

# END OF LIFE

## Mouth Care Management

Mouth care is a crucial part of providing dignified and compassionate care for individuals at this stage of life



# OBJECTIVES

The aim of this presentation is to provide baseline knowledge of mouth care practices for people in end of life by looking at the NICE guidelines, Scottish Palliative Care Guidelines, NHS Mouth Care Matters and The Royal College of Nursing

View the end-of-life mouth care guidance and recommendations from:

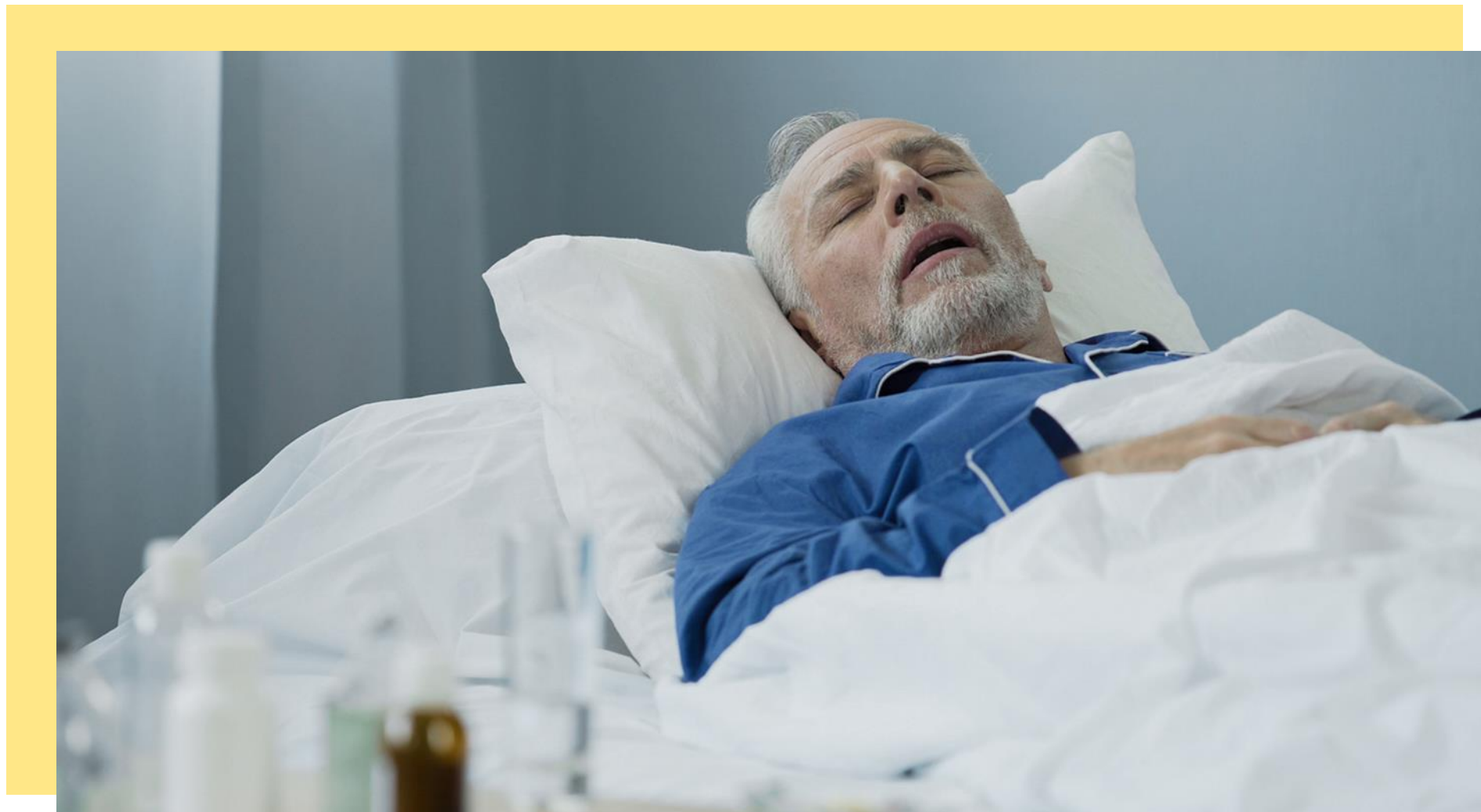
- [National Institute for Health and Care Excellence \[NICE\]](#) Palliative - Oral [End of life] Revised July 2023
- [Scottish Palliative Care Guidelines – End of life](#) Nov 2023
- Health Education England - [Mouth Care Matters](#) 2nd edition. Nov 2019 & [The Royal College of Nursing](#) [end-of-life mouth care] Supported by Mouth Care Matters. May 2023

At the end of this presentation you will:

- have a better understanding of why mouth care at the end of life is critical to **dignity and comfort**
- be aware of **common oral conditions found during end-of-life stages**
- learn best practice for optimal end of life care to include **tools and products**

# MOUTH CARE IN END OF LIFE

People that are end of life involves care for people that are nearing the end of their life (last weeks/days) are usually totally dependent on care staff for their oral care. Mouth care should focus on keeping the mouth clean and ensuring the person is appropriately hydrated and comfortable.



# ASSESS THE MOUTH REGULARLY

In palliative and end-of-life care, examine, assess and re-assess the mouth is one of the most important tasks.

**Ensure carers are educated** about how and when to carry out the patient's/ resident's preventive care regime. Record in the residents' notes.

## Assess the mouth regularly.

- Assess the mouth with a light source
- Are the lips dry, cracked or bleeding?
- Check the tongue, cheeks and palate. Does the mouth look or feel dry or sticky?
- Can you see any food debris or dried secretions?
- Is there a creamy coating on the tongue or palate?
- Does any part of the mouth look red or swollen? Is there any bleeding?
- Are there any broken or loose teeth causing pain?
- If the person wears dentures, ask if they are comfortable? If loose, could they be a choking risk?  
They may want to continue wearing them.





# POSSIBLE ORAL HEALTH ISSUES

Oral health problems among palliative and terminally ill patients found the three most common oral conditions were dry mouth, oral thrush and dysphagia. Oral health problems among palliative and terminally ill patients: an integrated systematic review [BMC Oral Health](#). 2020; 20: 79. Published online 2020 March

- Dry mouth [xerostomia]
- Oral thrush [candidiasis] Over 1/3 of people have been found to have oral thrush in the last 3 weeks of life
- Swallow difficulties [dysphagia]
- Thick mucus secretions
- Sore Lips
- Denture issues [stomatitis]
- Ulceration (1 in 5 people in the last 3 weeks of life)
- Mucositis – sore and inflamed [common side effect from chemotherapy & radiotherapy]



- Oral hygiene
- Taste alterations
- Infection [Pain]

People at the end of life are susceptible to a range of oral problems including dysphagia, dry mouth, thick mucus secretions, nutritional and taste problems, mucositis and denture related problems. [Mouth Care Matters]

**National Institute for Health and Care Excellence [NICE] – oral – end of life**  
Revised July 2023

## How should I manage oral care in the terminal phase?

Include management of dry mouth **care plan**.

Consider changing or stopping medications that are causing dry mouth.

Carry out **mouth care as often as necessary** to maintain a clean mouth.

**In people who are conscious**, the mouth can be moistened every 30 minutes with water from a water spray or dropper, or ice chips can be placed in the mouth

**In unconscious people**, moisten the mouth **at least once an hour** with water from a water spray, dropper, or **sponge stick** or ice chips placed in the mouth

**To prevent cracking of the lips**, smear petroleum jelly (for example Vaseline®) on the lips. However, if a person is on oxygen apply a water-soluble lubricant (for example K-Y Jelly®).

When the weather is dry and hot, if possible, use a room humidifier or air conditioning.

**Ensure help is offered to clean teeth or dentures.**

**Manage pain symptomatically**, using analgesics via a suitable route. Stop treatment of the underlying cause of pain when the burden of treatment outweighs the benefits. See [Scenario: Oral pain](#). See [Self-care](#) for further information.

**Management scenario for:** Prevention, dry mouth, oral pain, candida infection, mouth ulcers, halitosis, excessive salivation [www.nice.org.uk/topic/palliative-care-oral](http://www.nice.org.uk/topic/palliative-care-oral)

**Scottish Palliative Care Guidelines - Healthcare Improvement Scotland**  
Revised April 2020

## Mouth care in the last days of life

Include mouth care in the patient’s **care plan**.

Consider changing or stopping medicines that are causing a dry mouth.

Carry out **mouth care as often as necessary** to maintain a clean mouth

**In people who are conscious**, the mouth can be moistened every 30 minutes with water from a water spray or dropper or ice chips can be placed in the mouth

**In unconscious people**, moisten the mouth **frequently, when possible**, with water from a water spray, dropper, or **sponge stick** or ice chips placed in the mouth.

**To prevent cracking of the lips**, a water-soluble lubricant should be applied.

When the weather is dry and hot, if possible, use a room humidifier or air conditioning.

**Ensure help is offered to clean teeth or dentures.**

**•Manage oral pain symptomatically**, using analgesics via a suitable route. Stop treatment of the underlying cause of oral pain when the burden of treatment outweighs the benefits.

[www.palliativecareguidelines.scot.nhs.uk](http://www.palliativecareguidelines.scot.nhs.uk) Click on **Symptom control** then **Mouth care** for: Dry/coated mouth, painful mouth, oral infections, halitosis, drooling, bleeding.

NICE Guidance Scenario – Oral Pain	Scottish Palliative Care Guidelines – Health Improvement Scotland Painful Mouth
<b>TOPICAL PAIN RELIEF</b> – For localised pain	Causes of mouth pain include trauma (from sharp teeth), haematinic deficiency, viral infection (herpes simplex), aphthous ulceration, oral malignancy and mucositis.
<b>For mild to moderate oral pain</b> , use topical non-opioid analgesia.	
<b>Choline salicylate gel</b> eg Bonjela— short-lived effect. Excessive use should be avoided because it can lead to ulceration, particularly if the gel is trapped under dentures.	<b>Choline salicylate (Bonjela®)</b> or a variety of proprietary preparations containing LA [lidocaine] spray or ointment for oral use – take care not to anaesthetise the throat
<b>Benzydamine spray</b> e.g. Difflam — relatively short duration of action, and numbness and stinging are sometimes a problem.	<b>Benzydamine spray or mouthwash</b> e.g. Difflam — dilute 1:1 if stinging occurs <i>Soluble paracetamol and/or aspirin used as a mouthwash provides no topical effect.</i>
<b>For moderate to severe pain relief</b> *Seek specialist advice if pain is difficult to manage	<b>For moderate to severe pain relief</b> *Seek specialist advice if pain is difficult to manage
<p><b>Choice of mouthwash [Scenario: Prevention]</b></p> <p><b>Chlorhexidine</b> can be used in people who have, or are at risk of, secondary bacterial infection, including people that do not have their own teeth.</p> <p>Do not use more than twice a day.</p> <p><b>Do not combine with Nystatin [use 1 hr apart]</b></p> <p><b>Do not combine with toothpaste [use 30 mins apart]</b></p>	<p><b>Chlorhexidine gluconate</b> 0.2% mouthwash can be considered to treat secondary infections or when pain limits other mouth care methods; <b>10ml used <i>twice daily may be useful to inhibit plaque formation in patients unable to tolerate other mouth care measures.</i></b> Dilute 1:1 with water if it stings. Alcohol-free preparations are available.</p> <p>If the patient is unable to rinse and expectorate or there is an aspiration risk, soak gauze in chlorhexidine gluconate 0.2% mouthwash and gently wipe over coated surfaces, teeth and gums.</p>
<b>Salt water</b> is soothing, nontraumatic, and safe to use as frequently as required. Water can be given warm or cool, depending on individual preference.	<b>Salt water mouthwashes</b> are effective in maintaining oral hygiene and are advised for the prevention and management of mucositis. They should be used at least four times in 24 hours to clean the mouth and remove debris.
<b>CHX</b> Whilst literature indicates chlorhexidine is effective in oral care, there is evidence suggesting that these is an increased mortality rate using CHX in the non-cardiothoracic ICU patient. [a meta-analysis by Price et al (2014)]	The reason is unclear? It maybe from inhaling CHX into the lungs [ARDS] It has not been proven.

**Mouth care should be carried out gently and not cause the person distress. It may need to be carried out more than twice a day e.g. hydrating the mouth hourly**

**Keeping the mouth clean, moist and comfortable. May wish to carry out mouth care or taste for pleasure hourly if the mouth is dry.**

- **Families may want to be involved** and mouth care is something they can be shown to do
- If possible, have the **person sitting up** to reduce the risk of aspiration

**Apply lip balm** or water-based gel to keep lips moist

**Lip care.** Apply water-based gel or beeswax lip balm. *[the use of petroleum jelly should be avoided]*

**Keep the mouth hydrated** by *dipping a toothbrush in water or a flavoured drink* for comfort and pleasure.

**Taste for pleasure.** Use a persons preferred drink to taste to moisten the mouth with a toothbrush or 360 brush.

A small amount of **dry mouth gel** can be massaged into the mouth with a gloved finger, MouthEze or toothbrush

**Water-based gels and sprays** to hydrate the mouth. Look at ingredients as some are derived from pigs or milk proteins and may not be suitable for some people.

1. **Use a small headed toothbrush** as mouth opening may be limited preferably soft or baby soft is the mouth is sore. It is important keep the mouth clean to reduce the risk of infection
2. **Mild flavoured non-foaming toothpaste** are better tolerated than a strong mint flavour.

1. **Use a small, soft toothbrush**
2. and a smear of **toothpaste – preferred mild low or non-foaming.**

Prescription of **topical pain relief** for example Difflam (benzydamine hydrochloride) spray or mouth wash

**Removing dried secretions**  
Regular removal of oral/dried secretions with gentle suctioning and a toothbrush/MouthEze cleanser [hospital]. Gels can be applied with fingers or a small-headed toothbrush or MouthEze oral cleanser.  
When a patient has dried secretions that are difficult to remove the gels can be massaged into the surfaces of the mouth and left for a few minutes to make them easier to remove.  
*When dry mouth gels are not massaged into the mouth they can form a further sticky layer making the mouth more uncomfortable.*

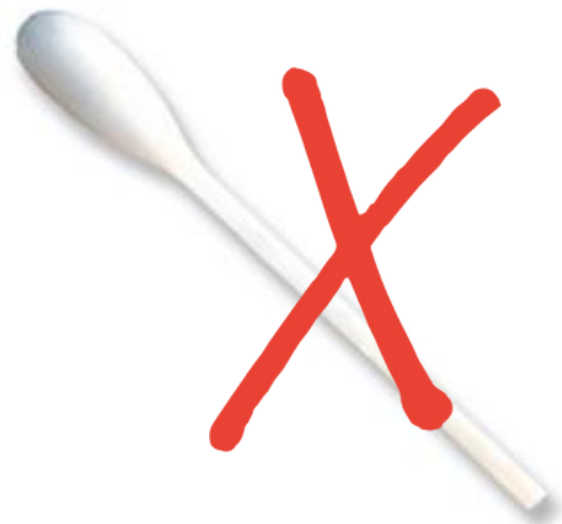
**Removing dried secretions**  
This can be done by using MouthEze, circular brush or small toothbrush and dry mouth gel. If secretions are very dry soften them first by applying dry mouth gel or spray, wait a few minutes and then try again. Apply gel to lips, tongue, cheeks and palate.



# PRODUCTS AND TOOLS



Mild foam free toothpaste



glycerol swab



360 toothbrush



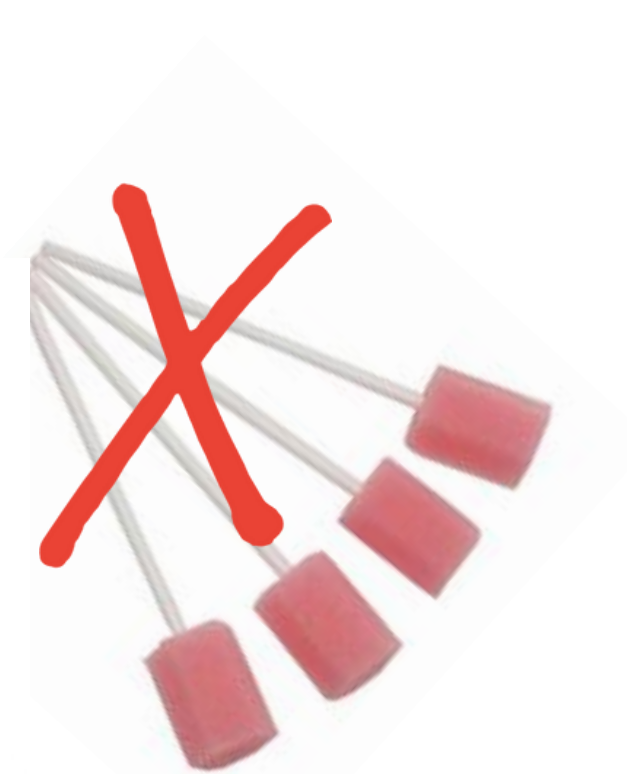
petroleum based jelly



Dry mouth gel



MC3 Stick



sponge swab



damp gauze



soft bristled toothbrush

# STICKY SECRETIONS

People at the end of life have a weakened swallow and cough reflex, they also lose the ability to swallow and clear salivary and bronchial secretions. If the mouth isn't cleaned and hydrated regularly these secretions become dry and sticky making them difficult to remove.

It is important to:

- Keep mouth and lips clean and moist
- Remove debris and dried secretions
- Clean tongue





## Pineapples

### NICE Guidelines

*Some advocate the use of pineapple chunks as it contains an anti-inflammatory enzyme that can soothe the mucosa.*

The practice of chewing pineapple should be discouraged. It can over exacerbate the salivary glands causing a dry mouth.



## Sponge swabs

- **Scotland**

*If sponge sticks are used, they should only be used to moisten the mouth or clean the soft tissues not to remove plaque from tooth surfaces. Always check to ensure the sponge head is secure prior to use. Sponge sticks should be discarded after single use and must never be left to soak as this increases the risk of detachment and subsequent choking.*

- **The Royal College of Nurses**

**X** Foam sponge mouth swabs It is strongly recommended not to use foam sponge swabs of any type for mouth care.

**X** **Wales** Banned sponge swabs. Do not use.

## Glycerol swabs

- **The Royal College of Nursing**

**X** The use of lemon and glycerine swabs is not recommended.

They can worsen a dry mouth. **Tap water** or water-based gel can be used to keep the mouth moist.



# Summary

- **Consider oral care in line with 'Delivering Better oral Health** [Public Health England, Oral health toolkit]. Bristled toothbrush should be used to clean the teeth, this is the most effective method of plaque removal.  
**Remove debris, secretions and plaque** to the mouth comfortable and prevent pain and infection.
- **Ensure 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.
- **Foam swabs should not be used as method to remove plaque.** There is a risk that the sponge may detach, consider safe alternatives to moisten or clean patient's mouths.
- **Small, soft-headed toothbrush, MouthEze sticks and 360 brushes** can be used to hydrate the mouth and remove secretions. Water and/or product can be applied.
- **Damp gauze** can be wrapped around gloved finger and used if the patient is unconscious or unable to tolerate a toothbrush.
- **Lubricate lips** with water-based saliva replacement, balm
- **Clean dentures** as part of denture care guidance



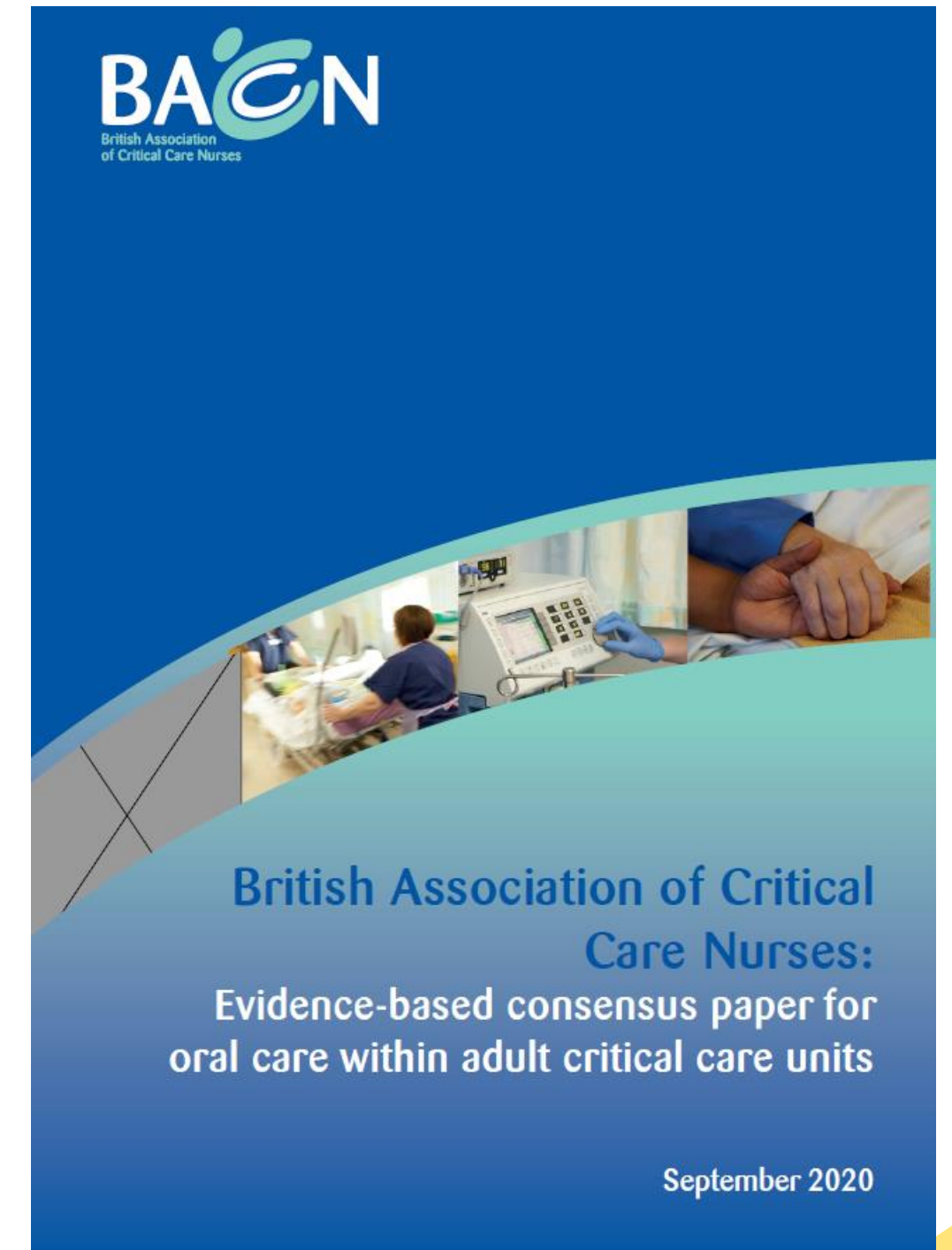
# Resources

Mouth Care Matters 'Carrying out Mouth Care at the end-of-life video

Mouth Care Matters

NHS Health Education England

Carrying out Mouth Care at the end of life



# THANK YOU FOR YOUR INTEREST IN ORAL HEALTHCARE

For any oral health related questions please contact Knowledge Oral Healthcare

**[www.kohc.co.uk](http://www.kohc.co.uk)**

01243 710119 or [info@kohc.co.uk](mailto:info@kohc.co.uk)

