

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 PAGE 1	Resident Care Issue	Basic Interventions	Other Interventions
<ul style="list-style-type: none"> ❖ 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, 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 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 (arthritis in hands, mobility) ❖ Always use proper body positioning when providing oral care 	<p>Getting in the Mouth</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"> ❖ 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 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 	<ul style="list-style-type: none"> ❖ Use other techniques during oral care (bottom Page 2) <ul style="list-style-type: none"> ❖ 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
	<p>Responsive Behaviours</p> <p>When the staff tries to do oral care, the Resident:</p> <ul style="list-style-type: none"> - pushes away - turns head away - kicks - punches - hits - bites - spits - swears - other 	<ul style="list-style-type: none"> ❖ 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 	<ul style="list-style-type: none"> ❖ Have another staff attempt the oral care ❖ Seek the assistance of second staff ❖ Use other techniques during oral care (bottom Page 2) <ul style="list-style-type: none"> ❖ Distraction ❖ Rescuing ❖ Bridging ❖ Hand-over-hand ❖ Chaining ❖ Task-breakdown ❖ Ignore the swearing ❖ Give the resident something to hold in their hands ❖ Use the HUG technique (2 staff) to control hands and arm movements ❖ Seek assistance of family member ❖ Consult with medical and oral health professionals

Preparing for Oral Care PAGE 2	Resident Care Issue	Basic Interventions	Other Interventions
<ul style="list-style-type: none"> ❖ 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, 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 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 (arthritis in hands, mobility) ❖ Always use proper body positioning when providing oral care 	<p>Communication, Cognition and Functional Issues</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"> ❖ 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, only one 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 	<ul style="list-style-type: none"> ❖ Use other techniques during oral care (bottom of page) <ul style="list-style-type: none"> ❖ 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 <p>RESOURCES</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 www.nursing.uiowa.edu</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. www.rnao.org</p> <p>The Registered Nurses Association of Ontario (2007). <i>DVD Oral care for residents with dementia</i>. Toronto, ON: Author. www.rnao.org</p> <p>Centre for Community Oral Health- Long Term Care Fact Sheets. Nov 2006 www.umanitoba.ca/faculties/dentistry/ccoh</p> <p>BP Blogger Myth-Busting Newsletter (April 2007). <i>Mouth Care Issue</i>. www.rgpc.ca</p>

Communication Techniques for Oral Care

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