

# 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.

Preparing for Oral Care <span style="float: right;">PAGE 1</span>	Resident Care Issue	Basic Interventions	Other Interventions
<ul style="list-style-type: none"> <li>❖ Oral care should be completed at least 2x each day</li> <li>❖ Never awaken a resident to complete oral care</li> <li>❖ Oral care should be done in the bathroom because of its physical cues (sink, water, etc)</li> <li>❖ Ideal times to do oral care is after meals and at bedtime</li> <li>❖ Review the resident's oral care plan</li> <li>❖ 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.</li> <li>❖ Review if the residents has dysphagia (problems swallowing, choking, spitting)</li> <li>❖ NEVER use toothpaste or mouth rinses with residents with swallowing difficulties – WATER ONLY</li> <li>❖ NEVER use lemon glycerine swabs for oral care</li> <li>❖ 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.</li> <li>❖ NEVER use denture tablets for soaking dentures of residents with dementia, ingestion of tablets/solution is serious</li> <li>❖ Always communicate to the resident what you are planning to do</li> <li>❖ Have the resident do as much of their oral care as they can possibly do, finish up what they couldn't do</li> <li>❖ Always talk with the resident and describe the tasks you want them to do or will be doing</li> <li>❖ Familiarize yourself with the severity of the resident's cognitive impairment and the resident's responsive behaviours (pushing, turning head, biting)</li> <li>❖ Familiarize yourself with the resident's communication and sensory impairments</li> <li>❖ Familiarize yourself with the resident's functional impairments (arthritis in hands, mobility)</li> <li>❖ Always use proper body positioning when providing oral care</li> </ul>	<p><b>Getting in the Mouth</b></p> <p>Resident will not open their mouth</p> <p>Difficulty getting dentures in or out of the resident's mouth</p> <p>Resident refuses oral care</p> <p>Resident bites down on the toothbrush</p> <p>Resident cannot rinse and/or spit</p> <p>Resident swallows all liquids/toothpastes</p> <p>Resident has swallowing difficulties (dysphagia)</p>	<ul style="list-style-type: none"> <li>❖ Use the interventions described in the resident's oral care plan</li> <li>❖ Document successful interventions</li> <li>❖ Encourage resident to do their oral care, participate and encourage</li> <li>❖ Come back and try again</li> <li>❖ Think pain and infection if resident is refusing, could also be fear or loose teeth – assess and obtain treatment</li> <li>❖ Massage the cheeks and over the TMJ area to relax the muscles and encourage opening</li> <li>❖ Use a toothbrush with a small head, soft bristles, larger handle with rubberized grip</li> <li>❖ Use pea-sized amounts of toothpaste. ONLY WATER for residents with swallowing difficulties</li> <li>❖ 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</li> <li>❖ Prop the mouth open using the 2-toothbrush technique (resident bites down on rubberized handle while the 2<sup>nd</sup> toothbrush is used for oral care. Switch sides by sliding handle of 2<sup>nd</sup> toothbrush between teeth then pulling 1st toothbrush out to use for oral care</li> <li>❖ Mouth propping devices may be used</li> <li>❖ Place fingers inside cheek or lips, never between teeth</li> <li>❖ Replace toothbrush every 3 months or after an infection</li> </ul>	<ul style="list-style-type: none"> <li>❖ Use other techniques during oral care (bottom Page 2) <ul style="list-style-type: none"> <li>❖ Distraction</li> <li>❖ Rescuing</li> <li>❖ Bridging</li> <li>❖ Hand-over-hand</li> <li>❖ Chaining</li> <li>❖ Task-breakdown</li> </ul> </li> <li>❖ Have another staff attempt the oral care</li> <li>❖ Seek the assistance of second staff</li> <li>❖ Seek assistance of family member</li> <li>❖ Consult with medical and oral health professionals</li> </ul>
	<p><b>Responsive Behaviours</b></p> <p>When the staff tries to do oral care, the Resident:</p> <ul style="list-style-type: none"> <li>- pushes away</li> <li>- turns head away</li> <li>- kicks</li> <li>- punches</li> <li>- hits</li> <li>- bites</li> <li>- spits</li> <li>- swears</li> <li>- other</li> </ul>		<ul style="list-style-type: none"> <li>❖ Prop the mouth open using the 2-toothbrush technique (resident bites down on rubberized handle while the 2<sup>nd</sup> toothbrush is used for oral care. Switch sides by sliding handle of 2<sup>nd</sup> toothbrush between teeth then pulling 1st toothbrush out to use for oral care</li> <li>❖ Mouth propping devices may be used</li> <li>❖ Place fingers inside cheek or lips, never between teeth</li> <li>❖ Replace toothbrush every 3 months or after an infection</li> </ul>

Preparing for Oral Care <span style="float: right;">PAGE 2</span>	Resident Care Issue	Basic Interventions	Other Interventions
<ul style="list-style-type: none"> <li>❖ Oral care should be completed at least 2x each day</li> <li>❖ Never awaken a resident to complete oral care</li> <li>❖ Oral care should be done in the bathroom because of its physical cues (sink, water, etc)</li> <li>❖ Ideal times to do oral care is after meals and at bedtime</li> <li>❖ Review the resident's oral care plan</li> <li>❖ 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.</li> <li>❖ Review if the residents has dysphagia (problems swallowing, choking, spitting)</li> <li>❖ NEVER use toothpaste or mouth rinses with residents with swallowing difficulties – WATER ONLY</li> <li>❖ NEVER use lemon glycerine swabs for oral care</li> <li>❖ 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.</li> <li>❖ NEVER use denture tablets for soaking dentures of residents with dementia, ingestion of tablets/solution is serious</li> <li>❖ Always communicate to the resident what you are planning to do</li> <li>❖ Have the resident do as much of their oral care as they can possibly do, finish up what they couldn't do</li> <li>❖ Always talk with the resident and describe the tasks you want them to do or will be doing</li> <li>❖ Familiarize yourself with the severity of the resident's cognitive impairment and the resident's responsive behaviours (pushing, turning head, biting)</li> <li>❖ Familiarize yourself with the resident's communication and sensory impairments</li> <li>❖ Familiarize yourself with the resident's functional impairments (arthritis in hands, mobility)</li> <li>❖ Always use proper body positioning when providing oral care</li> </ul>	<p><b>Communication, Cognition and Functional Issues</b></p> <p>Resident does not understand staff directions</p> <p>Resident forgets to do oral care</p> <p>Resident can't remember how to do oral care</p> <p>Resident can do some of the oral care but not all of it</p> <p>Resident is tired, sleepy or poor attention</p> <p>Resident's head moves around constantly</p> <p>Resident's head faces downward</p>	<ul style="list-style-type: none"> <li>❖ Use the interventions described in the resident's oral care plan</li> <li>❖ Document successful interventions</li> <li>❖ Encourage resident to do their oral care, participate and encourage</li> <li>❖ Come back and try again</li> <li>❖ Think pain and infection if resident is refusing, could also be fear and loose teeth – assess and obtain treatment</li> <li>❖ Massage the cheeks and over the TMJ area to relax the muscles and encourage opening</li> <li>❖ Use a toothbrush with a small head, soft bristles, larger handle with rubberized grip</li> <li>❖ Use pea-sized amounts of toothpaste. ONLY WATER for residents with swallowing difficulties</li> <li>❖ 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 staff does the talking</li> <li>❖ Prop the mouth open using the 2-toothbrush technique (resident bites down on rubberized handle while the 2<sup>nd</sup> toothbrush is used for oral care. Switch sides by sliding handle of 2<sup>nd</sup> toothbrush between teeth then pulling 1st toothbrush out to use for oral care</li> <li>❖ Mouth propping devices may be used</li> <li>❖ Place fingers inside cheek or lips, never between teeth</li> <li>❖ Replace toothbrush every 3 months or after an infection</li> </ul>	<ul style="list-style-type: none"> <li>❖ Use other techniques during oral care (bottom of page) <ul style="list-style-type: none"> <li>❖ Distraction</li> <li>❖ Rescuing</li> <li>❖ Bridging</li> <li>❖ Hand-over-hand</li> <li>❖ Chaining</li> <li>❖ Task-breakdown</li> </ul> </li> <li>❖ Have another staff attempt the oral care</li> <li>❖ Seek the assistance of second staff</li> <li>❖ Seek assistance of family member</li> <li>❖ Give clear instructions and break down the oral care tasks into steps, prompt through the steps</li> <li>❖ Create reminders for the resident</li> <li>❖ Remind resident after each meal and at bedtime</li> <li>❖ Do oral care when resident is alert</li> <li>❖ Position resident to optimize oral care</li> <li>❖ Use the HUG technique (2 staff ) to control hands and arm movements</li> <li>❖ If assessed as appropriate, hold head in correct alignment for oral care</li> <li>❖ Consult with oral health professionals or occupational therapists to determine appropriate adaptive toothbrushes and oral care devices</li> </ul> <p><b>RESOURCES</b></p> <p>The University of Iowa College of Nursing (2002). <i>Oral hygiene care for functionally dependent and cognitively impaired older adults. Evidence-based practice guideline</i>. Iowa City, Iowa: Author/Gerontological Nursing Interventions Research Centre <a href="http://www.nursing.uiowa.edu">www.nursing.uiowa.edu</a></p> <p>Halton Region Health Department (2006). <i>Dental health manual for LTC home staff. Halton oral health outreach project</i>. Oakville, ON: Author.</p> <p>The Registered Nurses Association of Ontario (2007). <i>Oral health. Nursing assessment and interventions</i>. Toronto, ON: Author. <a href="http://www.rnao.org">www.rnao.org</a></p> <p>The Registered Nurses Association of Ontario (2007). <i>DVD Oral care for residents with dementia</i>. Toronto, ON: Author. <a href="http://www.rnao.org">www.rnao.org</a></p> <p>Centre for Community Oral Health- Long Term Care Fact Sheets. Nov 2006 <a href="http://www.umanitoba.ca/faculties/dentistry/ccoh">www.umanitoba.ca/faculties/dentistry/ccoh</a></p> <p>BP Blogger Myth-Busting Newsletter (April 2007). <i>Mouth Care Issue</i>. <a href="http://www.rgpc.ca">www.rgpc.ca</a></p>

## Communication Techniques for Oral Care

<b>Task breakdown</b> : the activity or task is broken down into steps which are individually and slowly presented	<b>Distraction</b> : the use of singing, holding items, gentle touch and talking to distract a resident from a distressing situation	<b>Hand-over-hand</b> : the caregiver's hand is placed over the resident's hand to guide the resident through the activity
<b>Rescuing</b> : a second caregiver enters a situation and offers to "help" the resident by taking over for the initial caregiver	<b>Bridging</b> : to improve sensory connection and task focus, the resident holds the same object while the caregiver carries out the activity	<b>Chaining</b> : the caregiver starts an activity and the resident completes it