

# **An Oral Health Program For Long Term Care**



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# Why Bother?

**In 1957, 70% of adults over the age of 75 were edentulous.**

**By 2002 that number had ↓ to 40 %.**

**Dental health needs of older adults have changed and we must rise to address those needs.**

Helgeson, M., Smith, B. Johnson, M., & Ebert, C. (2002). Dental considerations for the frail elderly. Special Care Dentist 22 (3), 40S – 55S.



# Dental Plaques are linked to:

- **Aspiration Pneumonia**
- **Strokes**
- **Control of Blood Sugars**
- **Atherosclerosis**
- **Bacterial Endocarditis**
- **Bacteremia**

*Mitchell, T.L. (2000). Aging and Oral Health. Canadian Nursing Home, (11)4, 11-15.*

*Ali, A. (2004). Colonization of Dental Plaques. Chest, (126)5, 1575-1582.*



# **Oral Health & Quality of Life**

**Whether one lives independently in the community or in a LTC facility, oral health impacts our QOL.**



# **How Does Oral Health Impact QOL ?**

- ✓ **Tooth loss**
- ✓ **Oral facial pain**
- ✓ **Decreased food enjoyment / intake**
- ✓ **Decreased self esteem / depression**
- ✓ **Anxiety**
- ✓ **Difficulty communicating**
- ✓ **Social stigma**
- ✓ **More susceptible to other illnesses**



# Special Considerations for LTC

- ❖ **Diets – soft / liquid**
- ❖ **Medications**
- ❖ **Circulatory problems**
- ❖ **Mouth breathing**
- ❖ **At risk for ↓ socialization**
- ❖ **An ↑ in root caries / periodontal disease**



# Barriers to Good Oral Hygiene in LTC

- **Inadequate facilities / equipment**
- **Lack of properly trained health care providers**
- **Lack of dental insurance coverage**
- **Lack of understanding importance of oral health**
- **Limited resident self care functioning / caregiver assistance**
- **Complicated psychological / behavioral factors**

Helgeson, M, Smith, B, Johnsen, M. & Ebert, C. (2002). Dental considerations for the frail elderly. Special Care Dentist 22 (3), 405 – 555.



# **Identified Challenges for Good Oral Hygiene in Veterans Services**

- # 1    Lack of time**
- # 2    Lack of supplies**
- # 3    Veteran cooperation**
- # 4    Lack of knowledge**





# **Development of program**

- **Staff nurse identified need**
- **Interdisciplinary team organized**
- **CNS support**
- **Infection control practitioner**
- **Dalhousie School of Dental Hygiene**
- **September 2003**



# Program Development

- Applied for funding from CH & DOH
- Pre- program staff questionnaire
- Literature review
- Oral health guidelines developed
- Oral health assessment tool developed
- Dietitian taught proper oral assessment
- DH students came in 2 groups to assist with
  - a) cleaning / assessments
  - b) teaching sessions for staff



# Continued Program Development

- Oral care equipment caddies assembled
- Ultrasonic denture cleaner purchased
- Oral health program reference binder for nursing staff
- Informal on-unit teaching sessions



# **Program Goals**

- 1) Veterans will have improved oral health and QOL**
- 2) Nursing staff will display evidence of increased oral health care knowledge and confidence**
- 3) Consistent availability of appropriate equipment / supplies needed to perform proper oral care**



# Program Components

- Program *process* (admission/ reassessments)
- Oral health *assessment* tool
- Individual *caddies*
- Collis Curve *toothbrush*
- Ultrasonic *cleaner*
- Nursing *staff education*
- Oral health *brochure*
- Oral health *binder*



# Program Components:

- **Program process**
  - Admission
  - Yearly reassessments
  - Dentistry consult



# Program Components:

- **Oral Health assessment tool**
  - Date of last dental visit
  - Risk factors
  - Concerns
  - Chewing and tongue movement

*Determines the protocol for oral health of the individual.*



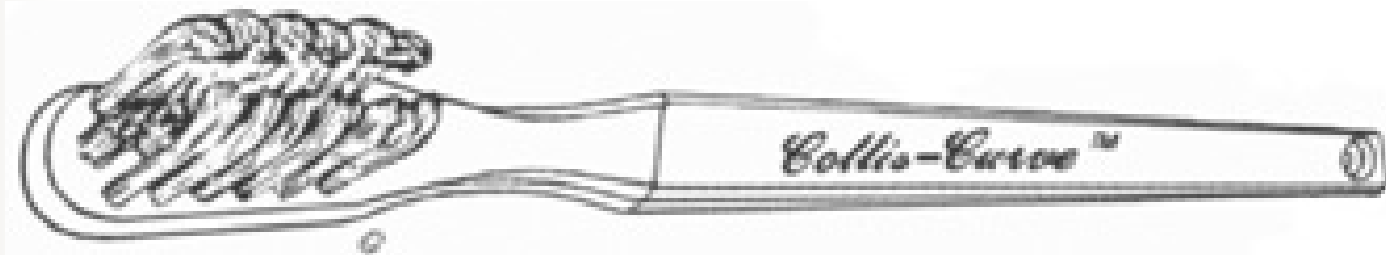
# Program Components:

## ■ Individual Caddies

- K-basin /small cups / straws
- Toothbrush / Collis Curve
- Alcohol-free mouthwash
- Lanolin or Muko gel
- Toothpaste
- Denture cup /Polident tabs



# Collis Curve Toothbrush





# Program Components:

- **Ultrasonic Denture Cleaner**

An ultrasonic cleaner will remove tough stains and tartar that can cause dentures to not fit properly and appear to be dirty. Ultrasonic also removes debris from hard to reach areas in a denture.



# Program Components:

## Nursing Staff Education

- ❖ Why oral health is important
- ❖ What are the barriers to good oral health in Camp Hill's Veteran population
- ❖ Our program goals
- ❖ General program guidelines regarding assessments, referrals to dentist, oral hygiene techniques, common problems, equipment, and medication side effects.



# Program Components:

## ■ Oral Health Brochure

- For Veteran and /or family
- History of Oral Health program
- List of supplies to be provided by family



# Program Components:

## ■ Oral Health binder

- General guidelines
- Tips for care of natural teeth ,dentures, lip care, dry mouth, oral yeast infection
- Oral side effects of medications
- Articles
- Brochures /Assessment tool



# General Guidelines

1. Oral Health assessment
2. Dental consult
3. Mouth care at least once a day
4. Rinse toothbrush and air dry
5. Replace toothbrush Q6months(or start and end of Tx for infection )
6. Collis Curve for natural teeth



# Natural Teeth

- Pea-size amt of toothpaste
- Soft bristle or Collis curve toothbrush
- 45degree angle of brush; wiggle motion along gum line
- Brush tongue
- Rinse mouth with water



# Denture Care

- Use soap and denture brush (no toothpaste )
- Rinse denture cup and air dry
- Wipe gums and tongue with damp gauze
- Replace top dentures first ,then lower
- Remove denture overnight (at least 1hr/day)
- Soak in cool water with Polident tab
- Keep stored in water
- Ultrasonic denture cleaner Q6months
- Replace cup and brush Q6months
- Replace cup and brush after oral or resp. infection





# Lip Care

- Dry lips =Muko or Labello stick
- No Vaseline or mineral oil



# Dry Mouth Tips

- Increase fluid intake
- Choose foods with high water content
- Sugarless candy or gum
- Ice chips
- Moisten food with sauces or gravy
- Misting bottle of water to spray in mouth



# Dementia –tips for oral care

- Dip toothbrush in mouthwash or water before brushing
- Bite-block to keep mouth open
- Mouth-opening technique



# Palliative Oral Care

- Maintain usual routine
- If drowsy –remove dentures
- Keep mouth moist
- Keep lips moist
- Solution of : 1 litre sterile water
  - $\frac{1}{2}$  tsp.salt
  - $\frac{1}{2}$  tsp. baking soda



# Oral Yeast Infection

- Treat mouth ,denture and toothbrush
- At beginning and end of treatment –change equipment
- Brush teeth or soak dentures 2x/day
- Soak dentures in 1:1 vinegar water solution at night (**NOT if metal on denture**)
- To prevent re-infection –use 1:4 vinegar and water solution nightly



# Stomatitis

- Use soft bristle brush
- Replace brush weekly until healed
- Avoid dentures except when eating
- Rinse with sterile saline PRN
- Soak denture 2x/day in 1:1 vinegar and water solution
- If redness unresolved in 1 week have Dr. re-assess.



# Infection Control highlights :

- Replace equipment Q6months (brush and denture cup)
- Replace equipment if resp. or oral infection (beginning and end of treatment)
- Storage of equipment (caddy and air dry )
- Rid of alcohol-based mouthwash
- Vinegar and water solution as prevention for re-infection



# Summary

- Assessment form on admission and yearly update
- Dentistry Consult on admission and yearly
- Set-up Oral Health caddy on admission
- Brochure to Veteran /family
- Replace equipment Q6months  
(or if infection present )
- Ultrasonic denture cleaner Q6months
- Dalhousie DH students yearly visit to VMB





**Thank you**

**Are there any questions??**

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