

PALLIATIVE Oral Care



A main focus of palliative care is **pain management**.

This includes pain caused by various oral conditions



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Traditionally, we think of palliative care as care that is provided for those with **a terminal or life threatening illness** such as cancer. One of the primary goals is to provide comprehensive care that alleviates suffering and promotes quality of life at the end of life. While many older adults may not be suffering from a specific terminal illness, advanced frailty and chronic diseases often require us to apply similar goals to ensure optimum comfort in the months and years preceding end of life

It is important to be diligent in providing oral care and evaluating oral care needs on a daily basis. **Oral health problems can develop very quickly can effect a patient's overall health.**

Palliative patients are particularly susceptible to ulcerations, infections, dryness, and coatings affecting mouth tissues. They are also at a higher risk for tooth decay.

These are all sources of oral pain and discomfort.

COMMON CONDITIONS IN PALLIATIVE PATIENTS

- ☞ **Dry Mouth & Lips**
- ☞ **Angular Cheilitis**
- ☞ **Candida Infection (Thrush/yeast)**
- ☞ **Taste & Swallowing Disorders**
- ☞ **Denture Stomatitis**
- ☞ **Chronic Dehydration**

TIPS FOR PROVIDING CARE

- ➔ **Use an ultra soft Toothbrush 2x day** with a very gentle brushing or patting action, the gums may be tender
- ➔ **Rinse with saline, soda water or neutral fluoride rinse after every meal** or use a moist gauze to wipe out leftover food from the cheeks and under the tongue.
- ➔ **Provide a saliva substitute to the mouth 2-6 X daily** to keep it moist. This may help to prevent issues with swallowing and to maintain oral health.
- ➔ **Apply a non-petroleum, water soluble moisturizer to the lips 2-6X daily** as needed. These types of lubricants are available commercially.
- ➔ **Clean dentures after each meal** to make sure that no food is left under the denture which can cause irritation and lead to infections.

REFERENCES

Fitch JA, Munro CL, Glass CA, Pellegrini J. Oral care in the adult intensive care unit. *Am J Crit Care* 1999;8:314-318.

Kelley AS, Meier DE. Palliative care—a shifting paradigm. *N Engl J Med* 2010;363(8):781-782.

Lorenz K. A guideline for palliative care and end of life care [homepage on the internet]. Los Angeles, CA: National Guideline Clearinghouse; 2008 Aug 04 [cited 2010 Sept 13]. Available from: <http://guideline.gov/expert/expert-commentary.aspx?id=16446&search=palliative+care+and+end+of+life+care>

Westley J. Palliative care [homepage on the internet]. [Place unknown]: Mesothelioma; 2011 [cited 2010 Sept 10] Available from: <http://www.mesotheliomaweb.org/palliativecare.htm>

Wiseman M. The treatment of oral problems in the palliative patient. *J Can Dent Assoc* 2006;72(5):453.