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**Sheffield
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University**

SHU Mouth Care Matters Project: Pocket Guide



**{ Mouth Care
Matters**

**Compiled by SHU Mouth Care Matters project team
with resources from the National Mouth Care
Matters program.**

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The purpose of this booklet is to provide guidance on some of the tools available for mouth care which you may see in practice and a useful assessment guide.

If there are other products or tools you see being used in practice which are not listed, please contact

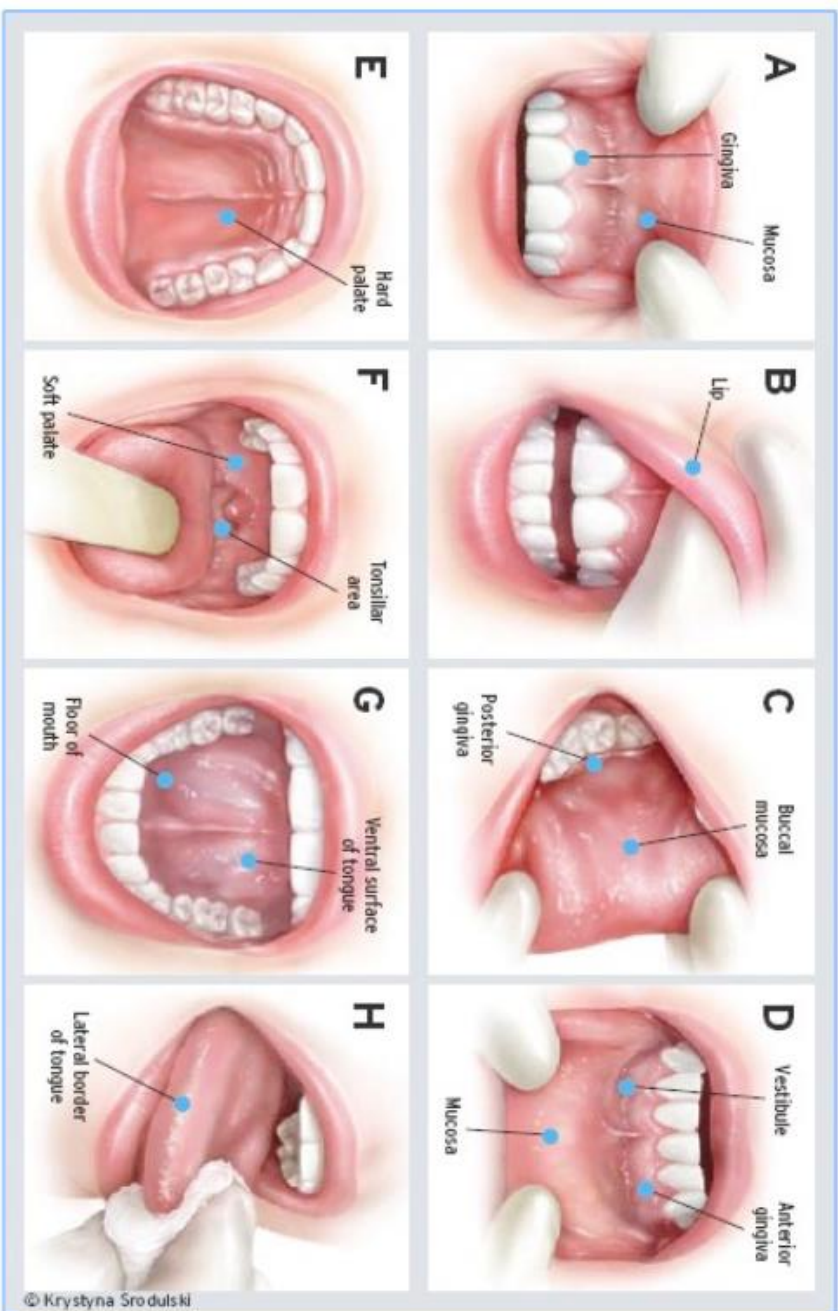
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Hope you find it useful

Best wishes

SHU Mouth Care Matters project team

Guide: How to assess the mouth and tongue



Products and Tools

ADULT TOOTHBRUSH AND SOFT BRISTLED TOOTHBRUSH

For brushing teeth, gums and oral cavity. Most effective way in research (Pearson & Hutton 2002) to clean teeth and mouth, removing debris.



A soft toothbrush can be used for patients with sore, problematic mouths or those in the last days/hours of life. Children's toothbrushes may have a very short handle and will therefore not be able to reach in all needed places of an adult patient's mouth

*Note: If you are caring for a patient who is unable to swallow or has swallow concerns there is no need to put water on the toothbrush first (as this overloads the toothbrush and causes the toothpaste to bubble) non foaming toothpaste will also help.

*Note: After use, toothbrushes need to be rinsed with running water and air dried (preferably in an upright position).

SUCTION TOOTHBRUSH

Can help to clean, debride and suction away excess moisture - this is helpful if your patient is unable to swallow, at risk of swallowing complications or unconscious



THREE HEADED TOOTHBRUSH

Cleans 3 surfaces at the same time. This is helpful for both children and those who resist oral care.



TOOTHPASTE

Most commercial toothpastes contain Sodium lauryl sulfate (SLS) and are fine to be used with most patients.

SLS is a common ingredient in toothpaste and can dry the mouth. There are SLS free toothpastes available for patient's requiring dry mouth care.

Non flavoured toothpaste are also available - useful for those with cognitive impairment and children. Non foaming toothpaste available - useful to those with swallow difficulties/impairments, at risk of aspiration



*Note: Children aged up to 3 years recommended dose of fluoride in toothpaste no less than 1000ppmF (parts per million fluoride). Children of concern aged 0-6 years 1350-1500ppmF. 1,350-1500ppmF of Fluoride in toothpaste is the recommended amount for children aged 7> - adults (NICE 2014)

MOI STICKS

Premoistened with Saliveze (see description below), mild minty flavour - pH neutral

Used to wipe around oral surfaces to help with sore mouth/dry mouth, Saliveze = (sodium carboxymethylcellulose) pH neutral



MOUTHEZE

For cleaning teeth, gums and oral cavity. Features a cone shaped head with smooth rounded filaments, which gently soothe the soft tissues when cleaning the oral mucosa. By applying a rotating action, MouthEze can collect debris as it cleans.



DRY MOUTH SPRAYS AND GELS

There are many dry mouth sprays and gels which help to provide moisture into the mouth such as

Oralieve

Bioextra

Biotiene gels

You need to be aware of what ingredients make up these products in case of allergy cultural/personal preference i.e some contain porcine, milk etc



*Note: Dry mouth gels, sprays and mucosal coating gel (see below) must be removed through cleaning before reapplication.

MUCOSAL COATING GEL (GELCLAIR)

Mucosal coating gels are viscous gels, which can help with painful ulcers or inflamed oral cavities. It forms a protective film which sticks to the mucosa of the mouth and can offer relief.



*Note: Dry mouth gels, sprays (see above) and mucosal coating gel must be removed through cleaning before reapplication.

DENTURE CLEANING PASTE

Many commercial toothpastes and soap (used to clean dentures) have been reported to damage the dentures. Specific denture cleaning paste could be used as an alternative.

There are however many differing opinions and recommendations debated by nurses, dentists and denture manufacturers, refer to the local policy in practice



DENTURE FIXATIVES

This is used to help fix the dentures to the mouth, can look like chewing gum when dentures are removed (needs to be cleaned off the dentures thoroughly).

*Note: Dry mouth gels can be used as an alternative to denture fixatives as can saliva (patient's own).



FINGER GUARD

To help protect your finger when assessing and cleaning a patient's mouth



BITE BLOCK

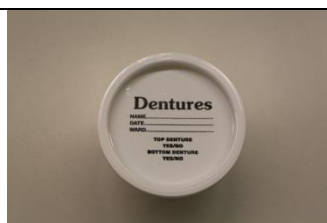
To help protect yourself and the patient if the patient is at risk of clamping or biting.



DENTURE POT

Used to hold dentures, can be labelled with patient details (sticker).

An alarming amount of patient's dentures are lost and misplaced within the NHS each year. This has a high cost to the NHS and to the patient themselves



BAGUETTE BOX

Clear plastic container (can be closed/sealed) ideal for storing/containing oral hygiene products and tools. Can be labelled with patient details (sticker) and items can be viewed through the container.

*Note: toothbrush needs to be air dried, ideally in an upright position before storage



PEN TORCH

In order to assess a patient's mouth effectively you will need a light source to see inside the mouth. A pen torch can be used for this purpose



WARNING – PINK SWABS


You may still see pink swabs being used in practice. They have been fully removed in Wales and many trusts in England do not use them.

Research (Pearson & Hutton (2002)) has shown they do not clean mouths effectively.

*Note: There is a medical device alert due to the risk of choking from the swabs - to look at the trust local policy and protocol when in practice

Medical Device Alert

Ref: MDA/2012/020 Issued: 13 April 2012 at 12:00

Device Oral swabs with a foam head. All manufacturers.	
	
Problem Foam heads of oral swabs may detach from the stick during use. This may present a choking hazard for patients.	Action Follow the manufacturer's instructions for use (where available). Check that the foam head is firmly attached to the stick before use. Do not leave the swabs soaking in liquid prior to use as this may affect the strength of the foam head attachment. If required, moisten the swabs immediately before use. If the patient is likely to bite down on the swab, consider using an alternative such as a small-headed toothbrush with soft bristles. Ensure that all users, including unsupervised patients and carers, are aware of this advice and the manufacturer's instructions for use. Discard oral swabs after use.
Action by All those involved in the use and supply of these devices including those who advise patients and carers.	
CAS deadlines Action underway: 27 April 2012 Action complete: 14 May 2012	
This advice supersedes the advice given in MDA/2009/017.	

Further resources can be found:

<https://blogs.shu.ac.uk/shuhellomynameis/shu-mouth-care-matters/>