



Mouth care case study – Palliative care

Patient background

- 88-year-old lady who is a resident in a nursing home who was diagnosed with Alzheimer's dementia 10 years ago is now bed-bound. Her son is power of attorney for health and finances as she was assessed as not having capacity in these matters several years ago.
- All her needs are anticipated. She is non-verbal but will cry out if frightened. She will open her mouth for food and drink when it is offered and close her mouth when she has had enough.
- Following a recent hospital stay with a urinary tract infection (UTI) and pneumonia, she is now under the Community Palliative Care team. Following discussions with her son in hospital and on discharge, any further input is to be centred on quality of life/symptom control. She is not for further admission as the unfamiliar environment causes her distress and it is felt further active treatment will not be beneficial.
- Referred to speech and language therapy by the nursing home staff as coughing on intake appears distressing. Swallow assessment requested with the aim of reducing the cough to enable her to eat and drink with enjoyment.

Speech and language therapy input into patient's mouth care

- On initial assessment, carers reported that the patient often refused mouth care by closing her mouth, crying out. When accepting, she wouldn't open her mouth so they only cleaned the front of her teeth.
- An Oral Health Assessment Tool (OHAT) was completed on initial assessment; score of 10/16 characterised by dry, chapped lips, coated tongue, dried secretions visible on tongue and hard and soft palate, broken and decayed teeth, food particles and plaque. Unable to comment if the patient was refusing oral hygiene because of pain or understanding of task.
- Discussed referral to dentist with son and nursing staff; agreed to try oral care programme first to avoid unnecessary treatments/distress to patient.
- The SLT worked with staff to:
 - Orientate the patient to task: talk to her in a gentle voice 'time to brush your teeth', show her tooth brush, hand over hand support to hold toothbrush when she allows
 - Use a soft child's toothbrush – smaller, less abrasive
 - Use low foaming toothpaste, saliva gel for dry lips/mouth
 - Try to carry out mouth care at similar times in day
 - Record when mouth care was completed



Outcomes

- Mouth care record not consistently completed by staff; however, an overall consistent approach meant the patient began to allow mouth care without signs of distress.
- OHAT score improved: 2/16 (dentition).
- The SLT gave recommendations for fluid/food for quality of life.
- No further chest infections/pneumonia.

Learnings

- Consider how a person's cognition can affect understanding of the task; mouth care can be frightening.
- Introducing mouth care regime for nursing home staff to follow can be challenging when it is not part of their induction.