Approaches for Oral Care
Interventions for Residents in Long-Term Care with Responsive Behaviours, Communication or Functional Impairments

*LTC Home staff can consider these approaches to care in order to achieve successful oral hygiene outcomes.*

<table>
<thead>
<tr>
<th>Preparing for Oral Care</th>
<th>Resident Care Issue</th>
<th>Basic Interventions</th>
<th>Other Interventions</th>
</tr>
</thead>
</table>
| ✓ Oral care should be completed at least 2x each day  
✓ Never awaken a resident to complete oral care  
✓ Oral care should be done in the bathroom because of its physical cues (sink, water, etc)  
✓ Ideal times to do oral care is after meals and at bedtime  
✓ Review the resident’s oral care plan  
✓ Assemble all oral care supplies and have them ready to use in the resident’s bathroom. Check that the supplies are labeled with the resident’s name.  
✓ Review if the resident has dysphagia (problems swallowing, choking, spitting)  
✓ NEVER use toothpaste or mouth rinses with residents with swallowing difficulties – WATER ONLY  
✓ NEVER use lemon glycerine swabs for oral care  
✓ Remove dentures daily for at least 3 hours for gums to rest. Clean dentures with denture paste, denture brush and soak in cool water. Always brush mouth tissues including the tongue with soft bristled toothbrush.  
✓ NEVER use denture tablets for soaking dentures daily for at least 3 hours for gums to rest. Clean denture brush and soak in cool water  
✓ Use pea-sized amounts of toothpaste. ONLY WATER for residents with swallowing difficulties  
✓ Talk-talk-talk with the resident about the oral care and talk them through the oral care tasks. If two staff are providing care, only one does the talking  
✓ Prop the mouth open using the 2-toothbrush technique (resident bites down on rubberized handle while the 2nd toothbrush is used for oral care. Switch sides by sliding handle of 2nd toothbrush between teeth then pulling 1st toothbrush out to use for oral care  
✓ Mouth propping devices may be used  
✓ Place fingers inside cheek or lips, never between teeth  
✓ Replace toothbrush every 3 months or after an infection | Getting In the Mouth  
Resident will not open their mouth  
Difficulty getting dentures in or out of the resident’s mouth  
Resident refuses oral care  
Resident bites down on the toothbrush  
Resident cannot rinse and/or spit  
Resident swallows all liquids/toothpastes  
Resident has swallowing difficulties (dysphagia)  
Responsive Behaviours  
When the staff tries to do oral care, the Resident:  
- pushes away  
- turns head away  
- kicks  
- punches  
- hits  
- bites  
- spits  
- swears  
- other | Use the interventions described in the resident’s oral care plan  
Document successful interventions  
Encourage resident to do their oral care, participate and encourage  
Come back and try again  
Think pain and infection if resident is refusing, could also be fear or loose teeth – assess and obtain treatment  
Massage the cheeks and over the TMJ area to relax the muscles and encourage opening  
Use a toothbrush with a small head, soft bristles, larger handle with rubberized grip  
Use other techniques during oral care (bottom Page 2)  
- Distraction  
- Rescuing  
- Bridging  
- Hand-over-hand  
- Chaining  
- Task-breakdown  
- Have another staff attempt the oral care  
- Have another staff attempt the oral care, participate and encourage  
- Use the HUG technique (2 staff) over hand hand  
- Rescuing  
- Bridging  
- Hand-over-hand  
- Chaining  
- Task-breakdown  
- Ignore the swearing  
- Give the resident something to hold in their hands  
- Use other techniques during oral care (bottom Page 2)  
- Distraction  
- Rescuing  
- Bridging  
- Hand-over-hand  
- Chaining  
- Task-breakdown |
| ✓ Always communicate to the resident what you are planning to do  
✓ Have the resident do as much of their oral care as they can possibly do, finish up what they couldn’t do  
✓ Always talk with the resident and describe the tasks you want them to do or will be doing  
✓ Familiarize yourself with the severity of the resident’s cognitive impairment and the resident’s responsive behaviours (pushing, turning head, biting)  
✓ Familiarize yourself with the resident’s communication and sensory impairments  
✓ Familiarize yourself with the resident’s functional impairments (arthritis in hands, mobility)  
✓ Always use proper body positioning when providing oral care | Use other techniques during oral care (bottom Page 2)  
- Distraction  
- Rescuing  
- Bridging  
- Hand-over-hand  
- Chaining  
- Task-breakdown  
- Have another staff attempt the oral care  
- Seek the assistance of second staff  
- Seek assistance of family member  
- Consult with medical and oral health professionals |
## Preparing for Oral Care

- Oral care should be completed at least 2x each day
- Never awaken a resident to complete oral care
- Oral care should be done in the bathroom because of its physical cues (sink, water, etc.)
- Ideal times to do oral care is after meals and at bedtime
- Review the resident’s oral care plan
- Assemble all oral care supplies and have them ready to use in the resident’s bathroom. Check that the supplies are labeled with the resident’s name.
- Review if the residents has dysphagia (problems swallowing, choking, spitting)
- Never use toothpaste or mouth rinses with residents with swallowing difficulties – WATER ONLY
- Never use lemon glycerine swabs for oral care
- Remove dentures daily for at least 3 hours for gums to rest. Clean dentures with denture paste, brush and soak in cool water. Always brush mouth tissues including the tongue with soft bristled toothbrush.
- Never use denture tablets for soaking dentures of residents with dementia, ingestion of tablets/solution is serious
- Always communicate to the resident what you are planning to do
- Have the resident do as much of their oral care as they can possibly do, finish up what they couldn’t do
- Always talk with the resident and describe the tasks you want them to do or will be doing
- Familiarize yourself with the severity of the resident’s cognitive impairment and the resident’s responsive behaviours (pushing, turning head, biting)
- Familiarize yourself with the resident’s communication and sensory impairments
- Familiarize yourself with the resident’s functional impairments (arthritics in hands, mobility)
- Always use proper body positioning when providing oral care

## Resident Care Issue

- Communication, Cognition and Functional Issues
  - Resident does not understand staff directions
  - Resident forgets to do oral care
  - Resident can’t remember how to do oral care
  - Resident can do some of the oral care but not all of it
  - Resident is tired, sleepy or poor attention
  - Resident’s head moves around constantly
  - Resident’s head faces downward

## Basic Interventions

- Use the interventions described in the resident’s oral care plan
- Document successful interventions
- Encourage resident to do their oral care, participate and encourage
- Come back and try again
- Think pain and infection if resident is refusing, could also be fear and loose teeth – assess and obtain treatment
- Massage the cheeks and over the TMJ area to relax the muscles and encourage opening
- Use a toothbrush with a small head, soft bristles, larger handle with rubberized grip
- Use pea-sized amounts of toothpaste. ONLY WATER for residents with swallowing difficulties
- Talk-talk-talk with the resident about the oral care and talk them through the oral care tasks. If two staff are providing care, one only staff does the talking
- Prop the mouth open using the 2-toothbrush technique (resident bites down on rubberized handle while the 2nd toothbrush is used for oral care. Switch sides by sliding handle of 2nd toothbrush between teeth then pulling 1st toothbrush out to use for oral care
- Mouth propping devices may be used
- Place fingers inside cheek or lips, never between teeth
- Replace toothbrush every 3 months or after an infection

## Other Interventions

- Use other techniques during oral care (bottom of page)
- Distraction
- Rescuing
- Bridging
- Hand-over-hand
- Chaining
- Task-breakdown
- Have another staff attempt the oral care
- Seek the assistance of second staff
- Seek assistance of family member
- Give clear instructions and break down the oral care tasks into steps, prompt through the steps
- Create reminders for the resident
- Remind resident after each meal and at bedtime
- Do oral care when resident is alert
- Position resident to optimize oral care
- Use the HUG technique (2 staff) to control hands and arm movements
- If assessed as appropriate, hold head in correct alignment for oral care
- Consult with oral health professionals or occupational therapists to determine appropriate adaptive toothbrushes and oral care devices

## RESOURCES

The University of Iowa College of Nursing (2002). Oral hygiene care for functionally dependent and cognitively impaired older adults: Evidence-based practice guideline. Iowa City, IA: Author/Gerontological Nursing Interventions Research Centre. www.nursing.uiowa.edu


Centre for Community Oral Health- Long Term Care Fact Sheets. Nov 2006 www.umanitoba.ca/faculties/dentistry/cohc


## Communication Techniques for Oral Care

<table>
<thead>
<tr>
<th>Task breakdown</th>
<th>Distraction</th>
<th>Hand-over-hand</th>
</tr>
</thead>
<tbody>
<tr>
<td>the activity or task is broken down into steps which are individually and slowly presented</td>
<td>use of singing, holding items, gentle touch and talking to distract a resident from a distressing situation</td>
<td>the caregiver’s hand is placed over the resident’s hand to guide the resident through the activity</td>
</tr>
</tbody>
</table>

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<th>Rescuing</th>
<th>Bridging</th>
<th>Chaining</th>
</tr>
</thead>
<tbody>
<tr>
<td>a second caregiver enters a situation and offers to “help” the resident by taking over for the initial caregiver</td>
<td>to improve sensory connection and task focus, the resident holds the same object while the caregiver carries out the activity</td>
<td>the caregiver starts an activity and the resident completes it</td>
</tr>
</tbody>
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