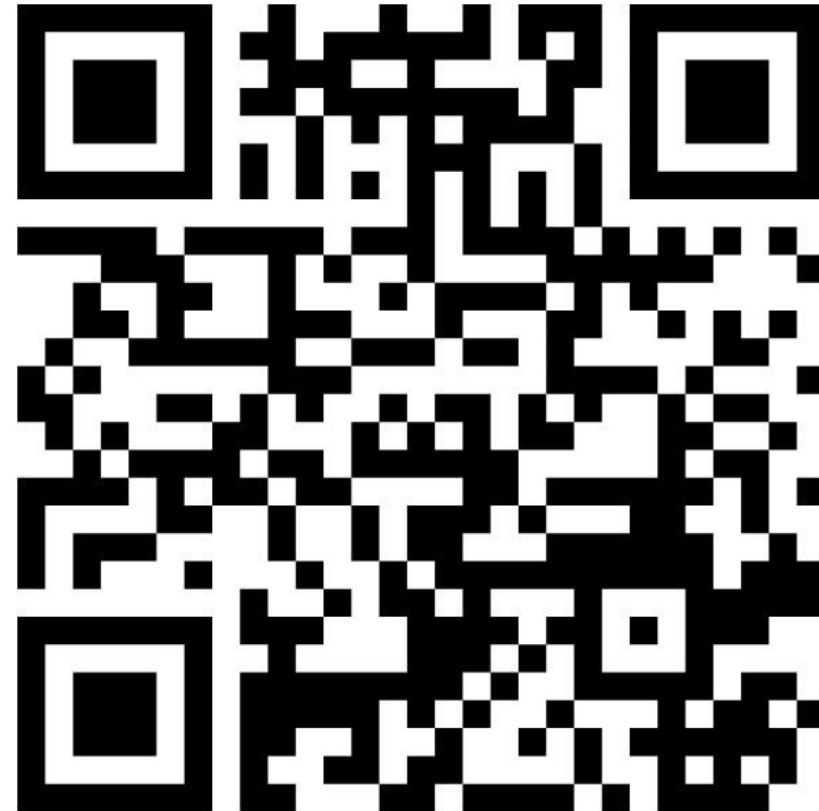


Oral Health Training

Ruth Harrison

Oral Health
Improvement
Practitioner HDFT



Aims:

To discuss the importance of good oral health throughout life

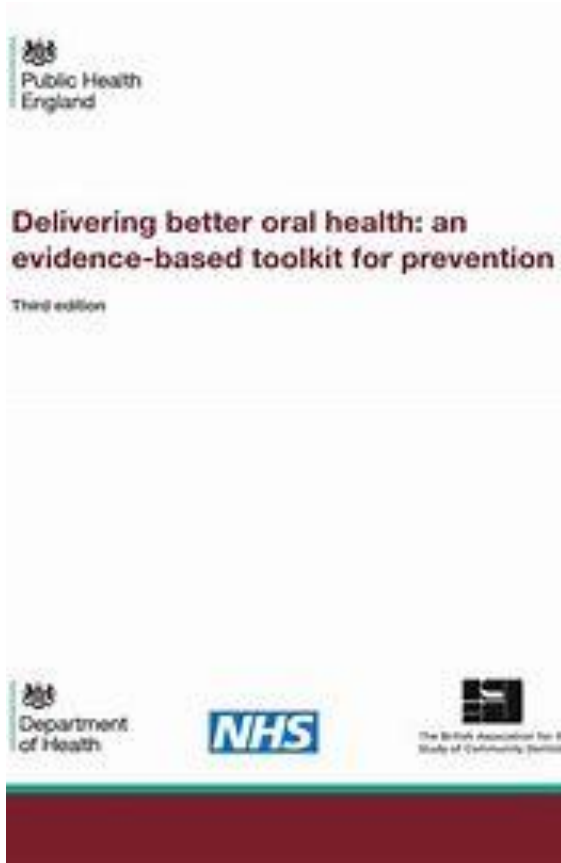
To learn how to carry out a mouth check and what to look out for

Know how to support an individual with their mouth care (natural teeth and dentures)

To discover techniques and adaptations that may help an individual with their oral care

Guidance on End-of-life oral care





Guidance

Oral health toolkit for adults in care homes

Published 27 November 2020

Oral health for adults in care homes

NICE guideline [NG48] Published: 05 July 2016



The facts:

Eruption of adult teeth age 6

32 teeth in total (including wisdom teeth)

We need our teeth for a variety of functions and without them, it can affect quality of life

We are now retaining teeth for longer, but this requires more extensive care



Poor Oral Health

This can significantly affect an individual's quality of life in many ways:

- Bad breath
- Tooth decay, bleeding gums and tooth loss
- Pain and discomfort
- Ability to eat, nutritional status and weight loss
- Speech and swallowing
- Appearance and self-esteem and social interactions
- Change in behavior



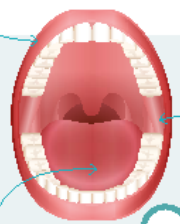
Carrying out a mouth check

Oral health assessment tool

Resident: _____ Completed by: _____ Date: _____

Scores – You can circle individual words as well as giving a score in each category
(* if 1 or 2 scored for any category please organise for a dentist to examine the resident)
0 = healthy 1 = changes* 2 = unhealthy*

Lips:	Dental pain:	Natural teeth Yes/No:
Smooth, pink, moist 0	No behavioural, verbal, or physical signs of dental pain 0	No decayed or broken teeth or roots 0
Dry, chapped, or red at corners 1	There are verbal and/or behavioural signs of pain such as pulling at face, chewing lips, not eating, aggression 1	1-3 decayed or broken teeth or roots or very worn down teeth 1
Swelling or lump, white, red or ulcerated patch; bleeding or ulcerated at corners 2	There are physical pain signs (swelling of cheek or gum, broken teeth, ulcers), as well as verbal and/or behavioural signs (pulling at face, not eating, aggression) 2	4+ decayed or broken teeth or roots, or very worn down teeth, or less than 4 teeth 2
Oral cleanliness:		Dentures Yes/No:
Clean and no food particles or tartar in mouth or dentures 0		No broken areas or teeth, dentures regularly worn, and named 0
Food particles, tartar or plaque in 1-2 areas of the mouth or on small area of dentures or halitosis (bad breath) 1		1 broken area or tooth or dentures only worn for 1-2 hours daily, or dentures not named, or loose 1
Food particles, tartar or plaque in most areas of the mouth or on most of dentures or severe halitosis (bad breath) 2		More than 1 broken area or tooth, denture missing or not worn, loose and needs denture adhesive, or not named 2
	Tongue:	Gums and tissues:
	Normal, moist roughness, pink 0	Pink, moist, smooth, no bleeding 0
	Patchy, fissured, red, coated 1	Dry, shiny, rough, red, swollen, 1 ulcer or sore spot under dentures 1
	Patch that is red and/or white, ulcerated, swollen 2	Swollen, bleeding, ulcers, white/red patches, generalised redness under dentures 2

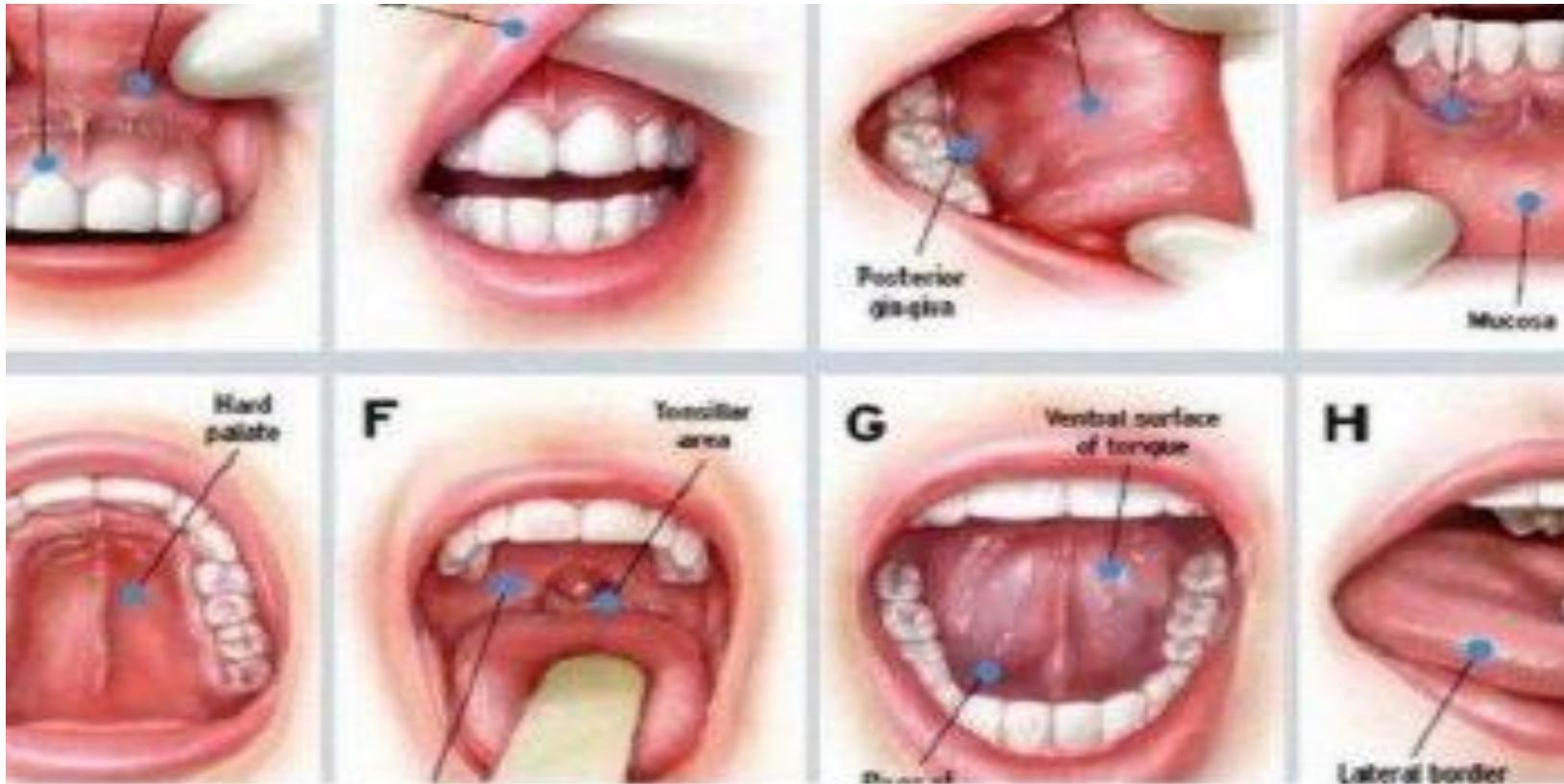


- Organise for resident to have a dental examination by a dentist
- Resident and/or family or guardian refuses dental treatment
- Complete oral hygiene care plan and start oral hygiene care interventions for resident
- Review this resident's oral health again on date: _____

With kind permission of the Australian Institute of Health and Welfare (AIHW). Source: AIHW Caring for oral health in Australian residential care (2009). Modified from Kayser-Jones et al. (1995) by Chalmers (2004).

TOTAL: _____
SCORE: 16

How to perform an Oral Health Assessment



{ Mouth Care Matters

Oral Health Needs Assessment

- Answers marked with * ticked - Dental check-up required
- Answers marked with ✘ ticked - **URGENT** dental check-up required

Resident's full name:

Resident's date of birth:

<p>1. Does the resident have dentures?</p> <p>If yes, please specify:</p> <p>If yes, are the dentures labelled?</p> <p>If yes, how old are the dentures?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> Upper - Full/Partial and Plastic/Plastic and Metal *Please delete as appropriate</p> <p><input type="checkbox"/> Lower - Full/Partial and Plastic/Plastic and Metal *Please delete as appropriate</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know</p> <p><input type="checkbox"/> Less than 5 years <input type="checkbox"/> More than 5 years * <input type="checkbox"/> Don't know *</p>
<p>2. Is the resident experiencing any problems? <i>e.g. Pain, difficulty eating, decayed teeth, denture problems, dry mouth, ulcers, halitosis (bad breath), other?</i></p> <p>If yes, please describe the problem:</p>	<p><input type="checkbox"/> Yes ✘ <input type="checkbox"/> No <input type="checkbox"/> Don't know ✘</p> <p><input type="checkbox"/> Teeth <input type="checkbox"/> Gums <input type="checkbox"/> Denture <input type="checkbox"/> Other</p>
<p>3. Does the resident need an urgent dental check-up?</p>	<p><input type="checkbox"/> Yes ✘ <input type="checkbox"/> No <input type="checkbox"/> Don't know ✘</p>
<p>4. When did the resident last see a dentist?</p>	<p><input type="checkbox"/> Less than 1 year <input type="checkbox"/> More than 1 year * <input type="checkbox"/> Don't know *</p>
<p>5. Is the resident registered with a dentist?</p> <p>If yes, please record dentist name and address:</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know</p>
<p>Action:</p>	
<p>Signed:</p>	<p>Job Title:</p>
	<p>Date:</p>

{ Mouth Care Matters

Oral Care Plan/Chart

This Oral Care Plan should be kept with the resident's records and be updated daily.
The plan should be reviewed every three months, or sooner if changes are noted.

Resident's Full Name:

<p><i>Please tick the categories which apply</i></p>	<p>Teeth: <input type="checkbox"/> Natural Teeth <input type="checkbox"/> Dentures <input type="checkbox"/> Natural Teeth and Dentures <input type="checkbox"/> Independent</p>	<p>Dentures (if worn): <input type="checkbox"/> Upper – Full/Partial and Plastic/Plastic and Metal <i>*Please delete as appropriate</i> <input type="checkbox"/> Lower - Full/Partial and Plastic/Plastic and Metal <i>*Please delete as appropriate</i> <input type="checkbox"/> Some Assistance <input type="checkbox"/> Fully Dependent</p>	
<p>Level of assistance: If assistance is required, please give details: Routine: <i>(Preferred time, location, routine for oral care and any particular preferences regarding equipment)</i></p>	<p>Toothbrush Preference: <input type="checkbox"/> Manual or <input type="checkbox"/> Electric Toothpaste Preference:</p>		
<p>Notes or comments for care of natural teeth:</p>			
<p>Notes or comments for care of dentures:</p>			
<p>Date for Review:</p>	<p>Signed:</p>		

What to look out for.....



Remember, you are not expected to diagnose!

What to look out for.....plaque and tartar



What to look out for..... broken teeth and decay



Figure 1: Extensive dental caries and retained dental roots



What to look out for..... ulcers

Record in notes – date, size, location

Can you identify a cause – trauma, poorly fitting denture, any underlying health condition

If still present after 3 weeks, refer



What to look out for.....thrush

Fungal infection

White patches, when wiped away, they leave red spots that can bleed

Symptoms – cracks at the corner of mouth, unpleasant taste, sore mouth, difficulty eating and drinking

Can be treated with gel from pharmacist



What to look out for.....angular cheilitis

Red, swollen patches at the corner of the mouth

Inflammatory condition caused by fungal or bacterial infections

GP can determine the cause and provide either antifungal or antibacterial medication or cream



What to look out for.....lichen planus

Presents as white patches on the gum, tongue and inside of cheeks

Can cause burning sensation and sore gums

Mouthwashes and sprays may help ease symptoms

Triggers – salty, spicy, acidic foods and drinks, alcohol.

SLS free toothpaste may help ease symptoms



What to look out for.....glossitis

Inflammation of the tongue

Causes swelling, changes in colour and texture of the tongue

Treatment depends on the cause but may require antibiotics, antivirals or antifungals



What to look out for.....oral cancer



This is NOT oral cancer



Mandibular tori are bony growths, sometimes found on the inside of the lower jaw

Oral hygiene



Toothbrushing

Brush twice a day, for 2 minutes.



Toothbrushing



Collis curve
brush



Dr Barman's
superbrush



Triple bristle
electric brush

Adaptations to toothbrushes



Cleaning between teeth



Helping residents with toothbrushing: Cuddle position/Standing in front position

- Stand behind/to the side/or in front
- Rest the residents head against the side of your body and arm
- Support the resident's chin with your index finger and thumb
- The thumb holding the chin can be used to roll down the lower lip and hold the lower lip for better vision and access



Assisting toothbrushing

Start brushing from the back on one side, this will help prevent gagging

Brush the front, inside and biting surfaces on each arch, brush in the same order each time to ensure no teeth are missed

Use a circular brushing motion on one tooth at a time making sure to clean along the gum line

Provide a mirror so that they can see what is happening

If cooperation is poor, it may be necessary to brush just one arch or one side at a time and do the rest later in the day

[BrushMyTeeth](#)

Tips for people who resist mouthcare

Encourage as much independence as possible.

Describe and demonstrate toothbrushing technique and they may mirror your actions.

Chaining – guide their hand to their mouth and let them brush if they are able to.

Hand over hand – place your hand over theirs and gently brush their teeth.

Distraction – place an item in their hand while you brush their teeth.

Rescuing – get someone else to take over the task.

Timing – try brushing at different times of the day.

Toothpaste

Pea-sized amount

1,350-1,500ppm fluoride

Spit don't rinse after brushing

Non-foaming and flavourless
toothpastes



Mouthwash

- Can be used **in addition** to twice daily brushing with a toothpaste containing at least 1,350 ppm fluoride.
- Beneficial for people with a high risk of dental decay due to poor oral health, dry mouth or when recommended by the dentist.
- To be used at a **different time to toothbrushing.**
- Choose alcohol-free.



Care of Dentures

- Dentures must be taken out and brushed to remove dental plaque and food debris
- Gums and tongue should be brushed to remove dental plaque
- Rinse mouth with water to remove food debris or after taking medication to keep the mouth clean
- Gum tissue needs time to rest from wearing dentures. Remove dentures overnight, if possible clean and soak in **cold water**
- Brush dentures with a denture brush morning and night using mild soap or a denture cleaning product preferred by the resident
- Rinse well with water after cleaning
- Label dentures with the resident's name (Denture marking kit)
- Disinfect dentures once a week



Medication and dental health

Side effects may include: -

- Dry mouth
- Bad breath
- Swollen gums
- Bleeding
- Tooth decay



Dry mouth care

Causes:

- Dehydration
- Medication
- Breathing through mouth
- Anxiety
- Cancer treatment
- Oral thrush

How to ease symptoms:

- Regular sips of water
- Brush teeth twice a day
- Use lip balm
- Speak to a pharmacist – sprays, gels, lozenges
- **Do not drink lots of alcohol, caffeine (tea/coffee), fizzy drinks or juice**

How to find an NHS Dentist

NHS dentists can be found via the NHS website

[How to find an NHS dentist - NHS \(www.nhs.uk\)](https://www.nhs.uk/how-to-find-an-nhs-dentist)

Patients can search for a dentist based on their location

<https://www.nhs.uk/Service-Search/Dentists/LocationSearch/3>

You can also contact NHS England's Customer Contact Centre 0300 3112233

Urgent care Patients should be advised to contact their dentist, if they do not have a dentist, they can **call 111** who can advise on services offering urgent dental appointments.

Special Care Dental Services/Salaried dental services

This dental service provides care for people who cannot be treated by a high street dentist by referral only including those with or a combination of the following:

- Learning disabilities (moderate/severe)
- Physical disabilities (moderate/severe)
- Dementia (moderate/advanced)
- Severe anxiety/phobia
- Mental health problems (severe)
- Complex medical conditions
- Domiciliary care required
- Bariatric (severely overweight)
- Homeless people, substance misuse

Ensuring a comfortable experience

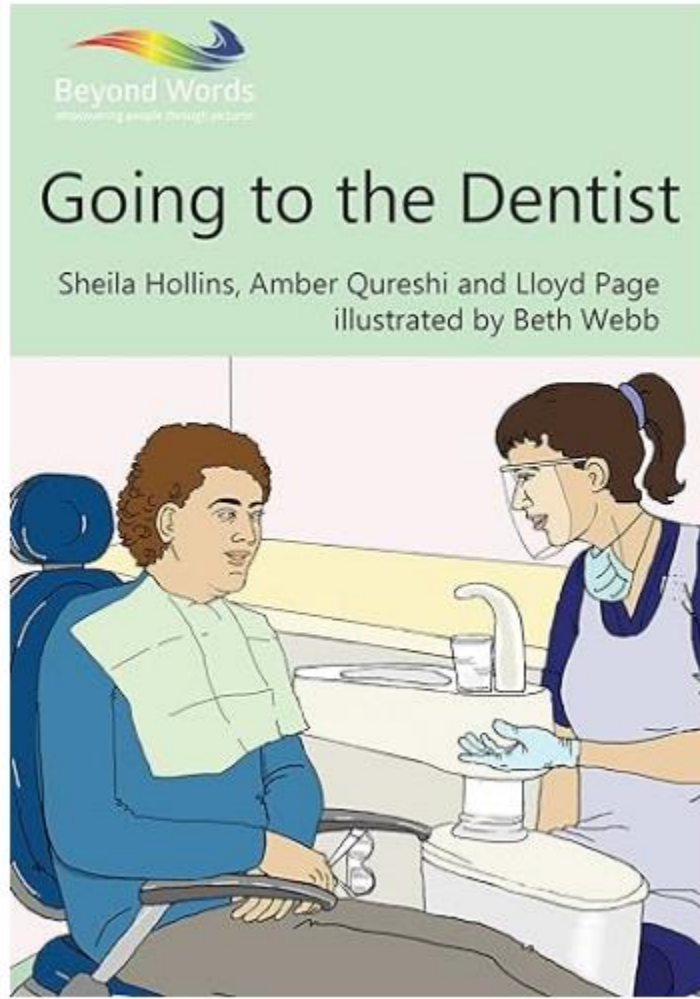
Make sure the practice are aware and understanding of the patients' needs and abilities.

Reducing dental anxiety – cognitive behavioural intervention, waiting outside the practice until the designated appointment time

Take personal items to make it more comfortable - dark glasses, headphones, iPad, blanket

Book first appointment of the day

Use social stories before dental visits












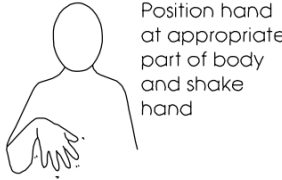

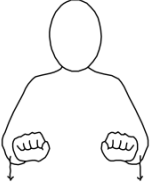












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Dentist Makaton Prompt Cards

 Dentist	 Dental Nurse	 Dental Hygienist	 Dental Hygienist	 Dental Nurse	 Dentist
 Dentist's Chair	 Look	 Pain	 Pain	 Look	 Dentist's Chair
 Teeth	 Toothache	 Calm	 Calm	 Toothache	 Teeth
 Sit	 Drink	 Good	 Good	 Drink	 Sit

Oral care for end of life



- **Thank you**
- For any further advice or virtual training, please get in touch
- ruth.harrison18@nhs.net
- **Any questions?**

