



Best Practice Guidelines and Practical Strategies for Oral Care and Dementia

July 24, 2007

Mary-Lou van der Horst

Ellen Ross

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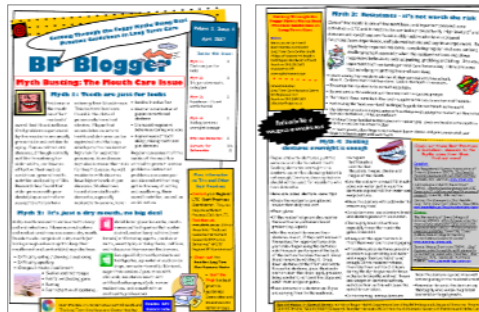
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Oral Care

Recent Developments

Review some basic mouth care information

- BP Blogger April Issue: Mouth Care www.rgpc.ca



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19 October 2007

Myth Busting: The Mouth Care Issue



Myth 1: Teeth are just for looks

Problems in the mouth can affect residents' overall health and wellness. Oral problems experienced by the residents are usually preventable and not due to aging. Plaque-related oral diseases, although normally not life threatening for older adults, can have an effect on their medical conditions, general health, nutrition and quality of life. Research has found that older persons with poor dental plaque control are susceptible to bacteria

entering their bloodstream. This bacteria has been found in the clots of persons who have had strokes. Plaque that accumulates on natural teeth and dentures can be aspirated into the lungs which puts the resident at high risk for aspiration pneumonia. Gum disease may also increase their risk for heart disease. As well, residents with diabetes have higher levels of gum diseases. Studies have found older adults with dementia, especially moderate to severe, have:

- Decline in saliva flow
- Greater accumulation of plaque on teeth and dentures
- Increased responsive behaviours during oral care
- Higher levels of tooth decay, missing teeth and gum diseases

Regular assessment of the inside of the mouth is critical to prevent serious problems. Untreated problems can cause pain and discomfort that may get in the way of eating and swallowing, their overall nutrition, as well as socialization.

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Myth 1: Teeth are just for looks

- Problems in the mouth can affect residents' overall health and wellness.
- Oral problems experienced by the residents are usually preventable and not due to aging.
- Plaque-related oral diseases, although normally not life threatening for older adults, can have an effect on their medical conditions, general health, nutrition and quality of life.

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- Research has found that older persons with poor dental plaque control are susceptible to bacteria entering their bloodstream. This bacteria has been found in the clots of persons who have had strokes.
- Plaque that accumulates on natural teeth and dentures can be aspirated into the lungs which puts the resident at high risk for aspiration pneumonia.

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- Gum disease may also increase their risk for heart disease. As well, residents with diabetes have higher levels of gum diseases.
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- Untreated problems can cause pain and discomfort that may get in the way of eating and swallowing, their overall nutrition, as well as socialization.

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Myth 2: It's just a dry mouth, no big deal

A dry mouth can lead to serious tooth decay and oral infections. Numerous medications and medical conditions can cause a dry mouth. Residents who complain of a dry mouth (not having enough saliva or spit to keep their mouth moist and comfortable) may also have:

- Difficulty eating / chewing / swallowing
- Difficulty speaking
- Changes in taste / bad breath
- Swollen and red tongue
- Painful or bleeding gums
- Burning
- Poor retention of dentures .



Avoid lemon glycerine swabs, mouth-rinses and toothpastes that contain alcohol, sodium lauryl sulfate (most brands) or flavouring agents, candies or mints, sweet/spicy or bulky foods, caffeine, and tobacco as they worsen the dryness.



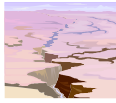
Use special dry mouth products and toothpastes, sip water or suck on ice chips, use water-based lip lubricant, sugar-free candies / gum, rinse with club soda, moisturize mouth with artificial saliva sprays/gels, review medications, and consult with an oral health professional.



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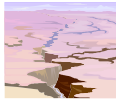


- Avoid as they worsen mouth dryness
 - lemon glycerine swabs
 - mouth-rinses and toothpastes that contain alcohol, sodium lauryl sulfate (most brands) or flavouring agents
 - candies or mints
 - sweet/spicy or bulky foods
 - caffeine and
 - tobacco

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Myth 2: It's just a dry mouth, no big deal



- Use
 - dry mouth products and toothpastes
 - sip water
 - suck on ice chips
 - water-based lip lubricant (not petroleum)
 - sugar-free candies / gum
 - rinse with club soda
 - moisturize mouth with artificial saliva sprays/gels
 - review medications
 - and consult with an oral health professional.

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Myth 3: Resistance - it's not worth the risk

Care of the mouth is one of the most basic and important personal care activities in LTC and it needs to be carried out consistently. High levels of oral diseases and conditions are found in older adults who have increased functional/care dependence, multiple medications and cognitive impairment. For cognitively impaired residents, completing regular oral care can be a challenging task especially when the resident refuses and shows responsive behaviours such as pushing, grabbing and biting. It's very important that residents get oral care twice a day. Here are some tips in helping to getting the oral care done.



- Never assume that residents who can do their own oral care have actually done it. Confirm that it has been done. Look in the mouth if necessary.
- Encourage the resident to do as much as possible.
- Do oral care in the washroom as it has many built in cues and prompts.
- "No" means: leave, come back later and try again—either you or another staff member.
- Assist using the "hand-over-hand" technique to guide the toothbrush in the mouth.
- Use distraction such as singing, using soft soothing words, giving the resident an item to hold such as a toothbrush, rolled up washcloth
- Using 2 large handled toothbrushes with rubber grip, place one handle in the mouth to bite on and use the other to clean
- Wear gloves, place fingers only between lips or cheeks and gums, never stick your fingers between upper and lower teeth.



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Myth 4: Soaking dentures overnight is enough



Plaque sticks to dentures just the same as it sticks to natural teeth. Soaking dentures overnight in a denture cup with a cleansing tablet is not enough. Denture cleaning tablets should not be used for residents who have dementia.

Here are some denture care tips:

- Check the resident's care plan and review their daily oral care
- Wear gloves
- If the resident's lips are dry, moisten them with a non-petroleum based product (e.g. Lipsol)
- Ask the resident to remove their dentures. Assist, if they can't remove it themselves. For upper dentures slide your index finger along the denture's side then push gently against the back of the denture to break the seal. Grasp it and remove by rotating it. Grasp lower dentures at the front and rotate. For partial dentures, place thumbnails over or under the clasps, apply pressure, being careful not to bend the clasps and catch them on lips or gums.
- Place dentures in a denture cup if you are carrying them to the washroom.

- A regular toothbrush is used to clean the palate, tongue, cheeks and ridges of the mouth.
- Line the sink with a towel. Fill it with some cool water just in case the dentures slip and fall. Hot water can warp dentures.
- Rinse the denture with cold water to remove any food
- Scrub dentures, use a denture brush and denture paste with cool water.
- Thoroughly brush all surfaces especially those that touch the gums. Rinse well.
- Always put the upper denture in first then lower one to avoid gagging
- At bedtime place dentures placed in a denture cup containing cool water and vinegar. Denture tablet is not enough. If the resident refuses, then take them out for 2-3 hours during the day to give mouth tissue a chance to breathe and rest. Never use vinegar on dentures with any metal on them as this will cause the metal to turn black.
- In the morning, remove dentures

Check out these Best Practices & Guidelines. Answers to the Myths come from them. Find out more!

Canadian:
The Registered Nurses Association of Ontario (Summer 2007). *Oral health, dementia assessment and interventions*. Toronto, ON: Author. www.rnao.org

Halton Region Health Department (2006). *Dental health manual for LTC home staff: Halton oral health outreach project*. Oakville, ON: Author.

Centre for Community Oral Health-Long Term Care Fact Sheets. Nov 2006 www.uwoeths.ca/Facilities/teethstry.ccmh

Others:
The University of Iowa College of Nursing (2002). *Oral hygiene care for functionally dependent and cognitively impaired older adults. Evidence-based practice guideline*. Iowa City, Iowa: Author/gerontological Nursing Interventions Research Center. www.nursing.uiowa.edu

Joanna Briggs Institute (2004). *Oral hygiene care for adults with dementia in residential aged care facilities. Best practice 04/4*. Adelaide, Australia: Author. www.joannabriggs.edu.au

- From the denture cup and rinse well before placing in the resident's mouth.
- Remember to scrub the denture cup thoroughly once a week to prevent bacterial or fungal growth.



Myth 4: Soaking dentures overnight is enough

- Plaque sticks to dentures just the same as it sticks to natural teeth.
- Soaking dentures overnight in a denture cup with a cleansing tablet is not enough.
- Denture cleaning tablets should not be used for residents who have dementia.

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 - Grasp it and remove by rotating it.
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 - For partial dentures, place thumbnails over or under the clasps, apply pressure, being careful to not bend the clasps and catch them on lips or gums.

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 - Place dentures in a denture cup if you are carrying them to the washroom.
 - A regular toothbrush is used to clean the palate, tongue, cheeks and ridges of the mouth.
 - Line the sink with a towel. Fill it with some cool water just in case the dentures slip and fall. Hot water can warp dentures.
 - Rinse the denture with cold water to remove any food

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 - At bedtime place dentures placed in a denture cup containing cool water and vinegar. Denture tablet is not enough.

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- **Here are some denture care tips:**
 - If the resident refuses, then take them out for 2-3 hours during the day to give mouth tissue a chance to breathe and rest.
 - Never use vinegar on dentures with any metal on them as this will cause the metal to turn black.
 - In the morning, remove dentures from the denture cup and rinse well before placing in the resident's mouth.
 - Remember to scrub the denture cup thoroughly once a week to prevent bacterial or fungal growth.

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Oral Care Recent Developments

- RNAO
- Due to be released late Summer 2007
- new Nursing Best practice Guideline for Oral Health
 - Practice (12)
 - Education (2)
 - Organization & Policy (7)



RNAO Oral Health: Nursing Assessment and Interventions



Sample Tools available in the Appendix

Sample 4: Oral Health Assessment Tool (OHAT) also known as the Modified Brief Oral Health Status Examination

For use in long-term care or residential care settings, which can be used with cognitively impaired clients (Chalmers, 2004)

Oral Health Assessment Tool for Dental Screening (modified from Kayser-Jones et al (1982) by Chalmers (2004))

Client: _____ Completed by: _____ Date: / /

Scores – You can circle individual words as well as giving a score in each category and can write notes in the category scores column also

Category	0 = healthy	1 = changes *	2 = unhealthy *	Category scores
Lips	smooth, pink, moist	dry, chapped, or red at corners	swelling or lumpy, white/red/white/red patches, bleeding/cracked at corners	
Tongue	smooth, moist, bright/pink area	pale/yellow, fissured, red, coated	patch that is red/blue/white, ulcerated, swollen	
Gums and Tissues	pink, moist, smooth, no bleeding	dry, white, rough, red, swollen, one or more areas hurt under dentures	swollen, bleeding, ulcers, whitened patches, generalized redness under dentures	
Saliva	clear, flows, sticky and thin, flowing freely	dry, sticky, thick, like saliva present, thicker than they have a dry mouth	thick, pasty and not very sticky, white patches, white in throat, absent since they have a dry mouth	
Natural teeth	no decayed or broken teeth	1-2 decayed or broken teeth or only one natural tooth	3+ decayed or broken teeth, or may have dentures	
Denture teeth	no broken areas or teeth, dentures regularly worn, and seated	1 broken area/teeth or denture only worn for 1-2 hrs daily or dentures not seated or loose	more than 1 broken area/teeth, dentures missing or not worn, loose and needs denture adhesive, or not seated	
Oral cleanliness	clear, able to feel particles of food or debris in mouth or on tongue	food particles, other debris in 1/2 area of the mouth or on most sides of dentures or on tongue or on palate	food particles/debris in most areas of the mouth or on most sides of dentures or on tongue or on palate	
Dental pain	no noticeable pain, no physical signs of dental pain	one or two teeth tender to touch or pain with eating, chewing, biting, or brushing	one or more teeth tender to touch or pain with eating, chewing, biting, or brushing, or visible signs of dental pain (swelling, abscess, etc.)	

* Refer person to have a dental examination by a dentist
 Person and/or family/guardian refuse dental treatment
 Complete Oral Hygiene Care Plan and start oral hygiene care interventions for person
 Review this person's oral health again on Date: / /

TOTAL SCORE: 16



RNAO Oral Health: Nursing Assessment and Interventions

Sample Tools available in the Appendix

Appendix F: Sample Care Plans

The following are examples of care plans that were developed to facilitate communication regarding the plan of care for individuals receiving oral health care.

Chalmers (2004)
For use in the long-term care setting

ORAL HYGIENE CARE PLAN (modified from Chalmers, 2004)					
Client:		Completed by:		Date:	
Dentist: <input type="checkbox"/> None					
Date of last dental appointment:					
Assessment of Dentures (circle one)			Date for next oral hygiene care plan review:		
Upper	Full	Partial	Not worn	No denture	Denture cleaning: independent some assistance fully dependent
Name on denture: Yes No					
Lower	Full	Partial	Not worn	No denture	
Name on denture: Yes No					
Assessment of Natural Teeth (circle one)			Teeth cleaning: independent some assistance fully dependent		
Upper	Yes	No	Root tips present		
Lower	Yes	No	Root tips present		
Interventions for oral hygiene care (check all that apply and include frequency as needed)			Regular barriers to oral care (check all that apply)		
<input type="checkbox"/> Mouth wash <input type="checkbox"/> a.m. <input type="checkbox"/> p.m. <input type="checkbox"/> Electric toothbrush <input type="checkbox"/> a.m. <input type="checkbox"/> p.m. <input type="checkbox"/> Soften toothbrush <input type="checkbox"/> a.m. <input type="checkbox"/> p.m. <input type="checkbox"/> Regular toothbrush <input type="checkbox"/> a.m. <input type="checkbox"/> p.m. <input type="checkbox"/> Use 2 toothbrushes <input type="checkbox"/> a.m. <input type="checkbox"/> p.m. <input type="checkbox"/> Interproximal toothbrush/floss <input type="checkbox"/> a.m. <input type="checkbox"/> p.m. <input type="checkbox"/> Regular fluoride toothpaste <input type="checkbox"/> a.m. <input type="checkbox"/> p.m. <input type="checkbox"/> Do not use toothpaste <input type="checkbox"/> Soak dentures with denture lozch <input type="checkbox"/> a.m. <input type="checkbox"/> p.m. <input type="checkbox"/> Soak dentures over night in water with denture tablet <input type="checkbox"/> Soak denture bath weekly <input type="checkbox"/> Dry mouth products as needed <input type="checkbox"/> Fluoride varnish or other fluoride products (Rx by dentist or physician) <input type="checkbox"/> Chlorhexidine mouth rinse (Rx by dentist or physician) <input type="checkbox"/> Other:			<input type="checkbox"/> Forgets to do oral hygiene care <input type="checkbox"/> Refuses oral hygiene care <input type="checkbox"/> Mouth open mouth <input type="checkbox"/> No compliance with directions <input type="checkbox"/> Aggressive / kicks / hits <input type="checkbox"/> Bites toothbrush and/or staff <input type="checkbox"/> Can't swallow properly <input type="checkbox"/> Can't rinse / spit <input type="checkbox"/> Constantly grinding / cheating <input type="checkbox"/> Habit faces downwards / inoves <input type="checkbox"/> Mouth base comes out at night <input type="checkbox"/> Dentistry or hand problems / arthritis <input type="checkbox"/> Requires financial assistance <input type="checkbox"/> Other:		



RNAO Oral Health: Nursing Assessment and Interventions

Sample Tools available in the Appendix

Appendix G: Oral Hygiene Products

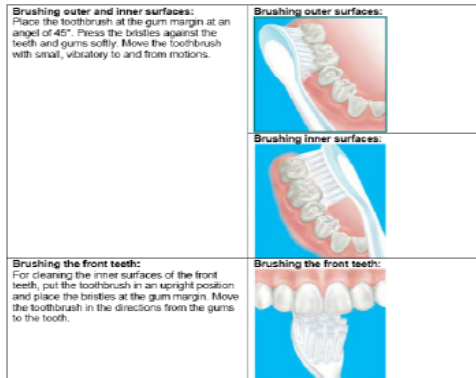
PRODUCT	INDICATION	SCOPE	NOTES
Toothbrush	Manual	Use soft bristles. Consider the patient's ability to grasp and hold the brush. Consider the patient's ability to brush effectively. Consider the patient's ability to use the brush correctly. Consider the patient's ability to use the brush regularly.	Use soft bristles. Consider the patient's ability to grasp and hold the brush. Consider the patient's ability to brush effectively. Consider the patient's ability to use the brush correctly. Consider the patient's ability to use the brush regularly.
	Powered	Use soft bristles. Consider the patient's ability to grasp and hold the brush. Consider the patient's ability to brush effectively. Consider the patient's ability to use the brush correctly. Consider the patient's ability to use the brush regularly.	Use soft bristles. Consider the patient's ability to grasp and hold the brush. Consider the patient's ability to brush effectively. Consider the patient's ability to use the brush correctly. Consider the patient's ability to use the brush regularly.
Oral Rinse	Alcohol-free	Use alcohol-free oral rinses. Consider the patient's ability to use the rinse. Consider the patient's ability to use the rinse regularly. Consider the patient's ability to use the rinse correctly.	Use alcohol-free oral rinses. Consider the patient's ability to use the rinse. Consider the patient's ability to use the rinse regularly. Consider the patient's ability to use the rinse correctly.
	Alcohol-containing	Use alcohol-containing oral rinses. Consider the patient's ability to use the rinse. Consider the patient's ability to use the rinse regularly. Consider the patient's ability to use the rinse correctly.	Use alcohol-containing oral rinses. Consider the patient's ability to use the rinse. Consider the patient's ability to use the rinse regularly. Consider the patient's ability to use the rinse correctly.
Fluoride Products	Fluoride toothpaste	Use fluoride toothpaste. Consider the patient's ability to use the toothpaste. Consider the patient's ability to use the toothpaste regularly. Consider the patient's ability to use the toothpaste correctly.	Use fluoride toothpaste. Consider the patient's ability to use the toothpaste. Consider the patient's ability to use the toothpaste regularly. Consider the patient's ability to use the toothpaste correctly.
	Fluoride varnish	Use fluoride varnish. Consider the patient's ability to use the varnish. Consider the patient's ability to use the varnish regularly. Consider the patient's ability to use the varnish correctly.	Use fluoride varnish. Consider the patient's ability to use the varnish. Consider the patient's ability to use the varnish regularly. Consider the patient's ability to use the varnish correctly.
Mouthwash	Alcohol-free	Use alcohol-free mouthwash. Consider the patient's ability to use the mouthwash. Consider the patient's ability to use the mouthwash regularly. Consider the patient's ability to use the mouthwash correctly.	Use alcohol-free mouthwash. Consider the patient's ability to use the mouthwash. Consider the patient's ability to use the mouthwash regularly. Consider the patient's ability to use the mouthwash correctly.
	Alcohol-containing	Use alcohol-containing mouthwash. Consider the patient's ability to use the mouthwash. Consider the patient's ability to use the mouthwash regularly. Consider the patient's ability to use the mouthwash correctly.	Use alcohol-containing mouthwash. Consider the patient's ability to use the mouthwash. Consider the patient's ability to use the mouthwash regularly. Consider the patient's ability to use the mouthwash correctly.
Toothpaste	Fluoride	Use fluoride toothpaste. Consider the patient's ability to use the toothpaste. Consider the patient's ability to use the toothpaste regularly. Consider the patient's ability to use the toothpaste correctly.	Use fluoride toothpaste. Consider the patient's ability to use the toothpaste. Consider the patient's ability to use the toothpaste regularly. Consider the patient's ability to use the toothpaste correctly.
	Non-fluoride	Use non-fluoride toothpaste. Consider the patient's ability to use the toothpaste. Consider the patient's ability to use the toothpaste regularly. Consider the patient's ability to use the toothpaste correctly.	Use non-fluoride toothpaste. Consider the patient's ability to use the toothpaste. Consider the patient's ability to use the toothpaste regularly. Consider the patient's ability to use the toothpaste correctly.
Toothbrush	Manual	Use soft bristles. Consider the patient's ability to grasp and hold the brush. Consider the patient's ability to brush effectively. Consider the patient's ability to use the brush correctly. Consider the patient's ability to use the brush regularly.	Use soft bristles. Consider the patient's ability to grasp and hold the brush. Consider the patient's ability to brush effectively. Consider the patient's ability to use the brush correctly. Consider the patient's ability to use the brush regularly.
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RNAO Oral Health: Nursing Assessment and Interventions

Sample Tools available in the Appendix

Appendix J: Tooth Brushing Techniques



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Sample Tools available in the Appendix

Appendix K: Approaches to Care

The following approaches to care have been adapted from the Iowa guideline (Research Dissemination Core, 2002) for those working with older adults with cognitive impairment. Nurses working with those with behaviour and/or communication problems, or dementia need to consider their approach to care in order to achieve successful oral hygiene outcomes.

Behaviour/Communication/Dementia Problems		
Problem	Interventions	Notes/Considerations
Person does not brush teeth	<ul style="list-style-type: none"> Assess person's oral hygiene status Identify reasons for not brushing teeth Use oral hygiene aids (toothbrush, toothpaste, mouthwash) Use oral hygiene aids (toothbrush, toothpaste, mouthwash) 	<ul style="list-style-type: none"> Person may not understand the importance of oral hygiene Person may not have the physical ability to brush teeth Person may not have the cognitive ability to remember to brush teeth Person may not have the motivation to brush teeth Person may not have the resources to brush teeth
Person does not use mouthwash	<ul style="list-style-type: none"> Assess person's oral hygiene status Identify reasons for not using mouthwash Use oral hygiene aids (toothbrush, toothpaste, mouthwash) Use oral hygiene aids (toothbrush, toothpaste, mouthwash) 	<ul style="list-style-type: none"> Person may not understand the importance of oral hygiene Person may not have the physical ability to use mouthwash Person may not have the cognitive ability to remember to use mouthwash Person may not have the motivation to use mouthwash Person may not have the resources to use mouthwash
Person does not use toothpaste	<ul style="list-style-type: none"> Assess person's oral hygiene status Identify reasons for not using toothpaste Use oral hygiene aids (toothbrush, toothpaste, mouthwash) Use oral hygiene aids (toothbrush, toothpaste, mouthwash) 	<ul style="list-style-type: none"> Person may not understand the importance of oral hygiene Person may not have the physical ability to use toothpaste Person may not have the cognitive ability to remember to use toothpaste Person may not have the motivation to use toothpaste Person may not have the resources to use toothpaste
Person does not use dental floss	<ul style="list-style-type: none"> Assess person's oral hygiene status Identify reasons for not using dental floss Use oral hygiene aids (toothbrush, toothpaste, mouthwash) Use oral hygiene aids (toothbrush, toothpaste, mouthwash) 	<ul style="list-style-type: none"> Person may not understand the importance of oral hygiene Person may not have the physical ability to use dental floss Person may not have the cognitive ability to remember to use dental floss Person may not have the motivation to use dental floss Person may not have the resources to use dental floss
Person does not use oral hygiene aids	<ul style="list-style-type: none"> Assess person's oral hygiene status Identify reasons for not using oral hygiene aids Use oral hygiene aids (toothbrush, toothpaste, mouthwash) Use oral hygiene aids (toothbrush, toothpaste, mouthwash) 	<ul style="list-style-type: none"> Person may not understand the importance of oral hygiene Person may not have the physical ability to use oral hygiene aids Person may not have the cognitive ability to remember to use oral hygiene aids Person may not have the motivation to use oral hygiene aids Person may not have the resources to use oral hygiene aids

Oral Care

Recent Developments

"Oral Care for Residents with Dementia" DVD

Co-produced:

- RNAO
- Halton Public Health Department
- Village of Wentworth Heights (LTC Hamilton)
- Regional Best Practice Coordinator LTC-Central South
- Alzheimer's Society-Hamilton and Halton



15 minutes

\$15 www.rnao.org/bestpractices

416.907.7965

Julie Burris- Best Practice Guideline Sales RNAO

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Oral Care Resources

Canadian:

The Registered Nurses Association of Ontario (Summer 2007). **Oral health. Nursing assessment and interventions. and Oral Care for Residents with Dementia DVD.** Toronto, ON: Author.

www.rnao.org

Halton Region Health Department (2006). **Dental health manual for LTC home staff. Halton oral health outreach project.** Oakville, ON: Author.

Centre for Community Oral Health- Long Term Care Fact Sheets.

Nov 2006 www.umanitoba.ca/faculties/dentistry/ccoh

ML vanderHorst (April 2007). **BP Blogger: Mouth Care Issue.** www.rgpc.ca

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Oral Care Resources

Others:

The University of Iowa College of Nursing (2002). **Oral hygiene care for functionally dependent and cognitively impaired older adults. Evidence-based practice guideline.** Iowa City, Iowa: Author/Gerontological Nursing Interventions Research Center. www.nursing.uiowa.edu

Joanna Briggs Institute (2004). **Oral hygiene care for adults with dementia in residential aged care facilities. Best Practice.** 8(4). Adelaide, Australia: Author. www.joannabriggs.edu.au

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Resources: LTC Homes Contact your Regional Best Practice Coordinator

Best Practice Coordinators in Long-Term Care

How we can help your long-term care home use best practice care approaches



Exchange Knowledge

- Locate BP information
- Assist with BP guideline conversion for LTC use
- On-site LTC Home visits
- Consultations
- Education
- Presentations
- Share our knowledge (e.g. BP Coordinator Newsletter)



Develop Resources

- Building capacity within LTC homes (e.g. Champions)
- Supporting groups and homes working on BPs
- Implementation strategies and kits
- Education tools (e.g. ABCs for BPGs, BP Blogger)
- Workshops



Synchronize Initiatives

- Collaborate with initiatives, networks and organizations (e.g. RNAC, Stroke, Alzheimer, Pain & Palliative Care)
- Create new working groups, collaborations and communities of practice
- Endorse and advocate for BP-based care

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Resources: LTC Homes Contact your Regional Best Practice Coordinator

Where you can find your BP Coordinator

Northeast
Lisa Quesnelle
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Email: mvandhorst@oakwoodretirement.com



Best Practice Coordinators in Long-Term Care

How we can
help your
long-term care home
use
best practice
care approaches

Exchange
Knowledge

Develop
Resources

Synchronize
Initiatives

BP Coordinators in LTC Initiative is funded by the Ministry of Health and Long-Term Care. This Initiative is intended to help nurses and staff in long-term care homes use best practices and incorporate evidence-based practices into their daily care.

Supporting the use of
"current knowledge
in current practice"