

Mouth Care during Palliative and End-of-Life Care

OMDA

*Ohio Society for Post-
Acute & Long-Term
Care Medicine.*

Leonard Brennan DMD

3-27-2025



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SCAN ME



Maine's Oral Team-Based Initiative:
Vital Access to Education

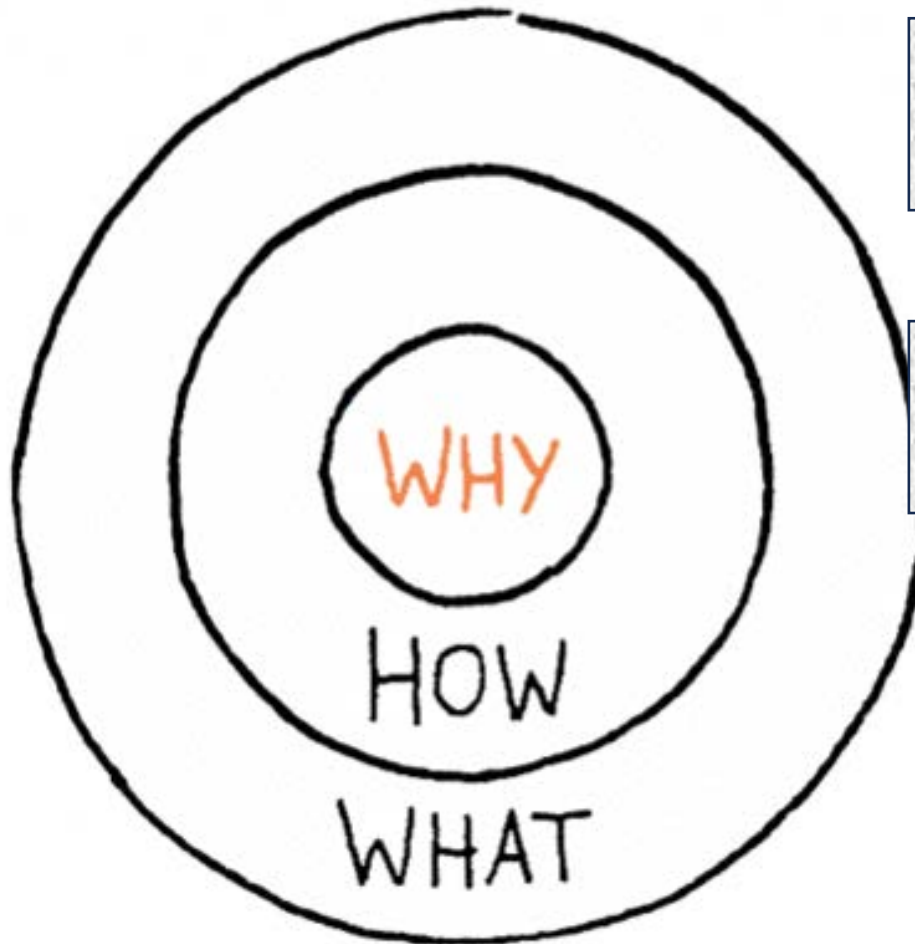
Oral Health Leads to Total Health



Starting with The Why

Simon Sinek's framework

The Golden Circle



Why are we here today?

How we got here?

What are we going to do about it?

Objectives



1. Understand the importance of communication and approach to palliative and end-of-life care patients in oral health
2. Describe common mouth problems associated with palliative and end-of-life care and what to do about them
 - Cracked Lips
 - Poor oral Health
 - Pain Management
 - Stomatitis and Mucositis
 - Dry Mouth
 - Broken Teeth
 - Broken Dental Appliance
3. Understand oral hygiene considerations for palliative and end-of-life patients

Oral Palliative Care Dentistry

Wiseman MA (2000) [Palliative care dentistry. Gerodontology 17: 49-51.](#)

The management of patients with active, progressive, advanced disease in whom the oral cavity has been compromised.

- *Key: Critically ill people are usually totally dependent on others for their oral care*
- *Key: Most seniors enter palliative care with multiple dental concerns*
- *Key: Financial access to dental care is a significant health issue for older adults*

Communication and Approach to Rose

For all stages of chronic diseases and Alzheimer's Disease

Non-verbal **ACTION** Strategies

- Remember that the mouth is a very intimate space; ask permission to enter the mouth
- Patients may have a history of dental phobia
- Be calm, not hurried and use gentle touch
- Your mood will be mirrored
- Approach from the front
- Evaluate in a safe environment
- Establish eye contact
- Speak at eye level
- Point or demonstrate

Verbal **ACTION** Strategies

- Use calm, gentle voice, speak slowly, avoid elderspeak
- Slow movements
- Lower pitch tone
- Ask a TRUSTED caregiver to remain in operatory
- Establish who you are and what you hope to do..... and that you will not hurt her/him
- Use short, simple sentences
- Touch is tricky
- Eliminate distracting noises, lights and clutter
- Use familiar words and give simple choices
- Give one instruction at a time
- Allow time for the person to respond

Care Providers for Older Adults: Family and Friends

By Debra [Bakerjian](#), PhD, APRN, University of California Davis
Reviewed/Revised Sept 2024
Merck Manual

Family caregivers provide 90% of help in the home (physical, emotional, social, and economic).



90 %

- 17% of Americans provide care to a family member aged 50 years or older.
- 38% of adults aged 80 or older require routine help with personal care and household tasks
- 76% of adults aged 90 or older require routine. help with personal care and household tasks

ACTION Strategies for Dry and Cracked lips

Protect the opening to the Lips

- Moisture is lost through the lips much easier than other parts of the body and becomes cracked and painful and leaves tissues open to infection. **Drink plenty of water.**
- **Keep mouth and lips clean**, moist, and intact by removing plaque and debris.
- **Apply water-based gel** to dry lips after oral care. Apply a non-irritating lip balm several times a day and before bed.
- **Plug in a humidifier at home** or in the bedroom; breathing through the mouth at night is helpful.
- **Limit or avoid the use of any products containing alcohol; avoid smoking.**
- **Avoid irritants**, such as menthol, salicylic acids, eucalyptus and fragrance.



Dry Mouth

Action: Avoid substances that irritate

- Caffeine
- Citrus fruit
- Alcohol containing mouth rinses
- Tobacco
- Glycerin

Action: Replace Lost Secretors

- Saliva substitutes
- Milk
- Increase fluid intake
- Regular misting
- Sips of Water
- Swab mouth with gauze or sponge

Action: Protect the teeth

- Avoid Sugar, form and frequency (Lozenges)
- Rinse well
- Toothbrush with Fluoride Application
- Soft toothbrush, Floss

Action: Stimulate saliva:

- Crushed Ice
- Sugar free gum
- Foods that require chewing
- Treatment: pilocarpine

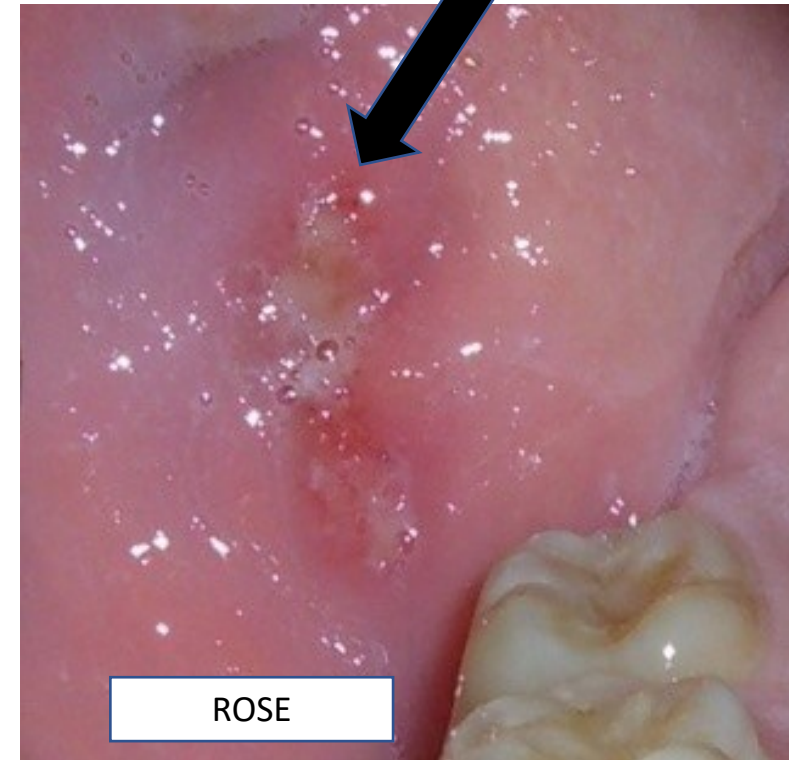
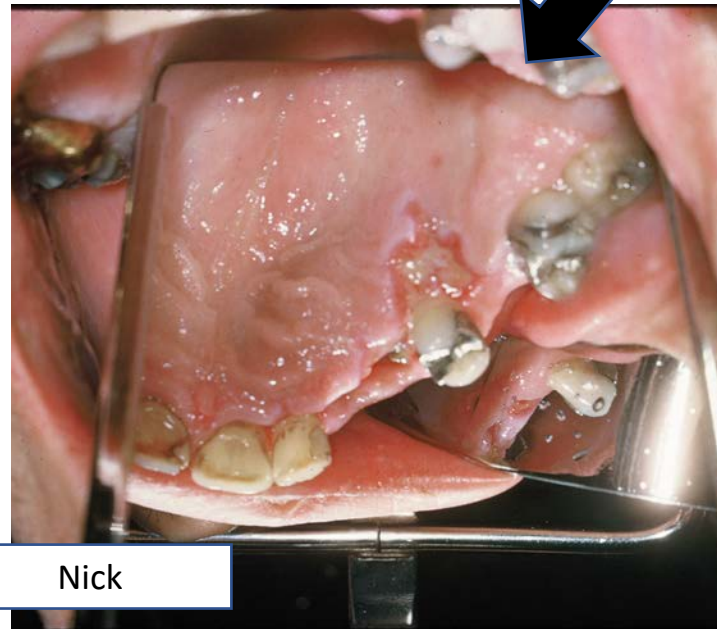
Meet ROSE



Denture and Partial Sores Management From Ill Fitting Appliances



- Etiology: usually secondary to biting, improper brushing, ill fitting appliance, broken teeth
- Traumatic ulcers are one of the most common lesions seen in palliative care and end of life patients
- Pain management, possible candidiasis
- Remove irritants
- Soft denture linings, new appliances, repair appliances





Oral complications occur in virtually all patients receiving radiation for head and neck malignancies, in approximately 80 percent of hematopoietic (blood- forming) stem cell transplant recipients, and in nearly 40 percent of patients receiving chemotherapy.

MUCOSITIS

[Mouth sores caused by cancer treatment: How to cope - Mayo Clinic](#)

Identifying a toothache and other mouth pain

- Struggling to eat food or refusing
- Frequently touching their face or mouth
- Swollen face
- Increasingly restless
- Moaning or shouting having
- Disturbed sleep
- Struggling to take part in daily activities
- Refusing attempts to help them with their mouth care
- Behaving aggressively

Management Consideration for a Painful a Mouth in Palliative and End of life Care

Common causes of mouth pain

- Include trauma (from sharp teeth), dry mouth, bacterial and viral infection, gum disease, decay, and mucositis.
- **Gum infection and Swelling:** Plaque control with good oral hygiene
- **Management Broken Tooth:** Restore? Temporize? Smooth? No Treatment ?
- **Loose or Broken Appliance(Denture or Partial):** Clean? Reline? Repair? Remake
- **Loose Implant**
- **Review Treatments Consideration:**

Sodium Diamine Fluoride, fluoride varnish, fluoride trays, and toothpaste

Remove irritants, smooth sharp filling, fix rough or broken partials or dentures

Mouthwashes: Hydrogen Peroxide Mouth Rinse, Baking Soda Mouth Rinse, Tetracycline mouthwash. Chlorhexidine Mouth Rinse, Saliva Substitutes, Saliva Stimulation, Saltwater Magic mouthwash?

Pain: Pain Medications, anti-inflammatory medication, anti-viral and anti-bacterial medications



**Establish your goals
considering the stage of disease
Prevention and management**

A Rationale Treatment Plan is like a road map that outlines what steps you need to take and when.

- Engage the healthcare team; educating the healthcare team
- Diagnose: Identify the problems based on data
- Development of a rationale treatment plan based on the stage of dementia, ability to maintain treatment
- Implement: activate the plan
- Evaluate: Feedback on effectiveness

MASTER ORAL CARE CARD

Daily mouth-care Card for people with **NATURAL TEETH**

- Check mouth for abnormalities
- Brush teeth
- Brush tongue from back to front
- Floss or alternative (if possible)*
- Rinse mouth with mouth rinse**/salt water
- Rinse toothbrush and store to air dry
- Record success on flow sheet
- Remove dentures and rinse

**Alternatives to flossing include proxabrushes, floss handles, or flossers*

***Avoid alcohol-based mouth rinse (tends to dry out the mouth)*

Daily mouth-care Card for people with **NATURAL TEETH + DENTURES**

STEP 1 (Teeth)

- Remove dentures and rinse
- Check mouth for abnormalities
- Brush teeth and tongue
- Floss or alternative (if possible)*
- Rinse mouth with mouth rinse**/salt water
- Rinse toothbrush and air dry
- Record success on flow sheet

**Alternatives to flossing include proxabrushes, floss handles, or flossers*

***Avoid alcohol-based mouth rinse (tends to dry out the mouth)*

STEP 2 (Denture)

- Brush denture with liquid soap (NOT toothpaste)* and rinse
- Check denture for problems
- Soak overnight in water with 1 tsp bleach or denture cleaning product
- Rinse denture before placing back in mouth

**Toothpaste is abrasive and will scratch denture allowing bacteria to build-up*

Daily mouth-care Card for people with **NATURAL TEETH + PARTIAL DENTURES**

STEP 1 (Teeth)

- Remove partials and rinse
- Check mouth for abnormalities
- Brush teeth and tongue
- Floss or alternative (if possible)*
- Rinse mouth with mouth rinse**/salt water
- Rinse toothbrush and air dry
- Record success on flow sheet

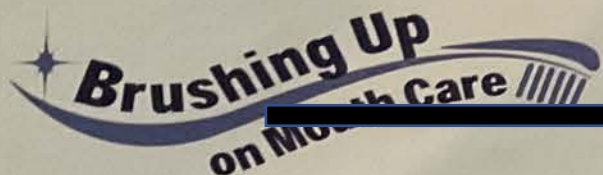
**Alternatives to flossing include proxabrushes, floss handles, or flossers*

***Avoid alcohol-based mouth rinse (tends to dry out the mouth)*

STEP 2 (Partial)

- Brush partial with liquid soap (NOT toothpaste)* and rinse
- Check partial for problems
- Air dry partial or soak in water with denture cleaning product (NOT bleach) overnight
- Rinse partial before placing back in mouth

**Toothpaste is abrasive and will scratch denture allowing bacteria to build-up*



MASTER ORAL CARE CARD

Daily mouth-care Card for people with NO NATURAL TEETH + DENTURES

STEP 1 (Mouth)

- Remove dentures and rinse
- Check mouth for abnormalities
- Gently brush tongue and palate*
- Rinse mouth with mouth rinse**/salt water
- Rinse toothbrush and air dry
- Record success on flow sheet

*Brush with mouth rinse (preferred) or toothpaste

**Avoid alcohol-based mouth rinse (tends to dry out the mouth)

STEP 2 (Denture)

- Brush denture with liquid soap (NOT toothpaste)* and rinse
- Check denture for problems
- Soak overnight in water with 1 tsp bleach or denture cleaning product
- Rinse denture before placing back in mouth

Daily mouth-care Card for people with NO NATURAL TEETH + NO DENTURES

- Check mouth for abnormalities
- Gently brush tongue and palate*
- Rinse mouth with mouth rinse**/salt water
- Rinse toothbrush and air dry
- Record success on flow sheet

*Brush with mouth rinse (preferred) or toothpaste

**Avoid alcohol-based mouth rinse (tends to dry out the mouth)

Daily mouth-care Card for people who are UNABLE TO SWALLOW

- Check mouth for abnormalities
- Sit upright or lie on side
- Lubricate lips (for resident comfort)
- Dip toothbrush in mouth rinse and brush teeth / tongue / palate
- Dry teeth / tongue / palate with gauze*
- Rinse toothbrush and air dry
- Record success on flow sheet
- Remove dentures and rinse

* This will remove excess moisture from the mouth

THE FOUR ORAL HEALTH ASSESSMENT QUESTIONS FOR ALL CLIENTS

1. Dentures, partial dentures and/or natural teeth?

- * If Dentures:
 - Upper and/or lower?
 - Fit properly? Broken?
 - Does the client wear them? If not, why not?

2. Level of assistance required?

- Independent
- Some assistance
- Fully dependent

3. Necessary oral care supplies available?

- * If not, notify appropriate person (family, caregiver, etc.)

4. Experiencing any oral pain or discomfort?

- * If yes, notify appropriate person (family, caregiver, etc.)
- * List details in progress note and forward to supervisor

Palliative, end-of-life, and early stage of dementia

UK Alzheimer's Association July 2023

Action Steps for Caregivers

- **Provide:**
 - Gentle reminders
 - If they live alone, set a reminder alarm or a note on a visible whiteboard
 - Having a fixed routine in the morning and evening.
- **Buy a toothbrush:**
 - Small head and is easy to grip.
 - The extra weight in these may also help to reduce hand and arm tremors.
- **Ensure dental care is part of their care plan.**
- **Encourage the person** to do their own mouth care as much as possible until you think they might need more assistance

Middle stage of dementia

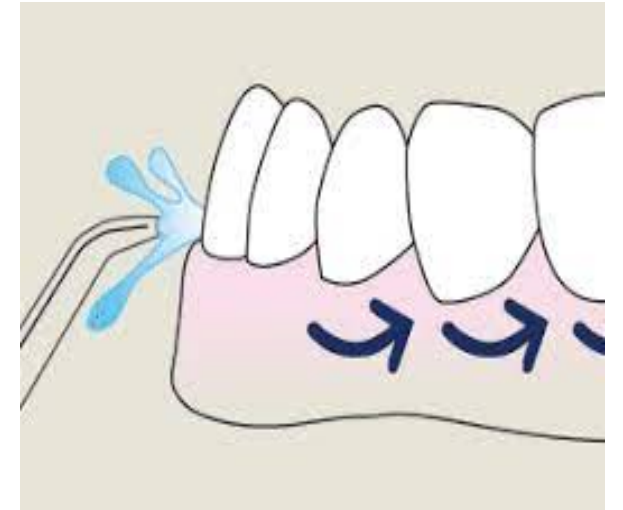
Action Steps for Caregivers

- **Guide the person to the bathroom.** It's common for people with dementia to lose their way or become confused about where they need to go.
- **Encourage the person to brush their teeth.** If they don't want to brush their teeth.
- **Assist with brushing**
- **Consider using mouthwash.** If the person becomes distressed about brushing their teeth, rinsing with mouthwash can help clear food particles from their mouth.

Action Steps For Caregivers

- **A person's teeth and gums can often worsen** later as it becomes harder to ensure their teeth are brushed regularly. They may be less willing to do so themselves or become agitated when someone tries to help them. They are also much less likely to be able to tell someone that they are in pain.
- **Despite the person's condition, it's crucial to continue supporting their mouth care** as much as possible.
- **Mouth care should focus on keeping the mouth clean, moist, and comfortable in the final stages of life.**

Adaptive toothbrush, Picks and Floss Aides



[Toothbrushes \(ada.org\)](https://www.ada.org) 2021

PRODUCT GUIDE <https://doi.org/10.1111/j.1754-4505.1999.tb01398.x>

[Dental Care for Patients With Special Needs - Decisions in Dentistry](#) 2016



Brushing TIPS:

<https://www.nidcr.nih.gov/health-info/oral-hygiene>

Adapt the toothbrush or try different types of toothbrushes

Keep the mouth open & prevent accidental biting



If you make the toothbrush handle bigger, be sure to:

- **Remove and clean the grip** – and clean the toothbrush handle – at least once a week.
- Allow the grip and handle to dry fully.

Keep the mouth open & prevent accidental biting

- Place mouth rest between upper and lower back teeth; allow care recipient to rest teeth to rest teeth.
- Brush teeth on opposite side of mouth.

Two-toothbrush technique

Keep the mouth open & prevent accidental biting
Two-toothbrush technique

- Use large handle of one brush to pull back cheek; allow care recipient to rest teeth on handle.
- Use the “tell-show-do” approach.
- Use second toothbrush to brush teeth

Mouth rinses

Key Points

- There are two main types of mouth rinse: cosmetic and therapeutic.
- Therapeutic mouth rinses are available both over-the-counter and by prescription, depending on the formulation.
- Actions: reduce or control plaque, gingivitis, bad breath, and tooth decay. Sensitive teeth, dry mouth
- Magic Mouthwash





Learn how
to take
them out
and clean
them



Chipped Denture
Candidiasis, infections



Managing Oral Mucositis

[Oral Mucositis - Palifermin Discovery - National Cancer Institute](#)
[Management of Oral Mucositis in Patients with Cancer \(nih.gov\)](#)

Extremely painful sores and inflammation in mouth

- Chemotherapy and Radiation therapy can cause oral mucosal changes in 5-15% of cancer patients and develop mucositis
- About 50% of cancer patients receiving radiotherapy to the head and neck develop mucositis—which occurs within a few weeks and lasts 6-8 weeks

Management Techniques

- Serve warm and not hot foods
- Local irritation
- Avoid alcohol and tobacco
- Moisten foods, use sauces to wet dry foods or avoid dry foods
- Serve chilled foods like yogurt or ice-creams
- Remove and clean dentures and leave out at night, same with partial dentures
- Cryotherapy: ice chips, ice pops, water ice, or ice chips
- Analgesics and rinses



Sodium Diamine Fluoride

NHS Inform. Mouth care. 2018 [cited 2018 Oct 03]; Available from: <https://www.nhsinform.scot/care-support-and-rights/palliative-care/symptom-control/mouth-care>

JANET A YELLOWITZ, DMD, MPH, FASGD, DABSCD ADA NATIONAL ELDER CARE COMMITTEE MEMBER
UNIVERSITY OF MARYLAND SCHOOL OF DENTISTRY 2020

- ❖ ~90% arrest with 2 / year application
- ❖ 40 – 80 % arrest with 1/ year application
- ❖ 70-80% prevention in children by application ONLY to lesions
- ❖ 71% reduction in 3 years



Sodium Diamine Fluoride



Reasons to add SDF to your daily routine

- Lethal to bacteria responsible for the progression of caries.
- 38% Silver Diamine Fluoride (**SDF**) is a topical antimicrobial and remineralizing agent which was cleared by the FDA as a Class II medical device to treat tooth sensitivity. In certain circumstances, SDF may be used as a non-restorative treatment to arrest carious lesions on primary and permanent teeth.
- **SDF** prevents more root caries in older adults than fluoride varnish or chlorhexidine varnish applied four times per year

• Patient Pluses

- No drills
- Reduces patients' fear
- Effective triage lesions
- Cost very inexpensive
- High caries rate
- Radiated patients
- Overdentures
- Use around large filling and crowns

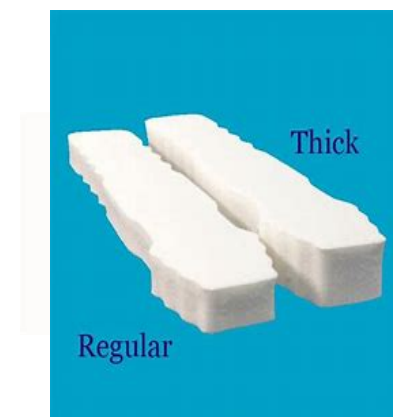
Preparing for Oral Palliative and End of Life Oral Care

Dental Tool Kit

- Toothbrush, Floss, Toothpaste
Gloves, and Glasses



- Cup, Mouth Props, Gauze, Light



- Disposable swabs and lip balm



Preparing for Oral Palliative and End of Life Oral Care

Dental Tool Kit

- Sodium Diamine Fluoride and other fluoride Products



- Soft tissue reline materials and ultrasonic cleaners and denture cleaners



PHASE 1 OUTCOMES

JOURNAL OF
Public Health Dentistry



WILEY

Official Journal of the American
Association of Public Health Dentistry
wileyonlinelibrary.com/journal/jphd



Journal of Public Health Dentistry

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