

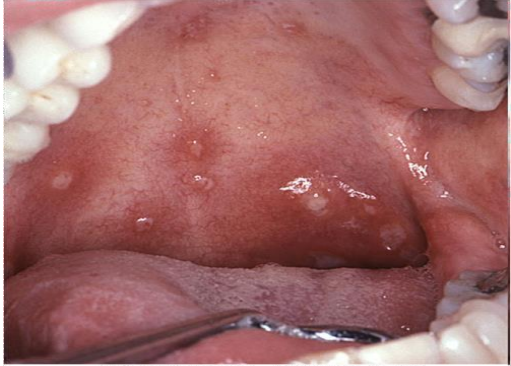


Healthy Mouth - Routine Mouth Care	Denture Care - Routine Dental Care	Sore or Ulcerated Mouth
		 <p style="font-size: small;">Photo courtesy of CDC - Sol Silverman, Jr., DDS</p>
<p>Mouth should be moist, pink, clean and free from odour, pain or discomfort. The tongue should be pink and moist. Lips should be smooth, pink and moist. Gum tissue should be pink and firm. Saliva should be watery and clear.</p>	<p>Complete top and bottom set of dentures—replaces all of the teeth and their adjacent tissues. Partial dentures—act as dental bridges as the “bridge” the gap between a missing tooth or teeth.</p>	<p>Mild discomfort and erythema or very painful and/or oedema and/ or ulcers. Stomatitis caused by chemotherapy or local radiotherapy.</p>
<p>Brush teeth twice daily with fluoride toothpaste.* Clean tongue with water from back to front using soft toothbrush, moistened gauze or a foam stick. Caution: potential risk of accidental aspiration of sponges/swabs. Remove visible debris from mouth with moistened gauze or a foam stick. Clean lips with moistened gauze and moisten with water based product eg: oral balance gel.</p>	<p>Remove dentures at night or at least 1 hour during the day. Clean with soap and water using toothbrush twice daily, rinse well in running water. Do not use toothpaste this will scratch the surface. Soak dentures in appropriate cleansing solution. Rinse mouth and dentures with water after meals. Consider referring to a dentist if dentures loose or rubbing.</p>	<p>Review and if possible stop medications which could cause stomatitis and/ or dry mouth. Rinse mouth 3-4 daily with sodium chloride 0.9% Topical analgesia <ul style="list-style-type: none"> • Soluble aspirin gargled (up to 600mg QDS, avoid with other NSAIDs) Benzydamine Coating agents:</p>

Oral Care Guidelines

Apply suitable soft emollient to lips eg: Vaseline if required.
Use petroleum based products with caution if patient is on oxygen.

*For debilitated patient, especially those at end of life, do not to use toothpaste as the patient will not be able to spit it out. Use a mild antibacterial mouthwash diluted with cool boiled water and a soft baby toothbrush.

- Gelclair at least 1 hour pre meals.
- Systemic analgesia
- Paracetamol. (Up to 1gm qds) Seek Specialist guidance if this is ineffective.

Coated Mouth



Thick white to grey coating, sometimes black.
Dried mucus or saliva may coat the teeth.

Dry Mouth



Dryness of mucous membranes and lips. No "pool" of saliva in floor of the mouth.
Patients complain of impaired taste and experience difficulty chewing and swallowing.
Can cause difficulty speaking and cracking of the tongue.
Dentures can become ill fitting, prolonged dry mouth can contribute to dental erosion and dental decay.

Oral Thrush



White spots on mucus membranes.
Underlying tissue may be red and raw.
Sometimes no white spots, just red and sore.
Sore red cracked areas just inside the mouth.
Can experience difficulty in swallowing and persistent dry cough.

Oral Care Guidelines

<p>Clean tongue with water from back to front using soft toothbrush moistened gauze or foam stick.</p> <p>Caution: potential risk of accidental aspiration of sponges/swabs.</p> <p>Debride the tongue if furred</p> <ul style="list-style-type: none">• use soft baby toothbrush and sodium bicarbonate mouthwash.• ¼ of 1g effervescent ascorbic acid tablet placed on the tongue (cannot be prescribed on an FP10).• Pineapple chunks contain ananase enzyme which helps clean the mouth. (Fresh or tinned in natural juice) But avoid if risk of sores or cavities. <p>Ensure regular oral assessments are performed to identify Oral Candida early.</p> <p>Apply water based product to oral cavity if required e.g. Oral balance Gel.</p> <p>Apply suitable emollient to lips to prevent drying and cracking e.g. Vaseline.</p> <p>Use petroleum based products with caution if patient is on oxygen.</p>	<p>Correct the correctable – review medication regimen and if possible stop medications causing dry mouth.</p> <p>Substitute with drugs with less drying effect if possible. Treat Oral Candida.</p> <p>Encourage frequent sips of water, sucking ice cubes/lollies.</p> <p>Saliva stimulants</p> <ul style="list-style-type: none">• Chewing gum (sugar free), Boiled sweets, lemon drops, and pineapple chunks.• Pilocarpine – systemic parasympathetic agent stimulates saliva secretion – seek advice from Specialist Palliative Care.• <p>Artificial Saliva sprays and gels are available– use as needed. Avoid Glandosane in dentate patients. AS Saliva Orthana contains porcine gastric mucin</p> <p>Apply suitable emollient to lips to prevent drying and cracking e.g. Vaseline. Use petroleum based products with caution if patient is on oxygen.</p>	<p>Correct correctable – poor oral hygiene and dry mouth. Ensure dentures are cleaned properly.</p> <p>Soak dentures in Sodium Hypochlorite (Milton Solution) overnight, rinse thoroughly before insertion. Replace toothbrush</p> <p>Topical Treatment</p> <ul style="list-style-type: none">• 1st Line: Nystatin (Adults: 100,000 units (1ml) FOUR times daily (using half dose in each side of the mouth) for 7 days then review. (hold in mouth for 1 min then swallow) Can be increased to 4ml-5ml QDS. Incompatible with Chlorhexidine - inactivates Nystatin. Do not eat or drink for 30 mins after use. Dentures must be removed before using and cleaned before reinsertion.• 2nd Line: Miconazole Gel – 2.5ml QDS spread around mouth with tongue. Can be increased to 5ml-10ml QDS. Can be spread onto dentures before insertion. N.B. Systemically absorbed so be aware of possible drug interactions. <p>Systemic Treatment first line treatment</p> <ul style="list-style-type: none">• Fluconazole 50mgs orally OD for 7 days.
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References: Wilcock, Howard and Charlesworth (2020) Palliative Care Formulary 7th Edition, Pharmaceutical Press
Twycross, Wilcock and Stark Toller (2009) Symptom Management in Advanced Cancer.