

Mouth Care Guidance for Patients in Last Few Days of Life for North East Essex

When assessing a patient's mouth ask about dry mouth, oral pain, excessive salivation, dysphagia and bleeding.

Examine the mouth for signs of dehydration, level of oral hygiene, ulceration, white patches, bleeding and infection. Re-examine the mouth if the patient becomes unconscious.



Healthy Mouth - Patient is conscious, able to eat and drink unaided. Tongue is smooth, intact, moist and uncoated

Use: Soft baby toothbrush and tooth gel to keep mouth clean at least twice daily. Continue this for all mouth conditions, but increase depending on level of debris in mouth



Lips dry, chapped, coated or broken at corners of mouth. Localised ulcer. Tongue dry, patchy and inflamed

Use: Yellow soft paraffin or Chapstick on lips – do not use if patient is on oxygen (consider using Biotene). Bonjela on ulcer. Continue using a soft baby toothbrush and tooth gel



Bleeding/blistered lips. White patches (Thrush), multiple ulcers

Use: Bonjela for the ulcers, nystatin 1ml four times daily depending on severity. If Oral Thrush ensure dentures are thoroughly cleaned and soaked in Chlorhexidine. Continue using a soft baby toothbrush and tooth gel



Soft tissues very dry and sticky, little or no saliva present. Saliva is thick, patient complains of dry mouth.

Use: Biotene Oral Balance Gel on a pink sponge and coat the inside of the oral cavity, tongue and lips. Saliva spray could be used if patient is conscious. Also ice chips and cold unsweetened drinks. Continue using a soft baby toothbrush and tooth gel

Any further concerns regarding the patient's mouth please contact:

CHUFT - Palliative Care Team

ACE - EOL Team; SHH – Hospice Nurse Specialists

Adapted from www.cks.nice.org.uk/palliative-cancer-care-oral

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