

# Oral care in Palliative Care

## Good Oral Hygiene

Increases quality of life  
Helps communication  
Increases self esteem  
Maintains nutrition  
Early detection of problems reduces morbidity

## Assessment

Voice	Swallowing	Lips
Tongue	Saliva	Teeth
Gums	Mucous membranes	

Look for:

## Healthy mouth

Yes

Regular tooth brushing, using fluoride toothpaste & a soft tooth brush  
Soak dentures overnight in Milton (sodium hypochloride 1 in 10 solution)  
Apply lubricating jelly (KY) / white soft paraffin to dry lips

## Dry mouth

Yes

A common complication, often not volunteered  
Assess patient for dehydration  
Review medication for drugs that may cause dry mouth  
- phenothiazine, tricyclic antidepressant, opioid,  
- anticholinergic, diuretic, antiemetic  
Interventions  
- frequent sips or sprays of cool water or use foam sticks  
- frequent mouth care  
- ice cubes  
- artificial saliva  
- sugar free chewing gum  
- Water soluble jelly (KY) to dry lips  
**avoid** lemon and glycerine preparations and sugary based products

## Dirty mouth

Yes

Remove debris with a soft headed tooth brush or foam stick  
Offer regular mouthwashes using water or saline  
prescribe chlorhexidine mouthwash to remove plaque (twice daily)

## Infection

Yes

Nystatin - Candida (thrush)  
Fluconazole (resistant/ oesophageal thrush )  
Chlorhexidine mouthwash (twice daily)  
Aciclovir (herpes)  
Systemic antibiotics

## Pain

Yes

Re-assess cause  
Benzylamine mouth wash (local analgesia)  
Aphthous ulceration - topical steroid (e.g. hydrocortisone lozenge  
or ad cortyl in orabase)  
Local anaesthetic lozenges  
Systemic analgesia

## Halitosis

Yes

Address cause e.g. treat infection; treat tumour