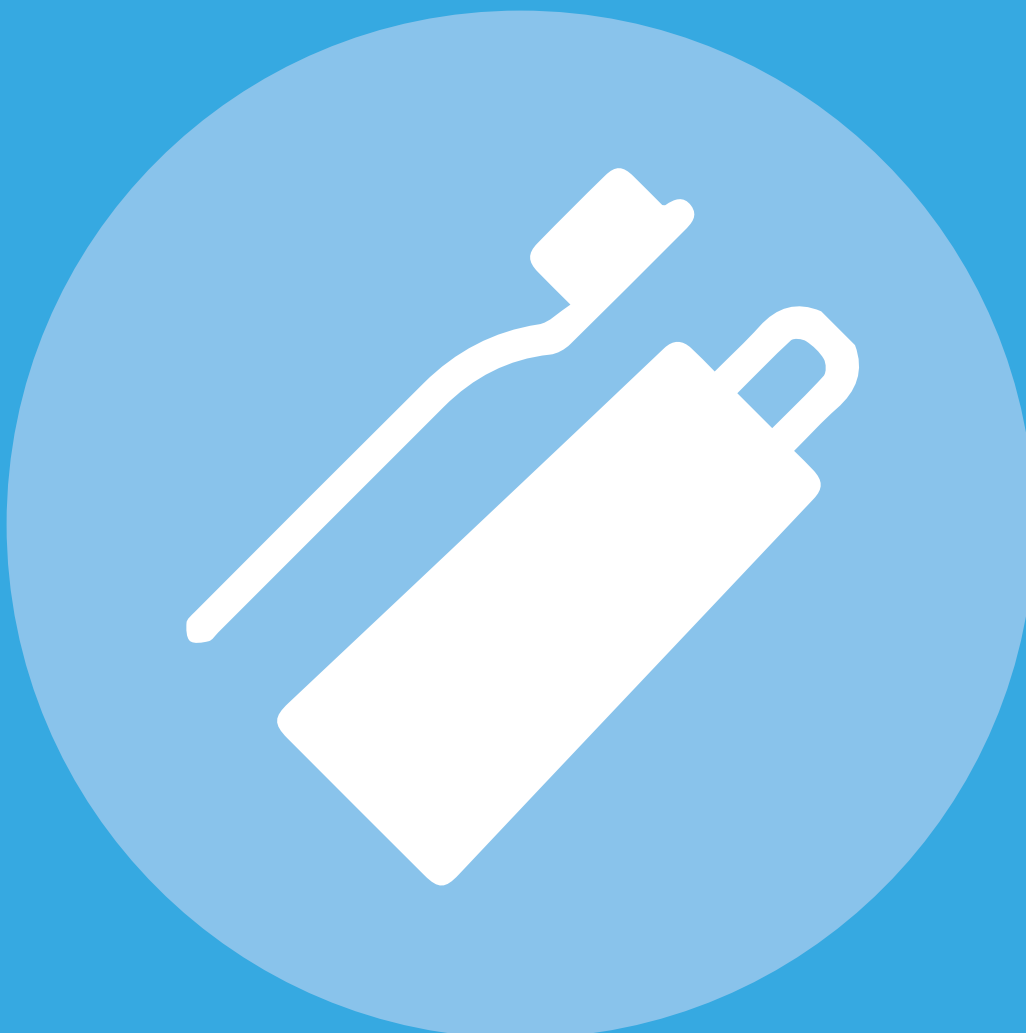


Section 11

Mouth





Mouth Care Matters

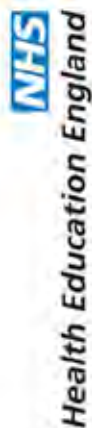


Oral Health Needs Assessment

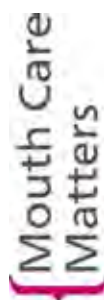
- Answers marked with * ticked - Dental check-up required
- Answers marked with ✓ ticked - URGENT dental check-up required

Resident's full name:

Resident's date of birth:



1. Does the resident have dentures? If yes, please specify: If yes, are the dentures labelled? If yes, how old are the dentures?	☐ Yes ☐ Upper - Full/Partial and Plastic/Plastic and Metal *Please delete as appropriate ☐ Lower - Full/Partial and Plastic/Plastic and Metal *Please delete as appropriate ☐ Yes ☐ Less than 5 years	☐ No ☐ Don't know ☐ More than 5 years * ☐ Don't know *
2. Is the resident experiencing any problems? e.g. Pain, difficulty eating, decayed teeth, denture problems, dry mouth, ulcers, halitosis (bad breath), other? If yes, please describe the problem:	☐ Yes ✓ ☐ Teeth ☐ Gums ☐ Don't know ✓	☐ No ☐ Denture ☐ Other
3. Does the resident need an urgent dental check-up?	☐ Yes ✓	☐ No ☐ Don't know ✓
4. When did the resident last see a dentist?	☐ Less than 1 year	☐ More than 1 year * ☐ Don't know *
5. Is the resident registered with a dentist? If yes, please record dentist name and address:	☐ Yes ☐ Don't know	☐ No ☐ Don't know
Action:		
Signed:		Date:



Oral Care Plan/Chart

This Oral Care Plan should be kept with the resident's records and be updated daily. The plan should be reviewed every three months, or sooner if changes are noted.

Resident's Full Name:

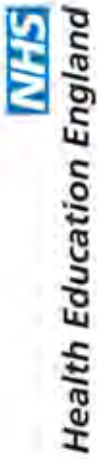
Please tick the categories which apply	Teeth: ☐ Natural Teeth ☐ Dentures ☐ Natural Teeth and Dentures	Dentures (if worn): ☐ Upper – Full/Partial and Plastic/Plastic and Metal <i>*Please delete as appropriate</i> ☐ Lower - Full/Partial and Plastic/Plastic and Metal <i>*Please delete as appropriate</i>	
Level of assistance:	☐ Independent	☐ Some Assistance ☐ Fully Dependent	
If assistance is required, please give details:			
Routine: <i>(Preferred time, location, routine for oral care and any particular preferences regarding equipment)</i>			
Notes or comments for care of natural teeth:	Toothbrush Preference: ☐ Manual or ☐ Electric Toothpaste Preference:		
Notes or comments for care of dentures:			
Date for Review:	Signed:		





Oral Care Plan/Chart

Insert initials when oral care has been completed OR insert 'R' if resident refuses and add comments.
Add comments / action required if changes are noted.



	Week Beginning	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday	Comments / Action Required
1	/ /	Am: Pm:	Am: Pm:	Am: Pm:	Am: Pm:	Am: Pm:	Am: Pm:	Am: Pm:	
2	/ /	Am: Pm:	Am: Pm:	Am: Pm:	Am: Pm:	Am: Pm:	Am: Pm:	Am: Pm:	
3	/ /	Am: Pm:	Am: Pm:	Am: Pm:	Am: Pm:	Am: Pm:	Am: Pm:	Am: Pm:	
4	/ /	Am: Pm:	Am: Pm:	Am: Pm:	Am: Pm:	Am: Pm:	Am: Pm:	Am: Pm:	
5	/ /	Am: Pm:	Am: Pm:	Am: Pm:	Am: Pm:	Am: Pm:	Am: Pm:	Am: Pm:	
6	/ /	Am: Pm:	Am: Pm:	Am: Pm:	Am: Pm:	Am: Pm:	Am: Pm:	Am: Pm:	
7	/ /	Am: Pm:	Am: Pm:	Am: Pm:	Am: Pm:	Am: Pm:	Am: Pm:	Am: Pm:	
8	/ /	Am: Pm:	Am: Pm:	Am: Pm:	Am: Pm:	Am: Pm:	Am: Pm:	Am: Pm:	
9	/ /	Am: Pm:	Am: Pm:	Am: Pm:	Am: Pm:	Am: Pm:	Am: Pm:	Am: Pm:	
10	/ /	Am: Pm:	Am: Pm:	Am: Pm:	Am: Pm:	Am: Pm:	Am: Pm:	Am: Pm:	
11	/ /	Am: Pm:	Am: Pm:	Am: Pm:	Am: Pm:	Am: Pm:	Am: Pm:	Am: Pm:	
12	/ /	Am: Pm:	Am: Pm:	Am: Pm:	Am: Pm:	Am: Pm:	Am: Pm:	Am: Pm:	



Caring for Older Peoples' Teeth

Caring for older people's teeth

Oral hygiene

Advise people to brush their teeth at least once a day with a fluoride toothpaste to help prevent tooth decay and gum disease. Advise them to use a soft-to-medium bristle toothbrush and replace this when the bristles get out of shape.

Be aware that some older people may find it difficult to brush their own teeth and may require assistance. Be aware that some people consider toothbrushing an extremely personal task and may be embarrassed to ask for help. Remember that assisting with brushing another person's teeth can be tricky and some people find it unpleasant; however, it is extremely important if assistance is required, try different methods to achieve the best results whilst being sensitive to their comfort. One way is to stand behind them and tilt their head back so you can reach all around the teeth.

When advising older people to brush their teeth you should remember these simple guidelines:

- Put the bristles at the join between teeth and gums, pointing towards the gums, and brush using short circular movements.
- Brush all round every tooth, but don't use too much force - give teeth and gums a gentle scrub.
- After brushing, encourage them to spit out paste but do not rinse, as this lessens the effect of the fluoride.

Be aware that there are numerous oral hygiene aids that can be very helpful for an older person, such as electric toothbrushes to assist people with limited movement and specially designed brushes with flexi-grip handles for those who have difficulty holding a standard toothbrush. Also fluoride gels and mouthwashes can be excellent supplements to brushing, helping in the prevention of dental disease.

Dentures

Like natural teeth, dentures must be looked after if they are going to last. Advise people that dentures should fit well and be comfortable; however, it is also important to be aware that people can become very attached to an old set of dentures.

Whether a person has complete or partial dentures, advise them that they need to:

- Brush gums, tongue and palate with a soft-bristled brush.
- See a dentist for regular check-ups.

You must be aware which of the people in your care wear dentures and ensure that these are all clearly marked. All new dentures should be fitted with a metal identification tag on manufacture; however, existing sets must be marked with a permanent marker to avoid mixing them up.

Dentures also require cleaning. Some older people may have a routine for doing this themselves, whilst others may require assistance. Either way, it is important to make sure the job is done properly.

- Dentures should be cleaned daily with a strong but soft bristled brush to remove food deposits and plaque.
- Use a specialised denture cleaner or simply soap and water.
- Ideally, dentures should be left out of the mouth between four and eight hours every 24 hours but only if the wearer is content to have them removed.

Dentures can break, chip and crack, or wearers can simply grow out of them, as the shape of the mouth changes. Be aware of this and consult a dentist with any problems, or before attempting to make any reconstructions or adjustments.

Diet

Be aware that sweet, sugary food and drinks can have a detrimental impact on oral health. Some older people develop problems tasting food and sweet things can be more appealing.

There are simple actions that may help reduce the damage sugars can cause to teeth:

- Offer non-sugar sweeteners instead of sugar in drinks.
- Ask older people if they would prefer sugar-free medication if there is a choice.
- Chewing sugar-free gum can also help, as this increases the flow of saliva, which helps teeth to repair themselves.

Information

For help, advice or assistance with any oral health issues the following may be of use to you and your residents:

- Community Dental Service (via your local CCG). They can help with clients who require more time than a High Street dentist may be able to provide.
- British Dental Health Foundation Dental Helpline on 01788 539 780.

Always advise people in your care to visit a dentist regularly and not just when there is an emergency. The dentist will screen for oral cancer as well as helping to maintain good oral health.



Denture Care



Denture Care Cúram Fiacla Bréige



- Don't wear your dentures 24 hours a day. This gives your mouth a chance to "rest" and prevents fungal infections.
- Soak your dentures in a specialist cleaner, following manufacturers instructions.
- Remove your dentures when playing contact sports.
- If you get an ulcer/sore in your mouth and it has not healed after two weeks you should see your dentist.
- If you are wearing dentures, or have no teeth of your own, you should visit your dentist regularly to ensure that your mouth stays healthy.



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LHO Cavarr/Monaghan, Meath & Louth, HSE (Dublin North East) 2008.



Caring for your dentures and mouth are very important.

To keep your mouth healthy and your dentures in good condition it is important that you follow a simple daily routine.

Care of Partial dentures

- Partial dentures should be removed after eating and rinsed under cold water.



- If your partial denture has a metal clasp, do not use any cleaning agents which contain bleach.
- When cleaning partial dentures, remember also to clean and floss your own teeth and gums using a toothbrush with soft/medium bristles and fluoride toothpaste.
- Don't forget to floss your remaining teeth daily.



Care of Full Dentures/Mouth

- Dentures should be cleaned daily.
- Take your dentures out of your mouth to clean them.
- Clean your denture over a basin /sink of cold water or over a folded towel to avoid damage if they are dropped.
- Soap/denture cleaning paste can be used to clean dentures with a toothbrush or a soft nailbrush.
- Clean your tongue and roof of your mouth with a soft toothbrush.
- Always put your dentures in cold water when they are out of your mouth to prevent warping.



