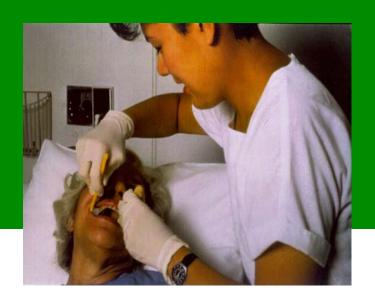
Oral Care for Individuals with Dementia





Halton Region Health Department Mission Statement

Together with the Halton community, the Health Department works to achieve the best possible health for all.



These materials may be reproduced in their entirety <u>only</u> and for non-commercial purposes. Credit is given to Halton Region and reference is made to Halton Region's site, <u>www.halton.ca</u>.



Note:

All patient care plans must be approved by expression resident's/patient's appropria

the resident's/patient's appropriate health care provider.



Living with Dementia

Each person with dementia has a unique set of abilities and care needs that change over time as the disease gets worse. Yet, even when the disease is most severe, the person can experience joy, comfort, and meaning in life. The quality of life depends on the quality of the relationships people with dementia have with their loved ones, their community, and their home care providers.

Alzheimer's Assoc. Retrieved 2011.





Importance of Oral Health



Good oral health brings significant benefit for general health, dignity and self-esteem, social integration and general nutrition. It is important for a person's sense of well-being and quality of life and its impact can be profound, affecting one's ability to eat, laugh and smile.

Alzheimer's Society 2011



Oral Health is Linked to Overall Health

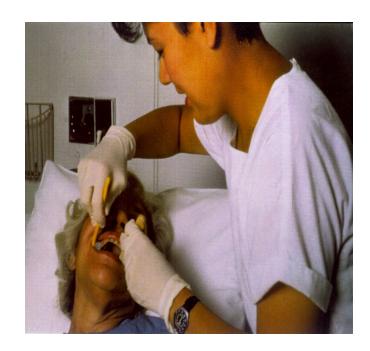
Good Oral Health can result in:

- Improvement of overall health
- Increase self esteem
- Social acceptability
- Higher quality of life

Poor Oral Health can result in:

- Chewing and swallowing difficulties
- Malnutrition
- Pain and loss of sleep
- Low self esteem
- Decreased ability to communicate
- Avoiding of social interaction
- Increase susceptibility to systemic infectious diseases such as pneumonia

(RNAO - Oral Health: Nursing Assessment and Interventions, 2008)





Caregiver Resistance to Providing Oral Care



- 1. Shortage of time
- 2. Lack of oral care supplies
- 3. Fear of being bitten
- 4. Challenges with behaviours
- 5. Lack of confidence that the job is being correctly done
- Health and safety /ergonomics.



Timing Daily Oral Care

In order to achieve at least 2 oral care sessions a day:

- Time of day for brushing may need to be changed
- Two caregivers may be required to do the oral care.





Basic Supplies





Why You Should <u>NOT</u> Use Toothpaste for Everyone

Regular toothpaste causes:

- Foaming
- Increased saliva flow and need to spit
- Reduced caregiver visibility
- Increased risk for choking (swallowing problems)

Strong flavouring

 May not appeal to older adults e.g., adults with dementia

Perivex

- For clients at risk of choking
- Does not contain fluoride
- If client can rinse and spit, use fluoridated toothpaste





Toothbrush Type



- the size of the handle
- the length of the handle
- the size of the brush head



Flossing

Not realistic for many caregivers or individuals with dexterity problems – try inter-dental brushes, proxi-brushes and stimudents







Coaching Residents (Early Stage Dementia)

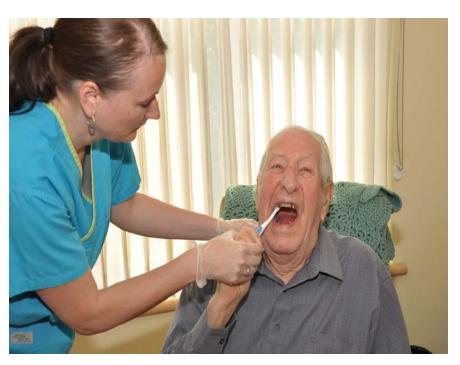
May need to break down into simple steps and one instruction at a time.

- Repeat
- Remind





Hand-Over-Hand Technique (Mid Stage Dementia)







Total Care (Late Stage Dementia)

You must evaluate and re-evaluate when individuals with dementia need:

- Additional caregiver assistance
- When supplies and techniques need to be changed





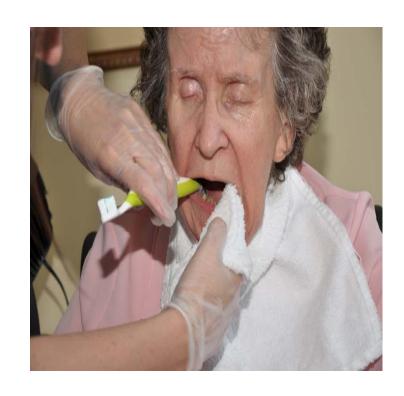
Total Care (Late Stage Dementia)

- Swallowing difficulties (Dysphagia) management: use"mop and go" brushing technique
- Clenching management: use small pointed toothbrush
- **Denture swallowing risk:** permanently remove a denture especially partial dentures if they are loose



"Mop and Go" Technique

- This method of brushing teeth does not require the individual to have to spit or swallow
- All debris and saliva is mopped up with the 4x4 gauze or disposable j-cloth throughout the brushing procedure





Reducing Aerosol Splatter When Brushing Teeth

Sequence:

- Use "mop and go" technique throughout tooth brushing session
- 2. Teeth together, if possible
- Brush upper outside surfaces first using circular or gentle back and forth motion



Reducing Aerosol Splatter When Brushing Teeth

- 4. Brush upper inside back teeth
- 5. Brush upper inside front teeth next
- 6. Brush inside lower front teeth
- Brush lower back teeth inside last as it stimulates gag reflex



Reducing the Potential for Caregiver Being Bitten or Grabbed

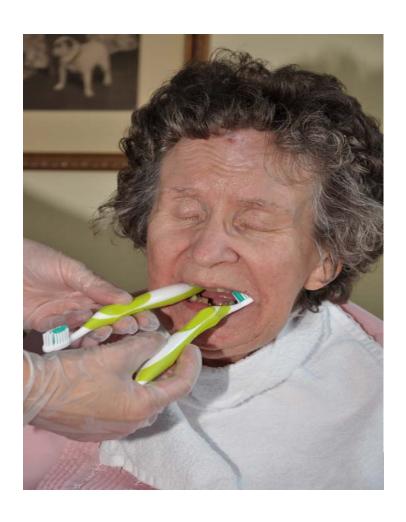


Two toothbrushes:

- one for brushing
- one for retracting cheek or for resident to bite down on



Bite the Bamboo



- Use 2 toothbrushes
- Use large handle of one brush to prop open one side of the mouth, with the second brush clean opposite side of mouth
- Baton twirl brush used to clean mouth position on side of mouth that has been cleaned, brush other side of mouth



The Hand Hold



 A second caregiver holding the client's hands will allow the first caregiver to deliver oral care by reducing the risk of being hit.



The Hug



 Sometimes stabilizing a client with a gentle hug as shown provides a safer environment for the caregiver and the client.



Bed Method



- Never awaken a resident to provide oral care
- Come back and try again later
- Bed rails up
- Use 2 toothbrushes, hand holding, etc.



Wheel Chair Method



 Large wheelchairs often recline making it easy to do the mop and go oral care technique



Managing Responsive Behaviours for Individuals with Dementia

- Use techniques you may have learned in your approach for other aspects of care (e.g., Gentle Persuasive Approach)
- Try to do oral care in the bathroom where familiar personal items are



- Use rolled up washcloth or soft ball if individuals hands start grabbing
- If 2 person approach is used have only one person speaking throughout the procedure



Distract with music, T.V. etc



Other Considerations When Having Difficulty Providing Oral Care

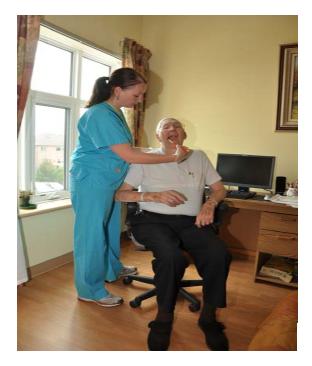


- Record oral care challenges in the care plan and in the progress notes
- Review the oral care plan regularly and revise when needed
- Contact family, some family members will assist with care
- On-site visit or off-site appointment with dentist or hygienist for poor oral health status or to arrange for dental treatment



Caregiver Safety and Ergonomics





Take care by positioning clients so that stress on the caregiver's body is reduced.



Daily Oral Care Plan for

Natural Teeth and Dentures



Where to provide care:

- in bathroom
- in geri-chair/wheelchair
- in bed

Supplies:

customize to the client.

Charge Nurse's Role:

- problem solve for staff
- assist with oral care planning



Resources Cited

- Alzheimer's Society. (2011). Dental Care and Dementia. [Online]. Available: <a href="http://www.alzheimers.org.uk/site/scripts/documents_info.php?documents_info.php.docume
 - http://www.alzheimers.org.uk/site/scripts/documents_info.php?documentID=138
- Alzheimer's Association. (Retrieved 2011). Campaign for Quality Care: Dementia Care Practice Recommendations for Professionals Working in a Home Setting. http://www.alz.org/national/documents/Phase_4_Home_Care_Recs.pdf
- Registered Nurses' Association of Ontario. (2008). Oral Health: Nursing Assessment and Interventions. [Online]. Available: http://www.rnao.org/Page.asp?PageID=924&ContentID=1567



For more information contact Halton Region

Dial 311 or 905-825-6000

Toll free: 1-866-4-HALTON

(1-866-442-5866)

TTY 905-827-9833

www.halton.ca

