

Palliative Care

Managing Oral Care at Life's End Stages



Mission Statement

Together with the Halton Community,
the Health Department works to
achieve the best possible health for
all

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Note:

All patient care plans must be approved by the resident's/patient's appropriate health care provider.

Oral Health Goals for Palliative Care

- Quality care
- Individual is comfortable
- Free of pain and infection
- Dignity for individual and family
- Mouth moist and clear of debris

Common Oral Problems in Palliative Care

- Thrush
- Dry mouth
- Tastes/Odour
- Heavy mucous
- Sore Oral Tissue
- Swallowing problems
- Soreness under dentures

Dry Mouth (Xerostomia)

Symptoms:

- Glossy tongue
- Individual says mouth is dry



Sore/Dry Lip Care

Lip tissues are flaking and rough



Cause:

- Dehydration
- Blockage

Treatment:

- Water based balms

Techniques that Help

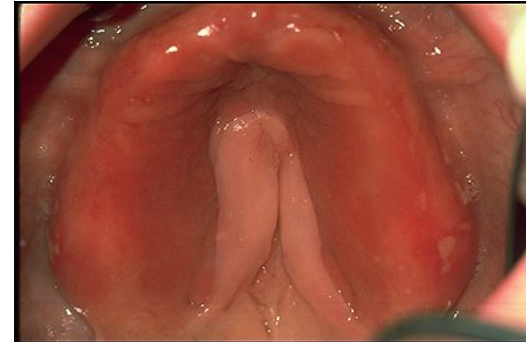


Denture Stomatitis

Generalized redness in the upper palate

Causes:

- Unclean dentures and/or keeping dentures in the mouth too long
- A fungal or bacterial infection



Treatment:

- Medication
- Scrubbing dentures **daily** - then soak dentures **daily** in solution of ½ water to ½ vinegar.



Angular Cheilosis

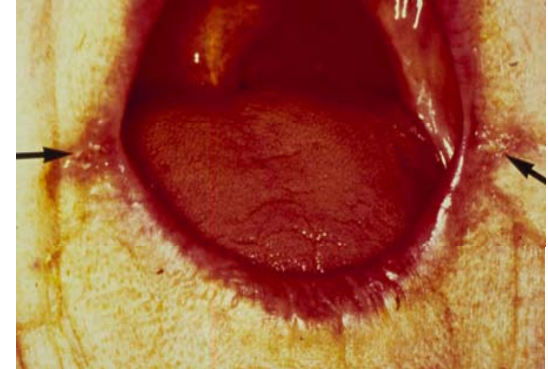
Red inflamed sores at the corners of the mouth

Causes:

- A fungal or bacterial infection
- A vitamin B deficiency
- Poor fitting dentures

Treatment:

- Antifungal or antibacterial agent
- Ensure dentures are clean and fit well



Denture Care

- Keep dentures clean
- Use a dry mouth product
- Weight loss can result in a loose denture.



Swallowing Problems (Dysphagia) Oral/Facial Implications

- Tongue
- Facial Muscles
- Loss of Sensation

Candida Infection

(Thrush/Yeast)

Creamy white patches or small red dots

Caused by:

- Weak immune system
- Taking antibiotics for a long time
- Not removing dentures for an extended period of time
- Certain medications

Treatment:

- Medication

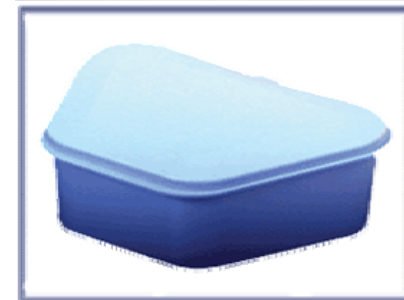


Candida Infection (cont'd)

(Thrush/Yeast)

NOTE :

- Use a new toothbrush when starting and stopping anti-fungal treatment
- Disinfect denture box and brush or replace
- Soak dentures in solution of $\frac{1}{2}$ vinegar and $\frac{1}{2}$ room temperature water daily



Mucositis

Mucositis is mouth pain that develops due to the break down of oral tissues



Photos courtesy of
OncoLink
Abramson Cancer
Centre
University of
Pennsylvania

Oral mucositis may lead to:

- Pain
- Nutritional problems / inability to eat
- Increased risk of infection due to open sores in the mucosa

Taste Disorders

Possible Taste Altering Medication:

- Heart
- Diabetic
- Anti-seizure
- Anti-Parkinson
- Anti -Depressant

Treatment :

- Use an artificial saliva agent prior to eating
- Use a Zinc substitute
- Eat alternate nutritional foods

Tools for Palliative Oral Care



Why You Should NOT Use Toothpaste for Everyone

Regular toothpaste causes:

- Foaming
- Increased saliva flow and need to spit
- Reduced caregiver visibility
- Increased risk for choking (swallowing problems)
- Strong flavouring may not appeal to older adults



Perivex

- For clients at risk of choking
- Does not contain fluoride
- If client can rinse and spit, use fluoridated toothpaste



Mouthwashes

- Alcohol Free
- Alkaline Rinse
- Chlorhexidine (Peridex)
- Club Soda (brand name)
- Magic Mouth Wash (Compounding Pharmacy)
- Hydrogen Peroxide and Saline (1:1)

Slide courtesy of Dr. Michael Wiseman DDS, McGill University 2003

Swabs

Cautions:



- Not and effective cleaner
- Choking hazard
- Can dry out oral tissues

Oral Care Protocol – Do's

- **Moisturize**
- **Mouth rinse**
 - **Brush**

Oral Care Products/Protocols

Don'ts

To avoid irritating the oral tissues, don't use:

- Mouthwashes with alcohol
- Lemon or glycerine swabs
- Medium/hard bristled toothbrushes
- Dental floss if the platelet count is below 40,000
- Petroleum based products for lip care (can promote infection)

For more information contact Halton Region

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