



Oral stimulation and mouth care for people with swallowing difficulties

This leaflet provides useful information about mouth care and oral stimulation for people with dysphasia (swallowing difficulties) and their families and / or carers.

Why is mouth care important?

Mouth care is important as poor oral hygiene can impact health, wellbeing and quality of life. Poor oral health has been associated with chest infections, heart conditions, stroke and diabetes. It can also impact people's ability to eat and drink and can lead to soreness, bad breath and social embarrassment. Evidence shows that hospital admissions are often associated with a deterioration in oral health so mouth care is important during hospital stays.

Mouth care and swallowing difficulties

Mouth care is particularly important for people who have difficulty swallowing (dysphagia). Patients who are nil by mouth or on limited oral intake are at increased risk of poor oral hygiene and require thorough mouth care. Being dependent on others for mouth care, alongside a swallowing difficulty can increase the risk of developing pneumonia. People with swallowing difficulties can also have altered sensation (or feeling) in their mouth – regular mouth care can help with this.

How often should mouth care be completed?

If the person is eating and drinking, mouth care should be completed three times per day using a toothbrush and toothpaste. Encourage patients to rinse mouth using mouthwash twice daily, but at differing points in the day to teeth cleaning. Patients who are nil by mouth or approaching end of life should receive oral care every two to four hours.

Healthy oral cavity

A healthy oral cavity looks clean and moist. The lips, tongue and roof of the mouth should be pink. There should be no sign of decay or red / white patches. If the patient has dentures, these should fit properly.

Unhealthy oral cavity

Signs of an unhealthy oral cavity include dryness due to a lack of saliva, gum disease (redness, inflammation, bleeding), oral thrush (candida – a white coating), excessive drooling, mouth ulcers and dental decay. All these symptoms can be improved by careful and thorough mouth care.

Mouth care: Step by step guide

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| 1. Use a pen torch and tongue depressor to inspect the mouth. |
| 2. Use a mouth sponge / MouthEze to remove excess saliva or food particles from the oral cavity. If dried, moisten with a mouth sponge before removing with the MouthEze / blue forceps as required. Squeeze out excess water prior to use. NB: Mouth sponges are not effective at removing plaque and if left to soak in water can become a choking risk . |
| 3. Dip a mouth sponge (or your clean finger) in cold water and rub it along your gum lines. |
| 4. To remove plaque, use a soft toothbrush with a small head and an SLS-free or low-foaming toothpaste (e.g. Sensodyne, Pronamel). Dip the toothbrush in cold water and apply a smear of toothpaste to the wet bristles. |
| 5. Do not rinse with water or mouthwash. Use a mouth sponge / MouthEze dipped in diluted mouthwash to remove toothpaste. Ensure to squeeze out excess fluid before use. |
| 6. Apply a small amount of saliva substitute / moisturising agent after mouth care, as required. |
| 7. If lips are dry or cracked, apply Vaseline / Soft Paraffin as required. NB: Not suitable for patients on oxygen therapy. |
| 8. Ensure dentures are in situ during the day and removed at night. Clean dentures with a denture brush / toothbrush and leave in a soaking solution overnight (if none available use mouthwash diluted in water). |

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Please ask if you need this information in another language or format.

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