Oral care update

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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 (4th 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.
Results

• Data obtained from 24 individual units

• 18 units performed an oral assessment at 1\textsuperscript{st} consultation. 4 units stated this was undertaken by the Dr not nursing staff.

• 6 did no examination at initial consultation.

• 13 responses indicated examination for all 3 conditions in standards. 1 examined for candidosis only. 6 did not examine for anything specific and 4 did not know what was examined for.
Basic oral care

• Data for basic oral care was poor. Community units were unable to answer as care was mostly delivered by relatives. Likewise hospital CNS’s were largely unsure what happened on the wards.

• Responses from hospice units were variable and ranged from daily, twice daily, 4 hourly and on demand
Natural teeth/dentures

• Similar difficulty in obtaining data.

• 12 units were unable to answer about natural teeth and dentures.

• 6 units cleaned natural teeth daily, 4 twice daily, 1 after each meal and 1 on demand.

• Same responses for denture cleaning.
Saliva stimulant

• 22 positive responses for use of saliva stimulant if patient has xerostomia. Other 2 units used stimulant occasionally.

• 11 units recommended use of oral balance. 2 units used biotene, 1 bioral.

• Glandosane used in 4 units.

• Other responses included Saliva orthana, SST tabs, AS saliva. 2 community teams left the choice to the GP and 1 didn’t know what they used!
Antifungal

• 14 units used Nystatin 1\textsuperscript{st} line with remaining 10 recommending Fluconazole.

• Only 50\% of respondents confirmed that dentures were treated separately when patients had oral thrush.

• Only one respondent was not aware that a re-assessment of mouth was undertaken after treatment for candidosis.
Conclusions

• It would appear that the standards are not only being upheld in some areas.

• In spite of the dearth of response with regard to oral care in Hospitals and community units, the suspicion was that the standards were not being upheld and oral care was thought to be generally poor.

• Clear evidence of lack of knowledge regarding treatment of oral candidosis for patients with dentures.
References


