

# Oral and dental hygiene

## Standardised care process



### Objective

To promote evidence-based practice in the assessment and management of oral and dental hygiene for older people who live in residential care settings.

### Why oral and dental hygiene is important

There is a high incidence of oral and dental disease in older people in residential aged care facilities. Many oral health problems in residents could be avoided with routine preventive care (O'Connor 2016).

### Definitions

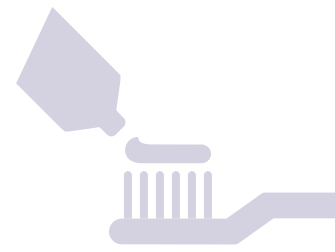
**Oral hygiene:** interventions to prevent plaque-related disease, including care of the oral mucosa, tongue, teeth, lips, gums and dentures (O'Connor 2016).

### Team

Manager, registered nurses (RNs), enrolled nurses (ENs), personal care attendants (PCAs), leisure and lifestyle staff, general practitioner (GP), dentist, allied health professionals (such as a physiotherapist, occupational therapist and exercise physiologist), residents and/or family/carers.

### Acknowledgement

This standardised care process (SCP) has been developed for public sector residential aged care services (PSRACS) by the Australian Centre for Evidence Based Care (ACEBAC) at La Trobe University through the Department of Health and Human Services Strengthening Care Outcomes for Residents with Evidence (SCORE) initiatives. This SCP is one of a series of priority risk areas reviewed based on the best available evidence in 2017.



# Brief standardised care process

## Recognition and assessment

- On admission conduct an assessment of oral health:
  - ascertain the resident's usual oral care routine
  - use the Oral Health Assessment Tool (OHAT).
- Document the assessment findings.
- Arrange a dental assessment.

## Interventions

- Develop an individualised oral hygiene care plan based on information obtained from the assessment.
- Provide residents who have their own teeth with the opportunity to use a fluoride toothpaste.
- Provide physical assistance to each resident at a level appropriate to their ability.
- Encourage good oral hygiene including brushing the tongue at least twice daily using the toothpaste preferred by the resident.
- Management of dentures:
  - Check the dentures fit well.
  - Remove and clean the dentures at least twice daily using a toothbrush.
  - Mark all dentures with the resident's name.
  - Use antimicrobial gels or mouthwashes for both dental caries (decay) and periodontal (gum) diseases.
  - Use saliva substitutes where necessary.

## Referral

- Refer residents to their GP if there are any unexpected findings such as dryness, sores, ulcers, white patches or pain.
- Refer residents to a dentist if broken or decayed teeth or ill-fitting dentures are present.
- Refer residents for a Residential Medication Management Review (RMMR).

## Evaluation and reassessment

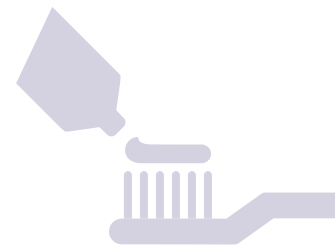
- Monitor residents' oral hygiene status twice daily.
- Repeat a full assessment six-monthly.
- Monitor and evaluate oral hygiene care within the facility quality program.

## Resident involvement

- Provide residents with information about the importance of oral hygiene.
- Discuss with residents the benefits of reducing high-sugar products.
- Where indicated, discuss the benefits of reducing or ceasing alcohol and/or smoking.
- Respect each resident's preferences in relation to oral hygiene.

## Staff knowledge and education

- Provide care staff with education in relation to:
  - oral disease and disorders
  - oral hygiene assessment/examination
  - hands-on oral care
  - maintaining oral and dental hygiene in residents with dementia
  - roles and responsibilities in oral and dental hygiene.
- Appoint a nurse to the portfolio of oral care hygiene.



# Full standardised care process

## Recognition

Remain vigilant for changes in oral health.

## Assessment

On admission, conduct an assessment of oral health:

- Ascertain the resident's usual oral care routine.
- Ascertain the resident's attitudes and behaviours towards their dental health.
- Ascertain the resident's mouth care needs and preferences such as their choice of toothbrush (manual or electric).
- Ascertain the presence of natural teeth or dentures.
- Check that dentures are marked with the resident's name or offer to help the resident with this.
- Assess the resident's ability to function with, or without, natural teeth and/or dentures.
- Assess the resident's ability to speak, chew and swallow.
- Review the resident's medicines for side effects that may affect oral health.
- Identify medical conditions that may affect oral or dental health (diabetes, immunosuppressive conditions).
- Using the Oral Health Assessment Tool (OHAT):
  - Conduct a physical examination of the lips, oral mucosa, saliva, tongue, gums, teeth and dentures. A pen light will assist with observation.
  - Determine the resident's ability to attend to oral hygiene activities.
  - Expected findings:
    - The oral cavity should be moist and pink, without sores, ulcers or white patches.
    - Natural teeth should be intact.
    - Dentures should fit well and not move.
- Record the assessment findings in the resident's care plan.
- Collect details of the resident's preferred dentist and the date of their last visit.
- Arrange a dental assessment.

## Interventions

- Develop an individualised oral hygiene care plan based on information obtained from the assessment.
- Provide physical assistance to each resident at a level appropriate to their ability.
- Provide oral care in the morning and evening and as necessary.
- Explain the procedure to the resident before beginning.
- Oral hygiene for residents who have their own teeth and require assistance should include the following:
  - The teeth and tongue should be brushed using a soft toothbrush and neutral high-fluoride toothpaste.
  - Ensure excess toothpaste is removed from the oral cavity once cleaning is completed.
- Oral hygiene for residents who have dentures and require assistance should include the following:
  - Check the dentures fit well.
  - Remove and clean the dentures at least twice daily using a chemical denture cleansing agent and a denture brush, then rinse well under running water.
  - Mark all dentures with the resident's name.
  - Use a denture container and soak dentures in cold water overnight.
  - Use a soft toothbrush to clean the resident's gums and tongue.

**Caution:** Aspiration precautions should be taken with at-risk residents.

- The toothbrush should be thoroughly cleaned after use and replaced every three months. Toothbrushes should be modified for residents with limited dexterity (modified handle, electric toothbrush).
- Use antimicrobial gels or mouthwashes (without alcohol) after lunch for both dental caries (decay) and periodontal (gum) diseases.
- Keep the mouth and lips moist; encourage residents to apply a water-based moisturiser to their lips and to drink water after meals, snacks and medicines.
- Use saliva substitutes if the resident has a dry mouth.

- Pain or ulceration require mouth rinsing or swabbing with warm saline three to four times a day until resolved. Provide analgesia as directed.
- Arrange regular dental check-ups.
- Do not use chlorhexidine and toothpaste (containing sodium lauryl sulphate) within two hours of each other.

**Important:** Mouth washes and swabs containing lemon and glycerine alcohol or high-strength sodium bicarbonate are no longer advised.

## Referral

- Refer residents to their GP if there are any unexpected findings such as dryness, sores, ulcers, white patches or pain.
- Refer residents to a dentist if broken or decayed teeth or ill-fitting dentures are present.
- Refer residents for a Residential Medication Management Review (RMMR) if medication side effects impact on their oral health.

## Evaluation and reassessment

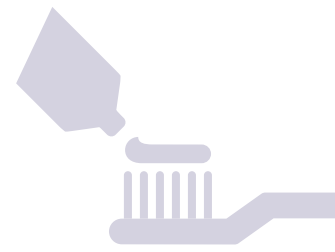
- Monitor the oral hygiene status of residents at least twice daily.
- Repeat a full assessment six-monthly or if there is a change in the condition of the resident's mouth or teeth.
- Monitor and evaluate oral hygiene care within the facility quality program.

## Resident involvement

- Provide residents with information about the importance of oral and dental hygiene.
- Discuss with residents the benefits reducing sugar intake.
- Where indicated discuss the benefits of reducing or ceasing alcohol and/or smoking.
- Respect resident's preferences in relation to oral hygiene

## Staff knowledge and education

- Provide care staff with education in relation to:
  - oral disease and disorders and their potential impact on general health and wellbeing
  - oral hygiene assessment/examination
  - hands-on oral care
  - maintaining oral and dental hygiene in residents with dementia
  - the potential impact of painful oral conditions such as dental pain and mouth infections
  - roles and responsibilities in oral and dental hygiene practices.
- Appoint a nurse to the portfolio of oral care hygiene.



# Evidence base for this standardised care process

Department of Health and Ageing 2009, *Better oral health in residential care*, viewed 8 January 2018, <<http://webarchive.nla.gov.au/gov/20140801083400/http://www.health.gov.au/internet/main/publishing.nsf/Content/ageing-better-oral-health.htm>>.

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**Important note:** This SCP is a general resource only and should not be relied upon as an exhaustive or determinative clinical decision-making tool. It is just one element of good clinical care decision making, which also takes into account resident/patient preferences and values. All decisions in relation to resident/patient care should be made by appropriately qualified personnel in each case. To the extent allowed by law, the Department of Health and Human Services and the State of Victoria disclaim all liability for any loss or damage that arises from any use of this SCP.

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