

Hospice Aide On-the-Go™ In-service



Oral Hygiene

Volume 1 • Number 6

BEACON
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As the population ages, more adults are keeping their teeth. Forty years ago, most people older than 75 were toothless. Today, that number is much lower.

Oral problems such as loose teeth, ill-fitting dentures, and periodontal disease cause pain and make eating difficult, especially for dying patients. Hospice patients often require special mouth care. The hospice aide plays an important role in helping patients maintain good oral hygiene.

MOUTH PROBLEMS IN THE TERMINALLY ILL PATIENT

Patients who are severely ill may suffer from dysphagia, a condition in which they swallow less often. As a result, saliva accumulates in the mouth. When the secretions dry, they may build up into a crust that can become an airway risk. When the crust accumulates, it causes the tongue to stick to the lips. The lips and tongue may crack and bleed. Inhaling dried saliva and bacteria due to poor oral care can be a serious problem and can lead to aspiration pneumonia. Food may also accumulate in the mouth, causing discomfort, bad breath, and greater risk of aspiration.

Artificial hydration and feeding (tube feeding) can also be uncomfortable for the dying patient.

When artificial feeding and hydration are withheld, the most common side effect is dry mouth.

Dentures

Some elderly people wear complete or partial dentures. Terminally ill patients often have difficulties with their dentures not fitting properly. This can be related to weight loss and/or changes in their mouth ridges that decrease the support needed to hold the dentures in place. These ill-fitting devices may cause mouth sores and pain. When this happens, decisions regarding purchasing new dentures may be considered. For many terminally ill patients, they will choose to adjust their diet to accommodate nutrition without the use of their dentures.

If your patient is unconscious, you will usually not insert the dentures as part of oral hygiene.

MOUTH CARE FOR THE DYING PATIENT

Some elderly patients are sensitive to having their mouths touched. They may have pain or discomfort caused by ill-fitting dentures or thinning tissue covering the teeth. While providing mouth care,

Key Terms

Aspiration pneumonia

Illness caused when food, excessive saliva, or another substance is inhaled into the lungs

Dysphagia

Difficulty swallowing

Enteral nutrition

The provision of liquid nutrients by IV when the patient cannot chew or swallow food

Mucous membrane

Linings of body cavities involved in absorption and secretion. In several places, the mucous membrane is continuous with skin, such as the lips. The sticky, thick fluid secreted by the mucous membranes and gland is termed mucus.

Saliva

Liquid produced by salivary glands to keep the mouth moist and begin the breakdown of food before it is swallowed

Secretions

Secretions from the mucous membranes in the mouth are often called saliva or spit. Mouth secretions provide moistening of the mouth and assistance in digestion.



always inspect the mouth and tongue for signs of sores or reddened areas. These sores not only cause discomfort and pain but can cause difficulty eating or drinking.

When you begin mouth care, follow these steps:

- First, check your hospice aide assignment.
- Ask your patient or patient's caregiver(s) about the patient's mouth and if there are any changes or concerns
- Set up your supplies and put on your gloves.
- Move slowly and explain exactly what you will be doing. Talk in a soft, soothing manner.
- Lubricate the patient's lips, if they are dry.
- Check the patient's lips, gums, teeth, tongue, and mucous membranes.
- If there is pain, stop what you're doing and try it another way.
- If the patient is taking liquids, some water or ice chips may help.
- If pain continues, contact the hospice RN for direction before continuing with oral care.

BRUSHING: Many times, dying patients require very gentle brushing, and may not tolerate the use of a tooth brush. In such cases, wipe teeth and gums with a soft gauze or disposable swab moistened with plain water. Be gentle, but remove food debris and dried secretions.

DENTURE CARE: If your patient still tolerates dentures, brush the entire surface using the appropriate cleanser and warm water. Use care when cleaning the dentures to prevent chipping. When they are not being worn, store dentures in water or a soaking solution to prevent them from drying out and cracking. Be alert for dentures that are broken, chipped, or just ill-fitting. They can quickly damage your patient's sensitive gums.

TONGUE CLEANING: When debris collects on the tongue's surface, it can lead to infection and bad odor. If too much dried debris collects, the patient may inhale it, and this can cause pneumonia. Use a moistened soft gauze or disposable swab to gently clean the tongue. It may take multiple swabs to remove all the debris.

LUBRICATING: Oral lubricants can ease some problems caused by a dry mouth. Check your plan of care to learn what is appropriate for your patient. If your patient has dry mouth or too much secretion, check with the hospice RN.

Unresponsive or actively dying patients

Unresponsive and actively dying patients require additional mouth care. Their oral hygiene needs increase as secretions become thicker and stringy. Dryness of the mucous membranes and lips increases. The risk of cracking, pain, and bleeding will decrease with frequent oral care. Oral care may be needed every one to two hours for some unresponsive patients.

Aspiration risk is higher in unresponsive and actively dying patients. It will often be necessary to reposition a patient to promote drainage. If the patient is unresponsive, never put your fingers directly into the patient's mouth. An unconscious person may bite down involuntarily on your finger without any warning. Use a padded tongue blade made from two tongue depressors and folded gauze to assist in keeping the patient's mouth open.



THE HOSPICE AIDE'S ROLE

The focus of hospice care is to promote comfort and prevent pain. Excellent mouth care increases the patient's comfort level and decreases the risk of oral problems. Usually oral care is provided prior to meals, after meals, and before bedtime.

As a hospice aide, you have a special role as part of the interdisciplinary team in reducing risks and preventing mouth problems. Often, you will provide caregivers with a needed break by performing mouth care. You will also reinforce proper oral care as family members and other caregivers assist or observe the procedures. Gentle preventive measures will help avoid problems with the patient's mouth.

Gentle, soothing oral care can improve many patients' comfort level. However, oral care can sometimes increase discomfort, especially if the oral membranes are broken and mouth sores exist. If the patient has mouth pain, check the plan to learn whether pain medication is ordered before providing oral care. If pre-medicating prior to care is ordered, ask the patient or caregiver to arrange for the medications to be administered before you arrive for care. Or, if you are qualified to assist in giving medications that are ordinarily self-administered by patients, follow the hospice's plan of care for giving pain medications prior to providing care.

Perform oral hygiene

Hospice aides should use the following tips when caring for a patient's mouth:

- Be fully informed of your assignment and competent in performing assigned tasks. If any concerns exist, contact the hospice nurse prior to proceeding with care.
- Provide for privacy.
- Invite caregivers to assist with oral care, if they desire.
- If caregivers don't wish to participate, support them in their decision to take a break from their responsibilities while you provide oral care.
- Follow the patient's plan of care as assigned by the hospice RN.
- Comply with the hospice's infection control policies and procedures.
- Protect the patient's clothes and bedding to ensure that they stay dry.
- Encourage nutrition and hydration according to the patient's diet. Assist the patient with sips of liquid if desired prior to beginning care and ending care. Place food or nutritional supplements and fresh water within the patient's reach as part of your oral care routine.
- Reposition the patient as needed to promote drainage of secretions and oral care products.
- Don't dig in the patient's mouth with sharp objects such as a toothpick.
- Inspect the patient's mouth, noting any patches of discoloration, sores, blisters, or irritated areas prior to cleaning and after cleaning the tongue, mucous membranes, and teeth.



- Inspect the lips. Keep the patient's lips lubricated. Lubricating the lips prior to care, as needed during care, and at the completion of care may be necessary if the lips are dry.
- Support the patient's choice in care, including his or her role in providing for self-care. The patient has the right to refuse all or part of oral care. Use a gentle, sensitive approach.
- When a patient is unconscious or unable to swallow, special oral care is needed. The plan of care would be adjusted to reflect this special condition. Positioning the patient to a side-lying position or turning the person's head to the side will be needed so that fluids used as part of oral care can drain out of the mouth. This helps to prevent aspiration. Continuously explain what you are doing and avoid talking over the patient as if he or she were not present. Remember, a patient who appears unconscious may still be aware of the surroundings and may experience pain.

Observe and report

Report to the hospice nurse if:

- The patient reports oral pain or seems to be in pain
- Changes in the patient's mouth are observed, including:
 - Lips that are dry, red, cracked, bleeding, or have sores
 - Mucous membranes that are dry, red, cracked, bleeding, or have sores
 - Gums that are red, bleeding, dry, cracked, swollen, or irritated
 - Tongue that is red, swollen, or white-coated
 - Teeth that are sore
 - Dentures that are cracked and poorly fitting
 - White spots, red sores, or any areas of pus or infection are present in the mouth
 - Unusual breath smell that is not relieved with brushing, including fruity-smelling breath, is present
- The caregiver or patient expresses concerns about oral care responsibilities
- The patient and/or caregiver has questions about oral care or a condition that you are not qualified to answer.

CMS Expectations

A hospice must maintain a quality assessment and performance improvement (QAPI) program that involves all services, including hospice aides. This program, among other things, will take actions to demonstrate improvement in hospice care and palliative outcomes.



OUTCOMES AND THE HOSPICE AIDE

Many times, the simplest things have the biggest effect on outcomes. Providing comfort through compassionate, gentle oral care is one of the key roles of the hospice aide. Outcomes may include, but are not limited to:

- Improved patient comfort
- Improved ability to eat and drink
- Improved ability to communicate
- Maximum oral integrity
- Support of caregivers in their role of providing oral care





CASE STUDY

Mabel Clarke is a hospice patient who is dying from ovarian cancer. Mrs. Clarke has chosen to live in an assisted living facility with which your hospice has an agreement. She is responsive, but recently decided to spend most of her time in bed. She has very little appetite, and her care plan calls for a diet of food and fluids as tolerated. Mrs. Clarke has her own teeth, and is able to swallow food and fluids. She has few visitors and depends on the caregivers at the facility for all activities of daily living. The facility staff assists with setting her up to do her own oral care before meals, after meals, and at bedtime. The hospice aides assist her with her oral care when they come to help her with her full bath on Sundays and Thursdays.

Before going to her room, you check in with the facility staff. They report that Mrs. Clarke was difficult to wake this morning and that her breakfast food was still in her room, at Mrs. Clarke's request.

When you walk into her room, Mrs. Clarke opens her eyes and says hello to you while you are washing your hands. You explain to her what your assignment is for the day, and she accepts your offer of some of her pudding and water before you get started. She tells you that her partial dentures are "over on my dresser somewhere." You find her dentures, and while you are cleaning them, she says, "You don't need to bother. They seem to make my mouth sore, so I've given up on them." You do not notice any problems with the dentures, put them in the denture cup with some of her denture solution, and ask whether she would like you to get any of her lipstick ready. She selects her favorite lipstick.

As you set up your supplies and put your gloves on, Mrs. Clarke tells you, "This food sure seems to hurt my mouth lately." You notice that her lips are dry and suggest she put on some lip gloss before you start. She seems to be shaky and asks you to put the lip gloss on for her. You carefully check Mrs. Clarke's mouth and notice she has a sore under her tongue on the left side. Her teeth have hard food debris on the molars. Her mucous membranes also seem dry and puffy, and her saliva is stringy. You gently provide her oral care and tell her about how helpful it might be for her mouth if she could sip water during the day. You also reinforce that her lip gloss would help prevent her lips from cracking. She asks, "So, I can't use my lipstick?" You say, "Why don't you try using both? You'll have some color and some moisture." You put the mirror up for her to use, and she applies both, saying, "Now, don't I look nicer?" After her bath, you put her pudding and fresh water within reach before you leave her room.

Before leaving the building, you let the facility staff know of your observations. As you talk, the facility staff considers whether Mrs. Clarke may need more help from them with her oral care. You note your observations in your documentation and leave a voice message for the hospice RN per your hospice's communication plan, including your observations and the facility staff's comments.

THINK ABOUT IT

1. What is making Mrs. Clarke vulnerable to oral problems?
2. Why did the hospice aide provide nutrition and hydration as part of her care?
3. What would you do if the facility plan and the hospice plan for oral care were different?
4. Can you name three observations you would include as part of your documentation about this visit?

