth with water using a toothbrush or dry mouth gel, apply with a small, soft headed toothbrush, 360 toothbrush or MC3 stick
- If the person is conscious, ensure their mouth is hydrated and comfortable every 30 minutes
- If the person is unconscious moisture the mouth at least every hour
- Keep the lips soft with lubricant such as a water based gel or lip balm.

Dried sticky secretions

As people near the end of life their swallow and cough reflex becomes weaker. As they lose their ability to swallow and clear salivary and bronchial secretions there becomes a build up of oral secretions. If not removed regularly, these secretions become dry and stick to the tongue and palate of the mouth as people near the end of life breathe their mouth. Once dried, these sticky secretions become difficult to remove.

Management

Regular removal with a soft small headed toothbrush, 360 toothbrush or Moutheze can minimize the build up and keep the mouth more comfortable. A clean and hydrated mouth contributes to comfort and dignity.

Involving loved ones

By involving families and friends to participate in the mouth care regime at the end of life enables them to feel like they are making a difference by feeling useful, supportive and caring.

Guidance on End of Life mouth care management

The focus is on oral hygiene, alleviation of symptoms and ensuring the patient is appropriately hydrated.

- Assess the mouth daily for changes
- Remove any denture/s. Clean with mild soap and water and store dry in a named pot.
- Clean teeth using a soft, small-headed toothbrush and mild non foaming toothpaste .
- Carry out mouth care as often as necessary to maintain a clean mouth.
- If the person is able, ensure help is offered to clean teeth and/or denture/s.
- Damp gauze may be used if the individual is unconscious or unable to tolerate a toothbrush. Damp the non-fraying gauze in water or mouthwash wrapped round a gloved finger. This can help hydrate the mouth and remove debris from the sulcus and teeth.
- To prevent cracking of the lips, a water-soluble lubricant should be applied.
- Consider changing or stopping medicines that are causing a dry mouth.

- In people who are conscious, ensure the person is hydrated and comfortable every 30 minutes
- In unconscious people, moisten the mouth frequently, every hour or when possible, with water.

Word of caution

Hydrating the mouth with alcohol

Keeping the mouth hydrated at the end of life with a person's favourite flavour. Whilst there is not a problem with hydrating someone's mouth with flavoured beverages such as flavoured squash, tea and coffee. Hydrating the mouth with a person's alcoholic preference is likely to dehydrate the inner lining of the mouth so whilst this seems like a comforting thing to do we would advise you to do use any alcohol beverage in end of life, sparingly.

The use of sponge swabs

Foam swabs should not be used as a method to clean or hydrate the mouth. There is a risk the sponge head may detach from sponge sticks if the adhesive fails. This poses a choking risk. Consider safe alternatives to moisten or clean a person's mouth.

Glycerine swabs

Glycerine is used to stimulate the production of saliva and aid in hydrating the mouth. Unfortunately glycerine is very drying to the oral mucosa! Use a swab that is PH neutral eg. Moi- Stik

Or try simple salivary stimulating measures such as water, unsweetened drinks and sprays.

MC3 mouth cleanser

The cone-shaped head and smooth rounded filaments is designed to clean the soft tissues of the mouth. "They should NOT be used to clean the teeth, a toothbrush is the most effective means of removing bacterial plaque". Mouth care matters, NHS England 2019

A toothbrush is most effective in removing plaque from the teeth.

Oral care tools



small headed toothbrush



360 toothbrush



MC3 Stick



Foam free toothpaste



damp gauze