

0723D: Daily Oral Care

Introduction: The Importance of Oral Health

In the past, people often lost their teeth as they aged.

Now, in the United States, more people have access to better oral care, which means they are retaining more teeth than in the past. However, those individuals that depend on others for some or all of their care continue to have poor oral health. As people age and may have difficulties performing their own self-care, they continue to have a higher than normal experience with gum disease, tooth decay (cavities) or broken or missing teeth. People with disabilities or developmental disabilities tend to have an even higher risk of poor oral health.

Oral care is an important part of overall health. Routine oral care affects the individual's health and quality of life.

**Tooth decay (cavities and gum disease) is an active infection.
Routine oral care can help prevent tooth decay and gum disease.**

People with poor oral health often have a hard time eating and may not get needed nutrition. This is due to pain from cavities or a gum infection. People with oral pain often do not sleep well and their quality of life suffers.

Untreated pain, including mouth or teeth pain, can trigger behaviors for individuals that cannot verbalize what they are feeling or that have dementia or developmental disabilities. Consider that the person may be having some type of mouth or tooth pain and, if so, seek assistance from a dentist.

Residents living in community-based care settings (in-home care, adult foster homes and assisted living/residential care settings) may have cavities, gingival infections (gum disease), dry mouth caused by disease (illness), surgery or medications and missing teeth. Assisting with or providing good, daily oral care can reduce or prevent most or all of these oral conditions.



Now people are living longer and enjoying better oral health.

This training module will discuss:

- Daily oral care;
- The effects of medication;
- Identifying signs of possible trauma, cavities, broken or chipped teeth, and oral cancer; and
- Maintaining oral health.

Your residents will have a better quality of life if you understand how to prevent certain oral health conditions and when to refer them to a dentist.

Infection control (standard precautions) and oral care

It is important to take extra care (standard precautions) to control the risk of transmitting infection when you provide oral care for a resident. This includes washing your hands (hand hygiene) and using gloves when coming in contact (contact precautions) with the resident's mouth (body fluids).

You must wear gloves if you are removing partial or full dentures, flossing or brushing the resident's teeth. You must wash your hands before and after providing resident care, even when wearing gloves.

If you are just assisting a resident with oral care — e.g., putting toothpaste on the resident's toothbrush — you do not need to wear gloves.

Before starting

You must wash your hands (hand hygiene) before and after helping residents with their oral care. You must routinely use hand hygiene and contact precautions. Gloves are part of standard precautions. If there is any risk of your clothing coming in contact with a resident's saliva or other bodily fluids, use a gown.



Always use gloves when brushing or flossing a resident's teeth or cleaning the resident's dentures.

Resident's equipment

You must make sure oral health devices are clean. Do not store toothbrushes in any type of liquid. All toothbrushes must air dry.

Replace electric and manual toothbrushes and denture brushes every three months.

Electric or manual toothbrushes (including denture brushes), floss holders and other special equipment used for oral health care are for the resident's personal use only. They cannot be shared with other residents. Make sure they are marked with the resident's name.

Oral care

Oral care means daily care of teeth or dentures and routine visits with the resident's dental hygienist and dentist. It is recommended that a person see a dental hygienist twice a year. The resident with other health conditions may need to see a dentist or hygienist more often.

Daily care of teeth or dentures include:

- Brushing teeth;
- Flossing; or
- Proper denture care.

Some conditions may require additional care. Examples include having dry mouth or being on a ventilator, end-of-life care or hospice. Care includes:

- For dry mouth, always brush in the morning and evening. Use oral rinses, mouth sprays or gels during the day to reduce the effect of dry mouth.
- For resident's dependent on ventilators, end-of-life care or hospice, consider using toothettes (oral rinse/moisturizer on a soft sponge designed specifically for the mouth).
- There are other products designed for use with ventilators to assist with brushing teeth and rinsing.
- For end-of-life care, use toothettes (oral rinse/moisturizer on a soft sponge designed specifically for the mouth) if they are unable to tolerate regular brushing even with an extra soft brush.



Toothbrushes, including electric toothbrush heads, need to be replaced every three



Tools used daily

Daily oral care

Oral care should be performed at least every morning and at bedtime. Some conditions may require more care. For example:

- Those who have a lot less saliva than they have had in the past;
- Those with significant dry mouth;
- Individuals on a ventilator or who have frequent oral suctioning.

When providing oral care on residents with teeth:

- Gather all necessary equipment including a face towel.
- Wear gloves.
- Use a *soft* or *extra-soft* toothbrush.
- Brush *thoroughly* two times per day.
- Brush for two to three minutes.
- Use a pea-sized amount of fluoridated toothpaste.
- Remove any partial dentures before brushing the resident's teeth. Clean the partial denture before placing back into the resident's mouth.
- Floss between the resident's teeth once a day with a flosser containing a handle. Never place your fingers where the resident can bite (the biting plane).

Allow residents to do their own oral care until they can no longer do it correctly. A powered toothbrush may help the resident perform these functions longer. However, a power toothbrush must be used correctly to avoid hurting the residents' sensitive gums and tissue in the mouth.

Positioning and equipment needed for brushing teeth:

- Practice brushing and flossing on a coworker before you do this for residents. Your coworker can give you feedback and tell you if you are brushing or flossing too hard or rough.
- Always place the toothbrush at a 45-degree angle toward the gum.



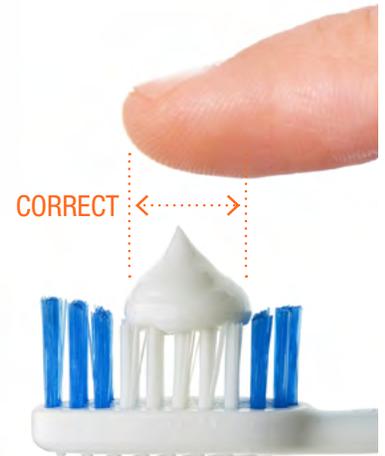
Cheek side



Tongue side



Biting surface



Use a pea-sized amount of toothpaste with fluoride



Use either a handled flosser that you can thread or one that is pre-threaded

- Brush all surfaces of the teeth:
 - Cheek side (outside);
 - Tongue side (inside); and
 - Biting surface (on top).

Never restrain a resident to provide oral hygiene.

Oral care for residents with partial or full dentures

Dentures are porous and can harbor germs. These germs increase the risk for developing infections or sores in the mouth. Infections and sores can cause pain and, in severe cases, difficult and painful swallowing. Full and partial dentures must be cleaned daily to reduce the risk of infections or developing sores.

Do:

- Remove full or partial dentures every night.
- Clean dentures every morning with a denture brush or toothbrush.
- Place dentures in clean water, mouth rinse or denture-cleaning solution.
- Soak overnight.

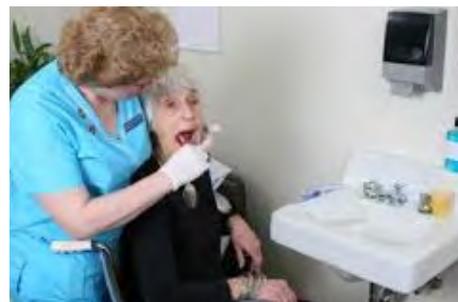
NEVER store dentures dry. Storing dentures dry can damage them.

Do not allow resident to sleep with dentures. When dentures are left in the mouth for long periods of time the dentures can irritate the soft tissue and gums or develop painful sores.

Dry mouth

Illness, surgery, radiation treatment or medications can cause dry mouth. A dry mouth increases the risk for cavities, mouth sores or difficulty wearing partial or full dentures.

Routinely ask residents if they are experiencing symptoms of dry mouth.



Gently brace the person's head with your shoulder.

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Use a denture brush (shown) or regular toothbrush. Wear gloves when cleaning dentures.



Always store full and partial dentures in denture solution or fresh water.

Symptoms of dry mouth include:

- Pain or burning sensations in the mouth;
- Hard to swallow;
- Dry cracks or sores at the corners of the mouth; and
- Fissured tongue.

For residents with dry mouth:

- Encourage saliva substitutes or dry mouth oral rinses.
- Encourage rinsing after any food or drink.
- Residents' dependent on care may need their gums and teeth wiped with a wet cloth or toothette.
- Avoid oral rinses that contain alcohol.
- Avoid giving residents sugar-containing cough drops or candies. Sucking on them increases the risk for cavities.
- Sugar-free cough drops or hard candies may help with dry mouth but can be a choking hazard. Do not use them with residents who:
 - Are at risk of aspiration;
 - Have a hard time swallowing; or
 - Are unable to sit up.

Identifying signs of potential trauma, cavities, broken/ chipped teeth and oral cancer

Ask residents often if they are feeling any pain in their mouth.

Definitions

Dental has specific definitions for emergency or urgent care that are different from medical definitions. For dental:

- **Urgent referral** — when a dentist should see a resident within two weeks.
- **Emergency referral** — when the resident is having mouth pain, severe tooth pain or swollen gums or tissue with a temperature. A dentist should see the resident within 24 hours.



Dry cracks or sores around outside of mouth

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Fissured tongue

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Swollen gums

Signs of trauma

- Swelling of the gums or mouth;
- Sores or areas that are white or redder than other areas of the mouth (ulcerated areas);
- Areas sensitive to touch or pressure; and
- Cracked, broken or knocked-out teeth.

Residents should be referred to the dentist for signs of trauma lasting more than two weeks or for emergencies involving the mouth.

Residents should be referred to the dentist if they have:

- Teeth with signs of decay;
- Chipped or broken teeth;
- Teeth with cracks;
- Missing teeth;
- Missing tooth structure or cracks;
- Teeth broken below the gums;
- Teeth that may or may not cause pain or sensitivity but have sharp edges.

Residents should be referred to the dentist if signs of possible decay (cavity) are present. These include:

- Sensitivity to sweets, heat or cold;
- Dark brown to black areas on teeth;
- Tooth pain when chewing;
- Constant or occasional tooth pain or ache.

Tooth decay is an active infection that can affect overall health.

Active tooth decay can worsen chronic conditions. For example, Individuals with diabetes may find it harder to regulate their blood sugar even if they are being treated with oral diabetic medications or insulin.

A dentist should see a resident within 24 hours (an emergency referral) if the person has an abscess (swollen red area with or without pus). If left untreated, it may result in further infection leading to death.



Early decay (cavity)



Advanced decay (cavity)



Broken teeth



Missing tooth structure

Signs of abscess:

- Bump of tissue on gums that may or may not drain pus;
- Severe swelling in area of abscess;
- Possible pain if not draining;
- May also include a tooth with a large cavity (decay).



Abscess

Risk factors of oral cancer

- Tobacco use (smoking or chewing tobacco);
- Drinking too much alcohol;
- African American descent.

Most common sites of oral cancer include:

- Sides of the tongue;
- Bottom of the tongue;
- Floor of the mouth;
- Gums;
- Inner cheek;
- Inside lips;
- Roof of the mouth.



Lesion

Signs of possible oral cancer that require an urgent referral to a dentist include:

- Non-painful oral lesions lasting more than two weeks;
- Painful oral lesions lasting more than two weeks;
- Lesions that are getting bigger;
- Multicolored lesions lasting more than two weeks.

Care planning (plan of care)

All oral care needs must be documented in the care plan and at minimum should identify:

- If resident requires some or total assistance;
- If resident has partials or full dentures;

- Frequency of and best times for oral care;
 - It is essential that the resident be fully awake when providing oral care. This will reduce the risk of aspiration (choking).
 - Residents with special needs may need oral care more often.
- Any, special equipment, if needed;
- Frequency of oral hygiene visits;
- Anything else unique to the resident.



It is important to schedule routine hygiene and dental visits.

NOTE: Include aspiration risks in the care planning. Aspiration can occur for residents identified as “at risk” for aspiration or when someone else is performing the resident’s oral care.

Residents who have regular dental hygiene and routine dental appointments and receive good daily oral care will enjoy improved oral and overall health. Aging does not mean you will lose your teeth. However, not taking good care of teeth could lead to their loss and poor oral health.

If you have questions or concerns about individual residents’ oral health needs, contact their dental office for direction.

Training credit

You will need to take and pass a test to receive training credit (a certificate) for this course. You can find out how to order test here: www.oregon.gov/DHS/SENIORS-DISABILITIES/PROVIDERS-PARTNERS/Pages/afh-training.aspx.

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