WHY MOUTH CARE MATTERS

Simple steps such as assessing pain and involving families in care can improve an individual’s ability to eat, drink and communicate, all factors that enhance their comfort.

By Erin Dean

Mouth problems, including a dry or painful mouth, infections and changes in taste, are all common issues in dying patients. Maintaining oral health is an essential part of good care in the final weeks and days of life, but expert nurses warn it is an area that is frequently neglected or not done well.

Guidance from charity Marie Curie, the National Institute for Health and Care Excellence (NICE), the Scottish Palliative Care Guidelines and the UK Oral Management in Cancer Care Group (UKOMiC) all emphasise the need to focus on this aspect of care, particularly in the final days of life.
Manage oral pain symptomatically, using
Encourage family members who may wish to
Carry out mouth care as often as necessary to
Include mouth care in the patient’s care plan
When the weather is dry and hot, use a room
Offer help to clean teeth or dentures
In people who are conscious, the mouth can be
In people who are unconscious, moisten the mouth
Consider changing or stopping medicines that are
Stop treatment of the underlying cause of oral
UKOMiC chair Barry Quinn,
Apply a water-soluble lubricant to prevent
Psychosocial significance
Marie Curie points out that if these issues are not assessed and managed, they can cause further problems with self-esteem and the
There are historical practices around mouth care for the dying patient, rather than care based on best evidence
Sue Dargan, Macmillan nurse
ability to communicate, socialise and enjoy food and drink.
NICE guidance on care of the dying adult says staff should offer care of the mouth and lips frequently and include the management of dry mouth in the individual’s care plan, if necessary. The person should be offered help with cleaning their teeth or dentures and frequent sips of fluid.
Dr Quinn says standards in practice are often not what they should be. ‘In a hospice setting I would like to think [mouth care] is done well, but in someone’s home or an acute hospital on a medical, cancer or older people ward it needs to be done better and more regularly,’ he says.
‘We have over-medicalised death and there is a lot of focus on symptom management, as there should be, but not all symptoms are dealt with by medication. Some of it, such as mouth care, is personal care.’
Sue Dargan, Macmillan lead nurse for cancer, palliative and end of life care at Ashford and St Peters NHS Foundation Trust in Surrey, says that the basis of good mouth care is nurses being able to assess the mouth.
At her trust, mouth care is part of individualised care planning carried out by nurses and is on symptom observation charts.
Ms Dargan suspects that there is a lot of variable practice in mouth care, even in a single setting.
‘If you ask most nurses if they can do mouth care and if they are competent, they would say they are,’ she says. ‘But when you go around wards, you see dry mouths, oxygen masks still on, and sponge swabs sitting in fluid. There are huge cultural and historical practices around mouth care with the dying patient, rather than care based on the best evidence.’
The focus of good mouth care has shifted over the past decade or so from treating problems towards prevention.
Dr Quinn says that UKOMiC latest guidance, published in June for patients with cancer and those receiving palliative care, advocates a four-step approach, as follows:
Good mouth care brings comfort and is something families can be involved with at a time when they often feel helpless
Barry Quinn, pictured right, chair of the UK Oral Management in Cancer Care Group

How to ensure high-quality mouth care in the final days of life
Include mouth care in the patient’s care plan
Encourage family members who may wish to participate in mouth care with guidance and support from the healthcare team
Consider changing or stopping medicines that are causing a dry mouth
Carry out mouth care as often as necessary to maintain a clean mouth
In people who are conscious, the mouth can be moistened every 30 minutes with water from a water spray or dropper or ice chips can be placed in the mouth
In people who are unconscious, moisten the mouth frequently, if possible, using water from a water spray, dropper, sponge stick or ice chips placed in the mouth
Apply a water-soluble lubricant to prevent cracking of the lips
When the weather is dry and hot, use a room humidifier or air conditioning if possible
Offer help to clean teeth or dentures
Manage oral pain symptomatically, using analgesics via a suitable route
Stop treatment of the underlying cause of oral pain when the burden of treatment outweighs the benefits

Source: Scottish Palliative Care Guidelines: Mouth Care
tinyurl.com/endoflife-mouth-care
Assessing the mouth and considering whether someone is at high risk. Assessments should be undertaken by trained health professionals using a recognised grading system, and should include changes to the oral mucosa, the presence or absence of pain, the patient’s nutritional status and the level of fatigue.

Mouth care, which includes cleaning teeth with a toothbrush, and can include providing moisture using ice chips, mouth sponges and water droppers.

Taking measures to prevent mouth problems.
Treating any specific problems such as infections.

Use of foam swabs
There has been some controversy about the use of foam swabs in mouth care, including concern about the sponge detaching from the stick.

But Dr Quinn says problems have stemmed from them being used incorrectly and nurses should follow local guidance on the issue.

The swabs are single use items that should not be left sitting in fluid that can erode the sponge, he says.

The Scottish Palliative Care Guidelines says families should be encouraged to get involved in mouth care for patients at the end of life. However, Marie Curie also points out that while many relatives will want to help, some will be uncomfortable with this, and others may find it distressing as it will emphasise how seriously unwell their loved one is.

However all the experts agree that mouth care needs to be given the priority it deserves,

‘Good mouth care is not expensive, the big thing is just thinking about it and thinking about your own mouth and how it feels if you are prevented from cleaning it for just one day,’
Dr Quinn says.

NICE: Palliative care – oral
tinyurl.com/palliative-care-oral

Scottish Palliative Care Guidelines: Mouth Care
tinyurl.com/UKOMIC-guidance

Risk factors for oral problems in patients with cancer or at the end of life

Older patient
Poor oral or dental health
Poor nutrition or hydration
Co-morbidities
Inability to perform oral care
Malignant oral disease
Prior systemic anti-cancer treatments
Supportive therapies including bone-modifying agents
Source: UKOMIC Oral Care Guidance and Support in Cancer and Palliative Care: Third edition tinyurl.com/UKOMIC-guidance

The power of personal preference in helping patients to stay hydrated and comfortable

Dying patients at Shrewsbury and Telford Hospital NHS Trust are offered a wide choice of drinks – even whisky if that’s their tipple.

Families have told staff how much they appreciate the opportunity to share their loved one’s drink of choice in the individual’s final days of life.

The trust’s end of life care and speech and language therapy teams introduced the Taste for Pleasure initiative after a volunteer pointed out how distressing a ‘nil by mouth’ sign above the bed of a dying patient can be.

The signs have since been replaced by a picture of a swan (pictured below), and patients are now given the opportunity to have their favourite drinks used to moisten their mouths.

Taste for Pleasure was introduced gradually at the trust and now has a standard operating procedure backed by the board, to ensure it is offered in a standardised way across the organisation. Drinks generally have to be provided by family or relatives unless they are widely available, such as tea.

End of life care facilitator Jules Lewis says: ‘We have had some amazing experiences. We have had a family who shared Prosecco with their mother, and they told me how important it was to them, the memory of those last hours. Tea is also a popular choice.

‘There is only one chance to get it right in the care of the dying. We want our staff to be empowered to offer this.’

A post on social media about the initiative received more than 3,000 enthusiastic responses. These included comments from nurses at hospices, care homes and hospitals who said they would like to introduce something similar, and some who said they already use a similar approach with patients at the end of life.