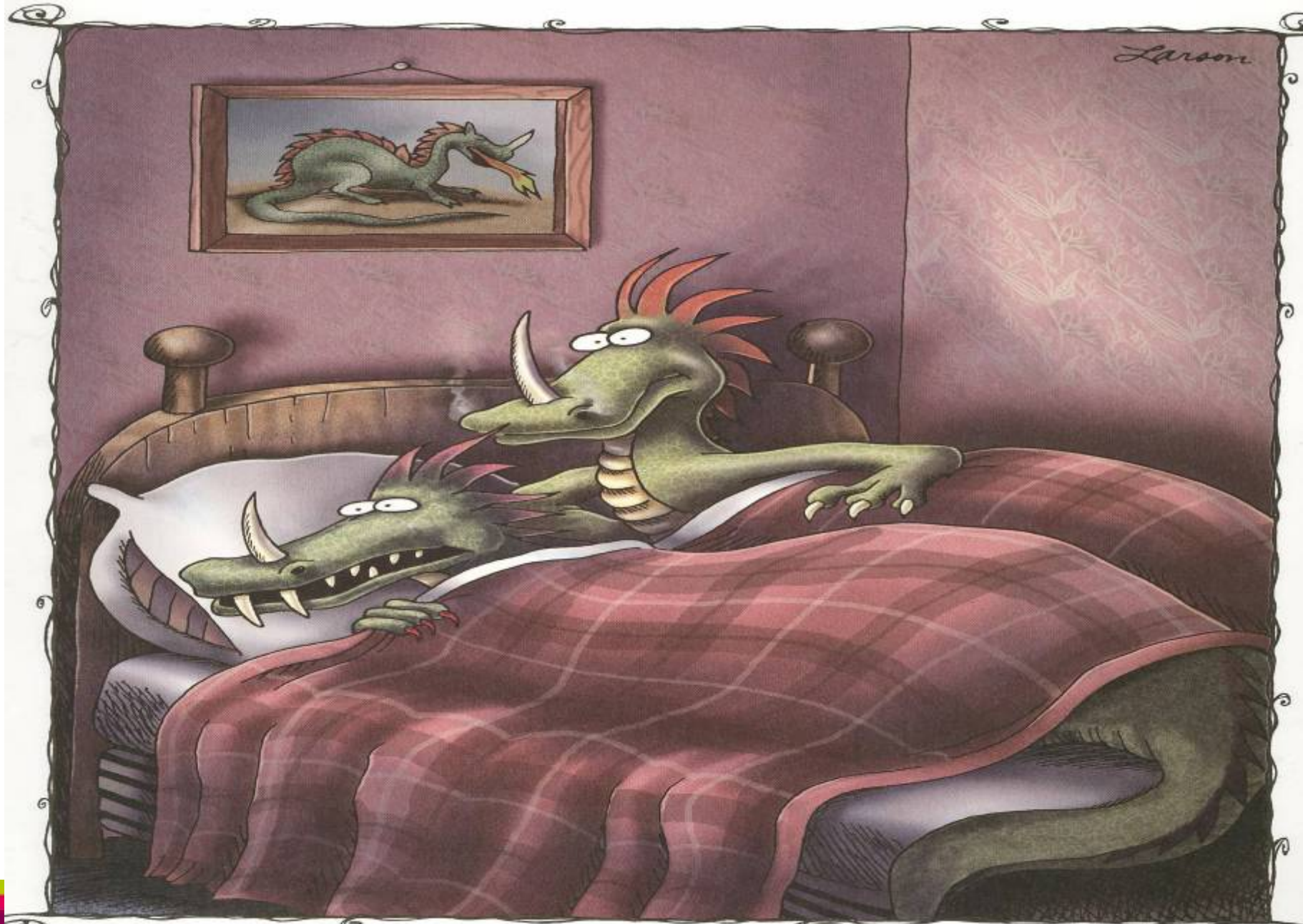


Making Mouth Care Assessment Relevant at the Front Door

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Acknowledgements to Juanita Fox - RN EMU



"I'm sorry, Irwin. ... It's your breath. It's ... it's fresh and minty."

Early-Assessment Medical Unit

- Why mouth-cares?
- Why our patients?
- Isn't it happening anyway?
- Why at the front door?

Why Us? Why at the Front Door?

- Patient demographics :

frail elderly (65+)

multiple co-morbidities

multiple medications (5+)

dependent or semi-dependent for ADL's

30% malnourished on admission

Multiple Medications - Xerostomia

- Risk of xerostomia ↑ with number of drugs taken
- Over 500 medications exist that can cause dry mouth symptoms (Guggenheimer et al 2003; Thomson et al 2006; Cassolato et al 2003)

- eg.
- Anticholinergics (atropine, oxybutynin) ✓
 - antidepressants (SSRI's, TCA's) ✓
 - antipsychotics (haloperidol, olanzapine) ✓
 - diuretics (frusemide, spiro lactone) ✓
 - antihypertensives (ACE inhibitors) ✓
 - sedatives (alprazolam, diazepam, temazepam) ✓
 - analgesics (opioids, NSAIDs) ✓
 - antihistamines (sedating and non-sedating) ✓
 - anticonvulsants (tegretol, neurontin) ✓
 - miscellaneous (levodopa, nicotine) ✓



Xerostomia (cont)

- Complications include :
 - dental caries,
 - oral infection,
 - candidiasis,
 - difficulties with use of dentures,
 - compromise of speech production,
 - dysphagia (impaired taste, chewing and bolus transit)
- Increased Malnutrition risk
- Early identification to facilitate medication R/V and implementation of strategies to reduce impact.

Functional Dependence

- Unfamiliar environment
- Frail, unwell, compromised mobility
- Personal belongings locked away
- Require encouragement to complete personal cares
- May not have usual equipment
- Unlikely to ask for help (“Don’t want to be a bother”)
- Busy nursing staff

Functional Dependence cont.

- Need an organised approach and awareness to facilitate independence or assist completion of mouth cares
- Minimise complications from deterioration in oral condition during admission

Infection Risk

- Offenbacher et al 1996 suggested that Having infected gums = an open sore the size of your forearm.
- Increased risk of aspiration pneumonia
 - oral disease can increase risk from 3 to 6 times (gram –ve bacteria)
 - Risk increases with : poor health, swallowing problems, poor brushing, dependence for feeding, dry mouth, antibiotics

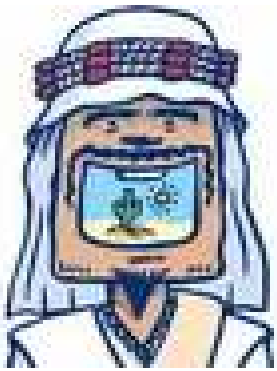
Complex Patients

- Dysphagic patient (30 %)
- Palliative patient
- Unconscious patient / ↓ GCS
- Confused / delirious patient

Added Benefits of Mouth Cares

- removes bacteria and food
- help prevent :
 - bad breath,
 - bleeding and infected gums,
 - painful tooth decay,
 - abscesses and life threatening infections,
 - choking related to food pocketing,
 - tooth loss leading to malnutrition and weight loss,
 - links /w mouth infections and diabetes,
 - cardiovascular disease and pneumonia.

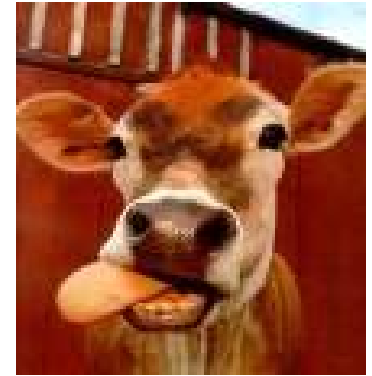
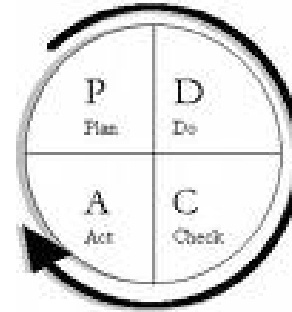




Benefits

- Multidisciplinary project
- Patient demographics determined need
- Important for patient comfort
- Basic human need
- Guide practise using evidence based info
- Provide shared language and knowledge / awareness
- Minimise complications through early identification and therefore minimising LOS

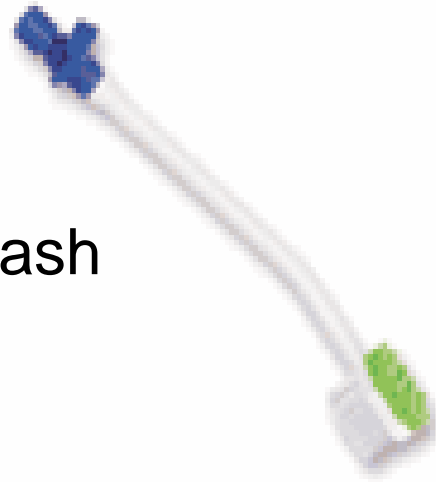
Process



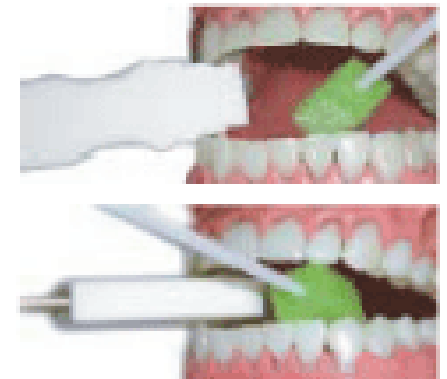
- Information / Skill gap identified
- Searched for best evidence from nursing and allied health
- Identified equipment
- Developed standardised assessment tool and work unit guideline specific to general medical program
- Staff education
- Documentation Audit
- Ongoing modification of process and training of staff

Equipment

Chlorhexidine Mouthwash



Paraffin Lip balm



Debunking myths

- Thymol
- Lemon & Glycerin swabs
- Peroxide
- Denture care

Mouth Care Assessment Tool (MCAT)

Category	Rating (please circle number)	1	2	3
Lips	1 2 3	Smooth and pink	Dry, cracked or chapped	Peeling, split, ulcerated or bleeding.
Tongue	1 2 3	Pink, moist and papillae present	Coated or loss of papillae with a shiny appearance with or without redness	Blistered or cracked, heavy coating, thrush or ulcerated
Saliva	1 2 3	Watery	Thick or ropy	Absent
Mucous Membranes	1 2 3	Pink and moist	Reddened or coated (increased whiteness) without ulcerations	Ulcerations with or without bleeding
Gingiva	1 2 3	Pink and firm	Oedematous with or without redness	Spontaneous bleeding or bleeding with pressure
Teeth	1 2 3	Clean and no debris	Plaque or debris in localized area.	Plaque or debris generalized along gum line or denture bearing area

Adapted from Beck, S.L. Oral Exam Guide © 1991

Score and Risk level must be recorded on Nursing Care Plan within 24 hrs of admission.

MCAT INTERVENTION PLAN :

Score 6 - 8	Low Risk	BD Mouth cares. Weekly MCAT.
Score 9 -12	Medium Risk	Cares as per mouth care regime. Repeat 2nd daily MCAT.
Score 13 – 18	High Risk	Cares as per mouth care regime. Daily MCAT.

See over page for Mouth Care Schedule and Alert

If patient scores Medium or High risk on MCAT, a laminated copy of MCAT and Schedule is to be placed in front of blue patient bed chart.

The following is the minimum recommended mouth care schedule for LOW RISK patients:

Mouth care schedule	
Time	
0800	Clean teeth, gums and tongue
2000	Clean teeth, gums and tongue

The following mouth care schedule is recommended for patients scoring at MEDIUM RISK :

Mouth care schedule	
Time	
0800	Clean teeth, gums and tongue and rinse mouth
0900	Apply chlorhexidine mouthwash Apply Biotène Oral Balance Mouth Moisturizing Gel
1300	Clean teeth, gums and tongue and rinse mouth
1400	Apply Biotène Oral Balance Mouth Moisturizing Gel
1700	Apply Biotène Oral Balance Mouth Moisturizing Gel
2000	Clean teeth, gums and tongue and rinse mouth
2100	Apply chlorhexidine mouthwash Apply Biotène Oral Balance Mouth Moisturizing Gel

The following mouth care schedule is recommended for PALLIATIVE CARE & HIGH RISK patients:

Mouth care schedule	
Time	
0200	Apply Biotène Oral Balance Mouth Moisturizing Gel
0600	Clean teeth, gums and tongue and rinse mouth Apply Biotène Oral Balance Mouth Moisturizing Gel
0900	Apply chlorhexidine mouthwash
1200	Clean teeth, gums and tongue and rinse mouth Apply Biotène Oral Balance Mouth Moisturizing Gel
1500	Apply Biotène Oral Balance Mouth Moisturizing Gel
1800	Clean teeth, gums and tongue and rinse mouth
2200	Apply chlorhexidine mouthwash Apply Biotène Oral Balance Mouth Moisturizing Gel
2400	Apply Biotène Oral Balance Mouth Moisturising Gel (if pt awake or as required)

ALERTS:

Tooth brushing

- Tooth brushing is contraindicated when a patient is
 - coagulopathic,
 - has a low platelet count (<150 x 109/L),
 - undergoing chemotherapy,
 - has significant mouth ulceration or gross mucositis.

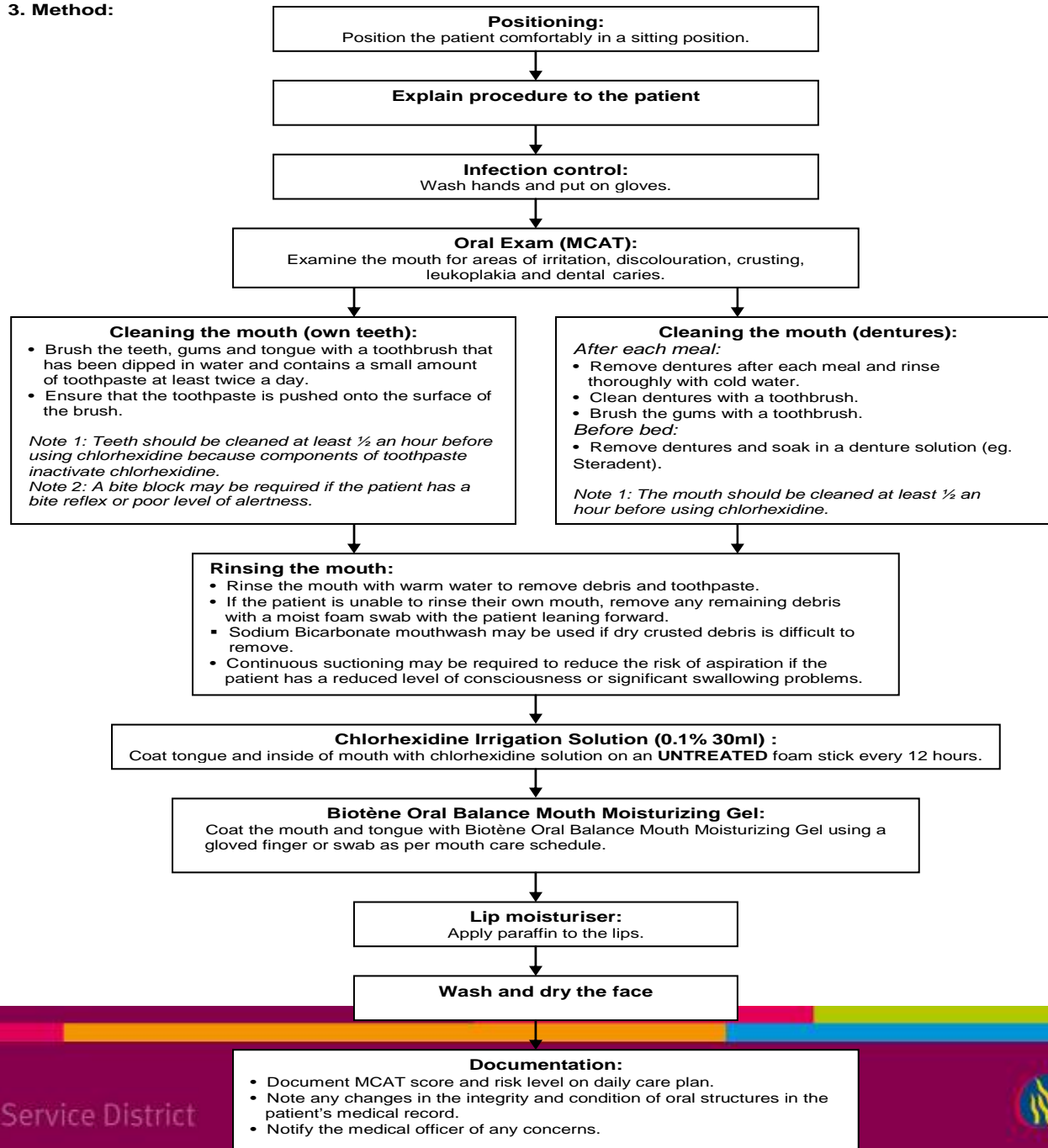
Chlorhexidine mouthwash (0.1% in 30ml)

- Use only once every twelve hours.
- Rare side effects include anaphylactic reactions, burning and dryness (less common in diluted formula).
- R/V use after four weeks due to potential for side effects (e.g. brown staining of teeth).
- Do NOT use with patients receiving radiotherapy or immediately following radiotherapy.
- Take care administering to patients with a history of allergies, especially history of multiple drug reactions.
- Brush teeth at least ½ an hour before using chlorhexidine – toothpaste inactivates chlorhexidine
- Use UNTREATED foam stick only for application.

Toothette Oral Swabs

- Take care with patients who have a bite reflex or behavioural issues – can tear and swallow foam swab.
- Use a BITE BLOCK for mouth care in these cases.

3. Method:



Interesting Audit / Survey Results

- Preliminary audit - 36 charts
- 60% over 65 yrs
- 50% transferred to general medical ward
- 92% rated low risk on MCAT
- 4% medium risk, 4% high risk
- Patients admitted b/w 12:00 and 16:00 most likely to have MCAT completed
- No significant increase in workload
- Nursing staff reported feeling more confident with completing mouthcares
- Mouthcare packs (medium / high risk) - useful “grab and run” packs
- Minimal documentation completed re mouthcares



Thank you !



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