

Standardised care process (SCP): oral and dental hygiene

health

Topic

Assessment and management of oral and dental hygiene

Objective

To promote evidence-based practice in the assessment and management of oral and dental hygiene

Rationale

There is a high incidence of oral and dental disease in older people in residential aged care facilities. Appropriate assessment and intervention can improve the dental and oral health of residents (JBI, 2008).

Definition

Oral hygiene: interventions to prevent plaque related disease including care of oral mucosa, tongue, teeth, lips, gums and dentures (O'Connor, 2012).

Team

Manager, RNs, ENs, PCAs, resident and/or family, GP, dentist, dietician

Evidence base for this SCP

Department of Health and Ageing 2009, *Better oral health in residential care* Retrieved 9 March 2012 <<http://www.health.gov.au/internet/main/publishing.nsf/Content/ageing-better-oral-health.htm>>.

Joanna Briggs Institute (JBI) 2008, *Best practice information sheet: Oral hygiene care for adults with dementia in residential aged care facilities*, JBI, Adelaide.

O'Connor, LJ 2012, Oral health care, in M. Boltz, E. Capezuti, T. Fulmer, D. Zwiker (Eds.), *Evidence-based geriatric nursing protocols for best practice* (4th Edition), Springer, New York.

Registered Nurses Association of Ontario 2008, *Oral health: nursing assessment and interventions*, Registered Nurses Association of Ontario, Canada.

Brief SCP: oral and dental hygiene

Recognition and assessment	<ul style="list-style-type: none"> • On admission conduct an assessment of oral health: <ul style="list-style-type: none"> – ascertain resident's usual oral care routine – use the Oral Health Assessment Tool (OHAT) • Arrange dental assessment
Interventions	<ul style="list-style-type: none"> • Develop an individualised oral hygiene care plan based on information obtained from assessment • Provide residents who have their own teeth with the opportunity to use a fluoride toothpaste • Provide physical assistance to each resident at a level appropriate to their ability • Conduct oral hygiene including brushing the tongue at least twice daily using the toothpaste preferred by the resident • Management of dentures: <ul style="list-style-type: none"> – check dentures fit well – remove and clean dentures at least twice daily using a toothbrush – mark all dentures with the resident's name – use antimicrobial gels or mouthwashes for both dental caries (decay) and periodontal (gum) diseases – use saliva substitutes where necessary
Referral	<ul style="list-style-type: none"> • Refer resident to their GP if any unexpected findings such as dryness, sores, ulcers, white patches or pain are detected • Refer resident to a dentist if broken or decayed teeth or ill-fitting dentures are present
Evaluation and reassessment	<ul style="list-style-type: none"> • Continuous monitoring of oral hygiene status twice daily • Repeat full assessment six-monthly • Monitor and evaluate oral hygiene care within facility quality programs
Resident involvement	<ul style="list-style-type: none"> • Provide residents with information as to the importance of oral hygiene • Discuss benefits of low intake of sugar products with the resident • Respect resident preferences in relation to oral hygiene
Staff knowledge and education	<ul style="list-style-type: none"> • Provide care staff with education in relation to: <ul style="list-style-type: none"> – oral disease and disorders – oral hygiene assessment/examination – hands-on oral care – maintaining oral and dental hygiene in residents with dementia • Appoint a nurse to the portfolio of oral care hygiene

Full SCP: oral and dental hygiene

Recognition and assessment	<p>On admission, conduct an assessment of oral health:</p> <ul style="list-style-type: none"> • ascertain resident's usual oral care routine • ascertain presence of natural teeth or dentures • assess resident's ability to function with or without natural teeth and/or dentures • assess the resident's ability to speak, chew and swallow • using the Oral Health Assessment Tool (OHAT): <ul style="list-style-type: none"> – conduct a physical examination of lips, oral mucosa, tongue, gums and teeth, and resident's ability to attend to oral hygiene activities – expected findings: <ul style="list-style-type: none"> - the oral cavity should be moist and pink, no sores, ulcers or white patches - natural teeth should be intact - dentures should fit well and not move. <p>Arrange a dental assessment.</p>
Interventions	<ul style="list-style-type: none"> • Develop an individualised oral hygiene care plan based on information obtained from assessment • Provide oral care morning and evening and as necessary • Provide residents who have their own teeth with the opportunity to use a neutral high fluoride toothpaste • Provide physical assistance to each resident at a level appropriate to their ability • Conduct oral hygiene including brushing the tongue at least twice daily using a soft toothbrush and neutral high fluoride toothpaste • Management of dentures, including: <ul style="list-style-type: none"> – check dentures fit well – remove and clean dentures at least twice daily using a denture brush – mark all dentures with the resident's name – use a denture container and soak dentures in cold water overnight – use a soft toothbrush to clean gums and tongue • Use antimicrobial gels or mouthwashes (without alcohol) for both dental caries (decay) and periodontal (gum) diseases • Use saliva substitutes if resident has a dry mouth • Arrange regular dental checkups • Do not use chlorhexidine and toothpaste (containing sodium lauryl sulphate) within two hours of each other • Refer to Department of Health and Ageing Better Oral Health in Residential Care Program for further information <http://www.health.gov.au/internet/main/publishing.nsf/Content/ageing-better-oral-health.htm>
Referral	<ul style="list-style-type: none"> • Refer resident to their GP if any unexpected findings, such as dryness, sores, ulcers, white patches or pain, are detected • Refer resident to a dentist if broken or decayed teeth or ill-fitting dentures are present
Evaluation and reassessment	<ul style="list-style-type: none"> • Continuous monitoring of oral hygiene status at least twice daily • Repeat full assessment six-monthly or if there is a change in the condition of the resident's mouth or teeth

Resident involvement	<ul style="list-style-type: none"> • Provide residents with information as to the importance of oral and dental hygiene • Discuss benefits of low intake of sugar products with the resident • Respect resident's preferences in relation to oral hygiene
Staff knowledge and education	<ul style="list-style-type: none"> • Provide care staff with education in relation to: <ul style="list-style-type: none"> – oral disease and disorders – oral hygiene assessment/examination – hands-on oral care – maintaining oral and dental hygiene in residents with dementia • Appoint a nurse to the portfolio of oral care hygiene

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