



Mouth care for patients

This leaflet provides useful information on general mouth care for patients, staff and carers.

Why is mouth care important?

Mouth care is important for everybody as poor oral hygiene can impact health, wellbeing and quality of life. Poor oral health has been associated with chest infections, heart conditions, stroke and diabetes. It can also impact people's ability to eat and drink and can lead to soreness, bad breath and social embarrassment. Evidence shows that hospital admissions are often associated with a deterioration in oral health so mouth care is particularly important during hospital stays. People who are nil by mouth are at increased risk of poor oral hygiene and require regular mouth care.

How often should mouth care be completed?

In healthy adults, mouth care should be completed at least twice per day using toothbrush and toothpaste. In addition to this, patients should be encouraged to rinse their mouth using a mouthwash twice daily, but at differing points in the day to teeth cleaning. Patients who are nil by mouth or approaching end of life should receive oral care every two to four hours. Dentures should be removed overnight, cleaned with toothbrush and toothpaste and soaked in diluted mouth wash solution.

Healthy oral cavity

A healthy oral cavity looks clean and moist. The lips, tongue and roof of the mouth should be pink. There should be no sign of decay or red/white patches. If the person has dentures, these should fit properly.

Unhealthy oral cavity

Signs of an unhealthy oral cavity include dryness due to a lack of saliva, gum disease (redness, inflammation, bleeding), oral thrush/candida (a white coating), excessive drooling, mouth ulcers and dental decay. All of these symptoms can be improved by careful and thorough mouth care.

Risk factors

The following factors increase the risk of developing poor oral hygiene: nil by mouth / limited oral intake, dementia, frailty, learning disabilities, palliative care, mental health difficulties, stroke, physical disability and medical interventions including oxygen/ventilation, immunosuppression, steroids and chemo/radiotherapy.

Mouth care: Step by step guide

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| 1. Use a pen torch and tongue depressor to inspect the mouth. |
| 2. Use a mouth sponge / MouthEze to remove excess saliva or food particles from the oral cavity. If dried, moisten with a mouth sponge before removing with the MouthEze / blue forceps as required.
NB: Mouth sponges are not effective at removing plaque and if left to soak in water can become a choking risk . |
| 3. Use a soft toothbrush with a small head and a pea-sized amount of toothpaste to brush teeth and remove plaque. |
| 4. Do not rinse with water or mouthwash. Ask the patient to spit out any excess toothpaste into a bowl or use a mouth sponge / MouthEze dipped in diluted mouthwash to remove toothpaste. Ensure to squeeze out excess fluid before use. |
| 5. Apply a small amount of saliva substitute / moisturising agent after mouth care, as required. |
| 6. If lips are dry or cracked, apply Vaseline / Soft Paraffin as required.
NB: Not indicated for patients on oxygen therapy. |
| 7. Ensure dentures are in situ during the day and removed at night. Clean dentures with a denture brush / toothbrush and leave in a soaking solution overnight (if none available use mouthwash diluted in water). |

Contact us

Speech & Language Therapy
Inpatient Therapies Level 1 Battle Block
Royal Berkshire Hospital
London Road, Reading RG1 5AN
Tel: 0118 322 5205 or Email: rbft.speechlanguage@nhs.net

To find out more about our Trust visit www.royalberkshire.nhs.uk

Please ask if you need this information in another language or format.

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