

STROKE CARE EXCLUSIVE

THE DYSPHAGIA DAILY

TODAY: Oral care leads to improved stroke outcomes

Oral hygiene tips for patients and clients with stroke

TOOLS

You can use any of the following:

- soft bristled toothbrush with two cups (one for rinsing & another for spitting)
- suction +/- toothbrush
- Yankauer (oral) suction
- toothpaste and/or non-alcoholic mouthwash

Be careful not to have the patient swallow the rinse water or debris from oral care, as this can increase aspiration risk and make the person susceptible to aspiration pneumonia

Every patient must receive oral hygiene. Not just for social or hygiene reasons, but as a preventative for complicating illnesses."

John R. Ashford (ASHA Leader Live, July 16, 2018)



POINTS TO PONDER:

- a coated tongue is often a build up of bacteria and dead cells and can often be remedied by frequent brushing. Bacteria can sit on the gums and palate too!
- if there is poor dental hygiene, consider a referral to a dental professional. If there are acute medical concerns with the oral cavity in a hospital setting, alert the physician

DID YOU KNOW?

There are approximately 10,000 microbial phylotypes identified in the human oral microflora. There is a huge diversity of bacterial organisms in the oral cavity of stroke patients. The balance between organisms may be as important for containing risk of aspiration pneumonia. To keep the balance in check, frequent oral care is suggested.

HOW TO:

- 1) Sit patient fully upright or in an elevated sidelying position to reduce aspiration during mouth cleaning
- 2) Inspect the patient's mouth
- 3) Brush the teeth with a suction or a soft toothbrush with toothpaste
- 4) If patient has dentures, remove and gently brush them and rinse. Brush the gums and/or remaining teeth, tongue, palate and soft tissues. Let dentures soak overnight.
- 5) Gently brush teeth in circular motion at a 45 degree angle to the gum line
- 6) If patient is unable to effectively rinse or spit, due to dysphagia or being NPO, use suction and clean mouth with moistened swab in non-alcoholic mouthwash

DON'T FORGET DENTURES: dentures can be gently brushed using soap and water with the use of a very soft toothbrush and/or denture brush. Do not use regular toothpaste as it is too abrasive for the surface of the dentures. Also, make sure to remove and soak them at night in water, in addition to brushing. Gums and mouth tissues will be healthier when allowed to "breathe" for four to six hours every night and also cleaned out.

...bonus points for water-based mouth & lip moisturizer at the end (avoid petroleum)

A CLEAN MOUTH PROMOTES SALIVA & GOOD ORAL FLORA!



With oral hygiene management, saliva production is optimized. Besides being an immune booster, saliva serves a variety of other purposes which include:

- 1) Lubricates the mouth
- 2) Protects and repairs the oral mucosa
- 3) Prevents cavities and preserves the integrity of tooth enamel

- 4) Helps boost taste receptors
- 5) Serves as an anti-viral, antibacterial and anti-fungal agent
- 6) Manages thickness of biofilm and amount of bacteria
- 7) Neutralizes acid from bacterial waste

The more saliva is stimulated in the mouth, the more beneficial this is to good oral flora and this can be done through regular, effective oral hygiene!

SO...WHAT'S THE VERDICT ON CHLOROHEXIDINE?

TALK WITH YOUR TEAM & RESEARCH

Chlorohexidine has been up for debate as some healthcare settings have used it as part of its oral care protocol due to its antibacterial effect. It inhibits formation of dental plaque or decreases clustering of microorganisms in the mouth. As a result, chlorohexidine is known to have a strong effect in reducing the pneumonia pathogen. Some research shows toothbrushing as more effective than the use of gauze with chlorohexidine for removal of dental plaque.

However, standard toothbrushing may not be advised as the primary method of oral care for patients in the ICU because it may alter the location of an endotracheal tube or lead to bleeding for patients with very dry oral mucous membranes. But other studies have also suggested benefits of dry toothbrushing in ventilator-dependent patients as opposed to chlorohexidine use. Weigh the pros and cons specific for each situation, based on research and talk with your team.

ORAL CARE = "INFECTION CONTROL" FOR THE MOUTH

Help the person practice good oral hygiene:

Encourage or help the person perform mouth care before and after meals. Remove dentures after each meal so food particles can't collect and cause irritation. Check the mouth for food debris after each meal.

At least once a day, check that the person's mouth and tongue are pink and moist. If the mouth is dry with patchy white areas, or the tongue is white and coated, tell your team as there may be an emergence of oral thrush.

Help the person clean their teeth, gums, soft palate and tongue. This is also important for a patient who does not have full natural dentition or dentures. Patients that are NPO also need good mouthcare. **Avoid use of oral swabs**, as they do not clean the mouth properly.

Think "2 for 2": oral care at least two times per day, for at least 2 minutes is very beneficial for oral and general health.

BEST PRACTICE RECOMMENDATION FROM CANADIAN HEART & STROKE

Patients, families and caregivers should receive education on swallowing and feeding recommendations. To reduce the risk of aspiration pneumonia, patients should be permitted and encouraged to feed themselves whenever possible. Patient should be given meticulous mouth and dental care, and education in the need for good oral hygiene to further reduce the risk of pneumonia.

...ANOTHER BEST PRACTICE RECOMMENDATION

Stroke patients with suspected nutritional concerns, hydration deficits, dysphagia or other comorbidities that may affect nutrition should be referred to a dietician for recommendations to meet nutrient and fluid needs orally while supporting alteration in food texture and fluid consistency recommended by a speech-language pathologist or other trained professional.

FOR FURTHER INFORMATION, REFER TO THE CANADIAN STROKE BEST PRACTICE RECOMMENDATIONS ONLINE AT: WWW.STROKEBESTPRACTICES.CA