

Mouth Care Matters in End-of-Life Care

CLINICAL PROFESSIONAL RESOURCE



Acknowledgements

Thank you to the following work stream members who are co-authors of this document:

Annette Brooke, Marie Curie National Practice Development Facilitator

Deirdre Brunton, St Monica Trust Clinical Audit and End-of-Life Care Lead

Roslyn Davies, Improvement Cymru, Public Health Wales

Mili Doshi, Consultant in Special Care Dentistry, Surrey and Sussex Healthcare NHS Trust

Sarah Francis, Registered Dental Nurse and Oral Health Educator, Swansea Bay University Health Board

Sarah Haslam, Registered Dental Nurse and Oral Health Educator, Dartford and Gravesham NHS Trust

Suzanne Monks, RGN Senior Lecturer Sheffield Hallam University, Lead Palliative/End-of-Life Care and RCN Pain and Palliative Care Forum member

Isabel Quinn, RGN Senior Lecturer Northumbria University, Programme Lead Palliative Care and RCN Pain and Palliative Care Forum member

This publication is supported by:



This publication is endorsed by:



Care and support
through terminal illness

This document has been designed in collaboration with our members to ensure it meets most accessibility standards. However, if this does not fit your requirements, please contact corporate.communications@rcn.org.uk

RCN Legal Disclaimer

This publication contains information, advice and guidance to help members of the RCN. It is intended for use within the UK but readers are advised that practices may vary in each country and outside the UK. The information in this booklet has been compiled from professional sources, but its accuracy is not guaranteed. Whilst every effort has been made to ensure the RCN provides accurate and expert information and guidance, it is impossible to predict all the circumstances in which it may be used. Accordingly, the RCN shall not be liable to any person or entity with respect to any loss or damage caused or alleged to be caused directly or indirectly by what is contained in or left out of this website information and guidance.

Published by the Royal College of Nursing, 20 Cavendish Square, London W1G 0RN

© 2021 Royal College of Nursing. All rights reserved. No part of this publication may be reproduced, stored in a retrieval system, or transmitted in any form or by any means electronic, mechanical, photocopying, recording or otherwise, without prior permission of the Publishers. This publication may not be lent, resold, hired out or otherwise disposed of by ways of trade in any form of binding or cover other than that in which it is published, without the prior consent of the Publishers.

Contents

Introduction	4
Mouth care: the fundamental principles.....	5
Mouth assessment and care planning.....	6
Products, risks and alerts.....	7
References	11

Introduction

This guide has been created by the Mouth Care Matters in End-of-Life Care Steering Group. It has been produced for those people who work in health and social care to support the delivery of safe and effective mouth care for adults.

Oral care, mouth care and oral hygiene are interchangeable terms for keeping the mouth clean, comfortable and healthy. Mouth care includes cleaning the lips, tongue, roof of the mouth, gums, teeth and dentures and is a very important part of end-of-life care.

It is important to clarify what is meant by some of the terminology used in this guide including the terms ‘end-of-life’ and ‘palliative care’ and why mouth care is an important part of care delivery.

End-of-life care (last days/weeks/months) involves treatment, care and support for people who are nearing the end of their life. It’s an important part of palliative care (Marie Curie, 2019). The key objective is to keep the mouth **moist, clean, and comfortable**. Mouth care is an essential aspect of end-of-life care and should be considered part of the daily routine.

Palliative care is the treatment, care and support for people from the point of diagnosis of a life-limiting (terminal) illness (Marie Curie, 2015). Maintaining regular dental care is important to ensure the mouth is as healthy as possible and to prevent any deterioration to the mouth including teeth, gums and soft tissues. Preventative measures can be provided such as high fluoride toothpaste or mouth rinses, low foaming toothpastes, water-based gels etc to help prevent further oral health problems. Visiting a dentist is also very important.

This resource focuses on providing mouth care at the end of a person’s life.

Mouth care: the fundamental principles

When providing mouth care during end-of-life it is important to explain clearly what you are going to do. Always be aware of any swallowing problems. It may be necessary to leave dentures out of the mouth to improve mouth comfort. If this is required explain to the person being cared for and ask for consent to do this. Some family members may have not seen their relative without dentures and this would need to be explained to close family.

To keep the mouth clean, moist and comfortable:

- use a water-based lip balm as often as needed to keep the lips moist
- use a small headed soft bristled toothbrush
- a mild flavoured toothpaste or a non-foaming toothpaste may be better tolerated during end of life. A pea sized amount or a smear is sufficient. If toothpaste cannot be tolerated cleaning the teeth with a small amount of water on a toothbrush will remove debris and plaque
- mouth care should always be carried out when tolerated by the person. Gently clean the teeth, cleanse the gums, cheeks, tongue and palate. Ensure that dentures are removed and cleaned thoroughly twice daily
- cleaning the mouth with a small amount of water on a toothbrush or by using a small spray containing water helps to keep the mouth moist and hydrated and can ease an uncomfortable dry mouth. Ensure the water is not sprayed towards the back of the mouth. Referral should always be sought from a speech and language therapist to ensure the patient is not at risk of aspiration. This action can be carried out throughout the day and will help to keep the mouth moist and hydrated. A dry mouth gel could also be used
- assess the mouth for any changes using a mouth care assessment form
- document any changes or concerns and speak to the member of the clinical team
- encourage independence as much as possible, or support someone to participate in their own mouth care where they are unable to do this
- where it is not possible for someone to be involved in their own mouth care, support families and carers to provide mouth care if they wish to. For people who want to be involved in supporting their loved one practically, this can be very rewarding if facilitated well
- patients/residents and their relatives should be encouraged when appropriate to bring in their own toothpastes, toothbrushes and products.

A light source is essential when looking in the mouth. It is easy to miss areas of the mouth, particularly the roof of the mouth, without a good light source.

Health Education England has produced a valuable resource on mouth care at the end-of-life which is available at: [youtube.com/watch?v=6KB4UkZ-YVM](https://www.youtube.com/watch?v=6KB4UkZ-YVM)

Mouth assessment and care planning

If a person is no longer able to eat and drink the frequency for mouth care should increase. The frequency will vary from person to person, however during end-of-life, mouth care should be carried out hourly or as tolerated by the person.

An assessment of the mouth undertaken by looking in the mouth will help to identify any changes to the teeth, tongue, soft tissues and lips.

Looking in the mouth, as part of a regular assessment, will optimise comfort and help prevent discomfort or infection by identifying any changes promptly. Refer to your local mouth care policy or guidelines which will include assessments and care plans for you to use.

People who are receiving, or have recently had cancer therapy treatment, will need regular mouth assessments by a registered professional (UKOMIC, 2019). A medication review will help identify any medication that affect the mouth. These include but are not limited to:

- opioids, diuretics, and anticholinergics - these increase dry mouth
- anti-coagulants - there is a higher risk of the gums bleeding
- steroids and antibiotics - increase the risk of candida infection (oral thrush)
- miconazole mouth cream and warfarin - these products are harmful if taken together due to increased bleeding risk.

Products, risks and alerts

Evidence has highlighted many traditional products that have routinely been used when providing mouth care can pose a risk. For example:

Foam sponge swabs

In 2012, the Medicines and Healthcare products Regulatory Agency issued a medical device alert regarding foam swabs identifying a risk that the foam head can become detached when the swab is left soaking in liquid and cause a serious choking hazard. [Click here for the Medical device alert 2012](#)

The use of foam sponge swabs has been banned in Wales in response to a patient death, and also many organisations in England and other parts of the UK, due to the risk of detachment of the foam head during use. A Study by Marino et al., (2016) found that foam swabs did not remove plaque from the surface of teeth as effectively as toothbrushing.

Lemon and glycerine swabs

The use of lemon and glycerine swabs are not recommended for mouth care. They are not suitable as the glycerine causes the mouth to dry out further with long-term use and also lead to tooth erosion due to their acidity (Regnard and Dean, 2010).

Sodium lauryl sulphate free toothpaste

Sodium lauryl sulphate (SLS), a foaming agent added to toothpastes, should be avoided for people with severe swallowing issues. Different brands of SLS free toothpaste are available and only a smear of paste is needed on the toothbrush.

Safer alternative products

When providing mouth care for people during end-of-life the mouth may become very sore and painful. The gums may also bleed significantly. There can be a build-up of secretions especially on the tongue and palate. A soft bristle or 360 toothbrush and non-foaming, mild or non-flavoured toothpaste will help to keep the teeth and tongue clean.

The Mc3 mouth cleanser can aid hydration of the mouth by using it to massage dry mouth gels or water/water-based gels into the soft tissues of the mouth (tongue, cheeks, and lips). This can be carried out, throughout the day and used before sleep to reduce dryness overnight.




This resource is not affiliated to, or endorsing any product, company or equipment. A list of resources for end-of-life care is available on the Mouth Care Matters website at: e-lfh.org.uk/programmes/mouth-care-matters. The product list is not exhaustive.

It is imperative to consult local policy, formulary, guidance and seek professional advice as some product codes and supplies may change.

Toothbrushes

Toothbrushes are the first line tool to effectively clean people’s teeth, tongue and gums. This should be carried out at night-time and one other time during the day to prevent the build-up of plaque (DBOH toolkit, 2017).

A person’s mouth can become very dry and sore. Therefore, it is important to consider a toothbrush with very soft bristles.

Toothbrushes	Prescription item/directions for use
	<p>A very small soft bristle small headed toothbrush for cleaning the teeth and gums. Very useful if access to the mouth is limited ie, if the patient is unable to open their mouth wide. A children’s toothbrush can be used or some companies produces small headed brushes with long handles.</p>
	<p>A three-headed toothbrush may be used with patients with limited co-operation to reach all surfaces of teeth. The brush can be used to clean multiple surfaces of teeth.</p>
	<p>360 toothbrush adult and child size toothbrush can be used by people with very sore mouths and those with limited mouth opening. Use to clean teeth and gums and can be used to clean multiple surfaces in the mouth. Can be used to apply dry mouth/water-based gel to soft tissues, tongue and gums. Do not allow the person to bite or chew the toothbrush.</p>

Toothpastes

People who suffer from a dry mouth may find non-foaming and/or non-flavoured toothpaste more acceptable. Non-flavoured toothpastes are also useful for people who are sensitive to flavours, they are sodium lauryl sulphate free and contain fluoride (Mouth Care Matters Guide, 2019).

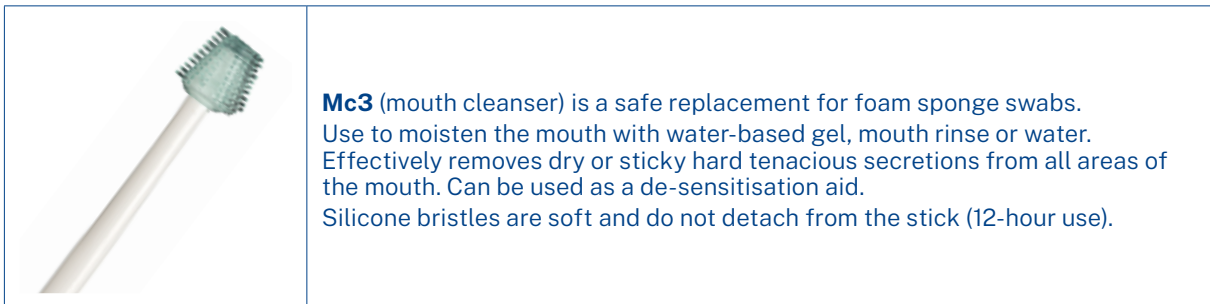
Children’s toothpaste may be useful for some people who crave sweet flavours and cannot tolerate regular toothpaste. People who have head and neck cancers often use a child’s toothpaste as it is less minty (UKOMIC, 2019).

Water-based mouth gels and sprays

Dry mouth gels and sprays can moisten a dry mouth longer than water. They are not an alternative to toothpastes. Dry mouth gels should be massaged into the soft tissues of the mouth (tongue, cheeks and lips) using a soft toothbrush, MC3 cleanser or 360 toothbrushes. If dry mouth gels are not massaged into the soft tissues of mouth, the gel may build up and become sticky over time. At each episode of mouth care ensure to wipe away excess gel.

Dry mouth gels can be used to soften hard secretions in the mouth and can help with the retention of a denture (Mouth Care Matters Guide, 2019). Using a dry mouth gel before eating can help with chewing and swallowing.

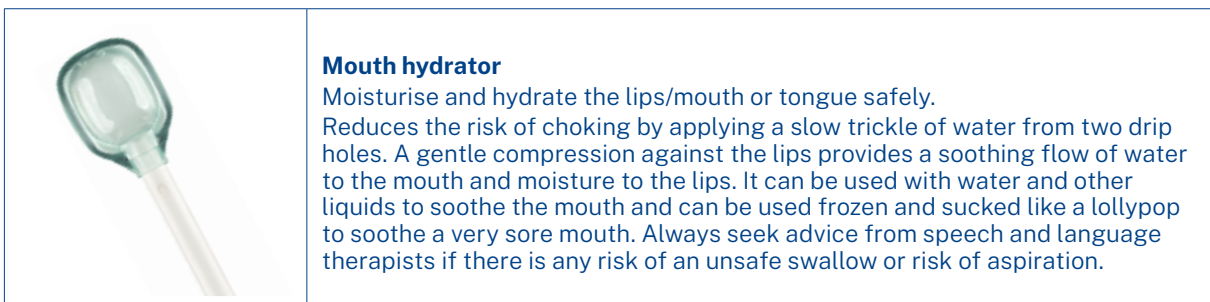
Mouth gels, rather than a spray, are more suitable for individuals with a swallowing problem or those who are semi-conscious. Seek advice from a speech and language therapist.



Mouth rinses and mouth washes

Mouth rinses and washes can be used to swish around the mouth providing freshness and moisture. Seek advice from a speech and language therapist if the person is nil by mouth or has severe swallowing issues. Avoid mouthwashes with alcohol as this can cause the mouth to feel drier.

There will be some specific mouthwashes for patients who have oral pain such as Benzylamine hydrochloride (Difflam). There are oral solutions (mucosal protectants) to help with symptoms of mucositis (inflammation of the lining of the mouth often as a result of cancer treatment).



ALERT

Foam sponge mouth swabs

It is strongly recommended not to use foam sponge swabs of any type for mouthcare. Their use is banned in Wales and in many organisations across the rest of the UK.

They are not effective in cleaning teeth or removing dental plaque and there is a risk that the foam head could become detached.

This is a serious choking hazard.



Lemon and glycerine swabs

The use of lemon and glycerine swabs are not recommended as they can worsen a dry mouth.

For residents with severe mouth pain/gingival bleeding, or to provide comfort in the terminal stages of illness, a soft toothbrush or Mc3 mouth cleanser is preferable to provide hydration and to keep the mouth moist.

Tap water or water-based gel can be used to keep the mouth moist.



Further resources including mouth care assessments can be found at:
e-lfh.org.uk/programmes/mouth-care-matters

References

Department of Health and Public Health England (2017) *Delivering better oral health*, 3rd edition, London: DH. Available at: assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/605266/Delivering_better_oral_health.pdf (accessed 20 August 2021)

Doshi, M. et al., (2019) *Mouth Care Matters guide, a guide for hospital healthcare professionals, 2nd Edition*. Available at: mouthcarematters.hee.nhs.uk/wp-content/uploads/sites/6/2020/01/MCM-GUIDE-2019-Final.pdf (accessed 20 August 2021)

MHRA (2021) *MDA/2012/020 Oral swabs with a foam head - heads may detach during use* (web). Available at: gov.uk/drug-device-alerts/medical-device-alert-oral-swabs-with-a-foam-head-heads-may-detach-during-use (accessed 20 August 2021)

Marie Curie (2015) *What are palliative care and end-of-life care?* (web). Available at: mariecurie.org.uk/help/support/diagnosed/recent-diagnosis/palliative-care-end-of-life-care (accessed 20 August 2021)

Marie Curie (2019) *A guide to end-of-life services* (web). Available at: mariecurie.org.uk/professionals/palliative-care-knowledge-zone/proving-good-quality-care/a-guide-to-end-of-life-services (accessed 20 August 2021)

Marino PJ et al., (2016) *Comparison of foam swabs and toothbrushes as oral hygiene interventions in mechanically ventilated patients: a randomised split mouth study*. *BMJ Open Respiratory Research*; 3: 1, e000150.

Public Health England (2017) *Delivering Better Oral Health; An evidence-based toolkit for prevention*, London: PHE. Available at: gov.uk/government/publications/delivering-better-oral-health-an-evidence-based-toolkit-for-prevention (accessed 20 August 2021)

Regnard, C. and Dean, M. (2010) *A guide to symptom relief in palliative care*. 6th edition. Oxford: Radcliffe Publishing.

UKOMiC (2019) *Oral Care guidance and support in cancer and palliative care*. 3rd edition. Available at: ukomic.co.uk/documents/UKOMiC-Guidance-3rd-Edition.pdf (accessed 20 August 2021)

RCN quality assurance

Publication

This is an RCN practice guidance. Practice guidance are evidence-based consensus documents, used to guide decisions about appropriate care of an individual, family or population in a specific context.

Description

This publication has been developed for people who work in health and social care to support the delivery of safe and effective mouth care for adults in end-of-life care. Mouth care includes cleaning the lips, tongue, roof of the mouth, gums, teeth and dentures and is a very important part of end-of-life care. This guidance includes the fundamental principles of mouth care, detail on mouth assessment and care planning and signposts to further information and resources.

Publication date: September 2021 Review date: September 2023

The Nine Quality Standards

This publication has met the nine quality standards of the quality framework for RCN professional publications. For more information, or to request further details on how the nine quality standards have been met in relation to this particular professional publication, please contact publications feedback@rcn.org.uk

Evaluation

The authors would value any feedback you have about this publication. Please contact publicationsfeedback@rcn.org.uk clearly stating which publication you are commenting on.

The RCN represents nurses and nursing, promotes
excellence in practice and shapes health policies

RCN Direct
www.rcn.org.uk/direct
0345 772 6100

Published by the Royal College of Nursing
20 Cavendish Square
London
W1G 0RN

020 7409 3333
www.rcn.org.uk

September 2021
Review date: May 2026
Publication code: 009 921

