Oral Hygiene

For The Bedridden

Patient

A Complimentary Video
And Information Booklet
By the South Carolina Dental Association
And the MUSC Health Communications Network
Production Costs Paid By The Alliance of the SCDA
Why Daily Mouth Care Is Important

Bacteria is the main cause of tooth decay, bleeding gums, and bad breath; it must be controlled! Controlling bacteria in the mouth improves the residents’ dental health and feeling of overall well-being. It improves the appetite, decreases feelings of isolation, and helps residents to feel good about themselves.

EVERY resident needs and deserves good mouth care.

1. Daily mouth care removes and controls bacteria, makes the mouth feel clean, and maintains healthy mouth tissue.

2. Bacteria is present in ALL residents and accumulates on gums, checks, tongue, roof of the mouth, dentures and partials.

3. Bacteria clings to the teeth at the gumline and moves along the root surface destroying the bone that supports the teeth. This is how teeth get loose and are lost.

4. Bacteria (plaque) forms in two to three hours after brushing and flossing.

5. A bloody toothbrush indicates the presence of bacteria. Continue to gently brush the gums. As the bacterial count decreases, the gums will stop bleeding and become more healthy.

6. Bacteria can be removed effectively in four (4) minutes or less.
How to Control Mouth Bacteria

CAUTION: Do not put any liquids, toothpastes, etc. in the mouth of your patient if comatose, combative, or has difficulty swallowing.

Mouth bacteria can be controlled mechanically and chemically.

Mechanical Control

1. Brush all mouth tissue with a labeled, small, soft bristle toothbrush using a small circular motion. Be especially careful to brush along the gumline.

2. Floss between teeth – scrape the sides of the teeth all the way to the gumline. This will clean bacteria that tends to collect between the teeth.

Chemical Control

1. Mouthwash with fluoride swished between the teeth and used on the toothbrush helps control bacteria.

2. Toothpaste containing fluoride helps reduce tooth decay. Only a small amount of toothpaste is needed on the brush.

3. To prevent the spread of bacteria, label all mouth care supplies with the patients’s name. Use a permanent marker and coat the names with clear nail polish.

Additional Controls

1. Limit the number and frequency of sweets, especially soft drinks.

2. Clean and store supplies properly.

3. Regular dental exams and cleaning help to promote oral health. Dentists often can identify and restore small problems before they develop into major toothaches.
Guide for Routine Oral Hygiene

Equipment and Supplies

Residents with natural teeth

Gloves
Curved basin
Paper cups
Towel
Paper towels
Labeled, wax dental floss
Lubricant for lips

Gauze
Labeled toothpaste with fluoride
Straw
Labeled, junior size soft toothbrush
Labeled fluoridated mouthrinse
Labeled floss holder

Caution: Do not put any liquids, toothpaste, etc. in the mouth if your patient is comatose, combative or has problems swallowing. Use a toothbrush dipped in mouthrinse to brush the gumline, teeth and inside the mouth.

Residents with Dentures or Removable partial dentures

Gloves
Labeled denture cup
Labeled denture brush
Labeled denture cleaner
Labeled, denture cleanser toothpaste
Labeled, fluoridated toothpaste
Labeled, fluoridated mouthrinse
Labeled, floss holder

Labeled, junior size soft toothbrush
Labeled, lip lubricant
Paper towels
Paper cups
Towel
Curved basin
Gauze
Labeled waxed dental tape

Comatose or Combative Patient

Use appropriate supplies. Do not use liquids or toothpaste. Use only a toothbrush dampened with mouth rinse.

Independent Resident
1. Necessary supplies to encourage independence
2. Careful supervision to assure control of bacteria
3. Explain to the resident that as a caregiver, there may be a few areas that are difficult to reach and that you will be happy to provide assistance.
4. Explain the need to remove all bacteria so the resident will enjoy fresher breath and healthier gum tissue
Delivering Daily Mouth Care
(at least twice a day)

Preparing for Basic Mouth Care:

1. Identify the amount of assistance resident requires.
2. Greet the resident and explain the procedure you are about to do (even if the resident is comatose).
3. Wash your hands thoroughly using warm water.
4. Put on protective gloves (if latex gloves are being used, make sure that the resident is not allergic to latex. If so, use nitrile gloves or other gloves that do not contain latex.)
5. Using paper cups, pour one-half inch of mouthrinse in one, and fill the other with warm water. (this may be diluted if necessary).
6. Prepare the floss holder with a twelve inch piece of floss
7. Arrange supplies conveniently
8. Provide for resident’s privacy and comfort.
9. Protect resident’s clothing with a towel.
10. Apply lubricant to lips
11. Remove any visible debris, if necessary, using gauze.
12. Ask patient if there are any sore areas and if he or she can eat without pain.

Brushing the Teeth – Be aware of any changes in tissue color or texture. Look for red or white areas.

1. Apply a small drop of toothpaste on the bristles
2. Brush teeth, roof of the mouth, cheeks, tongue and gums in a slow circular motion.
3. Use the tip of the brush to clean difficult areas.
4. Rinse with mouthwash. Hold curved basin under chin.

Flossing the Teeth

1. Floss by sliding the floss between the teeth and gently scraping in an up and down motion.
2. Offer the resident an opportunity to use a mouth rinse.
3. Use the curved basin under their chin. Wipe mouth with towel.
4. Lubricate lips
Cleaning and Replacing Supplies

1. Talk to the patient and make sure he/she is comfortable.
2. Rinse toothbrush, shake off excess water
3. Wrap toothbrush in a paper towel
4. Place supplies in basin and return to proper place

Finish Procedure

1. Remove gloves
2. Wash hands
3. Provide written documentation of procedures accomplished. Report any unusual observations or other concerns to the proper personnel.

For Denture Patients:

Prepare for Basic Mouth Care if teeth are present. Brush mouth tissue with a soft toothbrush.

1. Prepare denture brush with denture cleanser toothpaste
2. Scrub dentures. Keep dentures above denture cup; never place dentures directly in the sink
3. Brush and rinse well. Rinse and clean denture cup.
4. Return dentures to resident.
5. Overnight soaking. Place clean dentures in a denture cup with a denture cleaning tablet (ex. Polident). Never soak dirty dentures!!

If denture has been soaking:

1. Drain used water.
2. Scrub the denture
3. Scrub the cup
4. Rinse well
5. Examine the denture. Check for fractures, sharp edges, or any missing or chipped teeth.
6. Never return a damaged denture to a resident. Report for repair!!

Finish Procedure:

1. Remove gloves
2. Wash hands
3. Provide written documentation of procedures accomplished.
Additional Considerations for Denture Patients

1. Remove dentures and/or partial dentures after meals. Rinse well and replace.
2. If the resident is not using their dentures or partial dentures, record this in their chart and report. Failure to wear dentures and partials may cause teeth to migrate and adversely affect the fit of the prosthesis.

Two-Month Maintenance

Every two months, use a flashlight to check all mouth tissues for changes in tissue color or texture. Be especially aware of red or white areas. If the resident is wearing partials or dentures, remove them prior to doing the examination. After all areas have been checked, ask the resident if they are having any discomfort or pain, and if they are able to eat comfortably.

Replace worn toothbrush with a new labeled toothbrush.

Every two months, dentures and partials should be cleaned in an ultra-sonic cleaner.

1. Place rinsed dentures in a resealable plastic bag with water and denture cleanser.
2. Place in ultra-sonic cleaner for five minutes
3. Rinse and scrub the denture with a denture brush. Rinse well before returning to resident.
4. Record and report any observations.

Tricks of the Trade

NEVER force open the mouth of a “mouth clencher”. Brush where you can reach.

NEVER place your fingers between the teeth of an uncooperative patient.

A moist rolled-up wash cloth placed between the back teeth helps to comfortably keep the resident’s mouth open.
Use a cool, moist gauze – three or four times daily – to remove thick, crusty build up from the tongue and the roof of the mouth.

To relax a tight lower lip, have the patient smile, or hold the lip down with your thumb.

Watch for weight loss, or a lack of appetite; this may be the first sign of dental problems. Make sure your observations are reported.

Watch sweet treats for residents; they should be kept to a minimum or totally avoided.

**A Word About “Dry Mouth” (Xerostomia):** Saliva is very important in maintaining good oral health. This is especially true in older individuals since a reduction in salivary flow is a normal part of the aging process. Proper salivary flow helps to provide lubrication and protection of the oral tissues as well as buffering the acids that cause tooth decay. Therefore, dry mouth may lead to some very serious dental conditions. It may be caused by radiation therapy, vitamin deficiencies, stress, depression, diabetes, medications (both prescription and over-the-counter) and aging. Mouth breathing will also cause xerostomia. Symptoms of dry mouth include: lips stick to teeth, difficulty in swallowing, cracked or fissured tongue, difficulty/sore spots when wearing dentures and partials, inflamed gum tissue, bad breath.

**If you believe that a patient has xerostomia, arrange for the patient to be examined by a dentist to confirm this diagnosis.**

Treatment choices: increase the fluid content of resident’s diet, sugar free gum, salivary stimulus (suck on sugar free lemon candies), over-the-counter home care products (ex. Biotene)

Prescription choices: daily fluoride, anti-plaque rinse (Chlorhexidine), saliva substitutes
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