**Implementation**

1. Educate resident and caregiver on proper cleaning for natural teeth and dentures.
2. Resident should consume a diet with less refined carbohydrates and increased fluids.
3. Enhance communication by incorporating techniques that involve both the resident and caregiver. (ex. Distraction, bridging, hand over hand, etc.)
   a. Saliva substitutes
   b. Exclude lemon-glycerine swabs (Abidia, 2007.)

**Evaluation**

1. Resident should be able to:
   a. Stay pain free
   b. Eat and talk comfortably
   c. Feel happy with appearance
   d. Minimize oral and systemic infection and inflammation through good oral hygiene practices.
2. Reassess using the assessment forms.
3. Perform evaluation using the Oral Hygiene Care Plan and Outcomes Monitor.
   a. Once a week for the 1st month.
   b. Again once every 3 months.

**References**


**Purpose**

The purpose of this guideline is to present practical information for health care providers and caregivers in the provision and documentation of oral hygiene care for functionally dependent and cognitively impaired adults.
Key Terms

Caries- tooth decay that occurs on the tooth surface.

Dental Plaque- a natural bacterial biofilm composed of various microorganisms tenaciously attached to the teeth and other oral surfaces.

Oral Hygiene Care- regular and thorough plaque disruption by the mechanical action of tooth brushing and flossing or use of other oral hygiene aids for prevention of plaque-related diseases.

Periodontal Disease- a chronic, inflammatory disease of the periodontium. The periodontium is destroyed and tooth loss may occur (Harris et al., 2009).

Sjogren’s Syndrome- a chronic, autoimmune disease with symptoms of dry mouth, dry eyes, and rheumatoid arthritis.

Xerostomia- the subjective complaint of dry mouth.

Factors That Increase Risk For Oral Problems

1) Patient Factors to Consider
   a. Cognitive Impairment
   b. Disruptive Behavior/Resistance to Care
   c. Functional Impairment
   d. Residence Location
   e. Medication Use and Radiation Therapy
   f. Tobacco and Alcohol Use
   g. Attitude and Utilization of Dental Care
   h. Access to Dental Care

2) Oral Related Factors to Consider
   a. Xerostomia and Salivary Gland Hypofunction (SGH)
   b. Hypersalivation (sialorrhea)
   c. Swallowing Problems
   d. Periodontal Disease
   e. Dental Caries

Assessment of Oral Hygiene

1) Patients Medical History
   a. Assess for any of the risk factors
   b. Assess for any of the oral related factors

2) Tools
   a. Brief Oral Health Status Examination (BOHSE)
   b. Oral Health Assessment Tool (OHAT)
   c. Assessment of Current Oral Hygiene

Diagnosis

Results from these assessment tools are used in conjunction to provide the proper oral health care plan. (Note*) A score of 1 or 2 on the OHAT should be reported and an assessment from a dentist should be arranged (Chalmers, King et al., 2005).

Planning (Goals)

1. Minimize plaque and debris on natural teeth and dentures.
2. Prevent all oral infections (bacterial, viral, fungal).
3. Avoid oral tissue and tooth discomfort and pain.
4. Encourage adequate nutritional intake and hydration.
5. Maintain moist lips and integrity of oral mucosal surfaces.
6. Retain normal function of the mouth.

Figure 2: Maintenance of Oral Health: An 'Oral Health Triad' (Chalmers & Ettinger, 2008; Chalmers et al., 2004)