Poor oral health can have serious have effects on a resident's overall health. Dental plaque (bacteria), builds up on all surfaces in the mouth including teeth and partial dentures. When resident's teeth are not cleaned twice daily, plaque build up can cause gum disease and cavities. Gums will look swollen, shiny, tender and bleed more easily. If untreated, teeth can become infected, painful and loose. Unhealthy gums means that bacteria can more easily enter the blood stream increasing the risk of stroke, heart disease, lung disease and diabetes.

Myth 1: No help for a clenched fist

Stroke can cause muscles to become stiff and tense. Known as spasticity or high tone, it can cause a resident's hand to tighten into a fist. A clenched fist makes it difficult for the resident or care provider to properly clean the hand. Keeping the hand clean helps to avoid skin breakdown, odour and infection. Stroke can also cause muscles to become limp, heavy and flaccid. A flaccid or low tone arm can be easily injured and must be handled and positioned carefully.

Myth 2: Oral health doesn't affect general health

Dental plaque (bacteria), builds up on all surfaces in the mouth including teeth and partial dentures. When resident's teeth are not cleaned twice daily, plaque build up can cause gum disease and cavities. Gums will look swollen, shiny, tender and bleed more easily. If untreated, teeth can become infected, painful and loose. Unhealthy gums means that bacteria can more easily enter the blood stream increasing the risk of stroke, heart disease, lung disease and diabetes.

Mouth Care Tips
- Promote self care skills, assist and prompt as needed.
- Use toothbrush with soft head, soft bristles, large handle, rubber grips.
- Obtain adapted toothbrushes, dental floss, other brushes e.g., denture inter-dental and use according to oral care needs.
- Clean all mouth surfaces including teeth, gums, tongue, palate.
- Use pea-sized amount of non-fluoride toothpaste or equivalent.
- Can use alcohol-free mouth rinses, dip toothbrush in mouth rinse if can't use paste.
- Clean mouth surfaces (gums, palate, tongue) of denture wearers.
- Do oral care minumum twice daily ideally after each meal, before bed & as necessary
- Clean dentures twice daily, clean before sleeping overnight, re-clean before insertion
- Coordinate regular dental checkups and professional cleaning of teeth
- No lemon glycerin oral swabs as very drying to oral mucosa
- Avoid toothbhrushes, avoid petroleum-based lip products

Special Needs — Risk of Aspiration
- Individualized assessment for appropriate oral care method e.g., RDH, SLF.
- May need to substitute toothbrush dipped in fluoride mouth rinse instead of toothpaste.
- Use toothbrush or electric toothbrush/lean them clean Hill.
Myth 3: Swallowing problems are obvious

Tips for Safe Eating and Swallowing

- Follow food/liquid texture, feeding strategy recommendations
- Encourage resident to eat and drink only when fully awake, sitting straight up, stabilize with pillows if necessary
- Make sure dentures, hearing aids, glasses are worn for meals
- Encourage the resident to feed themselves placing cups/utensils within reach
- When feeding - be at eye level with the resident, reduce distractions and promote a relaxed dining experience
- Encourage small bites/sips, making sure they're swallowed (watch Adam's Apple area) before the next is given
- Keep the resident upright 20-30 minutes after each meal
- Check the mouth is clear and cleaned of food after each meal
- Observe and report if the resident has difficulty swallowing

A stroke can affect the muscles we use to eat and swallow like the lips, tongue and cheeks. Swallowing difficulties are called “dysphagia”. Residents with swallowing difficulties may drool, cough, choke or have excessive throat clearing when drinking or eating. They may have a wet or gurgling voice or food left over in their mouths. There is a danger that food, drink and even saliva may go down the wrong way into the lungs instead of the stomach. This is called aspiration and can lead to pneumonia. Good oral care helps to remove food and bacteria from teeth, dentures, roof of mouth, tongue and cheeks and avoid it accidentally being aspirated into the lungs. Residents with stroke and dysphagia should have their swallowing ability assessed by a Speech Language Pathologist or another appropriately trained health care professional. Always observe for changes in the resident’s swallowing ability such as pocketing food in mouth, eating slower or faster, problems chewing, repeat swallowing, not eating, needing more help and repeat chest infections.

Use safe feeding techniques to minimize aspiration.

Myth 4: Slouching in chairs is more comfortable

Residents who are not positioned properly may have problems with eating, swallowing and talking; dressing; moving their body and wheelchair; pain, skin breakdown and social interaction. It’s important to make sure that residents are positioned properly and that you protect yourself from injury when adjusting their position. If the resident is positioned properly in their chair, they will have their:

- Head straight
- Back supported and straight
- Arm supported (arm rest, pillow, lap tray)
- Hips level, well back in chair
- Feet flat on floor or on the ball of their foot pedals

Use feeding trays and foot pedals of their wheelchair

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

**Canadian:**

- www.heartandstroke.on.ca/site/c.pvI3IeNWJwE/b.5349227/k.AAEHCP__Ontario_Best_Practice_Guidelines.htm
- Swallowing difficulties after stroke brochure, Toronto West Stroke Network. Authors: Becky French, Amanda Ratner, Lisa Dirkin, Rosemary Martinez. Available at: www.tostroke.com

**Ontario:**

- www.shrtn.on.ca
- www.rgppca.org

Did You Know?

- Dysphagia occurs in 55% of people with new-onset strokes
- 50% of people with stroke recover their normal swallowing by 6 months

Cutting Through the Foggy Myths Using Best Practice Guidelines in Long Term Care

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