Leicestershire Partnership NHS Trust

Mouthcare Policy (Adults)

This policy sets out good practice for oral hygiene and monitoring of a healthy mouth for inpatients

Policy Reference Number: P238

Version Number: 1.0

Date Approved: January 2026

Approving Group: Nutrition and Hydration Steering Group

Review Date: June 2028

Expiry Date: January 2029

Type of Policy Clinical

Keywords: Oral health, mouthcare, Oral hygiene

Contents

Policy on a page

Please note that this is designed to act as a quick reference guide only and is not intended to replace the need to read the full policy. Please include details using the headings below:

Summary and aim

Good oral care will not only improve the patient's oral health and prevent oral pain and infection but will also impact on the patient's overall health and wellbeing. Medically compromised patients are at a higher risk of having oral health problems. The purpose of this document is to provide guidance on the importance of good oral care/hygiene and how to assess and carry out evidenced based oral health hygiene . (Health Education England NHS 2019).

Target audience

All staff providing care to a patient admitted to Leicestershire Partnership Trust

Training

Awareness training will be via a workbook for staff to complete if identified as required within their role.

Key requirements

To promote and improve nutritional and fluid intake for the patients' health and wellbeing, and quality of life.

- Maintain the cleanliness of the mucosa (inside lining of the mouth)
- Help prevent infection, the mucosa is best kept moist and intact
- Keep lips clean, soft, moist and intact.
- Gently remove food debris and dental plaque, but not damage the gingiva (gums)
- Reduce pain and discomfort.
- Keep the mouth fresh and help to prevent bad breath (halitosis)

Introduction and Purpose

Mouth care is essential for a person's health, dignity, hygiene, comfort and quality of life. It maintains the person's ability to communicate and to enjoy food and drink. When oral hygiene is neglected or compromised the mouth can become dry and sore, the tongue and roof of mouth becomes coated and stained, all of which can cause complications as well as distress. Poor oral hygiene can be a contributing factor to developing Hospital acquired Pneumonia and aspiration pneumonia.

The promotion of oral health and hygiene, identifying changes and preventing oral deterioration are essential elements of a health professionals practice. They have a duty of care to carry out and record appropriate assessments whilst taking into account the individual patient's needs. This will include, planning, reviewing, evaluating and documenting care. Mouth Care should be part of the daily care delivered to our patients as this intervention can prevent serious complications later. As people are now living longer, they are also retaining their teeth for longer. Older people are more likely to have large fillings, crowns, bridges and dental implants, all of which need additional care to maintain and keep healthy.

As the population gets older, many people will develop medical, cognitive or physical disabilities that mean they are less able to care for their mouth and highlights the importance of maintaining good mouth care for our patients.

Policy Requirements and Objectives

3.1 Key Principles

All staff providing care to patients must ensure that oral hygiene needs are assessed and documented. There are four key principles staff should follow based on the Mouth Care Matters Campaign.

1. Knowledge of the links between oral health and general health and well-being.
2. Skills gained through training on how to carry out assessments of the mouth and good mouth care.
3. Access to tools needed to provide effective mouth care such as toothbrushes, toothpaste, denture pots, and easy access to dry mouth products.

Support when necessary from doctors/dentists/staff with enhanced mouth care skills such as mouth care leads Details of the principles and core standards relating to the policy, and the objectives.

Process

3.2 Roles of health care professional in oral health

Healthcare professionals have a key role in supporting oral health for patients within the hospitals, including the following:

Health Care Professional	Roles in Mouth Care and Oral Health
Nursing Staff	Carrying out mouth care assessments and assisting or supporting with mouth care
Doctors	Diagnosing and prescribing for oral conditions such as ulcers, oral thrush and oral pain
Speech and Language Therapists (SALT)	We would check mouth care for dysphagia patients on current caseloads.
Dietetics team	Nutritional advice concerning oral health
Occupational Therapists (OT)	Helping to advise and/or create aids for toothbrushes for patients with physical disabilities for example toothbrush grips
Pharmacists	Advising patients/carers on medication related oral problems including a dry mouth
Physiotherapists (Dependent on role)	Role can involve looking into the mouth and making other teams aware of poor oral conditions. When carrying out chest physio or suctioning, noting oral issues
Housekeepers/Domestics/ Porters	Being vigilant about dentures that are often left on trays/bed linen and are disposed of or lost between ward transfers.
Volunteers	Can play a role in asking if patients have products for mouthcare or signposting for health

3.3 Assessment

For patients that are going to be in hospital for over 24 hours it is important to assess whether the patient has any oral health issues that may impact on their recovery or wellbeing for example Appendix 1.

- The mouth care screening sheet should be completed in the patients records 24 hours after admission.
- The mouth care assessment should be completed every seven days.

- Assess the patient's oral hygiene needs and their capability to participate in mouth care and look for:
    - Soreness
    - Dryness
    - ulceration or coating
    - obvious pain.

Identified oral hygiene needs and care should be documented in the patient's holistic care plan.

3.4 Cleaning the mouth for patients who need assistance

Use a small soft-headed toothbrush to gently brush the gums and the teeth. Start on the outside of the teeth then on the inner cheek and move from back to front (this helps to prevent patients gagging).

3.5 For patients with swallow problems

Be aware that patients with swallow/dysphonia problems are at more risk of choking and aspiration, and a high risk of aspiration pneumonia therefore mouth care is of the utmost importance. An assessment of the patients' condition in relation to risk of choking or aspiration should be clearly documented with the patients notes with clear guidance on how to reduce this risk.

3.6 Patients who are nil by mouth

These patients will need more frequent Mouthcare, use a small soft-headed toothbrush to remove dried deposits .

3.7 Furred or coated tongue

If the tongue is coated or furred use damp gauze or small headed toothbrush gently to help to remove. This may take a few days to have an effect. If this condition continues consider prescribing of an appropriate mouthcare product to reduce the build-up Use suction if appropriate and competent/trained to do so as part of your service provision. If not possible use wet gauze as appropriate to wipe the surface of the tongue Food debris and hardened mucous can be removed by moistening these areas with warm water, then use suction and single use forceps to dislodge If not possible use wet gauze as appropriate to wipe the surface of the tongue

3.8 Dentures

For patients with complete dentures.

- Remove dentures and clean thoroughly with a toothbrush with hand/other soap- rinse well
- Wipe the mouth cavity including the cheeks and the gums with dampened gauze
- Ensure dentures are left out in fresh clean water overnight
- Identify concerns with incorrect fitting dentures and seek appropriate advice (ill-fitting dentures can cause discomfort, erosion of gums and inability to eat/drink).

3.8.1 For patients with partial dentures:

- Brush remaining teeth, gums and soft tissues with toothbrush and fluoride toothpaste
- Only leave partial dentures out in plain water overnight if the water is fresh and clean.
- Dentures preferably are removed at night.
- Those wearing dentures at night are at higher risk of Pneumonia and increased risk to have tongue and denture plaque, gum inflammation and oral thrush.

3.9 Dealing with soreness

- Assess the reason for the soreness, i.e., broken teeth, Mucositis, Candidiasis, Denture Stomatitis, Angular Cheilitis or ulceration.
- If in doubt ensure the patient is seen by a dental professional

3.10 Dealing with a dry mouth

Dry mouth or Xerostomia refers to a condition in which the salivary glands do not make enough saliva to keep your mouth wet. There are many products available for dry mouth available as oral sprays and gels with the purpose to relieve the symptoms of a dry mouth. They are not an alternative to toothbrushing with a fluoride toothpaste and mouthcare (Health Education England NHS 2019).

- This can be very distressing, preventing patients from eating, speaking and swallowing properly.
- A high standard of oral hygiene is vital; use frequent sips of cold or tepid water.
- In palliative care, patients' drugs, dehydration, poor oral intake and oxygen without humidification, can all contribute to dryness.

- Other medications such as antipsychotic/muscle relaxants/inhalers etc., can cause a dry mouth, awareness of prescribed medications may give an early indication to the patient developing a dry mouth.
- Use the same guidelines but introduce fluid with gauze swab
- Dry mouth increases the risk of developing tooth decay; therefore, use of a fluoride toothpaste is essential to protect natural teeth.
- A high strength fluoride toothpaste is recommended.
- A dentist can prescribe this

3.11 Dry, sore and cracked lips

Lips can become dry due to a number of factors including.

Dehydration – when the body lacks sufficient fluids

Lip Licking – Saliva dries out on the lips which can the lead to a cycle of licking and then increased dryness.

Vitamin Deficiencies – deficiencies in vitamins such as B2, B6, and B12 can contribute to dry lips

Skin Conditions – Some people with dry skin conditions may also experience dry lips.

Medical conditions – Certain medical conditions can also cause dry lips.

- Avoid using Vaseline as it can be inhaled and has been linked to aspiration pneumonia.
- Water based gels are best, and should be used in little amounts and increased frequency to maintain lip health

3.12 End of Life Care (last weeks, days, and hours of life)

- Perform Mouthcare at least 3-4 hourly unless otherwise stated

3.13 Frequency of care/ Treatment

- This will always be determined by the patient's condition; therefore, careful assessment is essential.
- Unless prescribed otherwise mouth care should be carried out at least twice a day.
- Consideration should be given that at nighttime the reduction in saliva production occurs and can accelerate bacterial growth, therefore removing debris and carrying out mouthcare prior to sleep should be facilitated.

3.14 Tools and Products

To ensure mouthcare is delivered to a high standard and is designed for the individual patients needs specific products may be required to maximum the benefits of good oral care. Appendix 2 identifies some of these products available. The practitioner using the products should always ensure that they prescribed/advised for that particular patient and clearly documented with the patients notes.

Roles and Responsibilities

Policy, Guideline or Procedure / Protocol Author

Responsibility for ensuring the Nutrition and Hydration Steering Group identify learning and best practice to inform this Policy and update accordingly.

To ensure the policy is reviewed in accordance with identified timescale and implementation of monitoring and effectiveness has been planned, is reviewed by the Directorates, and appropriate governance group.

Lead Director -Group Chief Nurse

Responsible for ensuring that this policy is carried out effectively and enteral feeding is addressed and managed effectively across the organisation.

Will communicate, disseminate, and ensure Directorates commence implementation of the policy and provide assurance through the Trust's Quality Governance Framework.

Directors, Heads of Service

Responsible for ensuring all relevant staff are aware of the policy and adhere to the principles and guidelines contained within it.

Ensuring that effective systems are in place to support appropriate risk assessment and care planning to manage those patients at risk as far as is reasonably practicable.

Senior Managers, Matrons and Team Leads

- Are responsible for ensuring implementation within their area, and for ensuring all staff who work within the area adhere to the principles at all times. Any deficits identified will be addressed.

- Act as role models and adhere to policy.
- To manage staff who fail to adhere to this policy and its associated procedures
- Ensuring this policy is followed and understood as appropriate to each staff member's role and function. The information in this policy must be given to all new staff on induction. It is the responsibility of managers and team leaders to have in place a local induction that includes this policy.
- Ensure that their staff know how and where to access current policies and procedures via the intranet.
- Ensuring that a system is in place for their area of responsibility that keeps staff up to date with new polices and policy changes and any recommended training related to policies.

Staff

- Responsibility to minimise the spread of infection by complying with the requirements of this policy
- Each individual member of staff, substantive and temporary worker within the Trust is responsible for complying with this policy.
- Clinical and non-clinical staff will ensure they are familiar with the content of the policy and associated procedural guidelines, and work in accordance with these.
- Undertake training as identified for their role
- Ensure to provide support and education to patients, carer, family where appropriate.
- Be a source of knowledge and skill for colleagues where appropriate.
- Ensure to remain to date with training in line with relevant competencies for job role.
- Inform their manager of any discretionary reasons they may need adjustments to be accommodated to this policy
- Wear any uniform and use protective equipment provided in accordance with the risk Assessment
- Where the adherence to clinical procedures is comprised and causes or harm or presents a risk of harm to patients, this should be reported on the Trusts incident reporting system and in line with the Incident Reporting Policy.

Procurement Team

Procurement of products and medical devices is currently carried out by the Leicestershire and Rutland NHS Procurement Partnership. The Procurement Partnership's main responsibilities are:-

- To purchase healthcare products and medical device goods or services on behalf of LPT, ensuring they meet the required quality standards and indemnities
- To comply with the Trusts Standing Financial Instructions (SFI) and Standing Orders (SO) and relevant EU and UK legislation

- Provide value for money
- Add value to non-stock requisitions
- Make savings
- Negotiate contracts for healthcare products and medical device goods and services
- Provide advice and support in obtaining competitive quotations and ensuring items meet specialist service requirements i.e., health and safety, IPC prior to purchasing.

Mouth care Matters Champion

- Act as a role model for mouthcare IPC practices
- Act as the channel for new information/educational opportunities/training so that staff are kept informed in their area of work
- Attend the champion staff meetings
- Underpin audit practices in line with the policy and assurance requirements

Consent

Clinical staff must ensure that consent has been sought and obtained before any care, intervention or treatment described in this policy is delivered.

Appendix One: Definitions

Terminology: Descriptor

Consent: a patient's agreement for a health professional to provide care. Patients may indicate consent non-verbally (for example by presenting their arm for their pulse to be taken), orally, or in writing. For the consent to be valid, the patient must:

- be competent to take the particular decision.
- have received sufficient information to take it and not be acting under duress.

Due Regard: Having due regard for advancing equality involves:

- Removing or minimising disadvantages suffered by people due to their protected characteristics.
- Taking steps to meet the needs of people from protected groups where these are different from the needs of other people. Encouraging people from protected groups to participate in public life or in other activities where their participation is disproportionately low.

Mouthcare: Given to all structures within the oral cavity. This includes the soft and hard tissues(cheeks, tongue, gums, hard and soft palate, lips , teeth) and dentures

Plaque: Biofilm of micro-organisms that can be on all surfaces

Calculus/Tartar: Calcified plaque that adheres to teeth (Professional removal only)

Gingivitis: Inflammation of the gingiva (gums). Gums look red and swollen and may bleed during brushing.

Periodontitis: Gum disease causing tooth mobility, pain and infection.

Caries: Tooth decay

Edentulous: No natural teeth

Halitosis: Bad breath

Angular Cheilitis: non healing cracks at the corner of the lips, can result from deficiency states (such as iron deficiency) or from Candida infections

Erythroplakia: Abnormal red velvety patches affecting the oral soft tissues

Leukoplakia: White patches on the soft tissues

Lichen Planus: White and red streaks/patches, sore/blisters on cheeks , gums and tongue

Candidiasis/Thrush: Fungal infection caused by candida fungus present in the natural flora of the mouth appears as white curd like deposits on soft tissues.

Stomatitis: Inflammation/redness without ulceration usually associated with denture wear

Ulcers: A breach in the epithelium exposing underlying connective tissue

Herpes Simplex: Cold sores

Xerostomia: Dry mouth

Appendix Two: Governance

Version control and summary of changes

Version number	Date	Description of key change
1.0	January 2026	New Policy

Responsibilities

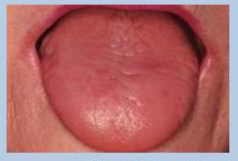
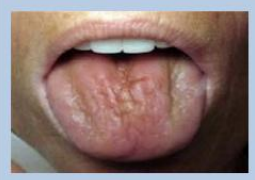
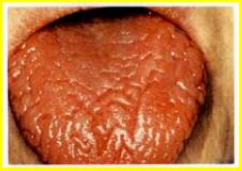
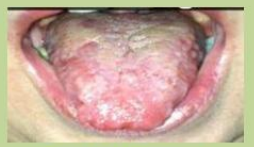
Responsibility	Title
Executive Lead	*Group Chief Nurse*
Policy Author	*Head of Infection Prevention and Control*
Advisors	*Dietician, Staff Nurse,*
Policy Expert Group	*Nutrition and Hydration Steering Group*

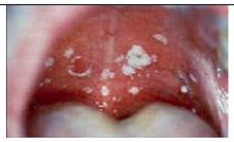
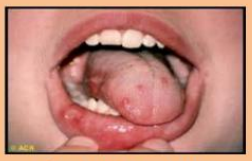
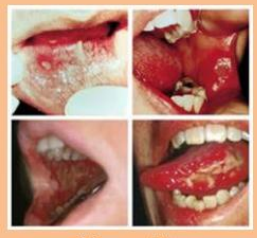
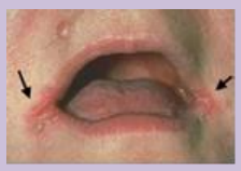
Governance

Governance Level	Name
Level 1 Assurance Oversight	*Quality and Safety Committee*
Level 2 Delivery Group for policy approval and compliance monitoring	*Infection Prevention and Control Assurance Group*

Compliance Measures

KPI (only need 1-2 KPI's per policy)	Where will this be reported and how often
Should describe how you are monitoring what you say you will do in the policy e.g., 100% of nurses will be on the NMC register	Where will this information be reported, what format and how often?
A mouthcare assessment should be undertaken for inpatients 24 hours after admission and documented in the patients care plan.	Annual audit of 20 sets of patient care plans for each Directorate, undertaken by the IPC team. Results of the audit to be presented at the IPC assurance group meeting and the Nutrition and Hydration Steering Group
Each patient admitted into LPT inpatient services should have a weekly mouthcare assessment and it should be documented within the patients care plan	Annual audit of 20 sets of patient care plans for each Directorate, undertaken by the IPC team. Results of the audit to be presented at the IPC assurance group meeting and the Nutrition and Hydration Steering Group

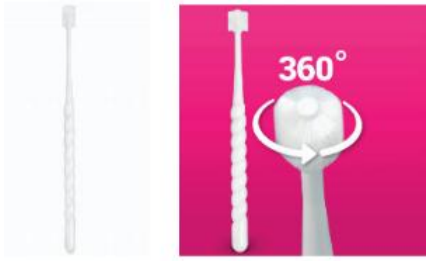
Appendix 1 **Examine using pen torch**		**Suggested care, but remember patient preference**	**Images to aid decision making**
All patients should receive	**Mouth care Assessment & Daily plan**	• Assess mouth daily for changes • Mouth cleaning with damp gauze for soft tissues and toothbrush/Moutheze for teeth cleaning	 **Mild Dry Mouth**  **Moderate Dry Mouth**
	End of life care	• Apply aqueous products to lips. NB: Vaseline is not safe with oxygen and has been linked to aspirational pneumonia via the mouth, opt for water based gels. • Remove Dentures *(with patients/family's permission)* – consider best interest- if the dentures are unclean there is an increased risk of infection if they are left in the mouth • Regular wiping of the soft tissues with damp gauze • Encourage family and loved ones to participate • Use of favourite/memorable tastes	
	Poor swallow	• Speech & Language assessment • Water to moisten and/or oral gel on soft baby toothbrushes or gauze	
Dry Mouth	**Along with routine daily mouth care consider…**		 **Severe Dry Mouth**
	• Frequent sips of water • Atomised water spray • Review medication • Use of oral gel • Use of Biotene mouth wash • Sugar free products, sweets/chewing gum • If patient is on oxygen then consider humidified oxygen		
Coated mucus-membrane/tongue	• Brush gently with a soft (baby) toothbrush to remove plaques and coating		 **Coated Tongue**
	• Associated with dry mouth so start with the above • Meticulous cleaning with damp gauze, Moutheze and toothbrush • Instruct patient and family and leave brush and Moutheze near bed		

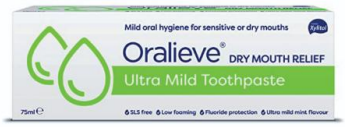
	Candida (thrush)	Get a diagnosis from a Doctor or Dental professional **Start with:** Nystatin 1-5 QDS for 7 days Or Miconazole oral gel 5ml QDS for 7 days	 **Thrush Plaques**
	Candida (thrush)	**For moderate/severe**: Fluconazole 50mg OD 7-14 days If Angular Cheilitis (cracks at the side of the mouth) consider Miconazole gel **NB:** It is important to renew the patient's toothbrush after a candida infection to reduce risk or re - infection Dentures should be soaked in a weak solution of Chlorhexidine mouth wash (Corsodyl) to reduce risk of re-infection	
Painful mouth		**Try to determine the cause, if in doubt seek dental advice.**	
	Ulceration / Soreness	• *Maintain mouth care* • *Tepid saline mouth wash* • *Use of Difflam (Benzydamine) mouth rinse* • *Difflam spray (Benzydamine Hydrochloride)* • *Mucoadhesive preparation e.g. Gelclair* • *Leave dentures out* • *Consider Bonjela type gels applied directly to the sore area* • *If patient is receiving or has received chemotherapy or radiotherapy consult Oncology Mucositis guidelines* **Any ulceration or white patch must be monitored. If it has not healed within 2 weeks then seek dental advice.**	 **Oral Ulceration**  **Mucositis**
	Herpes Simplex	Aciclovir 5% cream twice daily or in tablet form	
	Tooth decay/Broken teeth	Consult a Dental professional	
Dentures		**If possible follow the patient's regime for their denture care otherwise:** • Clean with denture brush, toothbrush or nail brush using water and hand/other soap unless there are underlying problems with Candida, if so use weak solution of Chlorhexidine mouth wash (Corsodyl) • Remove denture at night • Only soak in plain water • Keep in a labelled pot • Check for ill-fitting and refer on to dental if any problems	 **Angular Chelitis**

Mouthcare Products

Reference: A user guide for mouth care products NHS England 2023

The following information is a guide and any of the products should always be used based on the patients' needs and medical/non-medical prescribing.

Toothbrushes 	A small headed toothbrush can be useful for those who have limited mouth opening and/or a sore mouth. A toothbrush can be used for more than just cleaning the teeth and gums; thy can also help clean the tongue, apply mouth gel and help to keep the mouth hydrated with water.
Specialist toothbrushes 	Specialist toothbrushes such as the 3-headed toothbrush cleans 3 areas of the tooth at the same time. Each side covers each surface of the tooth. Inside, outside and the top surface of the tooth.
Oralieve 360 Toothbrush 	The 360 bristles clean multiple surfaces of the mouth simultaneously. A small head to get too hard-to-reach areas of the mouth, with soft bristles to provide a deep clean to sore or sensitive mouths. The 360 brush is a safe alternative to a foam sponge.
Suction Toothbrush 	A suction toothbrush is a special type of toothbrush used on medical patients unable to maintain oral hygiene on their own. The head of the toothbrush can be bristles or a swab with is attached via a hot to a vacuum. The vacuum sucks away debris and particles freed during the brushing process.

Toothpastes 	Although most patients are able to use regular toothpaste, there are non-foaming toothpastes that are sodium lauryl sulphate free. The are safer to use for people with conditions such as dysphagia, dry mouth, individuals who are nil by mouth or suffer from frequent mouth ulcers.
Oranurse Non foaming toothpaste 	This toothpaste is formulated for people who are sensitive to strong flavours, it is free from sodium lauryl sulphate, artificial colours and flavours and is vegan friendly.
Oralieve toothpaste 	This toothpaste contains the same natural enzyme system in saliva, which protects your moth from bacteria which cause [plaque build-up and ultimately leads to dental carries. It is designed specifically to not irate a dry mouth and have a very mild flavour . It is sodium lauryl sulphate free and is suitable for vegetarians, it contains Xmylitol.
BioXtra dry mouth toothpaste 	This toothpaste is formulated for those who are sensitive to strong favours, it is sodium lauryl sulphate free (non-foaming) and has a very mild favour. The product contains protein extracts from milk, and therefore is not suitable for people with milk allergies or those on a vegan diet.

Mouth moisturising gel Oralieve Gel 	Specifically designed for anyone who suffers from dry mouth to help keep the mouth moist. Works instantly to relieve the symptoms of mouth dryness. The gel can last 2-5 hours per day and 8 hours at night. Contains xylitol to help prevent tooth decay.
Oralieve Moisturising Mouth Spray 	Specifically designed for anyone who suffers from dry mouth to help keep the mouth moist. One application can last 1-2 hours. It is in an easy-to-use pump dispenser and works instantly.
BioXtra Dry Mouth Spray 	The formulation quickly and effectively moisturises, soothes and eases oral discomfort of dry mouth (xerostomia). It helps strengthen enamel and fight against the formation of dental caries, whilst promoting fresh breath and comfortable gums. For convenience and immediate moisturisation during the day, spray directly into the mouth as often as require

Training Requirements

Awareness training will be via a workbook for staff to complete if identified as required within their role.

References

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Olivia Pabois , Alejandro Avila-Sierra , Marco Ramaioli , Mingduo Mu, Yasmin Message, Kwan-Mo You, Evangelos Liamas, Ben Kew, Kalpana Durga, Lisa Doherty & Anwesha Sarkar