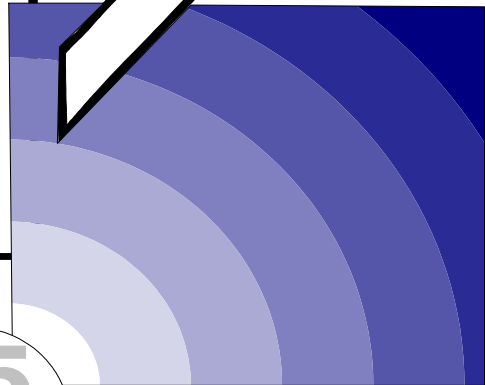
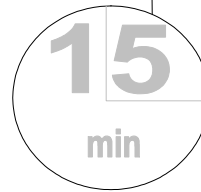


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15 minute Worksheet



Helping patients with symptoms other than pain

4: Oral problems

Introductory level

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Aim of this worksheet

To learn to assess and manage oral problems

How to use this worksheet

- You can work through this worksheet by yourself, or with a tutor.
- Read the case study below, then work on the questions overleaf.
- The work page is on the right side, the information page is on the left.
- Work any way you want: you can try answering from your own knowledge (in which case fold over the information page), you can use the information page (this is not cheating- you learn as you find the information), or you can use other sources of information
- It should take you about 15 minutes. If anything is unclear, discuss it with a colleague.
- If you think any information is wrong or out of date let us know
- Take this learning into your workplace using the activity on the back page.

Case study

John is a 54 year old man who had a surgery for a carcinoma of the colon. For the past week he has been eating less and less and now has swallowing problems.

Today John is complaining of a sore mouth.

Principles of Oral Hygiene

We take oral health for granted because we live with a mouth that is moist and pain free. But consider the opposite- a mouth that is full of oral debris, ulcerated, dry or painful.

- regular mouth care is essential and the objective of such care is simple i.e. to achieve a clean, moist, pain free non-infected mouth.
- oral assessment can identify sites of infection and chronic irritations in the mouth, which is important, as oral dysfunction significantly affects the client's quality of life.
- frequent mechanical cleansing of the mouth is more important in oral care than the antiseptic qualities of mouthwash.

Four Phases of Oral Status

	Healthy phase	Early warning (mild dysfunction)	Problem present (moderate dysfunction)	Serious problem (severe dysfunction)
Saliva	Adequate	Decreased	Scant, with taste alteration	Thick or absent
Mucosa	Pink, moist, intact and comfortable	Pale and dry, with uncomfortable red areas	Dry, inflamed, blistered and sore	Red and shiny, with blisters, ulcers and pain
Tongue	Pink, moist and comfortable	Dry, with prominent papillae	Dry and swollen, white coating at base, sore, inflammatory lines of demarcation	Dry and thick, coated and blistered, painful, red and demarcated
Lips	Smooth, pink, moist and comfortable	Dry and wrinkled	Dry, cracked and uncomfortable	Dry, cracked, painful with ulcerated areas and bleeding
Teeth	Clean, without debris and comfortable. Patient able to wear dentures	Dull, with localised areas of debris	Dull, debris on half of the enamel, areas of irritation, intermittent pain	Dull, with debris generalised along gum line or denture area. Patient unable to wear dentures. Frequent dental pain.

Risk factors and Prevention

Risk factors

- Debility
- Reduced oral intake
- Unable to brush teeth
- Dehydration
- Saliva-reducing drugs
- Chemotherapy
- Radiotherapy
- Mouth breathing
- Oxygen therapy

Prevention is a priority

To establish a healthy mouth regime the following are recommended: -

- Regular tooth and denture brushing twice daily
- Regular use of anti-bacterial and anti-fungal mouthwash
- Check fit of dentures, remembering nightly soak
- Regular dental checks
- Regular mouth care: frequency dictated following assessment eg. for general care treat 6-12 hourly, for at risk patients treat 2-hourly, for high risk patients or for serious problems treat hourly.

Possible problems and solutions

- **Dry mouth:** Frequent sips or sprays of water, use of artificial saliva (but avoid acidic solutions), ensure frequent mouthcare, vaseline to lips, iced drinks, ice cubes, pineapple juice. Chewing gum helps some patients. Pilocarpine 5mg 8-hourly helps some patients.
- **Dirty mouth:** remove dentures if used and soak/clean accordingly. If they have their own teeth regular brushing is important. Alternatively, clean the mouth with sponge swabs or gauze over a gloved finger.
- **Candida (candidiasis, thrush):** ketoconazole (200mg once daily for 5 days), fluconazole (150mg as single dose), nystatin (2mls 6- hourly for at least 10 days).
- **Ulceration and Infection:**
 - virus infections: acyclovir 200mg 4-hourly for 1 week (400mg if immunosuppressed).
 - aphthous ulcers: topical corticosteroid (triamcinalone in Orabase or betamethasone tablets), or tetracycline suspension mouthwash (disperse a 250mg capsule in water and rinse in the mouth for 2 minutes then swallow 6-hourly)
 - malignant ulcers: if anaerobic infection present (ie foul smell) use systemic metronidazole 12-hourly 500mg PO or 1g PR, or use 1% topical gel if not tolerated systemically (topical gel is expensive).
- **Sore mouth:** benzydamine (Difflam) spray or mouthwash, sucralfate suspension mouthwash, choline salicylate gel (Bongela), benzocaine lozenges (100mg sucked as required), or a lidocaine spray.

Reflect

- Think about what actions might reduce the chance of John getting a sore mouth?

Write

- What would 'ring an alarm' that something is wrong with John's mouth?

Area affected	Early warning	Serious problem
Saliva		
Mucosa		
Tongue		
Lips		
Teeth		

Reflect

- Think about what factors would increase the risk of oral problems

Write

- Write down treatments for these problems

Problem	Treatments
Dry mouth	
Dirty mouth	
Candida (thrush)	
Sore or painful mouth	

FURTHER ACTIVITY: Oral problems

- What do you think should be involved in establishing a healthy mouth regime?
- Taste a variety of fluids e.g. coffee, soda water, pineapple juice etc and consider what is the most refreshing.

FURTHER READING: Oral problems

Journal articles

- Bagg J. Oral candidosis: how to treat a common problem. *European Journal of Palliative Care*, 2003; **10**(2): 54-6.
- Coleman P. Improving oral health care for the frail elderly: A review of widespread problems and best practices. *Geriatric Nursing*. 2002; **23**(4): 189-99.
- Fiske J. Shafik HH. Down's syndrome and oral care. *Dental Update*. 2001; **28**(3):148-56,
- Freer, SK Use of Oral Assessment tool to improve practice – Professional Nurse 2000; **15**: 635-637.
- Haddad P. Karimi M. A randomized, double-blind, placebo-controlled trial of concomitant pilocarpine with head and neck irradiation for prevention of radiation-induced xerostomia. *Radiotherapy & Oncology*. 2002; **64**(1):29.
- Lee L. White V. Ball J. Gill K. Smart L. McEwan K. Chilton P. Pickering P. An audit of oral care practice and staff knowledge in hospital palliative care. *International Journal of Palliative Nursing*. 2001; **7**(8): 395-400.
- Mercadante S. Dry mouth and palliative care. *European Journal of Palliative Care*, 2002; **9**(5): 182-5.
- Milligan S. McGill M. Sweeney MP. Malarkey C. Oral care for people with advanced cancer: an evidence-based protocol. *International Journal of Palliative Nursing*. 2001; **7**(9): 418-26.
- Miller M. Kearney N. Oral care for patients with cancer: a review of the literature. *Cancer Nursing*. 2001; **24**(4):241-54.
- Rawlins CA. Trueman IW. Effective mouth care for seriously ill patients. *Professional Nurse*. 2001; **16**(4): 1025-8.
- Regnard CFB, Gillham L, Fitton S. Mouth care, skin care, lymphoedema. In, O'Neill WM, Hanks G eds. "ABC Series of Palliative Care". *British Medical Journal*, 1997: **315**; 1002 -5.
- Roberts H. Mouthcare in oral cavity cancer. *Nursing Standard*. 1990; **4**(19):26-9.
- Scully C. Shotts R. ABC of oral health: mouth ulcers and other causes of orofacial soreness and pain. *British Medical Journal*, 2000; **321**: 162-165.
- Xavier G. The importance of mouth care in preventing infection. *Nursing Standard*. 2000; **14**(18):47-51.

Resource books and websites

- A Guide to Symptom Relief in Palliative Care*, 5th ed. Regnard C, Hockley J. Abingdon: Radcliffe Medical Press, 2004
- Oxford Textbook of Palliative Medicine* 3rd ed. Doyle D, Hanks G, Cherny NI, Calman K eds. Oxford : Oxford University Press, 2003.
- PCF2- Palliative Care Formulary*, 2nd ed. Twycross RG, Wilcock A, Charlesworth S. Abingdon: Radcliffe Medical Press, 2003.
Also on www.palliativedrugs.com
- Symptom Management in Advanced Cancer*, 3rd edition. 2001. Twycross RG, Wilcock A. Abingdon: Radcliffe Medical Press.

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**Current
Learning
In
Palliative care**
An accessible
learning programme
for health care
professionals

Fifty seven 15 minute worksheets are available on:

- An introduction to palliative care (3 worksheets)
- Helping the patient with pain (9 worksheets)
- Helping the patient with symptoms other than pain (11 worksheets)
- Moving the ill patient (2 worksheets)
- Psychological needs (8 worksheets)
- Helping patients with reduced hydration and nutrition (8 worksheets)
- Procedures in palliative care (4 worksheets)
- Understanding and helping the person with alternative communication (learning disabilities) (5 worksheets)
- The last hours and days (4 worksheets)
- Bereavement (3 worksheets)

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Helping the Patient with Advanced Disease: a Workbook Regnard C. ed.

Oxford: Radcliffe Medical Press www.radcliffe-oxford.com