

Healthy Mouth (Dentate)



- ✓ Pink gums
- ✓ Clean oral mucosa free from bad breath and pain
- ✓ Clear saliva

Denture Care (Edentulous)



- ✓ Complete (top and / or bottom) or partial (dental bridges) dentures
- ✓ Acrylic (plastic) or metal parts

Sore or Ulcerated Mouth



- ✓ Swelling
- ✓ Ulcers
- ✓ Redness
- ✓ Pain

Coated Mouth



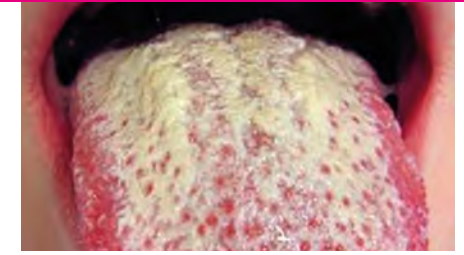
- ✓ Coated tongue and teeth with dried saliva
- ✓ A bad taste in the mouth

Dry Mouth



- ✓ Dry, cracked mouth or lips
- ✓ Viscous or sticky saliva
- ✓ A burning feeling in the mouth, lips and /or throat
- ✓ Severe bad breath
- ✓ Mouth sores

Oral Thrush (Candidiasis)



- ✓ Fungal infection
- ✓ White spots
- ✓ Red tissue
- ✓ Red cracked mouth
- ✓ Loss of taste or an unpleasant taste in the mouth

Signs and symptoms

Advice for patients without dysphagia

Advice for patients with dysphagia

Toothbrush is best!
Brush with a fluoride toothpaste **at least twice daily**, such as **Oralieve® Ultra Mild Toothpaste**.

If the patient needs assistance: ask them to sit upright and brush their teeth with a soft, small-headed toothbrush.

Clean the tongue back to front.

Any excess toothpaste should be spat out. **Do not rinse.**

Apply a water based gel to dry lips after oral care such as **Oralieve® Moisturising Mouth Gel**.

Maintain fluid intake.

As with a healthy mouth, ensure that the patient is brushing **at least twice a day**, with a fluoride toothpaste such as **Oralieve® Ultra Mild Toothpaste**.

Rinse dentures after meals to remove any unwanted food debris.

Check for defects and cracks.

At night: the denture should be removed. Place it in a pot of cold water and label the pot with the patient's name and date. Never leave the denture to dry out. A new denture pot must be supplied daily.

Use a denture fixative or a saliva substitute to keep the denture in place or for comfort.

Depending on what the patient can tolerate, rinse the mouth with:

- Salt water
- A regular mouthwash, such as **Oralieve® Alcohol Free Mouthrinse**
- Topical corticosteroids
- Difflam (benzydamine): rinse 15ml every 15-3 hrs / spray 2-3 hours
- Systemic paracetamol / opiates depending on severity

Teeth should be brushed 4 times daily to help eliminate saliva on the tongue. Review medication.

Use a damp gauze to gently soak coated areas then using either college tweezers, a damp gauze or moistened toothbrushes to gently remove coatings/debris.

The patient may benefit from either an oral gel or a high fluoride toothpaste.

Clean the tongue with water using a soft toothbrush or tongue cleaner, or with saline solution.

Ensure the patient is brushing twice a day to maintain oral health and optimise hydration.

Using a small, soft-headed toothbrush, apply **Oralieve® Moisturising Mouth Gel** to the gums, tongue and lips 4 times a day.

Other saliva stimulants:

- Ice lollies
- Frozen fruit (melon/ pineapple)
- Chewing gum
- Ice cubes to suck

Saliva spray is available such as **Oralieve® Moisturising Mouth Spray**.

Replace toothbrush.

Patients should be brushing their teeth, tongue and inside of their mouth twice a day with a fluoride toothpaste.

Dentures should be removed overnight and cleaned with a cleaning agent.

TOPICAL: Nystatin suspension 1ml 4 times daily **after** food (hold in mouth)

Miconazole – 5-10ml 4 times daily (continue 48 hours after resolved) **avoid with warfarin**.

SYSTEMIC:

Fluconazole (capsules or suspension) 50mg daily for 7-14 days (**avoid with warfarin**).

Seek a dental opinion if there is no improvement in 7 days.

Maintain suction throughout the procedure.

Use a smear of dry low-foaming toothpaste and brush all areas of the mouth.

Position the patient as upright as possible with their head tilted slightly forward.

Clean thoroughly after meals as left-over food can be an aspiration risk.

Clean the mouth with a low-foaming toothpaste such as **Oralieve® Ultra Mild Toothpaste**. No water should be required.

Soak a gauze in mouthwash and remove any excess fluid.

Gently wipe the gauze over the affected areas including the teeth & gums.

Choose a low-foaming toothpaste such as **Oralieve® Ultra Mild Toothpaste** and clean the mouth as you would with a healthy mouth.

Apply **Oralieve® Moisturising Mouth Gel** using a small, soft-headed toothbrush to the gums and tongue.

Very frequent oral care is needed. Apply **Oralieve® Moisturising Mouth Gel** to the gums, tongue and lips.

If allowed fluids, give the patient water regularly. If NBM, spray **Oralieve® Moisturising Mouth Spray** to the side of each cheek.

Fluconazole oral suspension to be taken via NG or PEG.

Nystatin suspension to be spread over the infected areas with a toothbrush rather than dripped onto the tongue.

Replace the toothbrush to prevent the infection getting worse.

Help your patients say 'goodbye' to dry mouth. Recommend the Oralieve range.

Contact us on hello@oralieve.co.uk or 01582 439 122 for product and procurement information.

www.oralieve.co.uk

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