



GUIDANCE FOR CARE STAFF

Palliative and end of life mouth care

A quick reference guide to best practice for caregivers and nurses

NICE CKS

Scottish Palliative Care Guidelines

Palliative Care Wales

CONTENTS

—	Introduction	Page 2
01	Assessment and care planning	Page 3
02	Palliative care: daily mouth care	Page 4
03	End of life: the last days of life	Page 5
04	A word of caution	Page 7
05	Oral care tools	Page 8
06	Training, dental access and references	Page 9



INTRODUCTION

Why mouth care matters

Everyone should be able to live well until they die. Mouth problems are common for people receiving palliative care, especially those having treatment for cancer. As their condition progresses, people often become completely dependent on staff for their mouth care.

Unfortunately, mouth care is often forgotten or neglected at the end of life. A dirty or dry mouth is painful and uncomfortable, and can cause bad breath (halitosis). This can affect a person's contact with the people they love, as an unpleasant smell from the mouth may cause family and friends to avoid close contact or kissing.

Good mouth care is a crucial part of providing dignified and compassionate care for people at this stage of their life.

Focus on comfort and quality of life, not curative treatment.

The aim of mouth care in palliative and end of life care is to promote comfort, oral hygiene, hydration, nutrition and overall quality of life.

About this guide

This guide gives caregivers and nurses a quick reference to best practice in palliative and end of life mouth care. Staff need the right mouth care products, but are sometimes misinformed and use products that are discouraged, such as foam swabs instead of toothbrushes.

It brings together consensus-based best practice published in:

- **NICE Clinical Knowledge Summary:** Palliative care – oral (National Institute for Health and Care Excellence)
- **Scottish Palliative Care Guidelines:** Mouth care (Healthcare Improvement Scotland and NHS Scotland)
- **Palliative Care Wales:** Palliative Care (Adult) Network Guidelines
- **Caring for Smiles** (NHS Scotland), **Delivering Better Oral Health** and the **Oral health toolkit for adults in care homes** (Public Health England)

AT A GLANCE

- **Assess the mouth every day** and record any changes.
- **Brush teeth** with a soft, small-headed toothbrush. It is the most effective way to remove plaque.
- **Keep the mouth moist:** every 30 minutes if the person is conscious, at least every hour if unconscious.
- **Never use foam swabs** to clean or moisten the mouth.
- **Involve family and friends** in mouth care if they would like to help.



SECTION 01

Assessment and care planning

Oral healthcare should focus on improving the person's quality of life rather than curative treatment. A good assessment and a clear care plan make sure everyone caring for the person gives the same, consistent mouth care.

Assessing the mouth

Carry out an assessment of the mouth using a **glove, torch and tongue depressor**. Remove any dentures before examining the mouth.

Look and ask about

- Pain or discomfort
- Dryness
- Coating on the tongue or mouth
- Ulcers
- Signs of infection
- Tooth decay

Also check

- Hydration and nutrition, as part of mouth care
- How well the person can swallow
- Whether they can help with their own mouth care
- Changes since the last assessment

Reassess the mouth daily. Mouth problems can develop quickly in palliative and end of life care.

The care plan

Include every aspect of mouth care that will provide comfort and improve quality of life in the person's care plan, for example:

- Pain relief
- Management of dry mouth
- Removing dry secretions
- How often mouth care and mouth moistening should be carried out

Record the person's preventive mouth care regime in their notes and agree which health and care professionals are responsible for it. Make sure the person and their carers understand how and when to carry out the regime. This supports continuity of care between care settings and between different carers.

Oral care policy and dental links

Care homes and community care settings should build links with local dental teams and have a reliable dental referral system or protocol. This improves access to dental care and makes referrals quicker and more efficient. Build links with:

- Local general dental practices
- The local Community Dental Service
- Local Special Care Dentistry departments and specialists



SECTION 02

Palliative care: daily mouth care

These recommendations follow **Delivering Better Oral Health** and the palliative care guidelines. They aim to prevent pain, infection and tooth decay while the person is still able to take part in their daily routine.

- 1 **Brush teeth after each meal and at bedtime** using a soft, small-headed toothbrush and fluoride toothpaste. Brushing itself matters: removing plaque mechanically is essential, not just applying toothpaste.
- 2 **Spit, don't rinse.** Encourage the person to spit out excess toothpaste, but avoid rinsing after brushing if possible.
- 3 **Brush the tongue** gently when it is furred or coated.
- 4 **Keep dentures scrupulously clean.** Brush them with a soft brush. Denture cleaning solution adds to brushing but does not replace it.
- 5 **Remove debris, secretions and plaque regularly** to keep the mouth clean and prevent pain and infection.
- 6 **Lubricate the lips** with a water-based saliva replacement gel or aqueous cream.
- 7 **Encourage adequate fluids** and assess hydration and nutrition as part of mouth care.
- 8 **If the person is unconscious or cannot tolerate a toothbrush,** use damp, non-fraying gauze, thoroughly wetted in clean running water and wrapped around a gloved finger.

DRY MOUTH

People with their own teeth who have a dry mouth are at **high risk of tooth decay**.

- A high-concentration fluoride toothpaste should be prescribed, and a fluoride mouthwash may be recommended.
- Arrange regular dental reviews so a dentist can advise on a personal preventive regime and any treatment needed.
- A dry mouth can make some oral medicines harder to dissolve or swallow, and they may stick to the lining of the mouth. Report this so it can be addressed.
- Ask the prescriber to review any medicines that may be causing a dry mouth.



SECTION 03

End of life: the last days of life



In the last days of life, the focus is on oral hygiene, relieving symptoms and making sure the mouth is appropriately hydrated.

Why the mouth becomes dry

As people near the end of life, their swallow and cough reflexes become weaker and they often breathe through their mouth. They can no longer clear saliva and secretions, so these build up in the mouth. If they are not removed regularly, the secretions dry out and stick to the tongue and roof of the mouth. Once dried, they are uncomfortable and difficult to remove.

A dry mouth can become progressively worse as death approaches and can be a very distressing symptom. Frequent attention keeps the mouth clean and hydrated, which contributes to comfort and dignity.

IF THE PERSON IS CONSCIOUS

Every 30 minutes

Make sure the mouth is hydrated and comfortable.

IF THE PERSON IS UNCONSCIOUS

At least hourly

Moisten the mouth with water, or more often when possible.

Mouth care routine

- 1 Assess the mouth daily** for changes.
- 2 Remove any dentures.** Clean them with mild soap and water and store them dry in a named denture pot.
- 3 Clean the teeth** using a soft, small-headed toothbrush and a mild, non-foaming toothpaste.
- 4 Offer help** to clean teeth or dentures if the person is able to take part.
- 5 Carry out mouth care as often as needed** to keep the mouth clean.
- 6 Use damp gauze** if the person is unconscious or cannot tolerate a toothbrush. Wet non-fraying gauze in water or mouthwash and wrap it around a gloved finger to moisten the mouth and remove debris from the teeth and the space between the cheek and gums.
- 7 Keep the lips soft** with a water-based lubricant, such as a water-based gel or lip balm, to prevent cracking.
- 8 Consider changing or stopping medicines** that cause a dry mouth, with the prescriber.



| Managing dried, sticky secretions

Prevent build-up by removing secretions regularly with a soft, small-headed toothbrush, a 360 toothbrush or a MouthEze stick.

Soften and remove dried secretions by hydrating the mouth with water or a dry mouth gel, applied with a small, soft-headed toothbrush, a 360 toothbrush or an MC3 stick.

Involving loved ones

Make families and friends aware of the person's mouth care regime so they can support them and be more involved in their last days of life. Helping with mouth care lets loved ones feel useful, supportive and caring, knowing they are making a difference. A clean, fresh mouth can also make close contact more comfortable for everyone.

Record every session

Record each mouth care session, any refusals and any changes you notice, so everyone caring for the person can see what has been done and when. Our Daily Mouth Hygiene Chart has AM and PM boxes for each day to make this quick and consistent.



SECTION 04

A word of caution

Some products and practices that seem comforting can do more harm than good. Share these points with all staff and with families who help with mouth care.

AVOID

Foam (sponge) swabs

Do not use foam swabs to clean or moisten the mouth. The sponge head can come off the stick if the adhesive fails, which is a **choking risk**. Use safe alternatives, such as a soft toothbrush, a 360 toothbrush or damp gauze.

AVOID

Glycerine swabs

Glycerine is used to stimulate saliva, but it is **very drying to the lining of the mouth**. Use a pH-neutral swab instead, such as a Moi-Stik, or try simple saliva-stimulating measures such as water, unsweetened drinks and mouth sprays.

AVOID

Pineapple and frozen tonic water

Chewing pineapple and sucking frozen tonic water should be **discouraged for people who have their own teeth**.

USE SPARINGLY

Moistening the mouth with alcohol

Moistening the mouth with a person's favourite flavour can be a comfort, and flavoured drinks such as squash, tea and coffee are fine. Alcohol, however, is likely to **dry out the lining of the mouth**. It may feel like a kind thing to do, but use any alcoholic drink **sparingly**.

SOFT TISSUES ONLY

MC3 mouth cleansers

The cone-shaped head and smooth, rounded filaments are designed to clean the soft tissues of the mouth. They should **not** be used to clean the teeth. As Mouth Care Matters (2019) puts it: "a toothbrush is the most effective means of removing bacterial plaque".



A toothbrush is the most effective way to remove plaque from the teeth.



SECTION 05

Oral care tools

Choosing the right tool makes mouth care safer and more comfortable. A bristled toothbrush should always be used to clean the teeth.

TOOL	USE IT FOR	GOOD TO KNOW
Soft, small-headed toothbrush	Brushing teeth and tongue, removing secretions, applying gel	First choice for cleaning teeth.
360 toothbrush	Brushing teeth, removing secretions, applying products and moistening the mouth	Bristles all the way round the head make it easier to use for someone who needs full support.
MouthEze stick	Removing secretions and applying dry mouth gel or other products	Does not replace a toothbrush for cleaning teeth.
MC3 stick	Cleaning the soft tissues of the mouth and applying dry mouth gel	Not for cleaning teeth.
Damp gauze (non-fraying)	Moistening the mouth and removing debris when the person is unconscious or cannot tolerate a toothbrush	Wet thoroughly and wrap around a gloved finger.
Fluoride toothpaste	Daily brushing in palliative care	A high-concentration fluoride toothpaste may be prescribed for people with a dry mouth.
Mild, non-foaming toothpaste	Brushing in the last days of life	Less foam is more comfortable when swallowing is weak.
Dry mouth gel or saliva replacement	Moistening the mouth and softening dried secretions	Choose a water-based product.
Water-based lip gel, lip balm or aqueous cream	Keeping the lips soft and preventing cracking	Apply regularly as part of every mouth care session.
pH-neutral swab (e.g. Moi-Stik)	Moistening the mouth	Use instead of glycerine swabs.

DO NOT USE

- Foam or sponge swabs
- Glycerine swabs
- Cleaning teeth with MC3 sticks or mouth cleansers alone



SECTION 06

Training, dental access and references

Training

Health and care professionals involved in the day-to-day care of people receiving palliative and end of life care should be trained, and have ongoing access to training, so they can deliver appropriate mouth care. Training improves mouth care and makes sure everyone gives consistent advice.

Dental access

Regular dental review is advised, particularly for people with their own teeth and a dry mouth, so that a dentist can recommend a personal preventive regime and any necessary treatment. Use your home's dental referral protocol and local dental links (see Section 01).

References and further reading

- NICE Clinical Knowledge Summary: Palliative care – oral. cks.nice.org.uk/palliative-care-oral
- Healthcare Improvement Scotland and NHS Scotland. Scottish Palliative Care Guidelines – Mouth care.
- NHS Scotland. Caring for Smiles – Oral care at the end of life.
- Palliative Care Wales. Palliative Care (Adult) Network Guidelines.
- Public Health England (2020). Oral health toolkit for adults in care homes, Section 5 – How to support residents with mouth care.
- Delivering Better Oral Health: an evidence-based toolkit for prevention.
- Mouth Care Matters (2019).
- Oral Health Foundation (2018). Denture care guidelines. www.dentalhealth.org/denturecareguidelines

Need oral care advice or training?

Knowledge Oral Healthcare supports care teams with oral care training, resources and advice.

Web www.kohc.co.uk **Email** info@kohc.co.uk **Phone** 01243 710119