Who must comply with this procedure
Speech pathologists, speech pathology allied health assistants and relevant nursing staff.

This procedure applies in the following setting:
This procedure is applicable to all bed-based inpatients and all community clients referred to speech pathology for dysphagia assessment and management.

Standard Requirements
It is expected that staff are familiar with the relevant procedures and know when to undertake each step.
- Introduce yourself, discuss the procedure with the patient
- Obtain consent. Refer to Consent to medical treatment procedure
- Check patient identification. Refer to the Patient identification clinical procedure
- Perform routine hand hygiene. Refer to the hand hygiene procedure for more information.
- Document oral health using the Oral Health Assessment Tool (refer to Appendix 1) as relevant in the health record using black pen, include the date, time, signature, printed name and designation

Precautions
- Caution is required with oral care for patients with dysphagia, and those that are unconscious, drowsy or cognitively impaired, to prevent aspiration.
- Patients who have had oral surgery will have specific instructions for oral care in their post-operative notes.
- Refer to dietitian if oral conditions, such as mucositis or oral candidiasis are affecting nutritional intake.
- Neoplastic (abnormal growth) and slow-healing ulcers (larger than 1cm in diameter) usually persist longer than three weeks. Seek medical management for these ulcers.

Definitions

**Dysphagia**: Difficulty swallowing.

**Minor mouth ulcers**: Small (1-10mm) in diameter, heals within 7-10 days.

**Oral candidiasis**: Also known as oral thrush. A condition in which the fungus *Candida albicans* accumulates on the lining of the mouth, usually on the tongue or inner cheeks (Mayo Clinic, 2018).

**Oral mucositis**: Painful ulceration of the oral mucous membranes, usually as a complication from cancer treatment (Oral Cancer Foundation, 2018).

**Tardive dyskinesia**: Involuntary, repetitive body movements.

**Tongue coating**: White, yellow or brown coating on the tongue that is not oral candidiasis. Usually not painful unless tongue surface is cracked or inflamed.

**Toothette**: Single use oral swab that assists to remove oral debris and secretions.

**Xerostomia**: Dry mouth.

Background
Adequate oral health is vital for eating, drinking, taste, breathing, communication, and defence against infection; and can prevent aspiration pneumonia (Malkin 2009; Gokula & Syeda 2014).

Poor oral health results in pain, poor quality of life, infection and reduced nutritional intake (Hatton et al.)
In a systematic review of the adult oral care literature conducted by the Joanna Briggs Institute (Chalmers & Pearson 2005) an increased prevalence of oral diseases was identified in older adults. In particular, older adults who are financially disadvantaged, functionally dependent, cognitively impaired, nutritionally impaired, dysphagic and/or smokers are reported to be at greater risk of oral diseases. Poor oral care has been known to impact on mastication, recommended diet consistencies, speech, hydration, behaviour, and social interactions.

In addition, polypharmacy is known to have direct and indirect effects on oral care. Documented adverse effects include altered saliva production, xerostomia, and tardive dyskinesia (that may result in the grinding of teeth). Deteriorating oral health is associated with healthcare associated infections, placing substantial demands on patients’ health and healthcare resources (Needleman et al. 2012; Quinn et al. 2013). Therefore it is vital that oral care is promoted and implemented in the adult population to reduce mortality, morbidity, increased length of hospital stay and healthcare associated costs (Needleman et al. 2012).

For adequate oral health to be implemented and maintained, a multidisciplinary approach is required involving nursing, dentists, medical, pharmacy and speech pathology.

**Equipment**

**Bed-based Patients:**

Standard equipment for every patient needs to include:

- Toothbrush
- Toothpaste
- Toothettes (not cotton oral swabs)
  - Non-Treated/Plain (Product code: 6070)
  - Treated with Sodium Bicarbonate (Product code: 6075)
- Yankeur suction for patients with severe dysphagia/poor oral secretion management.

**Community Clients:**

- Toothbrush
- Toothpaste
- Mouthwash
- Denture brush (if required)
- Denture tablets (if required)
- Dry mouth management products
- Lip balm

If required, Toothettes may be ordered from iProc. Medications need to be prescribed from the client’s GP/specialist and purchased at a community pharmacy.

**Procedure**

1. **For bed-based patients**

   Nursing staff perform assessment of patient:

   1.1. Observe the oral health of your patients at each shift; including lips, tongue, gums, teeth/dentures, saliva and oral cleanliness.

      1.1.1. Formal assessment of oral health using the Oral Health Assessment Tool – Appendix 1 is indicated if patients’ oral hygiene is described as dry, coated or bleeding.

      1.1.2. Completed form should be filed in patients’ bedside chart.

2. **Standard management for ALL bed-based patients and relevant community clients. Note: bed-based patients may require assistance from nursing.**

   2.1. Patients with own teeth:
2.1.1. Teeth to be brushed 2 x daily using fluoride toothpaste.
2.1.2. For patients that cannot protect their airway, suction whilst brushing teeth.

2.2. Patients with dentures:
2.2.1. Clean dentures and store them in a clean container (attach patient label). Soak with water
     +/- denture tablet when not in the mouth.
2.2.2. Denture storage containers are to be disposed of after use.
2.2.3. Encourage regular mouth care: clean teeth (if relevant), gums and tongue with toothbrush
     and toothpaste.

3. Implement management for oral health conditions with additional equipment/products as
   described below. Note: bed-based patients may require assistance from nursing.

3.1. Nil by mouth (NBM) status
3.1.1. Clean teeth or dentures twice daily (as above)
3.1.2. Rinse/use Toothette to clean oral cavity with antiseptic mouthwash (e.g. chlorhexidine)
     twice daily
3.1.3. Rinse / use Toothette with water to moisten oral cavity regularly to reduce the chance of
     dry mouth
3.1.4. Apply lip balm/moisturiser
3.1.5. Use a mouth moisturising product, such as gel, mouthwash or spray (check availability on
     site via pharmacy).

3.2. Dry Lips
3.2.1. Use lip balm. Apply to the lips as often as required.

3.3. Tongue Coating
3.3.1. Clean tongue surface using Toothette
     • Dampen Toothette in water and brush against tongue surface to remove debris. Single
     use only.

3.4. Inflammation/Mucositis
3.4.1. Use Peter Mac Mouthwash Powder ® (in consultation with radiation oncologist for patients
     undergoing radiation treatment or in consultation with medical team)
     • Dissolve 2.5g (one sachet) of mouthwash powder in a glass of warm water, gargle and
     spit out. Do not swallow.

3.5. Minor Mouth Ulcers
3.5.1. Discuss with medical team regarding use of:
     • Use Peter Mac Mouthwash Powder ®.
       o Dissolve 2.5g (one sachet) of mouthwash powder in a glass of warm water, gargle
       and spit out. Do not swallow.
     • Kenolog in Orabase®.
       o Coat lesions with a thin film at bedtime; if symptoms are severe may be applied 2-3
       times daily after meals.

3.6. Oral Candidiasis
3.6.1. Liaise with medical team and pharmacy regarding prescription of Nystatin:
     • 1 mL held in the oral cavity for as long as possible before swallowing.
     • In patients with dysphagia, Nystatin drops held in the mouth for one minute and spat out.
      Repeat x 3.
3.7. Xerostomia

3.7.1. Increase fluid intake and have regular sips of fluids (contraindicated in nil by mouth patients or patients with fluid restriction).

3.7.2. Liaise with medical team and physiotherapy regarding the following complementary strategies:
- Nebulised normal saline
  - Can be prescribed by medical team for use as required
  - If the patient requires more than 3L oxygen for more than a 24 hour period, change to a humidified circuit

3.7.3. Liaise with pharmacy regarding use of a dry mouth moisturising gel or mouthwash
- Spread approximately 1cm of gel onto tongue as required, or use cotton swabs soaked in mouthwash and sweep over tongue and within oral cavity as often as needed.

3.7.4. Consider use of grapeseed oil, unless contraindicated:
- Directions for use: Several drops on the tongue and oral cavity as required
- Availability: From pharmacy upon request

3.8. Thin/excessive oral secretions

3.8.1. Consider use of anticholinergic medications in conjunction with medical team and physiotherapists (e.g. atropine, hyoscine, glycopyrronium).

3.8.2. Also consider the following compensatory strategies if not contraindicated:
- Encourage upright head position and elevate upper body
- Promote lip seal
- Encourage frequent swallowing and sips of non-caffeinated fluids.

3.9. Thick oral secretions

3.9.1. Increase fluid intake and have regular sips of fluids (contraindicated in nil by mouth patients or patients with fluid restriction).

3.9.2. Regular oral care using Toothettes to clear thick secretions.

3.9.3. Liaise with medical team and physiotherapy regarding the following complementary strategies:
- Nebulised normal saline
  - Can be prescribed by medical team for use as required
  - If the patient requires more than 3L oxygen for more than a 24 hour period, change to a humidified circuit.

References:
Hatton, S, Noone, I, Meagher, MK, Fureguay, MA, Hughes, G, O'Shea, D, & Crowe, M 2013, ‘Development
Oral Care and Secretion Management (Adult)

Procedure


Keywords or tags
Oral Hygiene, Xerostomia, Mucositis, Ulcers, Secretions, Dentures, Teeth, Dry Mouth, Tongue Coating, Oral Thrush

Document Management

Policy supported: Evidence-based clinical care

Background: Oral care and secretion management for adults

Executive sponsor: Chief Allied Health Officer

Person responsible: Head of Speech Pathology
### Appendix 1: Oral Health Assessment Tool

**Oral Health Assessment Tool (modified from Kayser-Jones et al. [1995] by Chalmers [2004])**

<table>
<thead>
<tr>
<th>Category</th>
<th>0 = healthy</th>
<th>1 = changes *</th>
<th>2 = unhealthy *</th>
<th>Category scores</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lips</td>
<td>smooth, pink, moist</td>
<td>dry, chapped, or red at corners</td>
<td>swelling or lump, white/red/ulcerated patch; bleeding/ulcerated at corners</td>
<td></td>
</tr>
<tr>
<td>Tongue</td>
<td>normal, moist</td>
<td>patchy, fissured, red, coated</td>
<td>patch that is red &amp;/or white, ulcerated, swollen</td>
<td></td>
</tr>
<tr>
<td>Gums and tissues</td>
<td>pink, moist, smooth, no bleeding</td>
<td>dry, shiny, rough, red, swollen, cne ulcer/sore spot under dentures</td>
<td>swollen, bleeding, ulcers, whitened patches, generalized redness under dentures</td>
<td></td>
</tr>
<tr>
<td>Saliva</td>
<td>moist tissues, watery and free flowing saliva</td>
<td>dry, sticky tissues, little saliva present, resident thinks they have a dry mouth</td>
<td>tissues parched and red, very little/no saliva present, saliva is thick, resident thinks they have a dry mouth</td>
<td></td>
</tr>
<tr>
<td>Natural teeth Yes/No</td>
<td>no decayed or broken teeth/roots</td>
<td>1-3 decayed or broken teeth/roots or very worn down teeth</td>
<td>4 = decayed or broken teeth/roots, or very worn down teeth, or less than 4 teeth</td>
<td></td>
</tr>
<tr>
<td>Dentures Yes/No</td>
<td>no broken areas or teeth, dentures regularly worn, and named</td>
<td>1 broken area/tooth or dentures only worn for 1-2 hrs daily, or dentures not named, or loose</td>
<td>more than 1 broken area/tooth, dentures missing or not worn, loose and needs denture adhesive, or not named</td>
<td></td>
</tr>
<tr>
<td>Oral cleanliness</td>
<td>clean and no food particles or tartar in mouth or dentures</td>
<td>food particles/tartar plaque in 1-2 areas of the mouth or on small area of dentures or halitosis (bad breath)</td>
<td>food particles/tartar/plaque in most areas of the mouth on most of dentures or severe halitosis (bad breath)</td>
<td></td>
</tr>
<tr>
<td>Dental pain</td>
<td>no behavioral, verbal, or physical signs of dental pain</td>
<td>are verbal &amp;/or behavioral signs of pain such as pulling at face, chewing lips, not eating, aggression</td>
<td>are physical pain signs (swelling of cheek or gum, broken tooth, ulcers), as well as verbal &amp;/or behavioral signs (pulling at face, not eating, aggression)</td>
<td></td>
</tr>
</tbody>
</table>

* Refer person to have a dental examination by a dentist
* Person and/or family/guardian refuses dental treatment
* Complete Oral Hygiene Care Plan and start oral hygiene care interventions for person
* Review this person’s oral health again on  

| TOTAL SCORE: 16 |

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**Prompt Doc No:** SNH00000560 v6.0  
**First Issued:** 22/08/2011  
**Version Changed:** 02/10/2018  
**Last Reviewed:** 02/10/2018  
**Review By:** 25/09/2022