Oral Care Flow Chart

Clean Oral Cavity

- Normal oral care, twice daily.
- Check oral cavity, daily.
- Use a small soft toothbrush.
- Use a toothpaste marked “total”.
- Rinse with water.
- Use a small amount of Vaseline / lip salve on the lips.

Dirty Oral Cavity

- Normal oral care four times daily.
- If tongue coated brush tongue with baby toothbrush, from side to side.
- Encourage increased fluid intake if possible.
- Encourage chewing, stimulates saliva flow, chewing gum, sweets.
- Rinse with coca cola or fizzy lemonade (bubbles help to clean the tongue).
- Chew fresh pineapple (not too much as makes tongue sore).
- Vitamin C, fragment placed on the tongue and left to dissolve, may help to clean the tongue. NB Ascorbic acid is an acid and with over use, it can burn the mucosa.

Oral Cavity Infected / Oral Thrush

- Normal oral care qds.
- Follow EMH protocol.
- Initiate nystatin treatment (2mls qds after food, hold in the mouth as long as possible before swallowing).
- Remove dentures, before applying nystatin.
- Soak dentures over night or for twenty minutes twice a day in sterident.
- Squirt nystatin on denture plate prior to inserting into the patients’ mouth.
- If no improvement after three days refer to Doctors.
- Encourage increased fluid intake if possible.
- Encourage chewing to stimulate saliva flow.

Oral Cavity Infected and Painful

- As above.
- Use daktarin oral gel +/- bonjela mixed together.
- Soluble paracetamol / opiates depending on severity.
- Gelclair coats and protects the oral mucosa, use as a mouthwash. Expensive but effective. Discuss with Doctors first.
Lip Corners Cracked / Bleeding/ ulcerated

- Check oral cavity, can be an indication of oral thrush.
- Use gloves. Clean lips and corners of the mouth with gauze and warm water, dry well. After meals and bedtime.
- Apply yellow soft paraffin as a moisturiser for lips. Use sparingly. Treat oral thrush as above.
- Encourage patients’ not to keep touching the area.
- Observe for herpes simplex and refer to Dr immediately. Commence zovirax as prescribed.

Dry oral Cavity (Xerostomia)

- Depends on degree keep it simple.
- Check medication.
- Encourage fluids if possible.
- Increase use of sauces and gravy.
- Encourage saliva production by sucking, sugar free gum, or boiled sweets.
- Suck ice chips/ lollies.
- Frequent oral care, especially rinsing with water.
- Use a small spray filled with water.
- Toothpaste has a drying effect on oral mucosa, use biotene toothpaste.
- Saliva substitutes, glandosane / biotene oral gel.
- Mouthwashes, contain alcohol which is drying on the mucosa.
- Biotene have a dry mouth system, contains mouthwash, toothpaste and gel.

Performing Oral Care on the Unconscious Patient

- Always use gloves.
- Use a small toothbrush if possible, with patient positioned on their side.
- Use pink sponges to freshen and moisten the mouth. (Will not clean oral cavity).
- Use water or any flavoured fluids the patient likes. (Discard fluid after each use).
- It is not what you use, but how frequently you perform oral care that is important.
- Apply lip salve or vaseline sparingly to the lips.
- To help odour / dry mouth, apply biotene gel with pink swab or gloved finger.
- Try and keep dentures in the mouth as long as possible. Remove to clean but replace. Often patients’ do not like to be seen without their teeth. Also alters the patients’ face.
- If dentures are loose, use dental fixative, ask relatives to bring some in.
Oral Cavity painful following Radiotherapy/Chemotherapy

- There are a range of interventions which may help to reduce discomfort/pain, depending on severity. Keep regime as simple as possible.
- Rinse with warm water frequently.
- Use a small soft toothbrush. (May be too painful to use).
- Treat any infection with nystatin/fluconazole 150mg stat dose.
- Use systemic opioids if mouth very painful.
- Cocaine mouthwashes.
- Sucralfate, again coats the mucosa, use after meals. May have some prophylactic value and promote healing/reduce severity of mucositis.
- “Miss Tracys” cocktail, can be obtained from St Mary’s pharmacy. Contains 1% lignocaine + nystatin. It is stored in the fridge and lasts ten days.
- Gelclair can be used; it coats the mucosa, (like an outer dressing). Patients use it like a mouthwash and lasts 5-6 hours. NB medication given for oral thrush after gelclair will not be absorbed through the mucosa for 5-6 hours.

A few Tips to Remember

- Commercial mouthwashes are not recommended because they dry and irritate the tissues as they contain alcohol.
- Do not use sodium bicarbonate; difficult to get dilution right, alters the pH of the oral cavity and tastes foul.
- Normal saline can also be difficult to get dilution right. Use normasol sachets with caution. Can also dry mucosa and alter the pH of mucosa. If patients are feeling nauseated, it may not be well tolerated.

Hope you find this helpful, any problems do not hesitate to get in touch.