

Oral Health Care Patient Education



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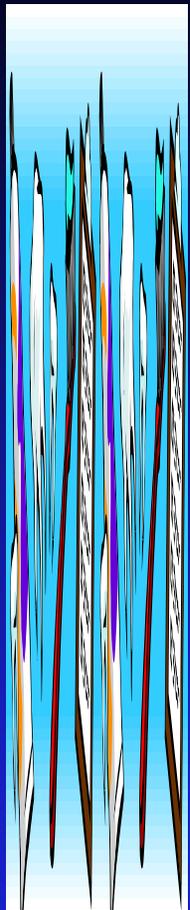
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Goals of the Program

- Review components of basic oral care plan
- Review role of proper dental hygiene for oral and systemic health
- Review home care
 - Mouth
 - Dentures
 - Treatment of dentures or partials for candidiasis
- Review management of pain
- Review management of “dry mouth”
- Review “Fact vs. Fiction”



Goals of Oral Health Program

1. Treat pain, diagnose pathology, and eliminate sources of infection
2. Stabilize and preserve oral tissues
3. Restore oral function
4. Educate patient regarding maintenance
5. Facilitate maintenance of adequate nutrition
6. Contribute to self-esteem and quality of life

Dental Visits

- All patients should be encouraged to regularly visit the dentist, at least once every 6 months
- Patients should disclose HIV status to their dentists
- Preventive, restorative, palliative, rehabilitative services should be provided

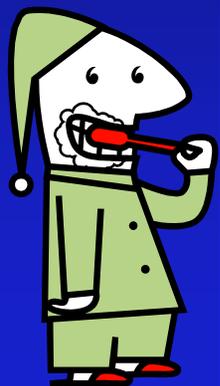


Dental Hygiene

- Reduces possible sources of infection and maintains integrity of teeth and gums
- Promotes a better appetite
- Identifies the correct use of topical and oral medications

Mouth Care

- Involves the teeth, gums, palate and tongue
- Patients should be encouraged to:
 - Brush teeth, at least twice/day or after meals
 - Soft toothbrush, replace every 1 – 2 months
 - Use toothpaste that contains fluoride
 - Floss after meals (be cautious with low platelet counts)
 - Regularly use an alcohol – free mouthwash
 - Moisturize and lubricate lips and mucosa as needed



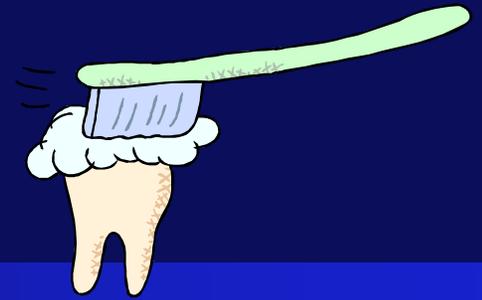
Oral Care

- Brush 2 times/day with fluoride toothpaste
- Floss daily – (gently but thoroughly)
- Home fluoride program as appropriate
- Avoid constant snacking
- Avoid tobacco products
- Avoid alcohol





Denture Care



- Patients should be instructed to clean dentures and partials as thoroughly and as often as natural teeth, at least twice/day.
- A denture brush or toothbrush should be used and all surfaces brushed with toothpaste.
- Patient should check the mouth and gums after removing dentures for signs of irritation, redness or swelling.
- The entire oral mucosa should be cleaned after removing dentures. If painful or bleeding, oral swabs or saline-soaked gauze should be used.
- Dentures should be soaked (use 1.5 % H₂O₂) for several minutes or overnight.

Candidiasis Treatment - for Partial and/or Dentures

- Remove and thoroughly clean daily
- Soak in 1:1 dilution of chlorhexidine gluconate (PerioGard or Peridex)
- 1% sodium hypochlorite (if no metal)
- Benzalkonium chloride 1:750 if metal
- May use Fungizone on tissue side of denture or Nystatin powder before insertion

**Get a NEW toothbrush



Nutritional Status

- Promote healing with a diet high in protein and calories.
- The patient should eat multiple small amounts each day.
- Supplement meals with vitamins and minerals
- Avoid foods that are coarse, rough, acidic or spicy.
- Eat warm foods rather than hot.
- Cold or frozen foods such as pops, ice cream, and frozen yogurt are soothing and refreshing.



Xerostomia “Dry mouth”

- Inadequate saliva production - common
- May occur early in the course of the disease
- Dental visit necessary
 - ensure health teeth and gums
 - frequent recalls to avoid tooth loss
 - alcohol-free fluoride rinses



Xerostomia - “Dry Mouth”

Signs and symptoms

- Xerostomia is the subjective feeling of oral dryness
 - Patient states they can't eat a meal without water
 - Frequent thirst
- Often accompanied by objective evidence of hyposalivation
 - Gloved hand will stick to mucosa
 - No “pooling” of saliva observed in floor of mouth
 - Significant dental decay
- Salivary gland enlargement sometimes observed

Hyposalivation

- Inadequate saliva production - common
- Due to HIV infection and medications which contribute to impaired salivation
- Treatment with fluorides, good oral hygiene, and frequent recalls are essential to avoid tooth loss



Xerostomia Management

- Saliva stimulants
 - Sugarless gum (Xylitol)
 - Sugarless hard lozenges
- Artificial saliva products -
 - Optimoist, Oral moisturizer
 - Mouth-Kote (OTC)



Xerostomia Therapies

- Biotene mouthrinses – alcohol free and antibacterial
- Biotene moisturizers for lips, cheeks
- Biotene gum – sugar free



Oral Pain

- Use topical anesthetics as needed but especially before meals

*Note – gag reflex may be diminished or lost

Sedative Mouth Rinse

- For temporary relief or pain from oral ulcers
- Rx: Must be compounded
 - 80 ml 2% viscous xylocaine
 - 80 ml Maalox
 - 100 ml distilled water
- Disp: 260 ml
- Sig: Swish for 1 minute and expectorate



*Note – gag reflex may be diminished or lost

Fact vs. Fiction

Common Products: beneficial vs. harmful:

1) Lemon and glycerin swabs

Harmful- irritates and dries oral mucosa

2) Mouthwashes without alcohol

Less beneficial if not formulated with an antiseptic agent (no antimicrobial effect)

Can mix non alcohol rinses with saline or H_2O_2 (properly diluted)



Fact vs. Fiction

Common Products: beneficial vs. harmful:

3) Moisturizers

Petroleum-based cannot be used in the mouth (danger of aspiration) and may cause lip inflammation with open wounds

Use of water-soluble moisturizers - absorbed by skin and tissue, provide hydration, and if fortified with Vitamin E can speed healing of ulcers. Saliva substitutes help moisturize the oral cavity.

4) Protective Agents

Substrates of antacids (e.g. Maalox) can be applied to inflamed or ulcerated areas

Carafate dissolved in water can provide a protective coating (swish and swallow)

Additional References

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