

Oral Health in the Palliative Care Patient: Care throughout the Continuum of Illness

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INTRODUCTION

•In 2000, the Surgeon General declared dental health as the most common unmet health need. While preventative oral care has reduced tooth loss, the elderly present with more complicated dental needs and higher levels of oral disease. Diligent oral care is required to prevent systemic complications, promote adequate nutrition and maximize patient comfort and dignity.

•Although Palliative Care provides a “total” care focus for patients with serious illness, oral health issues may be forgotten or ignored, either due to pressing medical problems, a patient’s inability to participate in care, or lack of attention by healthcare professionals.

•In partnership with The Oral Health Nursing Education and Practice (OHNEP) Initiative to promote inter-professional participation in oral health for all patients, an educational program was developed, illustrating the oral care needs and challenges for the elderly palliative care patient in various care settings.

METHODS

•An interactive presentation: “Mrs. Thompson,” utilizing a case-based approach was created. Content was obtained through literature searches, data from the “Smiles for Life” website and the clinicians’ own experience.

•This presentation was incorporated into a four hour interdisciplinary conference: “Palliative Care: A Focus on Forgotten Issues & Symptoms” which was held in April, 2013 in New Rochelle, New York.

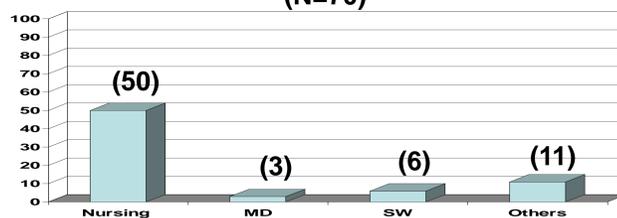
•In order to have the greatest impact on the most healthcare professionals, this free conference was offered to healthcare facilities and schools of nursing through professional societies and list-serves.

•Continuing educational credits were offered to nursing attendees who completed a course evaluation.

PARTICIPANTS

Attendees included healthcare professionals and volunteers from the Tri – State area (New York, New Jersey & Connecticut)

Attendance Profile (N=70)



OUR CASE: MRS. THOMPSON



- 77 year old woman with PMH of HTN, COPD, OA & Dementia
- Lives at home with her elderly sister
- Current Medication Regimen: HCTZ, Arthrotec, Aricept, Namenda, Tiotropium, Albuterol
- Wears partial dentures & uses oxygen prn

Topics Highlighted

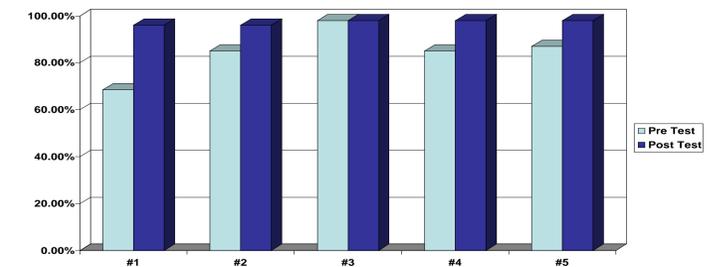
- Specific Oral Care Issues** for Mrs. Thompson related to:
 - Chronic Illnesses: COPD, osteoarthritis, dementia
 - Medication Regimen
- Oral Health Issues Across Various Care Settings:**
 - Intensive Care Unit:
 - Oral Intubation & Mechanical Ventilation
 - Risk Profile & Prevention of Aspiration Pneumonia
 - General Medical Floor, Long Term & Hospice Care:
 - Xerostomia, Taste alteration, Oral Candidiasis, Halitosis, Denture care

Pre/Post Test: 10 Item True/False Questions

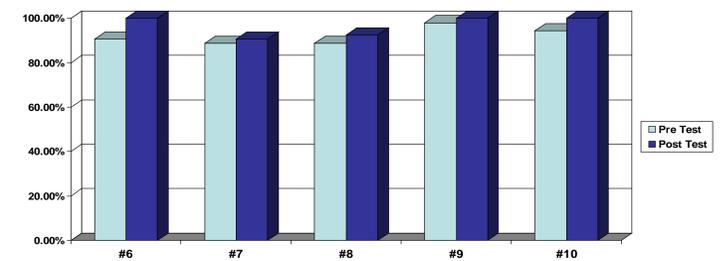
1. Complete tooth loss in the elderly has declined from 50% to 18% in the past 60 years. (T)
2. Dietary changes in the elderly do not increase the risk of forming dental caries. (F)
3. The use of beta 2 agonists (such as albuterol) leads to reduction in saliva production and secretion. (T)
4. Causes for halitosis in patients at end of life include the use of oxygen and anticholinergics for secretion management. (T)
5. Implementation of oral care interventions has not reduced the incidence of ventilator associated pneumonia. (F)
6. In patients with COPD, dental plaque does not impact the development of respiratory infections. (F)
7. Patients with early stage dementia are unable to undergo restorative dental care. (F)
8. The use of a spacer with an inhaler will help prevent the development of candidiasis in patients with COPD. (T)
9. The Mouth Care Assessment & Documentation tool involves evaluation of the teeth, tongue, lips and mucous membranes. (T)
10. Gram + lactobacillus is often found in the oral cavity. (T)

RESULTS

Pre/Post Test Results: Questions 1-5 (N=54)



Pre/Post Test Results: Questions 6-10 (N=54)



Subjective Responses to Program: Commitment to Practice Change

Attendees plan to:

- Invite presenters to their inpatient facilities to replicate the learning session for those staff who did not attend the conference.
- Review the current policies and procedures related to oral care at their own institutions.
- Incorporate new tools and reference materials related to oral care provided.
- Review newly learned information with nursing assistants.
- Utilize patient case to create a unit based in-service for professional and para-professional staff.

ACKNOWLEDGEMENTS



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