

guidance on palliative care

ORAL CARE

A summary of the Guidance on Oral Care Palliative care

Everyone should be able to live well until they die. Unfortunately oral problems are common for people in palliative care, especially for people that are receiving treatment for cancer. For caregivers attending to dependent individuals, it is important they recognise that mouth care is a crucial part of providing dignified and compassionate care for individuals at this stage of their life.

During the pandemic there has been an increase of more people in palliative care with complex needs dying in institutions due to COVID-19 complications. Critically ill people are usually totally dependent on care staff for their oral care, it is therefore important that effective and evidence-informed guidance for health and care professionals exists, in order that oral care is managed appropriately as part of palliative care. The aim is to promote comfort, oral hygiene, hydration, nutrition, and overall quality of life.

Staff require effective and appropriate mouth care products but are sometimes misinformed about using products that are discouraged such as foam swabs rather than toothbrushes.

This revised guidelines summary is aimed at giving caregivers and nurses a quick reference guidance in best practice Palliative/End of life mouth care regime.

This guidance reviews the management of mouth care in palliative care, with focus on the following guidelines:

- NICE Clinical Knowledge Summary: Palliative care – oral (National Institute for Health and Care Excellence)¹
- Scottish Palliative Care Guidelines – Mouth Care (Healthcare Improvement Scotland and NHS Scotland)²
- Palliative Care Wales: Palliative Care (Adult) Network Guidelines

Oral Care policy

Care homes and community care centres should establish links with local dental teams and a reliable dental referral system or protocol. This should improve dental access for patients and ensure that referrals are feasible and more efficient. Links should be established with local general dental practices, the local Community Dental Service and any local Special Care Dentistry departments and specialists.

Prevention summary of useful recommendations:

Reference: *NICE Guidance Palliative care – oral, Palliative Care oral, Scottish Palliative Care Guidelines – mouth care, Caring for smiles NHS Scotland Palliative Care Guidelines, Public Health England, Oral health toolkit for adults in care homes*

[1] NICE (March 2021) NICE Clinical Knowledge Summary: Palliative care – oral [Online] Available at: <https://cks.nice.org.uk/palliative-care-oral>

[2] NHS Scotland (revised Dec 2020). Scottish Palliative Care Guidelines – Mouth Care. [Online] [here](#) NHS Scotland Caring for Smiles 'Oral Care at the End of Life' PDF [here](#)

[3] Public Health England, Oral health toolkit for adults in care homes [Nov 2020] Section 5 - How to support residents with mouth care part 2 [27/11/20] Palliative and end of life care presentation [here](#)

1. Consider oral care in line with 'Delivering Better Oral Health':

Clean teeth using a soft, small-headed toothbrush and fluoride toothpaste after each meal and at bedtime. Keep any dentures scrupulously clean. State importance of mechanical plaque removal in addition to toothpaste. Brush tongue when furred. Take adequate fluids. Patients should be encouraged to spit out excess toothpaste but avoid rinsing after toothbrushing if possible.

2. **Ensure the patient and their carers are educated about how and when to carry out the patient's preventive care regime.** Establish which health and care professionals have responsibility to ensure this. Record preventive care regimes in the patient's notes.

3. The practice of **chewing pineapple and sucking on frozen tonic water should be discouraged** in dentate patients.

4. **Foam swabs should not be used as a method of plaque removal.** . There is a risk that **sponges may detach from sponge sticks** if the adhesive fails. This poses a choking risk to patients. **Consider safe alternatives to moisten or clean patients' mouths.**

MouthEze sticks can be used to remove secretions and apply dry mouth gel and product, **360 toothbrush** can be used to remove secretions, apply product, aid in hydrating the mouth and used to brush teeth. It should be stressed that a bristled toothbrush should be used to clean the teeth as toothbrushing remains the most effective method of plaque control

5. **Damp gauze** (non-fraying type, which has been thoroughly wetted in clean running water) wrapped around a gloved finger may be used if the resident is unconscious or unable to tolerate a toothbrush.

6. **Lubricate lips** Apply water-based saliva replacement gels or aqueous cream to lips

7. **Hydration and nutrition status should be assessed** as part of mouth care

8. **Dentures** As part of denture care guidance, it should be made clear that cleaning dentures with denture cleaning solution is an adjunct to mechanical cleaning with a soft brush (Denture Care Guidelines Aug 2018 PDF [here](https://www.dentalhealth.org/denturecareguidelines) <https://www.dentalhealth.org/denturecareguidelines>)

9. Consider highlighting the importance of **removing and cleaning away debris, secretions and plaque regularly** as part of mouth care, to maintain good oral hygiene and prevent pain and infection.

10. Dentate patients with dry mouth are at high risk of tooth decay. A **high concentration fluoride toothpaste** should be prescribed and a fluoride mouthwash may be recommended.³ **Regular dental review** is advised so that a dentist can advise further on a patient specific preventive regime and any necessary interventions.

11. **Dry mouth.** Carers should be mindful that dry mouth may make it more difficult for certain oral medications to dissolve intra-orally or be swallowed by patients. This may require address, for example if medication gets stuck to the mucosal lining of the patient's mouth.

12. Assess daily for changes.

Dry mouth

The Scottish guidance relating to dry mouth point out that all secretions, debris and plaque should be regularly removed as part of mouth care. Additionally it recommends a high fluoride toothpaste and mouthwash regime, as patients experiencing dry mouth will be at higher risk of decay.

End of life care

The focus is on oral hygiene, alleviation of symptoms and ensuring the patient is appropriately hydrated. It is recommended that management of dry mouth is included in the patient's 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. Families and friends should also be made aware of the mouth care regime at the end of life to ensure they can support the patient and have greater involvement in their last days of life.

Other aspects of mouth care: training, dental access, and products, tools and support for patients

Health and care professionals involved in the day-to-day care of patients should be **trained and have access to training to deliver appropriate mouth care** for palliative patients. Training should contribute to improved mouth care and consistent advice.