



Speech and Language Therapy

# Mouth care

For people with swallowing problems  
(dysphagia)

## What is mouth care?

**Definition** – Oral health is defined as ‘a standard of health of the oral and related tissues, which enables an individual to eat, speak and socialise without active disease or embarrassment and which contributes to general wellbeing’ (Department of Health, 1994).

**Good mouth care** is more than dental care or the absence of oral disease. Evidence shows that hospitalisation is associated with deterioration in oral health. In turn this has been linked to: poor mouth care leading to limited eating and drinking, resulting in malnutrition and dehydration, affecting recovery and can delay discharge from hospital, increasing care costs.

## Why is mouth care important for people with swallowing problems?

**Dental plaque** contains many different species of bacteria, some of which can cause pneumonia. Mouth or upper throat secretions containing dental plaque have been found to be associated with pneumonia (Scannopieco, 2006). This happens when they are breathed into the lungs (aspiration). People lying flat in a hospital bed and older people with decreasing levels of consciousness are more likely to aspirate oral secretions.

**Hospital acquired pneumonia (HAP)** – increased hospital stays by an average of 8 days and mortality rates are high; between 30 – 50% (NICE, 2014)

### Prevent mouth related illnesses

**Quality of life** – Poor oral health can affect a person’s self-esteem and dignity, this in turn can lead to unhappiness, all of which can impact on a person’s recovery.

**Social** – Poor oral health can affect the ability to speak, smile, kiss or socialise. People may find it difficult to communicate with hospital staff, family and friends.

## Oral health and chronic disease

There is increasing evidence to show that poor health and poor oral hygiene are linked to general health and chronic systemic diseases. This can be broken down into:

**Oral health and hospital-acquired infections** – Pneumonias, ventilator-assisted Pneumonia (VAP) in hyper-dependency units.

**Oral health and chronic diseases** – such as diabetes; cardiovascular disease; infective endocarditis; stroke; pregnancy outcomes; dementia; cancer (Mouth Care Matters, Booklet - A guide for hospital healthcare professionals).

# Mouth care is more than cleaning teeth - it also involves cleaning

Mouth Care Matters

## Mouth care assessment guide

NHS Health Education England

<b>Lips</b>	 Pink & moist	 Dry, cracked, difficulty opening the mouth	 Swollen, ulcerated
<b>Action</b>	None	Dry mouth care	Refer to DOCTOR
<b>Tongue</b>	 Pink & moist	 Dry, fissured, shiny	 Looks abnormal, white coating, very sore/ulcerated
<b>Action</b>	None	Dry mouth care	Refer to DOCTOR
<b>Teeth &amp; Gums</b>	 Clean, teeth not broken or loose	 Unclean, broken teeth (no pain), bleeding/inflamed gums	 Severe pain, facial swelling
<b>Action</b>	2x daily toothbrushing	Daily toothbrushing, clean the mouth	Refer to DOCTOR
<b>Cheeks, Palate &amp; under the Tongue</b>	 Clean, saliva present, looks healthy	 Mouth dry, sticky secretions, food debris, ulcers <10 days	 Very dry/painful, ulcers >10 days, widespread ulceration, looks abnormal
<b>Action</b>	None	Clean the mouth, dry mouth care, ulcer care	Refer to DOCTOR
<b>Denture</b>	 Clean & Comfortable	 Unclean, loose, patient will not remove	 Lost
<b>Action</b>	Clean daily	Denture care, encouragement	DATIX if lost, refer to dental team if lost or broken

## Equipment

Brushes – Be aware of different types of brushes; different sizes; different levels of brush-head firmness etc. Speciality toothbrushes are also available, e.g. suction brushes to catch any loose fluids, paste or saliva. Multi-headed brushes may be beneficial for people with reduced cooperation / tolerance of oral care.



**A manual toothbrush with a small head and soft bristles is recommended for dependent people.**

Mouth sponges – Use with caution and only when person's own toothbrush is not available. Always follow manufacturer's instructions. Dangers include sponge heads becoming loose or bitten off. Be careful not to leave sponges to soak as this can loosen the head. Ensure each sponge is disposed of after single use. Ensure sponges do not become soaked with thin fluids if person is advised to take thickened fluids.

Toothpaste – Specialist paste is available, e.g. non-foaming. This can help prevent aspiration on paste for some people. Fluoride toothpaste should be used – twice each day.

Mouth wash – Use a fluoride, alcohol free mouth wash. Don't use mouth wash immediately after cleaning teeth (wait for 30 minutes). Be aware of the different acidity strengths, aim for a pH above 7 to reduce enamel damage. (Listerine, Wellnessdentistrynetwork).

**Caution – Avoid using mouth wash (level 0 fluid) with people with dysphagia. If unsure ask your speech & language therapist.**

## Daily mouth care tips

- ✓ REMOVE ANY FOOD OR SECRETIONS/ SPUTUM
- ✓ DEBRIS BEFORE ORAL INTAKE
- ✓ If a weakness exists on one side of the mouth — ensure the weaker side is clear from food debris after all food.
- ✓ \*If using an oral sponge, always check each sponge is firmly attached to the stick before placing in the person's mouth.

### Lips



- Brush gently but firmly, corner to corner across the top lip
- Repeat for lower lip

### Teeth



- Gradually work from back teeth on one side to the front. Repeat on the other side starting at the back teeth. Use slow, large, continuous movements.
- If the person has an automatic tight lip seal / clamping – place brush or sponge at centre of the lips and gently roll under lip (top or bottom) and gradually work your way to the back teeth on one side. Then continue as above.

### Inner cheeks



- Starting at one side of back inner cheek, gently pull outwards with oral sponge or toothbrush and roll downwards, towards the bottom of the cheek / lower gum.
- Gradually work your way forwards. When at the front, lower inner cheek – sweep through anterior lower gum to the other side of inner cheek, remove sponge from mouth.
- Repeat for inner cheek on other side.

Teeth  
(BEHIND)  
Top and  
bottom



- (Upper and Lower) Starting at the back, behind the teeth on one side, use small, continuous, circular action, working your way to the front teeth. Repeat for the other side.
- If person has spontaneous jaw clamping, firmly place oral sponge towards lip corner and gently roll, rolling hand anti-clockwise, under upper or lower lip until inside. Tactile stimulation at molar region will often encourage person to open their mouth.
- If clamping occurs during cleaning, gently commence a rolling (clockwise) action and movement towards the front of the mouth.

Under  
tongue



- Starting from base of tongue, roll sponge between fingers, towards teeth.
- Simultaneously move hand forwards towards teeth.

Top of  
tongue



- Starting at the back of tongue on one side, slowly roll sponge towards front of mouth.
- Gradually move sponge forwards towards tongue tip.
- Gradually move across the tongue, following the above actions, until all tongue surface has been cleaned.

Roof of  
mouth



- Starting at one side of the palate.
- Gradually roll sponge between fingers forwards..
- Starting at back of the palate, move sponge forwards towards the teeth.
- Gradually move across the palate, following the above actions, until all of the palate surface has been cleaned.

## Denture care



- **Importance of denture hygiene**  
Denture hygiene is important to ensure good oral health. Food debris and plaque can easily accumulate on dentures and needs to be removed daily. In the case of partial dentures, plaque left on dentures can lead to an increased risk of decay in the remaining teeth. Dentures, in particular acrylic dentures, can harbour micro-organisms which can cause oral thrush.
- **Denture fixative**  
Denture fixative is often used to help increase the placement and comfort of dentures. It is available to buy over the counter and should be removed daily from both the denture and person's mouth, using a denture brush and toothbrush respectively.
- **Removing and replacing dentures in the mouth**  
Dentures should be removed at night, cleaned and stored in water in a labelled denture pot. Not all people are willing to follow this advice and it is important to respect the person's decision if this is the case. Keeping the denture out overnight will help to reduce the person's risk of oral candida.  
People are often able to remove their own dentures – just ask. Some people might need assistance.



## Oral thrush

Oral thrush is a fungal infection in the mouth. It commonly occurs in people who are:

- \* Immunosuppressed
- \* Have a dry mouth
- \* taking antibiotics +/- steroids
- \* Not cleaning dentures effectively
- **Signs of oral thrush** – Appears most commonly as creamy white or sometimes red patches on the palate, top of the tongue or any areas in the mouth. The white patches can be rubbed off (e.g. when eating or cleaning teeth) and can leave a painful raw area that may bleed. Thrush can develop quickly under dentures that are not removed every night and is often not spotted for this reason.
- **Symptoms** – Can have no symptoms at all **or** cause soreness and difficulty when eating and swallowing.
- **Risk factors:**
  - ◇ Dry mouth (saliva contains antifungal enzymes)
  - ◇ Steroids including steroid inhalers
  - ◇ Antibiotic use
  - ◇ Wearing dentures
  - ◇ Older age
  - ◇ Impaired immune system
  - ◇ Smoking

Contact your GP if you have concerns regarding Oral Thrush – **as soon as the concern arises**

## Dentist

- Regular dentist checks – see NICE Guidelines or NHS.UK recommendations.
- Contact your dentist immediately if you experience any pain or persistent discomfort.

## Key messages

Mouth – Not just teeth! Oral hygiene should focus on gums, tongue, palate and inner cheeks too.

## Why is oral health important?

- Safer eating and drinking.
- Can reduce oral and respiratory related illnesses.
- Improves Quality of Life and dignity.
- Clean, fresh breath can prevent uncomfortable, awkward, difficult social situations.

## How often?

Brush your teeth with fluoride toothpaste twice a day for about 2 minutes to help keep your teeth and mouth healthy. (NHS.UK)

Please contact your dentist for person-specific advice.

Adult Community Speech & Language Therapy contact details:  
East Oxford Health Centre, Oxford  
01865 904193

## Acknowledgement

Some of this information has been included with kind permission from the NHS Health Education England, Mouth Care Matters Initiative. (MCM).

MCM Contact details:

Email: [mouthcarematters@ncel.hee.nhs.uk](mailto:mouthcarematters@ncel.hee.nhs.uk)

Twitter: @MCM\_HEKSS

[www.mouthcarematters.hee.nhs.uk](http://www.mouthcarematters.hee.nhs.uk)

If you would like to have information translated into a different language, please contact the Equality and Diversity Team at:  
[EqualityandInclusion@oxfordhealth.nhs.uk](mailto:EqualityandInclusion@oxfordhealth.nhs.uk)

**Arabic** يُرجى الاتصال بنا إذا كنتم ترغبون في الحصول على المعلومات بلغة أخرى أو بتنسيق مختلف.

**Bengali** আপনি এই তথ্য অন্য ভাষায় বা আলাদা আকারে পেতে চাইলে অনুগ্রহ করে আমাদের সাথে যোগাযোগ করুন।  
**Urdu** اگر آپ یہ معلومات دیگر زبان یا مختلف فارمیٹ میں چاہتے ہیں تو برائے مہربانی ہم سے رابطہ کریں۔

**Chinese** 若要以其他語言或格式提供這些資訊，請與我們聯繫

**Polish** Aby uzyskać informacje w innym języku lub w innym formacie, skontaktuj się z nami.

**Portuguese** Queira contactar-nos se pretender as informações noutra idioma ou num formato diferente.

Oxford Health NHS Foundation Trust  
Trust Headquarters  
Warneford Hospital, Warneford Lane  
Headington, Oxford OX3 7JX

Switchboard 01865 901 000  
Email [enquiries@oxfordhealth.nhs.uk](mailto:enquiries@oxfordhealth.nhs.uk)  
Website [www.oxfordhealth.nhs.uk](http://www.oxfordhealth.nhs.uk)

Become a member of our Foundation Trust  
[www.ohftnhs.uk/membership](http://www.ohftnhs.uk/membership)