



HUNTER NEW ENGLAND
NSW⁺HEALTH

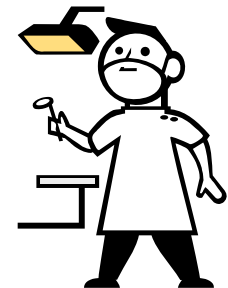
Smiles Alive

A carers perspective

Developed by Linda Wallace and Peter King

Common Dental Problems

- Plaque/Tarter
- Gum Recession
- Gum Disease
- Tooth Decay
- Dry Mouth (Xerostomia)
- Bad Breath
- Ulcers
- Thrush
- Angular Cheilitis
- Oral Cancer
- Hairy Tongue



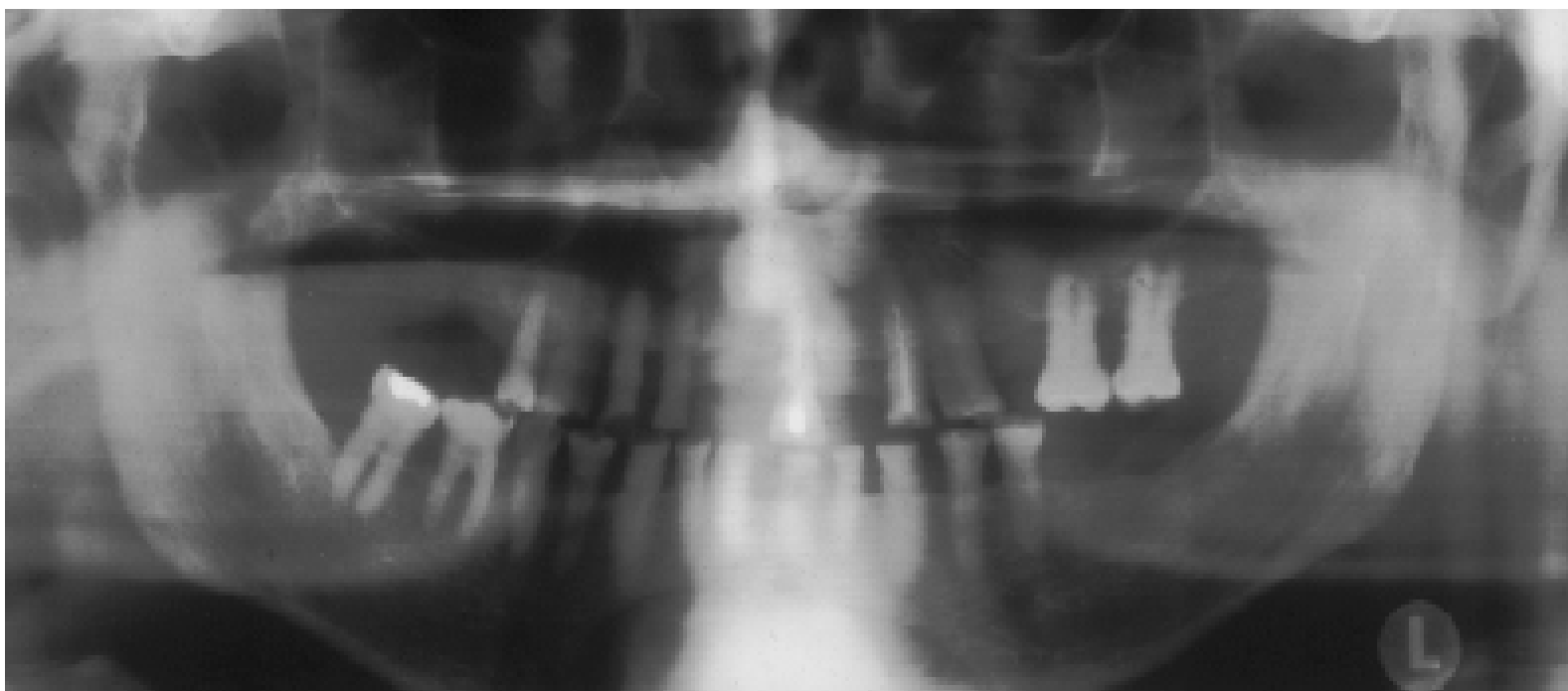
Healthy Mouth



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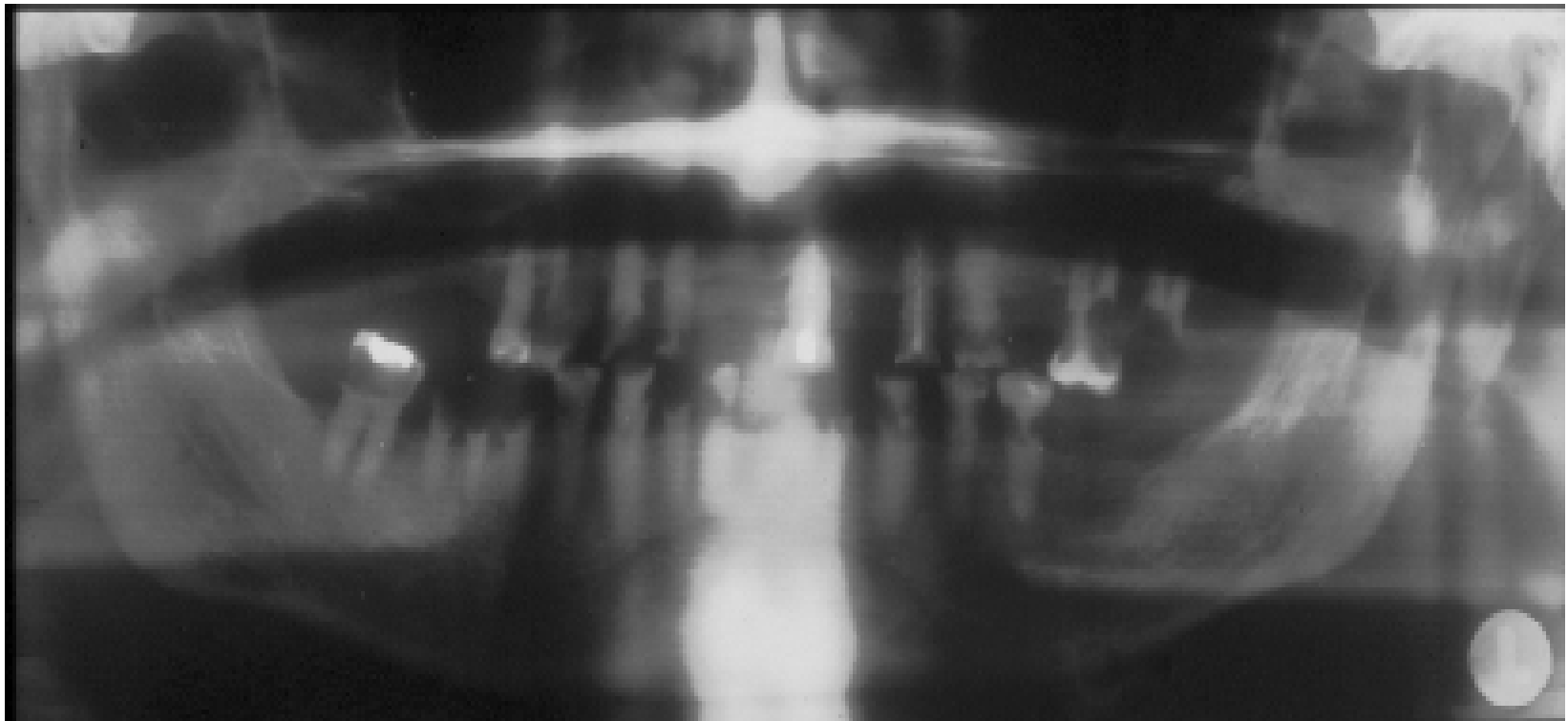
Routine OPG 70 year old



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12 months later after admission to residential care



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Plaque/Tartar

Look for:

- Plaque - white, soft and sticky and can be removed with a toothbrush.
- Tartar - hard calcified plaque not easily removed with a toothbrush (More common along the gum line)

Associated risks:

- Aspiration Pneumonia/URTI
- Bad Breath
- ↑ gum disease and tooth decay

Prevention tips:

- Thorough daily brushing, Regular dental examination, Diet control, Quit smoking, Diabetes control (Standard regime)



Recession

Look for:

- Receding gums
- 'Long in the tooth'

Associated risks:

- ↑ tooth – sensitivity/mobility/root decay
- Undiagnosed gum infection

Prevention tips:

- Standard regime
- Desensitising toothpaste



Gum Disease

Look for:

- Bad breath
- Bleeding/Receding gums
- Loose teeth

Associated risks:

- Aspiration Pneumonia/URTI
- Untreated could ↑ in level of glycated haemoglobin/insulin levels
- Pain/eating ability
- ↑ tooth sensitivity/mobility/loss
- Bad Breath
- Links to heart disease

Prevention tips:

- Standard regime
- Chlorhexidine mouth rinses



Tooth Decay

Look for:

- Holes/Broken in teeth
- Discoloration

Associated risks

- Pain/discomfort/inability to eat
- ↑ tooth sensitivity/loss
- Bad Breath
- Abscess/cellulitis
- Behaviour/wellbeing

Prevention tips:

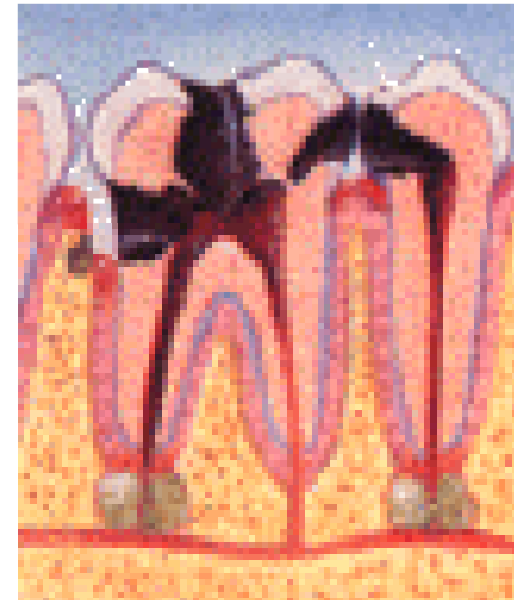
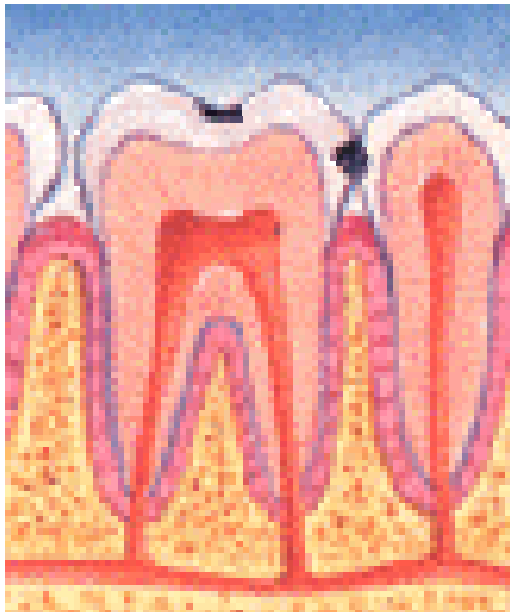
- Standard regime
- Fluoride Neutrafluor 5000
- Mouth rinses/sprays/gels



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Process of Decay



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Dry Mouth

Causes of Dry Mouth:

- Side effects of some medications
- Disease e.g. diabetes
- Excess caffeine
- Radio/Chemo Therapy, Nerve damage

Symptoms include:

- Interrupted sleep, sore throat, burning sensation, difficulty speaking or swallowing, bad breath

Associated risks

- ↑ tooth decay and gum inflammation

Prevention tips:

- Standard regime
- Review Medication
- “dry mouth’ products
- Reduce caffeine intake



Simple Test:

- Pull forward the lower lip and wipe dry with tissue/gauze.
- Saliva should start to bead within 1 minute

Bad Breath

Identify by:

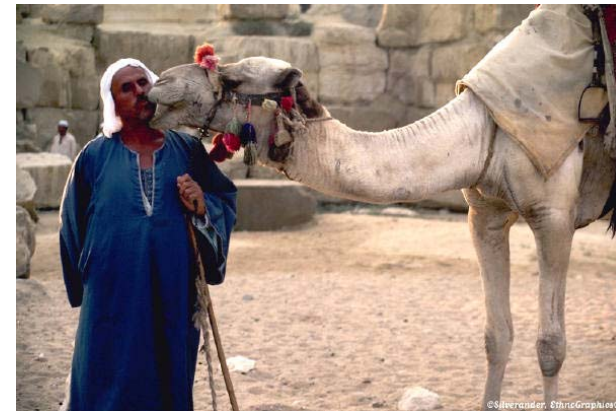
- Smell

Causes:

- Gum Disease
- Dry Mouth
- Gastric problems
- Sinusitis

Preventive tips:

- Standard regime
- Saliva substitutes
- Consult GP



Ulcers

Causes:

- Chronic inflammation
- Ill fitting dentures
- Systemic/Localised disease
- Trauma

Associated risks:

- Pain
- Discomfort when eating

Preventive tips:

- Keep dentures in good repair
- Remove dentures
- Consult GP if systemic



**ANY ULCERATION LASTING MORE THAN 14 DAYS
SHOULD BE EXAMINED BY A DENTIST**

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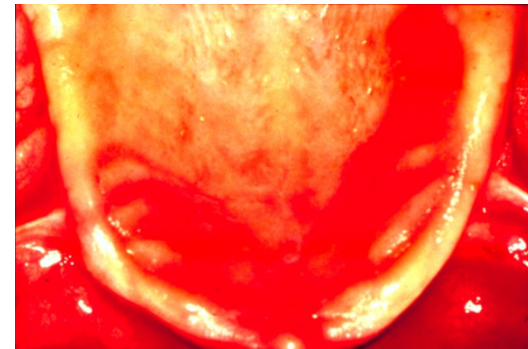
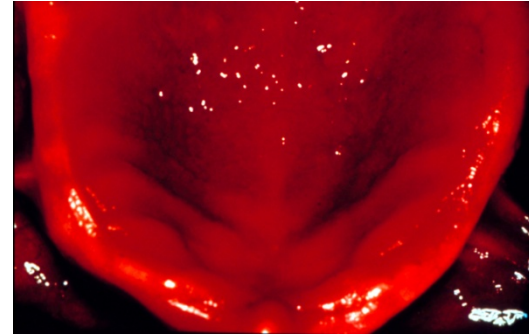
Oral Thrush

Look for:

- redness
- bubbly appearance
- 'Burning' mouth or tongue sensation

Preventive tips:

- scrub then soak denture in Chlorhexidine - 4 hours
- take dentures out at night
- antifungal Gels recommended by a dentist
- Contact dentist if thrush persists
- Quit smoking



Angular Cheilitis

Look for:

- inflammation
- cracks at corners of mouth

Associated risks

- Pain/discomfort

Preventive tips:

- Antifungal Gels recommended by your dentist



Oral Cancer

Look for:

- white or red patch or a change in texture of oral tissues
- ulceration
- swelling
- unexplained speech patterns or difficulty in swallowing

Preventive tips:

- Annual dental assessment
- get any signs or symptoms investigated promptly
- Quit smoking

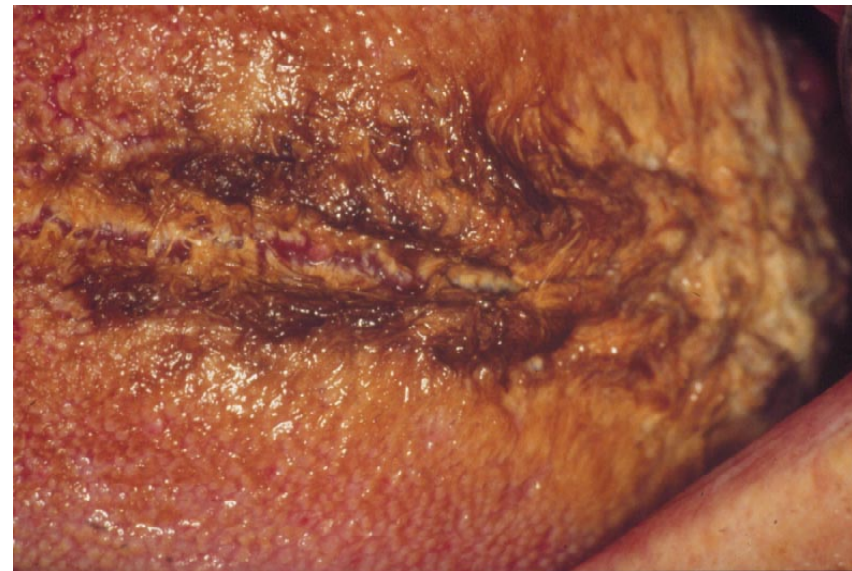


only 50% survive after 5 yrs

Hairy Tongue

Possible Causes:

- HIV
- Smoking
- Thrush



Dental Rescue DVD

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Behaviour Management

ENVIRONMENTAL FACTORS

- Setting
- Allocate time for toothbrushing
- Music



Behaviour Management

DISTRACTION

- Vibration/Limbic System
- Music
- Nailbrush etc
- Distraction belt



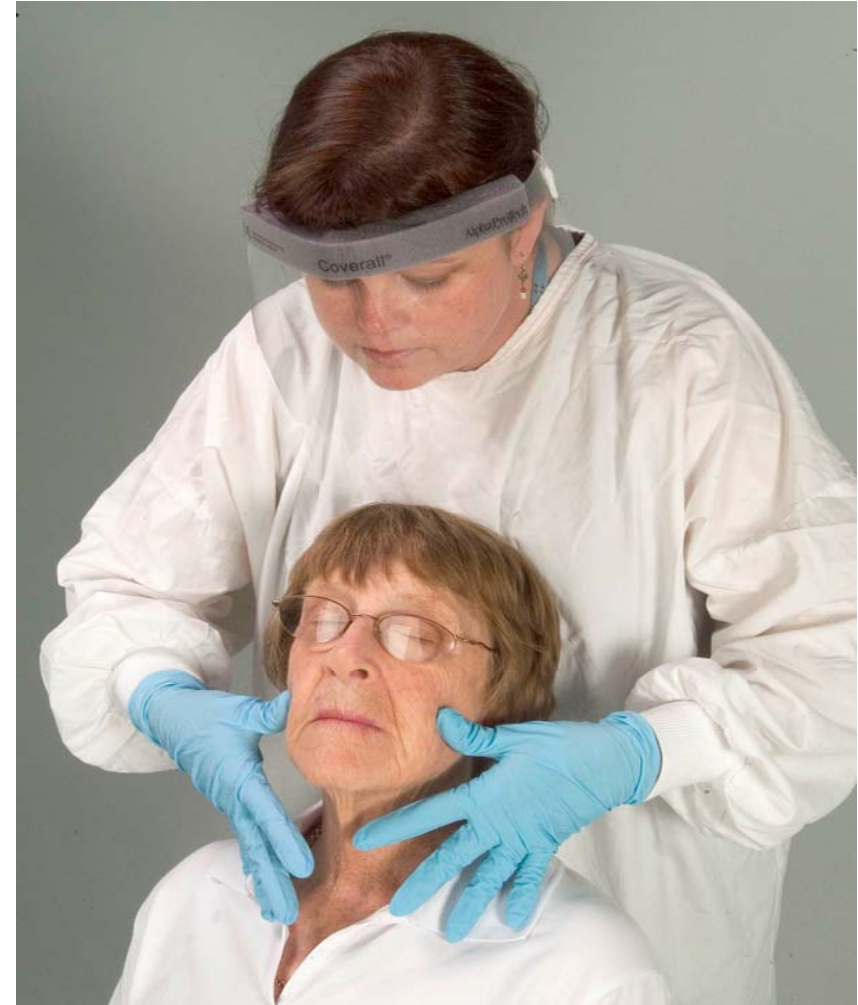
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Behaviour Management



ORAL DESENSITISATION



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Behaviour Management

GOOD COP BAD COP

- Rescue the patient



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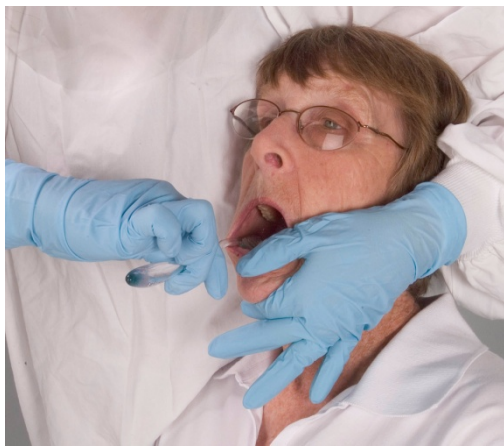
Behaviour Management

TOOTHBRUSH TRAINING

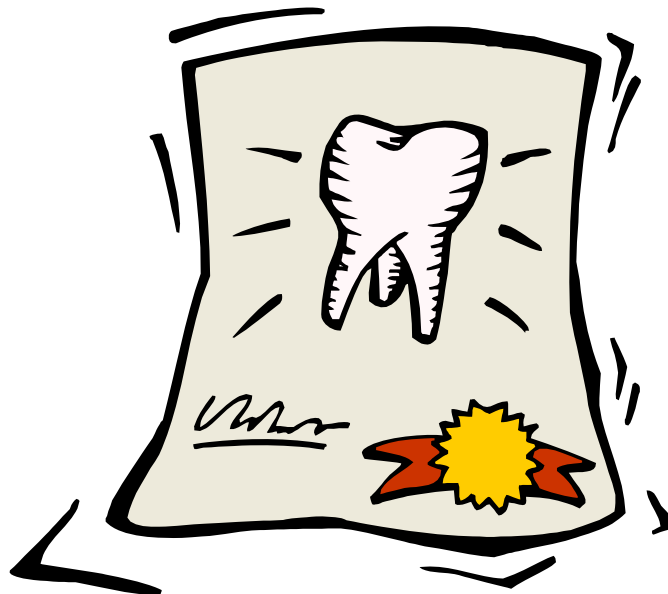
- Only staff trained in oral health should brush teeth
- Have someone brush your teeth
- Brush someone's teeth who can give you feedback

For Safety Reasons

- Always protect your eyes, mouth and hands when cleaning your clients teeth.



Oral Health Policy



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Toothbrushing Toolkit

- Toothbrush
- Fluoride toothpaste
- Lanoline/Vaseline/Amolin for lips
- Torch
- Cheek retractor
- Nailbrush
- Soap
- Flannel



Toothbrushing



- Positioning/posture
- Assess client co-operation
- Assess mouth
- Lanoline/Vaseline/Amolin for lips
- Plan toothbrushing sequence
- 'Lift the Lip' away from the teeth

Toothbrushing cont.



- Bend or remodel toothbrush
- Electric brushes on/off in the mouth!
- Pea size amount of fluoride toothpaste
- Brush gum margins and teeth
- Rinse brush regularly if required

Toothbrushing Options



Battery/Electric



Collis Curved

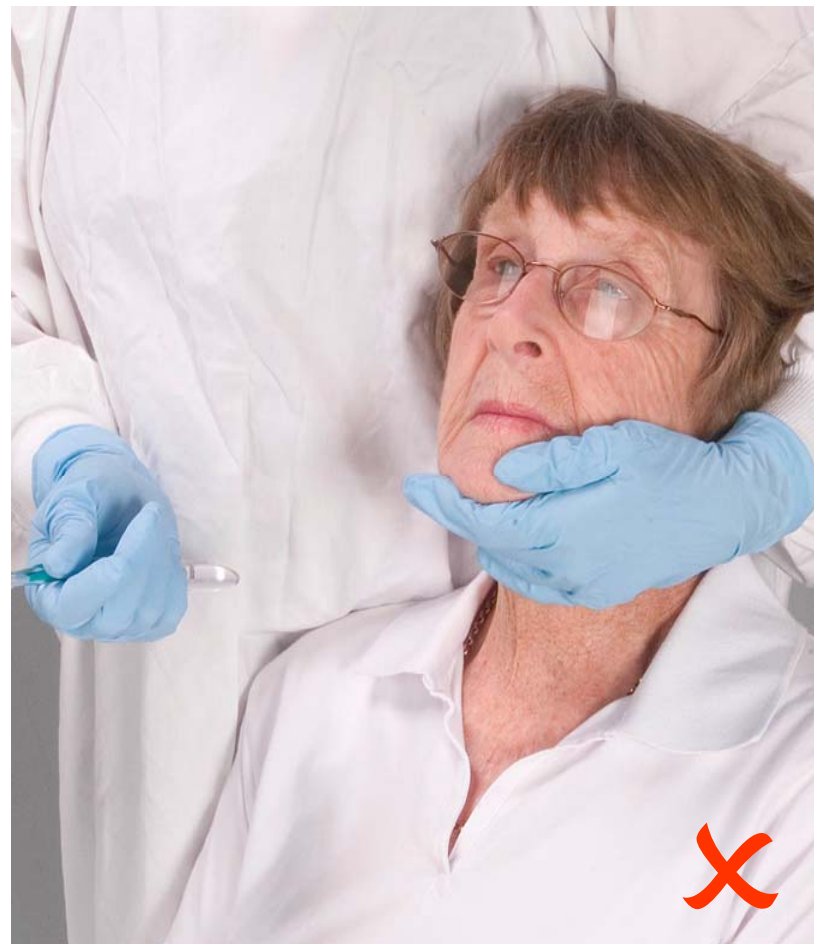


Straight/Bent



Toothette

The Cuddle Position



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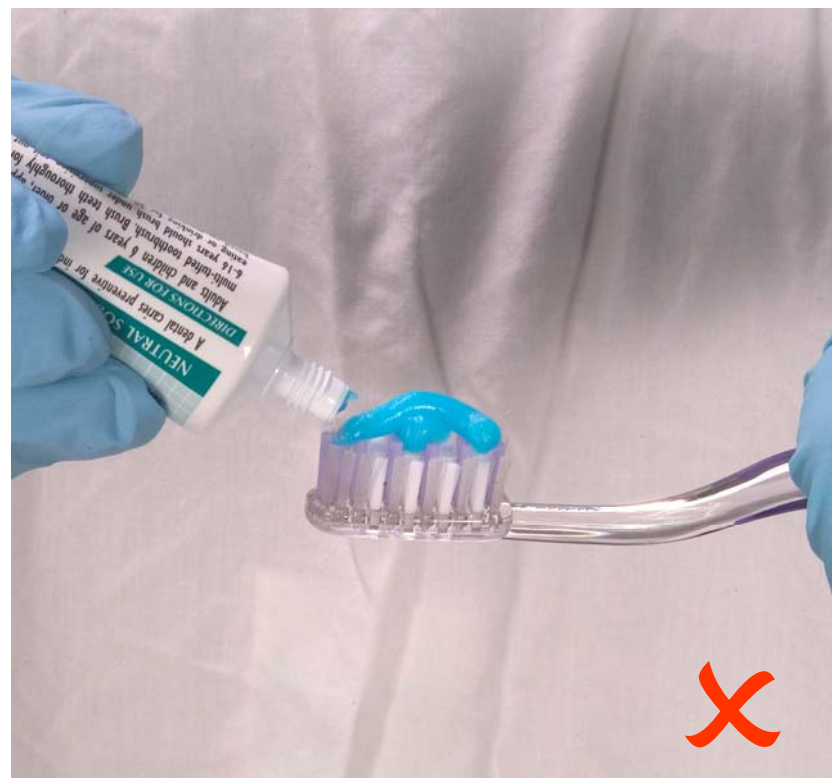
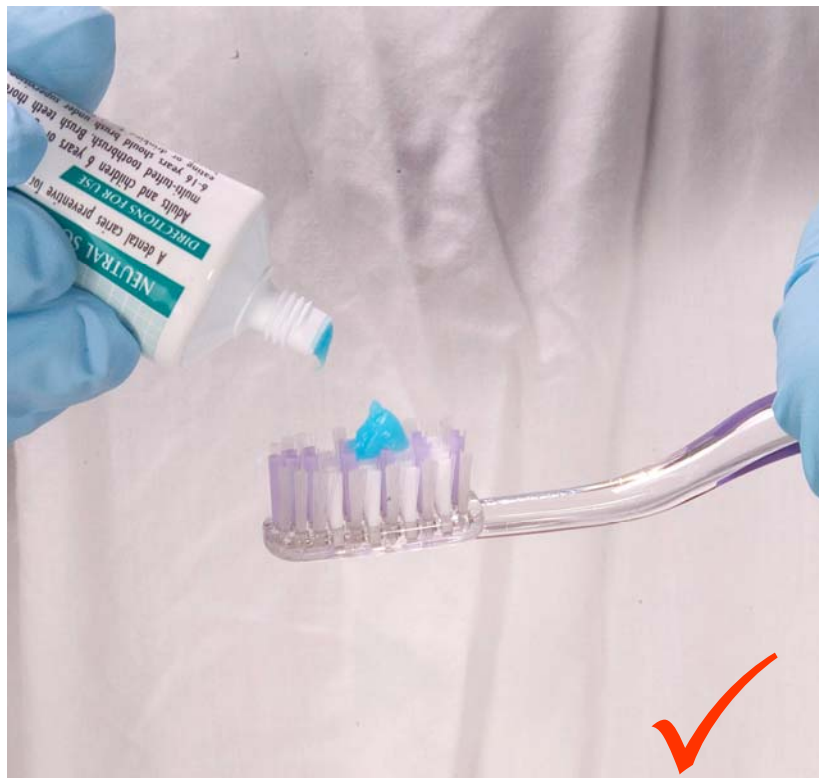
Lift the Lip



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Toothpaste



Interdental Cleaning

- Floss
- Floss mate
- Interdental sticks
- Proxy brushes
- Oxyjet



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Toothbrush Care



- Rinse thoroughly
- Air Dry (Bacteria grows on wet toothbrushes)
- Store uncovered (not touching other toothbrushes)
- Replace every 3 months



Fluorides

Fluorides

- NeutraFluor 5000 plus toothpaste
- Fluoride rinses
- Fluoride gels



Antibacterial Mouthwashes

- Chlorhexidine
- phenolic compounds



Chlorhexidine



Phenolic
Compounds

Other chemical regimes

- Chlorhexidine

Curasept: www.curaden.com.au

- Phenolic compounds
- Biotene



CPP ACP available from dentists or from numerous websites eg: www.breezecare.com.au

NEVER A REPLACEMENT FOR FLUORIDE, best recommended on an individual basis for patients.



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Spray Bottles

- Chlorhexidine
- Fluoride



4 squirts = 1ml

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Dry Mouth Products

- Biotène products
- Decaffeinated Tea/Coffee



Sugar Substitutes

- Xylitol is a natural sweetener that is not fermented by bacteria and may even help to kill bacteria that cause decay.



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Visiting the Dentist

Your dentist will require-

- a current medical history including medication list
- an accompanying person who understands the residents needs
- a signed consent form (if applicable)
- Professional Oral Health Assessment & Care Plan (copy in resource folder)



Accessing Private Dental Care

- List of private dentists who provide domiciliary care or have wheelchair access
- Veterans Affairs – Gold Card
- Enhance Primary care Program
 - Medicare rebates are available for a maximum of 3 dental care services per patient in a 12 month period (from the date of the first service).

Medicare

Accessing Public Dental Care

- Our clinics are in various New England and Hunter locations and Forster/Taree.
- We employ dentists, dental therapists, dental assistants, dental prosthetists and administrative staff at our clinics.
- We treat adults who have health care or pension cards and all children attending school plus 0-5 years. This is a free service.
- Each clinic services a particular 'draw area' and patients in the Hunter area are asked to phone our call centre for an appointment .

1300 720 023

Care Plan

Professional Oral Health Assessment & Care Plan (Modified from Rogers – Jones et al (1993), Chalmers and Day)

Patient: _____		
Date: _____		
Category	Healthy	Unhealthy
Lips	Moist +	Chapped +
Tongue	Pink + Moist +	Red + Dry +
Gums	Pink + Firm +	Red + Spongy + Ulceration +
Breath	OK +	Bad +
Saliva	Plentiful + Watery +	Dry + Sticky/ Frothy +
Natural Teeth	No Decay + No Broken Teeth + All Firm +	Decay + Broken Teeth + Some loose +
Oral Cleanliness	No Food Particles + No Tartar + Minimal Plaque +	Food Particles + Tartar + Thick Plaque +
Dental Pain	No Behavioural signs + No Verbal signs + No Physical signs +	Behavioural signs + Verbal signs + Ulcerations/ Swelling/ Decay +
Other Comments: 		

Dentition

- patient has natural teeth only
- patient has natural teeth and part denture (upper/lower)
- patient has no natural teeth and no dentures
- patient has no natural teeth and dentures (upper/lower)

Oral Health Care Plan

Natural teeth are to be brushed with a fluoride toothpaste (use size of a pea) twice daily. Dentures are to be removed and brushed daily. Other preventive care specific to this resident are:

-
-
-
-
-
- No further professional care is required at present
- Further professional care is required

Name of person completing this form and contact details

Acknowledgments

- Jane Chalmers, University of Iowa, USA
- Phillip Wong, Dental Health Services Victoria