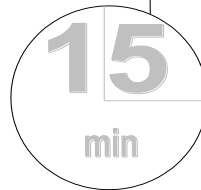


# CLiP

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, and then turn to the Work page overleaf.
- Work any way you want. You can start with the exercises on the Work page using your own knowledge. The answers are on the Information page - this is not cheating since you learn as you find the information. Alternatively you may prefer to start by reading the Information page before moving to the exercises on the Work page.
- This CLiP worksheet should take about 15 minutes to complete, but will take longer if you are working with colleagues or in a group. 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- If you think any information is wrong or out of date let us know.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 surgery for a carcinoma of the colon. For the past week he has been eating and drinking less and less and has been finding it difficult to care for himself.**

**Today John is complaining of a sore mouth and often has problems maintaining his own oral hygiene.**

v16

## Principles of Oral Hygiene

We take oral health for granted because we usually 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 patient's quality of life.
- frequent mechanical cleansing of the mouth is more important than the antiseptic qualities of mouthwash.

## Identifying the level of oral health problems

	Healthy phase	Early warning (mild dysfunction)	Problem present (moderate dysfunction)	Serious problem (severe dysfunction)
<b>Saliva</b>	Adequate	Decreased	Scant, with taste alteration	Thick or absent
<b>Mucosa</b>	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
<b>Tongue</b>	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
<b>Lips</b>	Smooth, pink, moist and comfortable	Dry and wrinkled	Dry, cracked and uncomfortable	Dry, cracked, painful with ulcerated areas and bleeding
<b>Teeth</b>	Clean, without debris and comfortable. Patient able to wear dentures if they choose to do so.	Dull, with localised areas of debris	Dull, debris on half of the enamel, areas of irritation, ilocalised dental caries, intermittent pain	Dull, with debris generalised along gum line or denture area, severe dental caries. Patient unable to wear dentures if used. 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 (at least twice daily)
- Check fit of dentures, remembering nightly soak
- Regular dental checks
- Regular mouth care: frequency dictated following assessment based on risk levels above. For example
  - Healthy = treat 4-6 hourly (after meals).
  - Early warning patients treat 2-hourly
  - Problem present or for serious problems treat hourly.

## Treatments for specific problems

- **Dry mouth:** Frequent sips or sprays of water, sips of sparkling 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. A soft toothbrush can be used to remove debris.
- **Candida (candidiasis, thrush):** nystatin (5mls or 500,000 unit pastilles 6-hourly for at least 7 days- do not use with chlorhexidine mouthwash). Fluconazole (150mg as single dose) is needed in those with severe infections. Common (beware drug interactions). Dentures can be treated in boiling water for 6mins. Gentian violet and tea tree oil have been used in resistant cases.
- **Ulceration and infection:**
  - virus infections: acyclovir 200mg 4-hourly for 1 week (400mg if immunosuppressed).
  - aphthous ulcers: topical corticosteroid (hydrocortisone oromucosal tablets), or beclomethasone metered dose inhaler 100 microg sprayed into the mouth.
  - 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:** lidocaine 5% ointment or 10% spray can help. Benzydamine is a NSAID analgesic can help as a rinse or spray. Morphine has a topical action when inflammation is present and can be used as a mouthwash.

# 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

- Who needs to be involved in establishing a healthy mouth regime?
- Taste a variety of fluids e.g. coffee, soda water, pineapple juice etc and consider which is the most refreshing.

## FURTHER READING: Oral problems

### Journal articles

- Butticaz G, Zulian GB, Preumont M, Budtz-Jorgensen E. Evaluation of a nystatin-containing mouth rinse for terminally ill patients in palliative care. *Journal of Palliative Care*. 2003; **19**(2): 95–9.
- Cho JH, Chung WK, Kang W, Choi SM, Cho CK, Son CG. Manual acupuncture improved quality of life in cancer patients with radiation-induced xerostomia. *Journal of Alternative and Complementary Medicine*. 2008; **14**(5): 523–6.
- Cooley C. Oral health: basic or essential care? *Cancer Nursing Practice*. 2002; **1**(3): 33-39.
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- De Conno F, Martini C, Sbanotto A, Ripamont C, Ventrafridda V. Mouth care. In: *Oxford Textbook of Palliative Medicine* 4<sup>th</sup> ed. Hanks G, Cherny NI, Christakis NA, Fallon M, Kaasa S, Portenoy RK. eds. Oxford : Oxford University Press, 2010, p996-1014.
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- Johnstone PA, Peng YP, May BC, Inouye WS, Niemtzw RC. Acupuncture for pilocarpine-resistant xerostomia following radiotherapy for head and neck malignancies. *International Journal of Radiation Oncology, Biology, Physics*. 2001; **50**(2): 353–7.
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- Silva MM, Vergani CE, Giampaolo ET, Neppelenbroek KH, *et al.* Effectiveness of microwave irradiation on the disinfection of complete dentures. *International Journal of Prosthodontics*. 2006; **19**(3): 288–93.
- Sweeney MP, Shaw A, Yip B, Bagg J. Oral health in elderly patients. *British Journal of Nursing*, 1995; **4**(20): 1204-8.

### Further resources

- A Guide to Symptom Relief in Palliative Care*, 6<sup>th</sup> ed. Regnard C, Dean M. Oxford: Radcliffe Medical Press, 2010
- e-lfh: e-Learning for Healthcare* contains a range of online self-learning programmes, including several relating to end-of-life care (e-ecla). Registration is required but is free. <http://www.e-lfh.org.uk/projects/e-elca/index.html>
- End of Life Care: A Resource pack for those caring for or supporting people with a learning disability at the end of life* <http://www.endoflifecareforadults.nhs.uk/publications/what-can-we-do-a-guide> . NHS North East (2007)
- Benchmarks for person hygiene. In, *Essence of Care- 2010*. London: Department of Health; 2010 p7.
- Oxford Textbook of Palliative Medicine* 4<sup>th</sup> ed. Hanks G, Cherny NI, Christakis NA, Fallon M, Kaasa S, Portenoy RK. eds. Oxford : Oxford University Press, 2010.
- PCF6- Palliative Care Formulary*, 6<sup>th</sup> ed. Twycross RG, Wilcock A, Howard P. [www.palliativedrugs.com](http://www.palliativedrugs.com)
- Promoting Older People's Oral Health*. London: Royal College of Nursing, 2011.
- Symptom Management in Advanced Cancer*, 4<sup>th</sup> edition. Twycross RG, Wilcock A, Stark-Toller C. Oxford: Radcliffe Press, 2009



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

### 15 minute worksheets are available on:

- An introduction to palliative care
- Helping the patient with pain
- Helping the patient with symptoms other than pain
- Moving the ill patient
- Psychological and spiritual needs
- Helping patients with reduced hydration and nutrition
- Procedures in palliative care
- Planning care in advance
- Understanding and helping the person with learning disabilities
- The last hours and days
- Bereavement

Available online on [www.clip.org.uk](http://www.clip.org.uk)