PALLIATIVE CARE GUIDELINES: MOUTH CARE MANAGEMENT

**Principles:**
- Good mouth care is a vital part of palliative care; it not only improves comfort but helps maintain a patient’s ability to eat, drink and communicate effectively.
- All patients should have regular screening for mouth complications.
- High risk patients, e.g. those with oro-pharyngeal disease, receiving head and neck radiotherapy or immunocompromised patients should be given advice about mouth care preemptive to symptoms arising.

**Assessment:**
- Take a full, holistic history from the patient and examine the mouth looking for signs of dryness, coating, ulceration, infection or tumour.
- Order any appropriate investigations e.g. mouth swab particularly for patients with persistent or recurrent symptoms.

**Management:**
- Good holistic care requires a combination of general non-clinical measures and advice, investigation and treatment of any underlying cause(s) and appropriate symptomatic treatment(s). All three aspects of care are important and ideally should occur concurrently, however for certain patients the underlying cause of the oral symptoms may be unclear. Management of these patients should focus on improving symptoms and quality of life whilst regularly reassessing.

**General Measures**
- Patients should maintain a moist mouth by sipping fluids regularly throughout the day. If the patient is unable to swallow they should rinse their mouth regularly with a simple saline or bicarbonate solution (add 1 teaspoon of salt or bicarbonate to a glass of warm water and stir well to dissolve).
- Brush teeth and clean tongue at least twice daily using a small soft toothbrush and toothpaste.
- Advise regular application of lip balm or ‘Vaseline’ to dry cracked lips.
- Review the patient’s medications and adjust as appropriate; certain drugs can exacerbate oral symptoms e.g. anticholinergics cause a dry mouth.

**Specific oral problems**

<table>
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<tr>
<th>Condition</th>
<th>Treatment</th>
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<tbody>
<tr>
<td>Candidiasis</td>
<td>Ketoconazole 200mg od for 7 days OR Fluconazole 200mg od for 7 days.</td>
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<tr>
<td>Painful Mouth</td>
<td>Oral morphine 4hrly (for dose refer to pain management guideline). Patients should hold the morphine in their mouth and use as a mouthwash for at least 30 seconds before swallowing. Analgesic and antiseptic gel (e.g. bonjela): apply topically to mouth ulcers 4hrly. Has limited use for patients with generalised oral pain.</td>
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| Mucositis +/- Ulceration | Assess carefully for evidence of infection and treat appropriately.  
  - For gingivitis or anaerobic lesions (often associated with significant halitosis) treat with metronidazole mouthwash. This can be made by mixing 50mls of intravenous metronidazole with 450mls of water (50mls of water can be replaced with juice or other flavouring if required). Educate patients to use this solution tds as a mouthwash for 1 minute before spitting out.  
  - Increase the frequency of mouth cleaning with a saline solution, up to hourly in severe cases.  
  - For severe cases of mucositis or aphthous ulceration consider a course of steroids. Prescribe Dexamethasone 8mg orally od for 5 days and then review.  
  - Review the patient’s management plan with the oncology or palliative care teams. If mucositis is secondary to chemo/radiotherapy the dose of treatment may need reducing or in severe cases a break in treatment may be advised to allow healing of the mucous membranes. |
| Herpes Simplex      | Oral Acyclovir 200mg, 5 times a day for 5-10 days depending on severity.   |
| Infection           | Treat lip ulcers with Acyclovir ointment: apply topically to lesions for 5-10 days. |

*These guidelines are applicable to patients with chronic life limiting illnesses. They are based upon and designed to be used alongside other resources such as the APCA pocket book and HAU blue book (available via MPCU). Patients whose symptoms fail to respond to initial measures should be referred to the MPCU (Mulago Palliative Care Unit). Referrals can be made via referral form X delivered to the palliative care ward office on ward 4A or via phone (MPCU Mobile: 0779490784). These simple guidelines are based upon and designed to be used alongside other resources such as the APCA pocket book and HAU blue book (available via MPCU).*