Oral care update

Margaret Kendall (WHHFT)
Michelle O’Connor (RLBUHT)
Literature Review

• Terminally ill patients are vulnerable to oral problems, yet little is known about this issue from a palliative care perspective. (Rohr 2010)

• There is a need for effective, research based protocols in this group of patients. (Milligan et al 2001)

• A better understanding of the impact of oral discomfort in palliative care patients is required. Unfortunately, research in this area remains underdeveloped. (White 2000)
• It is important to introduce preventive measures with terminally ill patients to ensure oral health and tissue integrity is maintained. (Butticaz et al 2003, Grainger 2007)

• Heals (1993) reports that the state of the patient’s mouth is indicative of the care he or she is receiving. Although oral hygiene is an essential part of nursing care. Hardy (2001) states this area of patient care is often neglected.
• There should be a local policy consisting of guidelines and an assessment tool on which to base appropriate care needs. (Ryles 2007, White 2000)

• Failure to conduct an adequate oral assessment and documentation of oral management may be interpreted as a poor standard of holistic care. (Denton 1999, White 2000)

• It is a legal requirement to ensure to that high standard of care is provided and to ensure documentation is carried out accurately. (NMC 2008)
• Presence of oral problems can have a profound affect on quality of life of terminally ill patients, and can precipitate further complications such as pain, anorexia and fungal infection. (Lee et al 2001, Wiseman 2001)

• Research has ranked Xerestomia as the third most distressing symptom in advance malignancy. (Sweeney et al 2000, Davies et al 2001)

• Suppression of the immune response either through drug therapy or disease will allow infections such as candidiasis to develop. (White 2000)
Method

• Telephone questionnaire of all ICN areas

• Hospice, Hospital and Community for each ICN

• Answered by Specialist Nurses/Senior Nurses

• 100% response rate

• 10 questions as per previous standards
Standards (4\textsuperscript{th} edition)

1. All patients should have oral assessment at initial consultation. Should include examination for stomatitis, xerostomia and candidosis.

2. All inpatients should receive oral care on a daily basis.

3. Natural teeth should be cleaned twice daily.

4. Dentures should be cleaned prior to insertion, after every meal and after removal for the night.
5. Patients with xerostomia should have saliva stimulant if there is residual saliva production.

6. Patients with oral candidosis should receive adequate course of anti-fungal medication.

7. If oral candidosis is present dentures should be removed and treated separately.

8. All patients should be re-assessed at the end of the treatment course.
References


