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Good Mouthcare in Palliative Care





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How can we  
promote and  
support good  
mouthcare in  
palliative care?

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# Learning Objectives

- Understand the process of holistic assessment
- Discuss the social and psychological aspects impacting good mouthcare and how a painful mouth can lead to eating problems
- Critique the management of mouthcare in palliative care
- Recognise the factors influencing mouthcare in the dying person

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# Key Principles

- Plan regular effective mouthcare for all
- Monitor response to interventions
- Identify serious oral problems that require referral (for example to specialist or a dentist)



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# Holistic Mouthcare Assessment

- Importance of carrying out a physical assessment
- Person receiving or recently received Chemotherapy/radiotherapy requires careful monitoring pre & post treatment

Medication history is important as numerous medications can affect the oral environment.

- Opioids, diuretics and anticholinergics increase dry mouth
- Steroids increase the risk of candidiasis
- Bisphosphonates increase the risk of osteonecrosis of the jaw
- Ill-fitting dentures also increase the risk of osteonecrosis

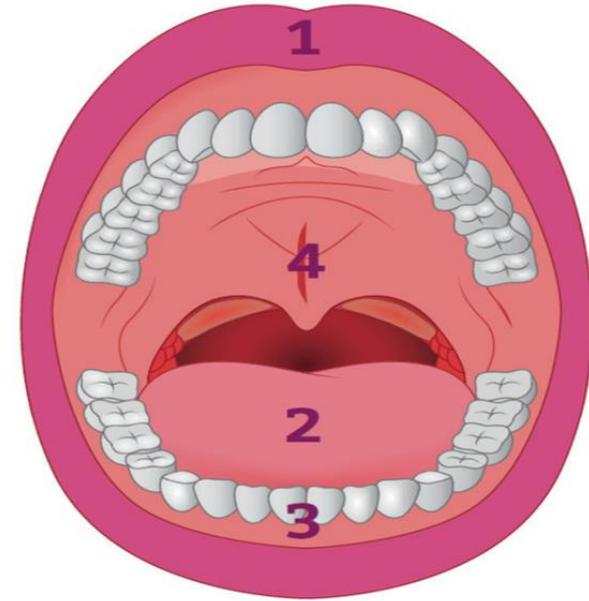


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- Ensure comfort and minimise pain when carrying out an assessment by lubricating lips with a water based lubricant
- Remove dentures before examining the mouth or performing routine mouthcare
- Assess the lining of the mouth is clean
- Look for signs of dryness, coating, ulceration, infection or tooth decay
- Assess for pain, if appropriate consider dental referral

### Looking in the patients' mouth

Start with the lips and look in the mouth in a systematic way:



- |   |   |  |
|---|---|--|
| 1 | } | Lips: Pink and moist   |
| 2 |   | Tongue: Pink and moist   |
| 3 |   | Teeth and Gums: Clean, teeth are not broken or loose                   |
| 4 |   | Cheeks, palate, under the tongue: Clean, saliva present, looks healthy |
| 5 |   | Dentures: Clean and comfortable  |

## Factors influencing mouthcare in the dying person

- Increased secretions
- Dry mouth (potentially due to mouth breathing)
- Person declining mouthcare
- Distress of the person
- Distress of their loved ones
- Inappropriate equipment
- Swallowing problems



# Management of mouthcare in Palliative Care

- Use a water based lip balm often as needed to keep lips moist
- Use a small soft bristled toothbrush
- Use a mild flavoured toothpaste
- Mouthcare should only be carried out if tolerated by the person
- Clean the mouth with small amount of water on toothbrush or by using small spray
- Assess the mouth for any changes using a mouthcare assessment form



- Encourage independence as much as possible
- If a person is able to chew, encourage chewing gum as this stimulates saliva
- Support loved ones to provide mouthcare if they wish to. This can be rewarding for loved ones if facilitated well.

This is the best practice guidelines



# Foam sponges

- It is strongly recommended not to use foam sponge swabs for mouthcare. The use of swabs is banned in Wales and many organisations across the UK.
- Discuss further



# Social & Psychological aspects impacting good mouthcare

Lack of mouthcare can in turn lead to difficulties with swallowing and eating, which can lead to other symptoms such as

- Fatigue
- Constipation/diarrhoea
- Nausea
- Heartburn & indigestion
- Painful mouth
- Changes in taste

These issues can impact a person socially and psychologically:

- Feeling self conscious about eating
- Changing in eating habits can affect relationships
- Feelings of isolation due to lack of socialisation, which can lead to low mood/depression





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# Case Study

- 42 year old man
- Diagnosed with non small cell lung cancer in 2021, with bone mets & abdo pelvis mets.
- PMH: intrauterine hypoxia & birth asphyxia, ex smoker
- Recurrent mouth infections, thrush, sore throat.
- Multiple interventions mouthwashes, antifungals and oral gels. Multiple antibiotics
- Unable to tolerate diet due to mouth issues, mostly liquid diet and ice creams
- Concern from the man's parents that he is losing weight
- Swab from mouth showed no significant growth

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# Discussion

# HERPES.....

Treated successfully with acyclovir.

Person began to enjoy food and drinks

Family less distressed as now eating



Any questions?