



Oral and dental hygiene

Standardised care process

Objective

To promote evidence-based practice in the assessment and management of oral and dental hygiene for older people who live in residential care settings.

Why oral and dental hygiene is important

There is a high incidence of oral and dental disease in older people in residential aged care facilities. Many oral health problems in residents could be avoided with routine preventive care (Kossioni et al. 2018).

Definitions

Oral hygiene: the prevention of plaque-related disease, the destruction of plaque through the mechanical action of tooth brushing and flossing, or the use of other oral hygiene aids (O'Connor 2020).

Team

Manager, registered nurses (RNs), enrolled nurses (ENs), personal care attendants (PCAs), leisure and lifestyle staff, general practitioner (GP), dentist, allied health professionals (such as a physiotherapist, occupational therapist and exercise physiologist), residents and/or family or carers.

Acknowledgement

This standardised care process (SCP) has been developed for public sector residential aged care services (PSRACS) by the Australian Centre for Evidence Based Care (ACEBAC) at La Trobe University through the Department of Health and Human Services Strengthening Care Outcomes for Residents with Evidence (SCORE) initiatives. This SCP is one of a series of priority risk areas reviewed based on the best available evidence in 2020.



Brief standardised care process

Recognition and assessment

- On admission, conduct an assessment of oral health:
 - ascertain the resident's usual oral care routine
 - use the Oral Health Assessment Tool (OHAT).
- Document the assessment findings.
- Arrange a dental assessment.

Interventions

- Develop an individualised oral hygiene care plan based on information from the assessment.
- Give residents who have their own teeth the opportunity to use a fluoride toothpaste.
- Provide physical assistance to each resident at a level appropriate to their ability.
- Encourage good oral hygiene, including brushing the tongue at least twice daily using toothpaste.
- Management of dentures:
 - check the dentures fit well
 - remove and clean the dentures at least twice daily using a toothbrush
 - mark all dentures with the resident's name
 - use antimicrobial gels or mouthwashes for dental caries (decay) and periodontal (gum) diseases
 - use saliva substitutes where necessary.

Referral

Refer residents:

- to their GP if there are any unexpected findings, such as dryness, sores, ulcers, white patches or pain
- to a dentist if teeth are broken or decayed or dentures don't fit
- for a Residential Medication Management Review (RMMR) if medication side effects impact on their oral health.

Evaluation and reassessment

- Monitor the oral hygiene residents twice daily.
- Repeat a full assessment regularly, or if there is a change in the condition of the resident's mouth or teeth.
- Provide routine dental care from a dental practitioner on an annual basis.
- Monitor and evaluate oral hygiene care within the facility quality program.

Resident involvement

- Provide residents with information about the importance of oral hygiene.
- Discuss with residents the benefits of reducing high-sugar products.
- Where indicated, discuss the benefits of reducing or ceasing alcohol and/or smoking.
- Respect each resident's preferences in relation to oral hygiene.

Staff knowledge and education

- Oral disease and disorders
- Oral hygiene assessment and examination
- Hands-on oral care
- Maintaining oral and dental hygiene in residents with dementia
- Roles and responsibilities in oral and dental hygiene
- Appoint a nurse to the portfolio of oral care hygiene.



Full standardised care process

Recognition

Always look out for changes in oral health.

Assessment

On admission:

- Conduct an assessment of oral health to understand the resident's:
 - usual oral care routine
 - attitudes and behaviours towards their dental health
 - mouth care needs, including the presence of natural teeth or denture
 - preferences, such as their choice of toothbrush (manual or electric) and toothpaste
 - ability to speak, chew and swallow with, or without, natural teeth or dentures
 - medicines, for side effects that may affect oral health
 - medical conditions that may affect oral or dental health (diabetes, immunosuppressive / autoimmune conditions).
- Check that dentures are marked with the resident's name or offer to help the resident with this.
- Use the Oral Health Assessment Tool (OHAT) to:
 - conduct a physical examination of the lips, oral mucosa, saliva, tongue, gums, teeth and dentures (a pen light will help) with observation
 - determine the residents ability to attend to oral hygiene, for example brush their teeth or clean their dentures.

Expected findings:

- The oral cavity should be moist and pink, without sores, ulcers or white patches.
- Natural teeth should be intact.
- Dentures should fit well and not move.
- Record the assessment findings in the resident's care plan.
- Collect details of the resident's preferred dentist and the date of their last visit.
- Arrange a dental assessment.

Interventions

- Develop an individualised oral hygiene care plan based on information from the assessment.
- Provide physical assistance to each resident at a level appropriate to their ability.
- Consider cueing or mirroring brushing teeth for residents with moderate to advanced dementia.
- Explain the procedure to the resident before beginning.
- Oral hygiene for **residents who have their own teeth** and require assistance should include the following:
 - brush the teeth and tongue using a soft toothbrush and neutral high-fluoride toothpaste
 - ensure excess toothpaste is removed from the oral cavity when cleaning is completed.
- Oral hygiene for **residents who have dentures** and require assistance should include the following:
 - check the dentures fit well
 - remove and clean the dentures at least twice daily using a chemical denture cleansing agent and a denture brush, then rinse well under running water
 - 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 the resident's gums and tongue.

Caution: Aspiration precautions should be taken with at-risk residents.

- The toothbrush should be thoroughly cleaned after use and replaced every three months. Toothbrushes should be modified for residents with limited dexterity (modified handle, electric toothbrush).
- Use antimicrobial gels or mouthwashes (without alcohol) after lunch for both dental caries (decay) and periodontal (gum) diseases.
- Keep the mouth and lips moist. Encourage residents to apply a water-based moisturiser to their lips and to drink water after meals, snacks and medicines.



- Use saliva substitutes if the resident has a dry mouth.
- Pain or ulceration require mouth rinsing or swabbing with warm saline three to four times a day until resolved. Provide analgesia as directed.
- Arrange regular dental check-ups.
- Do not use chlorhexidine and toothpaste (containing sodium lauryl sulphate) within two hours of each other, as product effectiveness is reduced (Joanna Briggs Institute 2016).

Important: Mouthwashes and swabs containing lemon and glycerine alcohol, or high-strength sodium bicarbonate, are no longer advised. Lemon and glycerine causes drying of the oral mucosa and erosion of the tooth enamel (O'Connor 2020).

Referral

Refer residents to:

- their GP if there are any unexpected findings such as dryness, sores, ulcers, white patches or pain
- a dentist if teeth are broken or decayed teeth or dentures don't fit well
- for a Residential Medication Management Review (RMMR) if medication side effects impact on their oral health.

Evaluation and reassessment

- Monitor the oral hygiene status of residents at least twice daily.
- Repeat a full assessment regularly, or if there is a change in the condition of the resident's mouth or teeth.
- Provide routine dental care from a dental practitioner on an annual basis.
- Monitor and evaluate oral hygiene care within the facility quality program.

Resident involvement

- Provide residents with information about the importance of oral and dental hygiene.
- Discuss with residents the benefits reducing sugar intake.
- Where indicated discuss the benefits of reducing or ceasing alcohol and/or smoking.
- Respect resident's preferences in relation to oral hygiene.

Staff knowledge and education

- Provide care staff with education in relation to:
 - oral disease and disorders and their potential impact on general health and wellbeing
 - oral hygiene assessment/examination
 - hands-on oral care
 - maintaining oral and dental hygiene in residents with dementia
 - the potential impact of painful oral conditions such as dental pain and mouth infections
 - roles and responsibilities in oral and dental hygiene practices.
- Appoint a nurse to the portfolio of oral care hygiene.



Evidence base

Department of Health 2012, *Strengthening care outcomes for residents with evidence (SCORE)*, State Government of Victoria, Melbourne.

Guidelines and audit Implementation network (GAIN) 2012, *Guidelines for the oral healthcare of older people living in nursing and residential homes living in Northern Ireland*, GAIN, Belfast.

Joanna Briggs Institute 2016, *Recommended practice: oral hygiene*, The Joanna Briggs Institute EBP Database, JBI@Ovid. JBI1785.

Johnson, R & Quinn, B 2013, 'Supporting the older person with oral hygiene', *Nursing and Residential Care*, vol. 15(4), pp. 201–204.

Johnson, V 2012, 'Evidence-based practice guideline: Oral hygiene care for functionally dependent and cognitively impaired older adults', *Journal of Gerontological Nursing*, vol 38(11), pp. 11–19.

Johnson, V & Chalmers, J 2011, *Oral hygiene care for functionally dependent and cognitively Impaired older adults*. University of Iowa College of Nursing, Hartford Foundation Centre of Geriatric Excellence, Iowa City.

Kossioni, A, Hajto-Bryk, J, Maggi, S, McKenna, G, Petrovic, M, Roller-Wirnsberger, R, Schimmel, M, Tamulaitiene, M, Vanobbergen, J & Muller, F 2018, 'An expert opinion from the European College of Gerodontology and the European Geriatric Medicine Society: European policy recommendations on oral health in older adults', *Journal of the American Geriatrics Society*, vol. 66, pp. 609–13.

National Institute for Health and Care Excellence (NICE) 2016 (Updated 2018), *Oral health for adults in care homes (NICE guideline; no. 48)*, NICE, London.

O'Connor, L 2020, 'Oral health care in the older adult', in M Boltz, E Capezuti, D Zwiker & T Fulmer (eds), *Evidence-Based Geriatric Nursing Protocols for Best Practice*, Springer Publishing Company, New York.

Podder, V 2019, *Evidence Summary. Oral health (older people): Implementation strategies for residential care*, The Joanna Briggs Institute EBP Database, JBI@Ovid. JBI9025.

Slade, S 2018, *Evidence Summary. Dementia: oral hygiene care*, The Joanna Briggs Institute EBP Database, JBI@Ovid. JBI1681.

Important note: This standardised care process (SCP) is a general resource only and should not be relied upon as an exhaustive or determinative clinical decision-making tool. It is just one element of good clinical care decision making, which also takes into account resident/patient preferences and values. All decisions in relation to resident/patient care should be made by appropriately qualified personnel in each case. To the extent allowed by law, the Department of Health and the State of Victoria disclaim all liability for any loss or damage that arises from any use of this SCP.

To receive this publication in an accessible format email <acqui@dhhs.vic.gov.au>.

Authorised and published by the Victorian Government, 1 Treasury Place, Melbourne.

© State of Victoria, Department of Health, August 2022. (2205215)

ISBN 978-1-76096-819-9 (pdf/online/MS word)

Available from the department's website at <www2.health.vic.gov.au/ageing-and-aged-care/residential-aged-care/safety-and-quality/improving-resident-care/standardised-care-processes>.