

Promoting and Supporting Good Mouth Care in Palliative Care

Mouth care is an essential aspect of palliative care in all settings and should be considered part of daily routine patient care. Assessment and intervention should be instigated early to optimise patient comfort and prevent more serious problems and treatment complications

(Scottish Palliative Care Guidelines 2025)

Key principles

- Plan regular effective mouth care for all patients
- Monitor response to interventions
- Identify serious oral problems that require referral, for example to palliative care specialist or a dentist.

People receiving palliative care or those perceived to have palliative needs are often dependent on others for their mouth care.

Subsequently...

Often oral health is often neglected at the end of life as mouth hygiene practices may be forgotten or eliminated.

In groups:

What are the psychological and social impacts of not getting this right ?

The Risks

Mouth care is a very important aspect of palliative care in all care settings. When they're not managed, mouth problems can affect:

- self esteem
- ability to communicate
- ability to socialise
- ability to enjoy food and drinks
- weight and nutritional status
- general wellbeing

Your practice & experience
(in assessing and managing)

Assessment 1

- Patients who are receiving or have recently received chemotherapy or radiotherapy need careful monitoring both pre- and post-treatment.
- Medication history is important as numerous medications can affect the oral environment:
 - opioids, diuretics and anticholinergics increase dry mouth
 - steroids increase the risk of candidiasis
 - bisphosphonates increase the risk of osteonecrosis of the jaw. Ill-fitting dentures and surgical intervention including tooth extraction increase this risk, highlighting the need for preventative oral hygiene therapy.
- For patients who are dying, ensure that active routine assessment is carried out.

Assessment 2

- Ensure comfort and minimise pain when carrying out an assessment by lubricating cracked lips with a water-based product.
- Petroleum lip balms should be avoided due to flammability and aspiration risk.
- Previous applications of water-based lubricants should be gently removed before replacing.
- Remove dentures before examining the mouth or performing routine mouth care.
- Check the lining of the mouth is clean.
- Look for signs of dryness, coating, ulceration, infection or tooth decay. Assess for pain.
- Consider dental referral with the patient's consent for persistent oral symptoms or if it has been more than one year since the patient has been examined by a dentist.

Management 1

- Oral care is most effective when the patient can be in a semi-upright position to avoid choking or aspiration of bacteria or debris. When positioning is not possible, care should be taken to avoid collection of fluids in the oral cavity or aspiration.
- Looking after oral soft tissues is just as important as looking after the teeth.
- Keep mouth and lips clean, moist and intact by removal of plaque and debris (refer to section on dry/coated mouth care).
- Gentle tongue brushing should also be encouraged to reduce halitosis and prevent tongue coating

Management 2

- Encourage fluid intake with frequent, small drinks.
- Apply †water-based gel to dry lips after oral care.
- Where possible reduce intake of sugary foods and drinks between meals (refer to [Anorexia/cachexia](#) guideline). There may be additional oral care requirements as frequency of intake increases.
- Where there is concern about oral intake and nutrition, consider referral to a dietitian with consent.
- Encourage and support family members who wish to participate in carrying out mouth care.

Mouth care during Care Around Dying

True or False ?

- Encourage family members who may wish to participate in mouth care activities.
- Consider changing or stopping medicines that are causing a dry mouth.
- Carry out mouth care as often as necessary to maintain a clean and comfortable mouth.
- In people who are conscious, the mouth can be moistened every 30 minutes with water from a water spray or dropper or ice chips can be placed in the mouth.
- In people who are unconscious, moisten the mouth frequently, when possible, with water from a water spray or dropper. Avoid spraying directly onto the back of the throat.
- Consider referral to a speech and language therapist if a swallow assessment is required.
- When the weather is hot and dry, if possible, use a room humidifier or air conditioning.
- Manage oral pain symptomatically, using analgesics via a suitable route.

Group Activity

1. Dry Coated Mouth
2. Painful Mouth
3. Management of Oral Infections
4. Sialorrhoea

Something you knew already & something new

Remember!!

When to ask for help

Mouth problems can cause physical complications and be distressing for the patient. Involve the following specialists if you're worried:

- A speech and language therapist if the patient has difficulty with communication or swallowing
- A dietician if the patient is not eating or drinking enough, or if they're experiencing changes in taste
- Refer to the patient's GP or medical team if there are signs of infection, bleeding or uncontrolled pain

Coming soon.....

New NHSGGC Mouth Care Guidelines