

**Oral Health Protocols**  
**for**  
**Residential Aged Care Facilities**

developed by an  
Oral Health in Aged Care Working Group

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# Introduction

This ***Oral Health Protocols for Residential Aged Care Facilities Folder*** was developed by a South Australian Working Group in 2004 to assist dentists, dental auxiliaries and staff of residential aged care facilities to improve the oral health status of residents of aged facilities and to deliver dental treatment as required.

Members of the ***Working Group*** were:

Ms Tara Batson  
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Mr Andrew Hook  
Dr Lukas Tsakalos

Members were representing the ADASA (Australian Dental Association, SA Branch), Dental Hygienists Association of Australia SA Branch, SA Dental Service and Aged and Community Services.

## ***Oral Health in Aged Care***

This section provides information about importance of maintenance of oral health for residents in residential aged care facilities, an introduction to the main problems and the role of carers in oral hygiene.

## ***Guidelines for dentists visiting residential aged care facilities.***

This section provides flowcharts for a dentist or dental hygienist providing services for an aged care resident. The flowcharts cover the treatment being delivered within the facility, within the dental clinic or within a hospital.

In the flowcharts documents and forms (also included in this folder) are in bold text. A checklist for residential aged facilities to refer to is included ensure the visiting dentist has the best working conditions possible away from their surgery/clinic.

## ***Oral Health Treatment Protocols***

The Treatment Protocols have been developed as “hand-outs” to carers regarding oral hygiene/treatment for nominated residents.

## ***Appendices***

The forms are suggested formats to use following the Guidelines for dentists above. The forms can be copied or adapted for specific practices and facilities. The Useful Contacts provides phone numbers for members of the Working Group.

# Oral Health in Aged Care

*Oral diseases and conditions can have social impacts on quality of life, including comfort, eating, pain, and appearance, and are related to dentate status. .. Older adults need to eat and talk comfortably, to feel happy with their appearance, to stay pain free, to maintain self-esteem, and to maintain habits/standards of hygiene and care that they have had throughout their lives.\**

## **Why oral health is important**

- Function – eating and speaking
- Appearance - social interaction and self-esteem
- General health
  - To minimise exacerbation of general medical conditions
  - To minimise oral sources of infections to other parts of the body (e.g., bacteraemia).
- To minimise behavioural problems

## **Causes of poor oral health**

Many factors contribute to the oral health problems of residents in aged care facilities, these factors include:

- Decreased ability to clean the teeth
- Medical illnesses
- Effects of medications (e.g. dry mouth)
- Dental history
  - Pre-existing dental problems (e.g. gum disease)
  - Heavily restored teeth
  - Exposed soft root surfaces
- Diet
  - Nutrition
  - Amount of sugar consumed
- Genetic predisposition or susceptibility to gum infections and/or tooth decay
- Smoking
- Inability to access dental services
- Financial status

*\*JM Chalmers. Oral health promotion for our ageing Australian population. Australian Dental Journal. 2003 vol 48(1) pages 2-9.*

## **Oral health is important for everyone – with teeth or with dentures.**

Plaque is the major contributor to the two main dental diseases, *tooth decay* and *gum disease*. Plaque is a thick and sticky material that contains bacteria. It continuously forms on the teeth and if left on the teeth over a period of time, and it can harden to become calculus (tartar).

### **Tooth Decay**

Teeth are mainly made up of minerals such as calcium. Bacteria in plaque convert sugars into acid, which can dissolve the minerals out of teeth. If left to progress, this can lead to cavities occurring in the teeth and ultimately lead to serious problems, tooth infections and pain. Good oral hygiene is extremely important in order to help avoid tooth decay. Good oral hygiene involves thorough daily tooth brushing as well as the use of fluoride and calcium/phosphate containing products such as toothpaste. These products help strengthen teeth as well as reverse the effects of the acid produced by the plaque bacteria.

### **Gum Disease (gingivitis)**

Bacteria in plaque can also affect the gums, causing widespread gum inflammation, which is referred to as ***gingivitis***.

Gingivitis can be easily treated by removal of the plaque and calculus in addition to daily brushing and flossing. In some cases, gingivitis may progress to a more severe form of gum disease called ***periodontitis***, which affects the bone that supports the teeth as well as the gums.

As gum inflammation get worse, gum pockets form and recession of the gums can occur. Teeth can become loose, fall out or require extraction by a dentist. Periodontitis can result in the loss of many teeth in some people. Periodontitis can be symptomless. Like any infection in the body, it puts strain on the immune system, which affects the overall general health of the individual.

### **Denture problems**

Many problems can occur in residents with dentures. If dentures are not removed, allowing for the tissues to rest, infections such as *thrush*, or *denture sore mouth* can develop. Poorly fitting dentures can also lead to soreness or cracking at the corners of the mouth. In people who wear partial dentures, the natural cleansing ability of saliva is reduced, so more thorough cleaning is needed to prevent infections and tooth decay from developing. Over time, dentures can wear out and the shape of the gums and jaws can change. Because of this dentures may need to be relined or re-made to cater for these changes. The amount of saliva can also affect the ability to wear dentures comfortably. Decreased saliva flow, which can be a side effect of many medications, or ageing, can cause dentures to become loose making them less stable during eating and speaking.

## **Carers role in oral health**

Carers in aged care facilities can play a major role in prevention of problems by:

- **Oral hygiene** -- playing an active role in patient oral hygiene:
  - Assistance with tooth brushing and monitoring oral health
  - Application of medicaments – fluoride, calcium/phosphate containing products
  - Ensuring dentures are kept clean.
- **Saliva:** minimise effects of reduced saliva flow
  - Ensure patients frequently drink water
  - Use artificial saliva products.
- **Diet**
  - Minimise sugary foods/drinks between meals
  - Select healthy snacks e.g. fruit, yoghurt and cheese
  - Avoid sticky, sweet foods that stay in the mouth and are difficult to clean away
  - Follow a diet, which includes intake of all essential vitamins and minerals.
- **Dental check-ups** : Ensure that residents regularly see a dentist and/or dental hygienist for checkups, treatment and preventive options such as *scale and cleans* and general advice on good oral health.

## Guidelines 1-

### **Checklist for visiting dentist**

#### **Facility's responsibilities**

##### ***Treatment Room***

- Separate treatment room is desirable.  
***(Portable screens may be used for privacy in a large area. A designated dental treatment space is essential.)***
- Clean environment** observing universal precautions for sterility is essential.
- Power** essential.
- Sink with running water is preferred.  
*(If not running water, then easy access to running water.)*
- A phone line for internet access is desirable but not essential (to access clinical dental records).

##### ***Treatment chair***

- Treatment chair is preferred with reclining option & neck rest.

##### ***Equipment***

- Portable clinical light in treatment area.
- Two treatment trolleys or shelves.
- For a regular visiting dentist, a lockable cupboard and/or set of drawers is useful for dental consumables.

##### ***Other requirements***

- Prepared **Consent** forms if required.
- Completed **Medications** and **Medical History** forms for dentist.
- Access to a photocopier.

##### ***Staff Member***

- A liaison Aged Care Facility **staff member** to assist Dentist by ensuring that a treatment room/area, equipment, chair and other requirements (listed above) prepared is essential.
- The staff member must have the resident(s) prepared and waiting for dentist

#### **Dentist's responsibilities**

- Personalised "dentist" stamp for resident's notes  
*(e.g. Dentist, Dr Smith, phone 8.....)*
- All dental consumables.
- All safety equipment, masks, gowns etc.

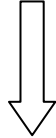
## Guidelines 2 -

# Dental Treatment in a Residential Aged Care Facility

## Need identified

### *Aged Care Facility's responsibilities*

- Residential care makes initial contact with dentist
- Dentist/RCM meet, dentist supplies forms, discuss service options.
- Facility arranges assessment consent (**Consent for Dental Examination: Form 1**) to be obtained from appropriate person
- Facility prepares **Medical History :Form 5** and **Medications :Form 6** for dentist.



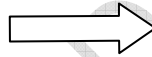
## Assessment

### *Aged Care Facility's responsibilities*

- Facility provides suitable private & clean examination area --
  - power, water & sink table/bench & privacy are essential (see **Guidelines 1 : Checklist**)
  - a suitable chair is desirable.
- Facility has resident ready for dentist.
- Facility has resident's notes ready for dentist (separate dental section recommended).

### *Dentist's responsibilities*

- Dentist examines patient -- considers liaising with GP.
- Dentist prepares **Oral Health Care Plan :Form 4**.
- Dentist discusses care plan with facility staff.
- Dentist makes notes in own notes and facility's records (**adds personal stamp with name and phone number**).



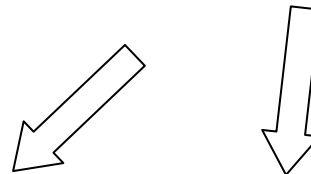
## Treatment

### *Dentist treats in facility*

- Facility arranges **Consent for Dental Treatment** from appropriate person.
- Facility has:
  - Resident ready
  - Prepares suitable private treatment area as per **Guidelines 1 : Checklist**.
  - Liaison staff member to assist dentist.

### *Hygienist treats under dentist direction*

- Facility arranges **Consent for Dental Treatment** from appropriate person.
- Facility has:
  - Resident ready
  - Prepares suitable private treatment area as per **Guidelines 1 : Checklist**.
  - Liaison staff member to assist dentist.



### **Disclaimer**

Information in this document is offered as a general guide only, and not as a substitute for individual clinical judgement.

## Guidelines 3 -

# Dental Treatment in Hospital or Dental Clinic

## Need identified

### *Facility responsibilities*

- Facility staff make initial contact with dentist
- Dentist/RCM meet, dentist supplies forms, discuss service arrangements
- Facility arranges consent (**Consent for Dental Examination : Form 1**) obtained from appropriate person
- Facility prepares **Medical History : Form 5** including **Medications : Form 6** for dentist

## Assessment

### *Facility responsibilities*

- Facility provides suitable private & clean examination area --
  - power, water & sink, table/bench & privacy are essential (see Checklist)
  - a suitable chair is desirable.
- Facility has resident ready for dentist.
- Facility has resident's notes ready for dentist (separate dental section recommended).

### *Dentist responsibilities*

- Dentist examines patient -- considers liaising with GP.
- Dentist prepares **Oral Health Care Plan : Form 4**.
- Dentist discusses plan with facility staff.
- Dentist makes notes in own notes and facility's records (**adds personal stamp, with name and phone number**).

## Treatment

### *Dentist treats in Dental Clinic*

- Dentist ensures wheelchair access and suitable bathroom facilities in place.
- Facility arranges **Consent for Dental Treatment : Form 1** from appropriate person.
- Resident is prepared to travel to Dental Clinic.
- Responsible relative or carer must accompany resident.
- Facility follows **Post tooth extraction instructions : Protocol .**

### *Dentist treats in Hospital (resident has anaesthetic)*

- Facility arranges **Consent for Dental Treatment : Form 2** from appropriate person.
- Facility nursing staff prepare all pre-anaesthetic checks.
- Ensure resident follows **Fasting Instructions for Hospital Admissions : Form 7**.
- Resident is prepared to travel to hospital.
- Responsible relative or carer must accompany resident.
- Facility follows **Post tooth extraction instructions : Protocol 4**.

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## Oral Health Treatment Protocol 1 - **Denture Care**

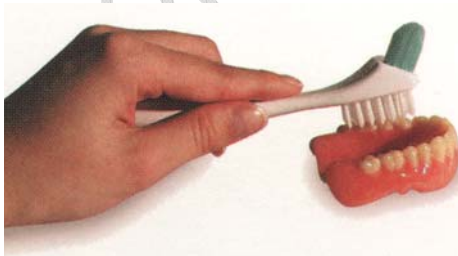
Resident's Name \_\_\_\_\_ Date / /  
Dentist \_\_\_\_\_ Phone \_\_\_\_\_

### ***Safety wear for nurses and carers***

- \* Glasses
- \* Mask
- \* Gloves.

### ***Technique***

- Dentures should always be labelled with the patient's name.
- Remove dentures nightly to allow the denture bearing gums (soft tissues) to breathe. *(This helps prevent infections and maintains oral health.)*
- Soak denture in water or denture cleaning agent to prevent plaque build-up or distortion of dentures over time.
- **Clean dentures after each meal.**
- Place a face washer in the sink to protect dentures if they are dropped.
- Cradle the denture between the thumb and base of the index finger for a stable hold, or place on bottom of the sink or bench.
- **Dentures can be cleaned with soap and a toothbrush.**  
(Denture toothpaste is OK but avoid regular toothpaste, which can be too abrasive. You can purchase specific denture brushes or use a normal toothbrush.)
- Remove all food and plaque from both surfaces of the denture, especially the surface that rests against the tissues.
- For more ingrained stains, soak in 1/2 vinegar, 1/2 water solution overnight.
- Denture adhesive can also be used to prevent rubbing and irritation and to hold dentures more firmly in place.



*With acknowledgement to Dr L Tsakalos and Ms T Batson*

*Images used with permission from Polident\* Denture Care. \* Trade Mark of the GlaxoSmithKline group of companies.*

## Oral Health Treatment Protocol 2 – Tooth Brushing

Resident's Name \_\_\_\_\_ Date / /  
Dentist \_\_\_\_\_ Phone \_\_\_\_\_

### ***Recommended type of toothbrush***

- electric toothbrush                       soft bristles  
 small head                                       well known brands

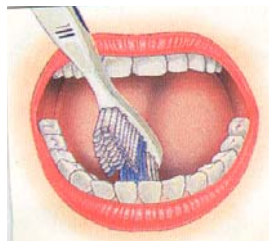
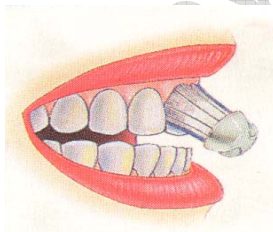
**Electric toothbrushes are strongly recommended.**

### ***Safety wear for nurses and carers***

- \* Glasses
- \* Mask
- \* Gloves.

### ***Technique***

- Brush the teeth morning and night.
- Place toothbrush bristles at a 45 degree angle to the gum line.
- Gently brush in a circular motion brushing the teeth & gums.
- Brush back & forth over chewing surfaces spending at least 5 seconds on each tooth.
- Move systematically around the mouth to ensure all surfaces have been cleaned.
- It may be useful to use another toothbrush to move the cheeks away for better visual access.
- Standing behind the patient when brushing the teeth may be useful.
- Replace toothbrushes every 3 months (as the seasons change).
- Tooth brushing only cleans outside, inside and tops of teeth. Interproximal aids such as toothpicks, dental floss or interdental brushes are also needed for cleaning between teeth.
- Use the same methods with an electric toothbrush.



### ***Difficult patients***

- If the patient is uncooperative, it is recommended to at least apply a fluoride or chlorhexide (antibacterial) gel or rinse.
- Rinses can be put into marked spray bottles and sprayed directly on to the teeth or soft tissues.
- **Note: Fluoride and chlorhexide cannot be used with two hours of each other or they cancel out the beneficial effects.**



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*With acknowledgement to Dr L Tsakalos & Ms T Batson.*

*Tooth brushing images used with permission from Oral-B and the patient photo with permission from Dr J Chalmers.*

## Oral Health Treatment Protocol 3 - Interdental Brush

Resident's Name \_\_\_\_\_ Date \_\_\_\_\_

Dentist \_\_\_\_\_ Phone \_\_\_\_\_

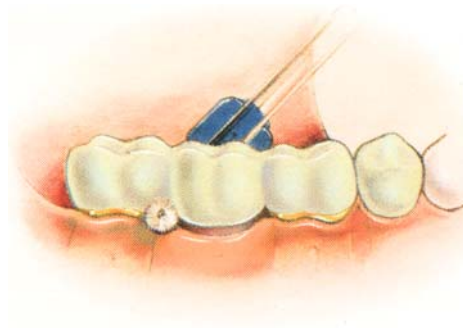
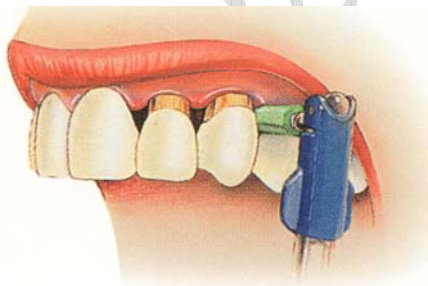
Interdental brushes are used for patients with gum (periodontal) disease or wide spaces between the teeth. Interdental brushes can also be used around bridgework.

### ***Safety wear – for nurses and carers***

- \* glasses
- \* mask
- \* gloves

### ***Technique***

- \* Insert the brush through spaces between the teeth.
- \* Use a gentle back and forth motion to remove bacteria and food.
- \* In cases of severe gum (periodontal) disease, use of chlorhexidine (anti-bacterial) gel can be added to the brush head for more thorough cleaning.



*With acknowledgement to Dr L Tsakalos & Ms T Batson*

*Images used with permission from Oral-B*

## Oral Health Treatment Protocol 4 – Post tooth extraction instructions

Resident's Name \_\_\_\_\_ Date \_\_\_\_\_

Dentist \_\_\_\_\_ Phone \_\_\_\_\_

Always remember a clean healthy mouth heals more rapidly than a neglected one.

**The following steps will help prevent bleeding and relieve soreness:**

### ***Immediately following dental treatment***

- Rest is necessary, but not necessarily lying down.
- Exercise is best avoided for the rest of the day.
- Do not rinse the mouth for at least 24 hours.
- Avoid **hot & cold** fluids, alcohol, smoking, hard or chewy foods.
- Choose cool drinks and minced or soft foods.
- Apply a small compress (gauze or a pack made from cotton wool in a clean handkerchief) if the wound starts to bleed. Place this on the bleeding point and bite firmly for 5-15 minutes.
- **If prolonged bleeding or pain occurs**, it is very important to contact the dentist, and as a follow-up the local hospital.

***Pain Relief*** (if needed): \_\_\_\_\_

***Moutrinses*** – for use 3 or 4 days after treatment

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***Saltwater Rinse*** (to commence 24 hours after extraction)

Bathe the wound after each meal until healing is complete. A saline rinse is made by dissolving a level teaspoon of salt in a glass of warm water. The solution should be held in the mouth for two to three minutes to bathe the wound and then discarded.

***Saltwater Swab***

If the patient is unable to rinse properly and swallows most of the liquid, soak some gauze or cotton swab in the saltwater solution and very gently squeeze onto the area.

## Oral Health Treatment Protocol 5 – **Xerostomia (Dry Mouth)**

Resident's Name \_\_\_\_\_ Date \_\_\_\_\_

Dentist \_\_\_\_\_ Phone \_\_\_\_\_

Xerostomia can be a result of physical and medical conditions, as well as an adverse effect of many medications. The following suggestions may help relieve the condition in resident named above.

- Make sure the resident has plenty of water to drink.
- Keep the **lips lubricated** with *Vaseline*, lanolin, or *KY Jelly*.
- Use **artificial salivas** that are available at the chemist (*Biotene* product range (including *Oral Balance Saliva Substitute*) or the chemist can often make some up for you); these can be rubbed onto teeth, gums, tongue, dentures etc, as needed and before eating.
- Use **sugar-free chewing gum** to help stimulate the flow saliva.
- If “normal” dental products are annoying or burning use special **toothpastes and mouthrinses without alcohol, preservatives, or flavourings**, (*Floran-HA*, *Biotene*) (*Biotene* products also have additional ingredients to stimulate salivary flow and lubricate the mouth).
- **Rinsing mouth with water** is very helpful (use small spray bottles or swab around mouth with wet fingers covered in wet gauze if residents can't rinse and spit or swallow water).
- Rinse with water before eating.
- Discuss the drug combinations that are being taken, as many of the **medications** taken by people with dementia can contribute to xerostomia.
- **Smoking** may aggravate the feeling of dry-mouth.

## Oral Health Treatment Protocol 6 – **Mouthrinses and Fluorides**

Resident's Name \_\_\_\_\_ Date \_\_\_\_\_

Dentist \_\_\_\_\_ Phone \_\_\_\_\_

Mouthrinses available at supermarkets are cosmetic and only freshen the breath. **The mouthrinses listed below are only available at dental surgeries and pharmacies and are therapeutically used for specific dental problems such as dental decay and gum disease.**

The treatment for the above named resident is:

- Extra-strength Fluoride toothpaste (*Colgate Neutrafluor 5000*)
- Sodium Fluoride mouthrinse in a spray bottle (*Oral B Fluorinse*)
- Other Fluoride product \_\_\_\_\_
- Please apply to teeth \_\_\_\_\_
- Chlorhexidine Gluconate gel = (*Colgate Periogard*)
- Chlorhexidine Gluconate mouthrinse in a spray bottle =  
(*Colgate Periogard*)
- Please apply chlorhexidine at least 2hrs after brushing teeth

**Note: Chlorhexidine and fluoride products should not be applied within 2 hours of each other - use one at night and one in the morning or use them on alternate days.**

*With acknowledgement to Dr Jane Chalmers*

## Oral Health Treatment Protocol 7 – Fluoride Instructions

Resident's Name \_\_\_\_\_ Date \_\_\_\_\_

Dentist \_\_\_\_\_ Phone \_\_\_\_\_

- Different types of fluoride supplements are useful for patients at high risk of tooth decay.
- Fluoride strengthens the teeth and prevents further tooth decay.
- **Patients must not drink or eat for 30 minutes after fluoride treatment.**
- **DO NOT SWALLOW any fluoride treatment.**

Type: **High Fluoride Toothpaste** \_\_\_\_\_

**Directions:** Use similarly to regular toothpaste. Brush teeth for 2 minutes. Leave for 1 minute and swish toothpaste vigorously around the spaces between the teeth. Do not rinse with water after use to allow for the fluoride to soak into the teeth.

**Frequency:**

	↑	Twice daily	↑	Every night
	↑	Every second night	↑	Once a week

Type: **Fluoride gel** \_\_\_\_\_

**Directions:** Apply a small amount of gel (1cm strip) to a toothbrush and brush over teeth.

**Frequency:**

	↑	Twice daily	↑	Every night
	↑	Every second night	↑	Once a week

Type: **Fluoride Mouthrinse** \_\_\_\_\_

**Directions:**

- \* Thoroughly swish 5ml mouthrinse between teeth for a total of 2 minutes.
- \* We suggest you use an egg timer to time yourself.
- \* Effective results will only be obtained from adequate rinsing.
- \* It is important to meticulously brush and floss the teeth prior to rinsing.
- \* Following rinsing for the full two minutes, spit out the excess.
- \* Do not rinse with water.

**Frequency :**

	↑	Twice daily	↑	Every night
	↑	Every second night	↑	Once a week

### Difficult Patients:

- Fluoride supplements can also be applied with a cotton bud or gauze swab for patients who are uncooperative.
- Fluoride supplements can also be sprayed into the mouth by gently pulling the cheek back and spraying the rinse directly onto the teeth. A regular spray bottle can be used. Ensure the spray bottle is adequately labelled.

With acknowledgement to Dr L Tsakalos and Ms T Batson

## Oral Health Treatment Protocol 8– **Denture Stomatitis**

Resident's Name \_\_\_\_\_ Date \_\_\_\_\_

Dentist \_\_\_\_\_ Phone \_\_\_\_\_

Denture Stomatitis is a **candidal (fungal) infection** resulting in inflammation, swelling and possible bleeding of the oral tissues underneath a denture.

The treatment to resolve this problem for the resident named above is:

*(please tick box)*

- Whenever possible, **remove the denture at night** or at least for several hours during the day, and **leave in a container filled with cold water.**
- Scrub the denture container** weekly in diluted sodium hypochlorite (bleach) - 1 capful or ½ *Milton's* tablet to a litre of cold water.
- Physically scrub the denture daily**, especially the fitting surface, **with plain soap and water** (dentures **do not** need to be soaked in chemical products eg. *Steradent*).
- Sterilise the denture** regularly (daily/weekly) by **scrubbing it** with a diluted solution of sodium hypochlorite (bleach) - 1 capful or 1/2 *Milton's* tablet to a litre of cold water.
- After **sterilising the denture**, apply a small amount (~1/2 teaspoon) of *Daktarin Oral Gel* (available over-the-counter at pharmacies) to the fitting surface of the denture, \_\_\_\_\_ times per \_\_\_\_\_ until resolved.

**Consult the dentist if the infection does not resolve.**

*With acknowledgement to Dr Jane Chalmers*

## Oral Health Treatment Protocol 9 – **Angular Cheilitis**

Resident's Name \_\_\_\_\_ Date \_\_\_\_\_

Dentist \_\_\_\_\_ Phone \_\_\_\_\_

Angular Cheilitis is a **candidal (fungal) infection** involving the **corners of the mouth**.

The treatment to resolve this problem for the above resident is:

- To apply *Nystatin* topical cream (available over-the-counter at the chemist) to the corners of the mouth 1-3 times daily until resolved.
- Then maintain health of the corners of the mouth by applying *Vaseline* regularly.

Do not use steroid medications (for example Kenalog) to treat Angular Cheilitis.

*With acknowledgement to Dr Jane Chalmers*

Oral Health Treatment Protocol 10 -  
**'White Thrush'**

Resident's Name \_\_\_\_\_ Date \_\_\_\_\_

Dentist \_\_\_\_\_ Phone \_\_\_\_\_

"White Thrush" is an **acute candidal (fungal) infection** in the **mouth and throat**.

The treatment to resolve this problem for the above resident is to :

- Mix 1 ml *Nilstat* oral drops into *KY Jelly* and apply a thin covering over the tongue and oral tissues several times daily as required until resolved.
  
- Apply a thin covering of *Daktarin Oral Gel* (~1/2 teaspoon) over the tongue and oral tissues several times daily as required until resolved.

## Oral Health Treatment Protocol 11 – **Tongue Hygiene**

Part of an oral examination should be assessment of the dorsal (top) surface of the tongue. This surface should be pink, have short but well defined papillae, and be free of stains, dried saliva/mucous, and food debris.

### ***The Dry Tongue***

If dry deposits are present, oral hydration is obviously a problem and needs attention. This is similar to xerostomia, although the cause is often mouth breathing in a sedentary patient with minimal oral movement. Such patients have often suffered a stroke, head injury or have a progressive debilitation disease.

#### ***Management***

For such patients, regular mouth toilets with warm damp gauze held in an artery clip or other positive retention device are appropriate. The use of *Biotene* oral-balance gel to coat the re-hydrated tongue is also recommended and should also be considered for other oral mucosal surfaces. This procedure may be required four or more times a day. A room humidifier may be an added option.

### ***The Coated, Overgrown Tongue***

The papillae on the dorsal surface of the tongue can become overgrown due to an inactive mouth/tongue. Patients on PEG feeds and in semi-conscious/unconscious states often do not move their tongues. The papillae can become overgrown to an amazing extent. In a healthy person's mouth, hot and cold foods, constant movements and contact with teeth and food, which is sometimes rough, keep the papillae at a healthy, normal length. In a partially active mouth, a degree of overgrowth may be seen. This overgrowth is often associated with an oral malodor and is effectively a large reservoir of oral bacteria. This is usually accompanied by a coating ranging in colour from creamy yellow to a mustard yellow brown colour. This is a build up of food debris and plaque and is similar to that seen in heavy smokers (due to nicotine and tar products).

#### ***Management***

Commercial tongue scrapers are available, e.g. the *OOLITT Elite Tongue Cleanser*, but are not really necessary. Where this overgrowth has occurred use a toothbrush to scrub/stimulate the coated area at each oral hygiene session. Over a period of time a sideways swiping motion of the brush for the 4 to 5 seconds is usually enough to reduce the papillae in length and therefore reduce the coating matter. The coated area can extend far enough distally so that brushing can elicit a gag reflex. If necessary, tongue cleaning can be done in two 3 second stages to avoid the gag response.

## Form 1 – Consent for Dental Examination

Resident's Name \_\_\_\_\_

Consent for dental assessment with Dr \_\_\_\_\_

*There is no charge for the initial assessment under the SA Dental Service Aged Care Scheme.*

*The Dentist will prepare a report on the resident's oral health and list any recommended treatment.*

*All dental assessments will be undertaken at the Aged Care Facility.*

### Consent

**Self consent** : I give consent for the dental examination.

**Signed** \_\_\_\_\_ **Date** \_\_\_\_\_

Name (please print) \_\_\_\_\_

**OR Consent by another:** I give consent for a dental examination because:

**Please tick a box below**

- I am an immediate family member (spouse, sibling, son or daughter)
- I am a medical agent appointed by the resident
- I am an enduring guardian or board appointed guardian

**Signed** \_\_\_\_\_ **Date** \_\_\_\_\_

Name (please print) \_\_\_\_\_

**Please complete and return to Nursing Staff at the Home.**

## Form 2 - Consent for Dental Treatment

Dr \_\_\_\_\_, has conducted a dental assessment of \_\_\_\_\_ . Most of the cost of the treatment will be covered by the Aged Care Dental Scheme but there will be a contribution (co-payment ) required for towards the overall cost.

**Recommended treatment** : the following procedures are recommended .

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---

---

signed \_\_\_\_\_

**Please contact Dr \_\_\_\_\_ phone \_\_\_\_\_ if you have any questions.**

**Please complete 1 & 2 below & return this Form to Nursing Staff.**

### 1) Consent

**Self consent** : I give consent for the dental treatment listed above.

**Signed** \_\_\_\_\_ **Date** / /

Name (please print ) \_\_\_\_\_

**OR Consent by another:** I can give consent for a dental treatment because :

**Please tick a box below**

- I am an immediate family member (spouse, sibling, son or daughter)
- I am a medical agent appointed by the resident
- I am an enduring guardian or board appointed guardian

**Signed** \_\_\_\_\_ **Date** / /

Name (please print) \_\_\_\_\_

### 2) Account (estimated cost \$ \_\_\_\_\_ )

Please print details below of the person responsible for the account.

Name \_\_\_\_\_ Daytime phone \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

### Form 3 -- **Oral Health Assessment**

*Dentist to complete – copy to Aged Care Facility*

Resident \_\_\_\_\_ DOB \_\_\_\_\_  
Dentist \_\_\_\_\_ Date \_\_\_\_\_

#### **Health Profile**

**Cognitive impairment**     n/a     mild     moderate     severe

**Mobility**                     Independent     Frame     Wheelchair

**Active support from relatives**     available     unavailable

**Behavioural issues**

Other relevant health issues: (e.g. epilepsy, warfarin etc)

#### **Current Dental Status**

**Natural dentition**     Yes

**Full dentures**             Upper  
                                   Lower

**Partial dentures**         Upper  
                                   Lower

**Labelled**                     Yes             No

Are dentures worn?     Yes             No

Comment \_\_\_\_\_

#### **General condition**

**Initial treatment plan** \_\_\_\_\_

**Care Goals** \_\_\_\_\_

Signed \_\_\_\_\_ (Dentist)

*With acknowledgement to Dr C Hodge*

Form 4 -- **Oral Health Care Plan**

Resident \_\_\_\_\_ DOB \_\_\_\_\_

Dentist \_\_\_\_\_ phone \_\_\_\_\_ date \_\_\_\_\_

**Natural Teeth** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Dentures** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Aids / Equipment required**

- |  |   |                                   |
|--|---|-----------------------------------|
| <input type="checkbox"/> Toothbrush          | <input type="checkbox"/> Periogard Gel    | <input type="checkbox"/> Fluoride |
| <input type="checkbox"/> Electric toothbrush | <input type="checkbox"/> Mouthwash        | <input type="checkbox"/> Other    |
| <input type="checkbox"/> Denture brush       | <input type="checkbox"/> Denture Adhesive |                                   |

**Special care** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Other care** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Review**

- 3 months     6 months     12 months     on request

Dentist Dr \_\_\_\_\_ Signed \_\_\_\_\_ date / /

Date	__/__/__
Updated	__/__/__
	__/__/__
	__/__/__

**Form 5 -- Medical History**

Form to be completed by RN at Aged Care Facility

Resident \_\_\_\_\_ DOB \_\_\_\_\_

Dentist \_\_\_\_\_ phone \_\_\_\_\_ Date \_\_\_\_\_

**Please tick yes or no for each condition**

Medical condition	Yes	No	Medical Condition	Yes	No
Heart condition/attack			Epilepsy		
Hypertension			Osteoporosis		
Hypotension			Cancer or malignancy		
High cholesterol			Arthritis		
Rheumatic fever			Cataracts		
Asthma			Glaucoma		
Chronic bronchitis/emphysema			Visual impairment		
Stroke or mini-strokes			Deafness		
Deep vein thrombosis			Hip fracture		
Bleeding problem			Artificial joints, heart valves, prostheses		
Diabetes			Parkinson's disease		
Liver disease			Alzheimer's or dementia		
Hepatitis A/B/C			Chronic mental illness		
Kidney disease			Diagnosed depression		
Hypothyroidism			Swallowing or speech problems		

**Hospital admittances**

Date of admittance	Reason / operation

Does the resident have any cognitive impairment that would affect communication with the dentist?  No  Yes, \_\_\_\_\_

**Resident's mobility status**  Independent  Frame  Wheelchair

**Other relevant information**

Form completed by \_\_\_\_\_ **signed** \_\_\_\_\_ date / /

With acknowledgement to Dr J Chalmers, Dr C Hodge, Dr M Gryst, Dr R Channon & Dr L Tsakalos

Date	__/__/__
Updated	__/__/__
	__/__/__
	__/__/__

**Form 6 -- Medications**

Form to be completed by RN at Aged Care Facility

Resident \_\_\_\_\_ DOB \_\_\_\_\_

Dentist \_\_\_\_\_ phone \_\_\_\_\_ Date \_\_\_\_\_

During the last 4 weeks, has the Resident taken any prescribed or over-the-counter medicines?

- No
- yes, please list below

	<b>Drug Name</b>	<b>Strength</b>	<b>Dose</b>
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			
11.			
12.			
13.			
14.			
	<b>Short term medications</b>		
1.			
2.			
3.			
4.			

Form completed by \_\_\_\_\_ signed \_\_\_\_\_ date / /

With acknowledgement to Dr J Chalmers, Dr C Hodge, Dr M Gryst, Dr R Channon & Dr L Tsakalos

Form 7--

## **Fasting Instructions for Hospital Admissions** for dental treatment

Patient/ Resident \_\_\_\_\_

Hospital booked for \_\_\_\_\_

Dentist Dr \_\_\_\_\_ phone \_\_\_\_\_

### **Fasting**

- No eating or drinking for **6 hours prior** to the appointment. (This includes sweets, chewing gum and water.)
- **This means absolutely no food or drink at all.**

### **Travel to the hospital**

- The resident must be accompanied to the hospital by a responsible adult who can also take the resident back to the Home.
- Patients must not travel unaccompanied in a taxi or bus.

### **Dress**

- Patients must wear comfortable loose-fitting clothes, with sleeves that can be rolled to the elbow.
- Comfortable shoes must also be worn.

### **Smoking/Alcohol**

- **NO smoking or alcohol** consumption at least 24 hours prior to the appointment.

If you have any questions about this information contact the dental surgery.

Form 8 --  
**Completed dental care**

This is a courtesy letter to let you know that we have attended to the dental needs of

\_\_\_\_\_

We recommend a review in \_\_\_\_\_ months.

If you have any concerns please contact me.

Yours sincerely

Dentist Dr \_\_\_\_\_ phone \_\_\_\_\_

## Useful Contacts

Aged Care  
**SA Dental Service**  
Frome Rd,  
Adelaide SA 5000  
Phone 8222 8222

**Australian Dental Association**  
Unit 2 , 62 King William Road,  
Goodwood SA 5034  
Phone 8272 8111

**Aged and Community Services**  
246 Glen Osmond Road  
Fullarton SA 5063  
Phone 8338 7077

Sally Queale  
**Oral-B**  
1300 360 324  
sally\_queale@gillette.com

### Private Dentists

Dr Lukas Tsakalos  
and Ms Tara Batson  
Central Market Dental Clinic  
77 Gouger St  
Adelaide SA 5000  
Phone 82315115

Dr Richard Channon  
The Port Dental Care  
Cnr Nile and Robe Streets  
Port Adelaide SA 5015  
Phone 84471566

Dr Mark Gryst  
Special Needs Dentistry  
Parkside Dental Clinic  
160 Unley Road  
Unley SA 5061  
Phone 8271 7506

Dr Christopher Hodge  
Suite 14, Brougham Plaza  
12 O'Connell St,  
North Adelaide SA 5006  
Phone 8239 1711

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