



Growing Old with a Smile

Oral Care for Older Adults in Long-Term Care

MINNESOTA
MDH
 DEPARTMENT OF HEALTH

UNIVERSITY OF MINNESOTA
 School of Dentistry

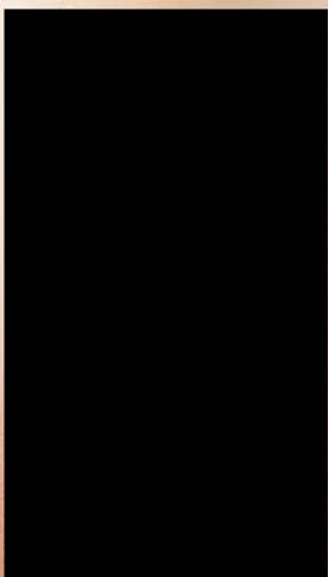
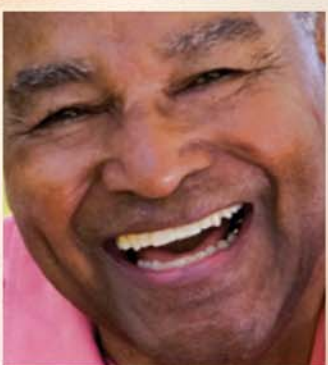


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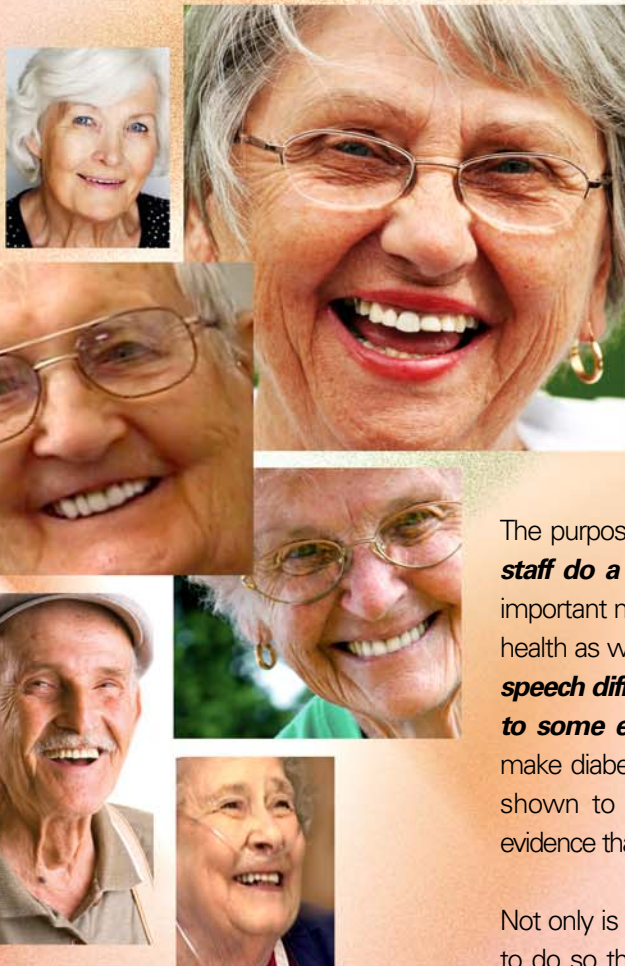
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Welcome to Growing Old with a Smile: Oral Care for Older Adults in Long-Term Care



There was a time when providing oral health care for nursing home residents was a relatively simple matter. Most residents had few of their own teeth and wanted to see a dentist only when they had a problem such as a toothache or a broken denture. In those days, maintaining good oral hygiene for nursing home residents was not a high priority and little was known about how important oral health was for overall health and quality of life.

Times have changed and today's long-term care **residents have more natural teeth and higher expectations about their oral health** care than ever before. They and their families now want to maintain a healthy mouth and teeth for a lifetime so they can look and feel their best. However, in today's long-term care facilities, this can be a challenge since residents also have more health problems, disabilities, and greater care needs than ever before.

The purpose of this video and workbook is to **help long-term care facility staff do a better job in providing oral care for their residents**. This is important not only to help residents look and feel better, but for their general health as well. **Poor oral health not only leads to pain, eating problems, speech difficulties, bad breath, and poor appearance, but can also lead to some even bigger health concerns.** For example, gum disease can make diabetes worse, and poor oral hygiene and oral infections have been shown to increase the risk of pneumonia in frail older adults. There is also evidence that poor oral health may even be linked to heart attacks and stroke.

Not only is providing good oral care in long-term care facilities the right thing to do so that residents will enjoy better health, quality of life and personal dignity, it is also required under US and state nursing home regulations. Each year, when licensed facilities are inspected, **surveyors now check to see that good oral care is being provided** to meet the needs of residents.

The **Minnesota Department of Health**, in collaboration with experts in geriatric dentistry from the **University of Minnesota School of Dentistry**, have developed this video and workbook to help long-term care facilities improve the quality of oral care provided to residents and to **assist in compliance with federal and state nursing home regulations**. However, just watching this video or reading this workbook are only starting points for providing better oral care. It is also important to practice the skills shown here under the guidance of supervisors, and also to seek help if problems arise during oral cares, since these materials cannot capture every possible situation that might arise.

Finally, it will be even more helpful for long-term care staff to use these materials with the support and guidance of dental professionals. The dental team can provide additional help on how to provide the best daily oral care, how to solve oral health problems, and other strategies to help facilities and staff achieve the highest levels of oral health for residents and regulatory compliance.



Disclaimer

This film was developed to positively portray oral health care activities involving residents, nursing staff and dental professionals in long-term care facilities. It does not depict all possible situations that may occur. Consultation and teamwork between long-term care staff and dental professionals is recommended to ensure the best oral care outcomes for residents in long-term care facilities. The facility providing these cares is responsible to meet current clinical standards of practice and State and Federal regulations related to assessing, care planning, and implementing care based on each individual's needs and choices.

Credits

For more information about this video please contact:



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UNIVERSITY OF MINNESOTA
School of Dentistry

This film was produced in cooperation with the **Department of Primary Dental Care** at the **University Of Minnesota School Of Dentistry.**

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Oral Health Video Objectives

After viewing this film participants will be able to:

- 1 List at least
3 reasons why good oral health care is important.
- 2 Describe the
appropriate tools to use to provide good oral hygiene.
- 3 Describe the
routine for providing oral care for residents with natural teeth or with dentures.

How To Use This DVD

Growing Old With a Smile: Oral Care for Older Adults in Long-Term Care

Length: 45:00

Closed Caption (CC)

For use on Viewing on a PC

If you choose to use the DVD in your PC, you must have a video player installed on your computer, either **Windows Media Viewer** or **Real Player**.

Use the mouse to click on the Menu buttons corresponding to the button names, as listed in the explanation to the right.

Main Menu

Select **1 Entire Video** button to view the video in its entirety.



If you wish to view specific sections of the video, select one of the three main subject categories:

- 2 Introduction**
- 3 Oral Cares**
- 4 Summary**

Oral Cares 1

There are two additional menus for **Oral Cares**. Select **1 Play All Cares** to view this section in its entirety.

6 Main Menu takes you back to the first menu.



This menu allows you to select a specific topic in the **Oral Cares** section. In Menu 1, choose to view:

- 2 Oral Care Overview**
- 3 General Hygiene**
- 4 Checking the Resident's Mouth**
- 5 Routine for Natural Teeth**

For other **Oral Cares** topics, select:

- 7 More Selections**

Oral Cares 2

Select to return to the **6 Main Menu**.

The **7 Oral Cares 1** takes you to the previous menu.



In Menu 2, choose to view:

- 1 Flossing the Teeth**
- 2 Brushing Full or Partial Dentures**
- 3 Use of Denture Adhesives**
- 4 Managing Difficult Situations**
- 5 Unconscious or Bedridden Patients**

For use with a DVD Player & Remote

Use the **number pad** and click on the number that corresponds to the button name, as listed in the explanation to the left.

If the numbers pad on your DVD player does not respond, use the **arrow keys** to highlight and select the section you wish to view.



An informational Workbook

Included on this DVD disk is a **Workbook** that features a copy of the video script, as well as other helpful resources. To access the Workbook, insert the disk into the computer's DVD drive.

PC Users: From the **Start Menu**, select **Computer**, or from your desktop select **My Computer**, or just open **Windows Explorer**.
MAC Users: Select **MAC Finder**.

Next, click on the icon labeled **MDH Oral Care**.

Next, click the folder labeled **Workbook**.

Finally, click on the .pdf file labeled **Oral Workbook**.

If you receive a **"file type not found"** message, Adobe Reader is not installed on your system. A free download is available at <http://get.adobe.com/reader/>

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Welcome to Walker-Methodist Health Center in Minneapolis, Minnesota. We're here today in the Walker Dental Clinic to visit with Dr. Steve Shuman and dental hygienist Peg Simonson from the University of Minnesota School of Dentistry to learn about oral care for older adults in the long-term care setting.

Because of today's rapid growth in the older population and steadily increasing expectations of better health care by our society, there is an increase in the need to provide comprehensive dental care for older adults. Previous generations of older adults and their families may have accepted dental problems and tooth loss as normal, but not anymore.

In the 1950's, less than half of adults 65 and older in the US kept their natural teeth, compared with 80 percent today, and in Minnesota about 85 percent of those 65 and over still have some natural teeth. Those teeth have been through 60, 70, or 80 years of use, so they need continued care to keep them healthy.

"I'd like to tell you about this patient that was 99 years old...she brushed her teeth all the time, morning and night time, three times a day. And she lived to be 100 and she had all her teeth, all 32." * **ANNIE** (Nursing Assistant/Registered)



"My philosophy personally is we need to provide the same level of oral care to somebody whether they're 20 years old, 50 years old, 70 years old, 90 years old, as well as whatever stage they are in their life cycle." * **JOHN HUHN** (Administrator)



"I think all of us would like to have the type of care that we have now as independent adults. As we become more dependent on others, it would be nice to know that there will be someone there to help you with your daily oral care needs when you can't do those things yourself." * **PEG SIMONSON** (Dental Hygienist)



"None of us as we get older are going to have regular, normal mobility. If I don't have any transportation and my children work, I want availability. I want to know that I can be assured that I have services available to me that let me feel a little mind at ease."

* **ROBERT** (Resident)



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"My expectations for oral health for residents are all based on the individual residents' needs. And some residents can be independent and take care of themselves; other residents may be comatose or non-responsive and are breathing through their mouth all of the time so that their mouth will get very dry. And so the expectation for the resident would be based on their assessment and on their needs." ❖ **MARCI** (Surveyor)



"From my point of view, having regular dental care and having the right things available to meet the dental needs, for instance, dentures, partials, making sure that they're not in pain with any dental health issues, as well as having any infections that could affect their medical health, because that can affect their ability to participate in life as well."

❖ **CHERRYL** (Social Worker)



"When it comes to oral care, my recommendation would be to health care workers that we have to remember that we are dealing with people from different diversities. So dealing with these people, they have their own issues. We need to understand that people with different backgrounds have a different way of doing things."

❖ **TENAH** (LPN Nurse Manager)



Legislative mandates at both the national and state levels also now exist to improve both the recognition of dental problems among facility residents, and access to routine professional dental care.

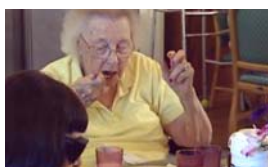
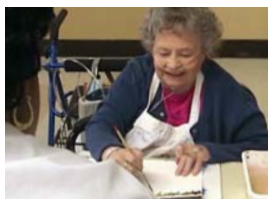
"This is the right thing to do, for organizations to provide great oral care, oral hygiene, dental care, beside that, it's a requirement, a regulatory requirement, and a requirement that is getting greater emphasis from a regulatory standpoint either at a state or a federal level."

❖ **JOHN HUHN** (Administrator)



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While the primary diseases of the mouth are tooth decay and gum disease, there is now strong evidence that oral disease is also related to other serious health problems such as diabetes, respiratory illness, and possibly heart disease and stroke. Oral cancer can also be fatal if not recognized promptly.

Many medications that are now used to treat medical problems can also cause oral health problems such as dry mouth, which can lead to tooth decay and soft tissue problems.

"We've known for some years that there's a strong relationship between oral health and diabetes in terms of periodontal health or gum health that people with diabetes are more likely to have problems with gum disease, but also that people with gum disease are more likely to have problems controlling their blood sugars. And we're also looking now at a growing body of evidence that may indicate that poor oral health and bacteria in the mouth may be associated with cardiovascular problems, such as strokes or heart attacks."

※ **STEPHEN SHUMAN** (Dentist)



Good oral health is also important in ensuring proper nutrition and the ability to talk, taste, smell, chew, swallow, smile, and even kiss.

"You always feel better when you can smile. That's the first thing people see on you is if you're frowning and smiling, and I've always experienced that if I smile, they'll smile back at me, so I enjoy smiling and going to the dentist really helped that."

※ **GAYLE** (Resident)



Because medical and functional problems can put older people at increased risk for oral diseases, it is vitally important that they receive regular professional dental care to reduce the impact of dental diseases on their quality of life and general health.

"The ability to chew and enjoy food is a huge thing for nursing home residents, that if they have to go to a puree diet, that's often not as appetizing for them. . . it makes them feel even more like they're in an institution rather than a home like environment. And so if we can maintain oral health so that people could either keep the teeth they have or have dentures that fit appropriately and allow them to eat the food they enjoy, that goes a long ways towards quality of life." ※ **NATASHA** (Ombudsman)



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Individuals have an important role to play in managing their oral health. For those unable to carry out daily hygiene routines for themselves, family members and caregivers also have an important role to play.

"I think even at age 88 my mother wants to feel good about herself. She wants to look good. Again, she wants to be able to smile with those pearly whites in place. She polishes her fingernails at 88, so appearance is very important to her."

※ **KATHY** (Family Member)



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"THE GOAL for every individual is to keep a healthy mouth for life.

A mouth that is free of pain, infection, major tooth problems, gum disease, other soft tissue problems, and denture problems."

※ **BETH CHAPLIN** (Minnesota Department of Health Spokesperson)



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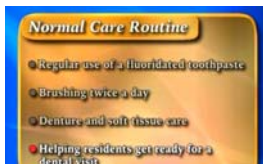
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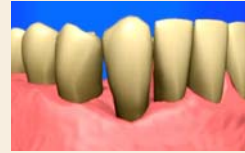
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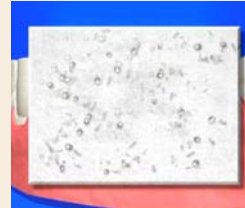
Now that we know the expectations, let's take a closer look at what should be done to insure good oral health for older adults, especially for those in long-term care residences.



NORMAL AGING CHANGE THE ENVIRONMENT of the oral cavity. The outer surfaces of the teeth begin to wear, and teeth darken with age. The nerve inside of each tooth begins to **shrink with calcification of the pulp space**. This can reduce an older person's awareness of possible dental problems, such as cavities.



THERE IS ALSO USUALLY SOME GUM RECESSION causing root exposure which places teeth at greater **risk for developing tooth decay**.



THE MOST COMMON CAUSE of oral health problems in people of all ages is **plaque**. Plaque is a soft layer of material that accumulates on the surface of the tooth and is **composed mainly of bacteria**. This is the fuzzy film that people feel on their teeth when they wake up in the morning.



It is this accumulation of bacterial plaque that causes both periodontal disease and tooth decay, since the bacteria in plaque can use the sugar from food as fuel to make acid and toxins that irritate the gums and decay the teeth.

For these reasons, it is important that facility staff performing cares for residents include daily oral hygiene as part of the normal care routine. This includes:

- **REGULAR USE OF A FLUORIDATED TOOTHPASTE** which can **prevent tooth decay**;
- **BRUSHING TWICE A DAY** to **remove food and plaque from the teeth**, and also trying to floss if possible, to remove plaque from in between the teeth; and
- **DENTURE AND SOFT-TISSUE CARE**, which **can prevent** the onset of oral ulcers, yeast infections and other abnormal changes in the soft tissues of the mouth.
- **HELPING RESIDENTS GET READY** for a dental office visit by first reminding them of their appointment, and then **completing oral cares and toileting** at the right time so that dental treatment goes smoothly.

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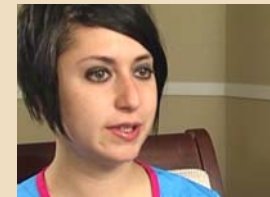
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It is important to have the correct tools for these procedures and take into consideration whether or not the resident is mobile, bedridden, or unconscious. It is also important to maintain resident safety and privacy at all times.

"Where I work on my floor, my supervisor, she makes sure we have every supply. So when it comes to supplies and other stuff, it's not hard to give good oral care, or any cares because everything you want, like toothpaste, toothbrush, emesis basin, everything is there. There is no excuse that you don't have anything, that you cannot do the care. It makes it easier for us as nursing assistants." ❖ **NICOLE** (Nursing Assistant/Registered)



Some situations may require alternative tools such as special floss holders for residents, special prescription fluoride toothpastes, or antibacterial mouth rinses.

Keep in mind that proper infection control precautions are important no matter which cares are being performed.

"I have a very tough supervisor. If she comes around and she notices that a person is not getting the right care they need, or doing what they are supposed to do as a nursing assistant, she tells me straight out—She's very strict about how she wants things done and she will point out to you if you did not make the bed or the room doesn't smell right. She's very good at that." ❖ **NICOLE** (Nursing Assistant/Registered)



Now that we have discussed the tools needed for dental cares, and the importance of doing these cares daily for each resident, let's take a look at the correct procedures when providing oral cares.

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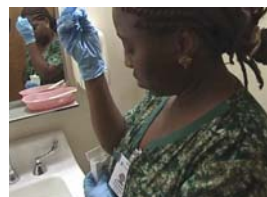
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In general, helping residents with oral hygiene is extremely important. Removing food and plaque from the mouth prevents tooth decay, gum disease, and tooth loss. A clean mouth also increases comfort, enhances the taste of food, improves appearance, and prevents odors. Prevention of dental problems or minimizing problems will allow staff to focus their attention on other concerns.

All oral cares, like other personal cares, should only be provided in the privacy of the resident's room. This is usually easiest with the resident seated in the bathroom, but can also be done elsewhere in the room or in bed if necessary. Residents should be asked about their preferences concerning their oral hygiene and whether they would like to do this themselves or have some help.

"Before I enter I knock on the door and they allow me in. When I get in I greet my resident and ask him or her—its breakfast time would you like to go to breakfast, to get dressed. They say, 'oh sure I would like to get dressed' and then when they are dressed we ask them if they would like to go to the bathroom to brush their teeth. Some of them say they would like to brush their teeth after, and some say, 'Oh—I'll come back and do it later'"

✱ **GRACE** (Nursing Assistant/Registered)



ORAL HYGIENE can be provided before breakfast, after meals, at bedtime, or other times as requested or necessary. **Twice a day is best to maintain good oral health**, and the single most important time is **after the last meal of the day or just before bed**, so that food and plaque will not sit in the mouth overnight, which can quickly cause oral disease.



ONCE TEETH have been cleaned at the end of the day, it is **best for the resident to avoid eating again** until morning. This includes use of cough drops or candies which are full of sugar and can quickly cause cavities.



FOLLOWING BRUSHING and flossing, some residents may like to use mouthwash to help remove debris and freshen the mouth. Remember that some mouthwashes may contain strong flavors and alcohol that can also irritate the mouth of some residents, so simply rinse with water instead. **Mouthwashes are never a substitute for tooth brushing**, since they do not remove plaque well.

IT'S IMPORTANT to note that **sponge applicators also cannot remove plaque** from the teeth so they should never be used for tooth brushing. They are only useful to remove food and debris from the mouth.

ANY QUESTIONS about difficulties in providing assistance with oral hygiene for a resident should be brought to the attention of a supervisor as soon as possible.

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Because some residents are not always as aware or able to communicate about pain, eating problems, or other difficulties, dental problems often go unnoticed in their early stages. Therefore, when oral hygiene is provided, it is a good opportunity to carefully look at the resident's mouth and dentures for possible signs of oral health problems.

"If they have good teeth and good oral care, then they're going to be able to eat better and it makes it easier for feeding if they can chew. It makes mealtime more pleasant for them if they're not in pain." ❖ **NICOLE** (Nursing Assistant/Registered)



FIRST, ask the resident if they are having any discomfort in the mouth, difficulty in eating, soreness from dentures, or other mouth problems.



NEXT, any dentures should be removed and checked for signs of broken denture teeth, cracks, sharp edges, or other problems.



Make sure that the **residents' name is on the dentures**. If a name label is missing, a supervisor should be told.



FINALLY, ask the resident to open their mouth to **check for broken or loose teeth**, as well as lumps, bumps or sores on the gums or other soft tissues in the mouth.

Red or bleeding gums or foul odors are an important warning sign of problems and should be noted and brought to the attention of a supervisor as soon as possible.

"At times we have residents, maybe their gums will bleed or they will have some sores in their mouth or something, and then we just tell our nurse and she can make an appointment with the dentist." ❖ **NICOLE** (Nursing Assistant/Registered)



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"When I first enter the room, I introduce myself. My name is Nicole and I'm going to be your aid and then talk to them, now we're going to do oral cares. Those who normally ambulate, I take them to the bathroom, and those who don't I bring the pan to them. I tell them that we are going to brush their teeth, or whatever it is we are going to do."

※ **NICOLE** (Nursing Assistant/Registered)



The single most important oral hygiene procedure for residents with natural teeth is tooth brushing. The things you'll need to brush the teeth of your residents include:

- ✓ Gloves
- ✓ Absorbent cloth/towel
- ✓ Emesis basin
- ✓ Cup for rinsing
- ✓ Toothpaste, preferably containing fluoride
- ✓ Soft-bristled regular toothbrush or a mechanical toothbrush



BEGIN BY WASHING your hands and putting on a **new pair of gloves**.



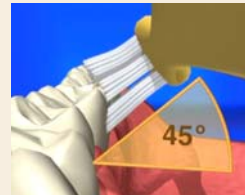
WET THE TOOTHBRUSH under water, and then apply a small amount of toothpaste to the toothbrush, about the **size of a large pea**.



REMOVE any **dentures** in the mouth.

Explain to the resident what you are planning to do and always approach from the front; then move to the resident's side as necessary to support their head and improve your access to the mouth.

Start with the upper teeth and make sure to brush all sides of the teeth, including the sides towards the cheeks, tongue and the chewing surfaces.



GENTLY BRUSH the resident's teeth on all sides using small, **round motions** and **short back-and-forth strokes**.

PAY SPECIAL ATTENTION to **brushing at the gum line** by holding the toothbrush at a slight angle toward the gums while you brush (about 45 degrees).

After you've brushed the resident's teeth for at least two minutes, with short breaks as needed to spit out excess water and toothpaste, offer a cup of water to rinse and spit out excess toothpaste from the mouth.

Use the cloth to dry the face after rinsing.

End of Routine for Natural Teeth

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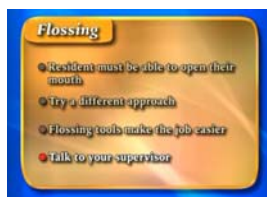
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Flossing is the best way to remove plaque and food from in between teeth, but flossing someone else's teeth can sometimes be tricky:

- The resident must be able to open their mouth and keep it open while you floss the teeth.
- If the resident is not cooperative or there is a risk that they may bite down on your fingers, then a different approach will be needed or flossing may not be possible.
- There are flossing tools that can be used to make the job easier.
- If you have questions or concerns about how best to floss the teeth, it's good to talk to your supervisor, since the help of a dental professional may be needed.

"We explain to them what we're going to do and why we're doing it. If they have good hygiene, they can chew their food better. They feel better if they don't have tooth pain... Try to make it a routine when we're doing oral hygiene so they get used to it and involved in their cares." ❖ CAROLYN (Nursing Assistant/Registered)



WHEN FLOSSING IS POSSIBLE, it is **best done once a day at bedtime**, usually after tooth brushing when you have already assembled your basic oral hygiene set-up.



USING CLEAN, GLOVED HANDS, tear off a piece of dental floss from the container that is long enough to reach from **your hand to your elbow**.



NEXT, TAKE ONE END OF THE FLOSS and lightly wrap it around the middle finger of one hand, leaving about **8" of excess floss**.



THEN, WRAP THE REST OF THE LOOSE FLOSS lightly around the middle finger of the opposite hand; you want to have about **6" of floss to work with**, between the two middle fingers, and you want to save your index fingers and thumbs to do the flossing.



START BY HOLDING THE FLOSS on both sides with your index fingers, leaving about **1-2 inches in the middle** as the "working" part of the floss.



BEGINNING WITH THE LOWER TEETH, stretch your fingers out to reach to the **last two teeth in the back**, with one finger on the cheek-side and one finger on the tongue-side.

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USING A ZIGZAGTYPE OF MOVEMENT slide the floss down through the contact point of the two teeth, being careful not to cut the gum with the downward pressure.



ONCE YOU'RE IN BETWEEN THE TEETH, use a gentle up and down motion while lightly pushing the floss toward the back tooth and then lightly pulling the floss toward the front tooth.



PULL UP TO REMOVE THE FLOSS from this area and **move forward to the next two teeth** that are touching, following around the lower teeth until all the teeth have been flossed.

Repeat this technique on the upper teeth as well; you may need to move around to the resident's side to gain access to the upper teeth.

As plaque gets picked up by the floss, roll the soiled piece up onto the middle finger with less floss on it, and unwrap some more clean floss from the opposite middle finger. Continue in this way until all the teeth have been flossed.

Offer a cup of water to rinse and spit out any food particles from the mouth. A mild mouthwash can be offered to freshen the mouth.

Use the cloth to dry the face after rinsing.

End of Flossing

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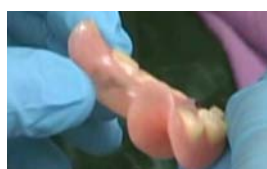
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Just like natural teeth, full or partial dentures build-up plaque, calculus or tartar, and stains, so they also have to be cleaned thoroughly as often as natural teeth to keep the mouth healthy. When dentures are not kept clean, yeast infections, gum irritation, and bad breath can occur, and the dentures can become stained.

Dentures can be cleaned by the resident themselves if they are able, but if not, the staff should assist the resident as indicated on the care plan.

Dentures should be handled carefully, and protected from loss or breakage since they are expensive to repair or replace.

*"I hear a lot of questions, or a lot of complaints about oral care and oral hygiene. A lot of them have to do with dentures where I think residents really want their dentures to be cleaned more often, and sometimes their dentures don't fit or they fall out or they're uncomfortable." ❖ **NATASHA** (Ombudsman)*



To clean dentures, you or the resident will need a denture brush or a regular soft toothbrush and some denture cleaner or toothpaste. A regular toothbrush can be used if preferred, but denture brushes are designed for this purpose and usually work better. Never use denture brushes on natural teeth.



FULL DENTURE

Have the resident **remove their dentures**, or gently remove them yourself if the resident is unable.



UPPER FULL DENTURES are best removed by grasping the front denture teeth with the fingertips and then **tipping the back of the denture downward**.



LOWER FULL DENTURES are best removed by grasping the front denture teeth and **gently pulling upward**.



PARTIAL DENTURE

UPPER OR LOWER PARTIAL DENTURES with metal clasps are best removed by **pushing upward on the clasps** with the tips of your fingers.

Difficulties in removing dentures should be brought to the attention of a supervisor.

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When dentures have been removed, it is a good time to check the dentures for signs of broken teeth, cracks, sharp edges, missing name labels, or other problems, and report such concerns to a supervisor.

With the dentures removed, inspect the resident's mouth for possible problems and be sure to clean the mouth and remaining teeth with a soft toothbrush and toothpaste as previously recommended. If the resident does not have any natural teeth, a sponge swab can also be used to clean the gums, but be sure not to use these for tooth brushing since they do not remove plaque very well.

A mild mouthwash can also be offered at this time to help remove debris and freshen the mouth as shown before.



DENTURES ARE BEST CLEANED over a sink **half filled with water** and with a towel or wash **cloth lining the sink** to act as a cushion in case the denture should drop.



GENTLY SCRUB the dentures with the denture brush and paste under running water, **being careful to brush BOTH the inside and outside** of the dentures to remove food, plaque, and denture adhesives.



THEN RINSE them under cool water. **Do NOT soak or rinse dentures under hot water** since this may affect their shape and fit.



FOR PARTIAL DENTURES with metal clasps, also be sure to **carefully brush around the clasps** to remove food and plaque.

Bedtime is usually a good time to clean dentures, since it is best if they are left out for 6 to 8 hours each day to allow the gums some time to rest to help avoid irritation or infections of the soft tissues.

Dentures can also be soaked in water with a denture cleaning tablet if desired, but soaking alone will not remove plaque, so this should only be done after brushing.

When dentures are not in the mouth, they should be kept in clean water with or without denture cleaner in a plastic denture cup, since drying them out may change the fit. Denture cleaners must also be completely rinsed off before the dentures are placed back in the mouth.

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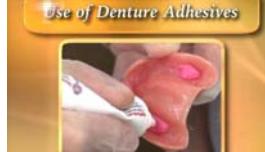
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When dentures do not seem to stay in well by themselves, the careful use of denture adhesives can sometimes be helpful.

However, it is important to remember that using too much adhesive or not cleaning out adhesives each day can lead to gum irritation, infections, and also feel unpleasant to the resident or affect the taste of food. Too much adhesive can even make dentures fit worse and change the bite. If lots of adhesive is needed for a resident to use their dentures, report this to your supervisor so that the dentures can be checked to make sure they are not damaged and fit properly.



TO USE DENTURE ADHESIVES correctly:

Make sure the dentures are **clean and moisten** them with a little water.



Apply **three or four small ribbons of adhesive** paste evenly towards both the front and back.



Have the resident place the dentures in the mouth and **bite their teeth together** to seat the dentures correctly.

Denture adhesives can be reapplied as needed during the day, but again, it is absolutely essential that adhesives be cleaned out at least once every day so that they do not build up in the denture and cause problems.

End of Denture Adhesives

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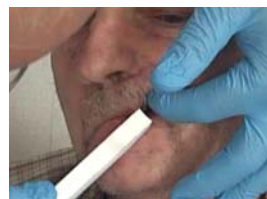
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It is not uncommon to run into difficulties while trying to provide oral care. Residents with dementia or other mental problems may not understand what's happening to them or may not recognize you. Oral discomfort can also cause a resident to try to avoid cares.

"If we find residents are resistive to oral care, we can just come back in a little while, and try again, sometimes it will make a big difference. Just explaining it to them, talking softly and showing them and telling them what we're going to do and things like that.

✧ **NICOLE** (Nursing Assistant/Registered)



The most frequent difficult behaviors are: turning or pushing away, clenching the teeth, biting or attempting to bite the nursing assistant or the toothbrush. These behaviors are not uncommon and can be related to how care is provided.

Consult with the family about difficult behaviors to see if they have suggestions or can help.

Generally, the best way to approach this situation is to make sure the resident is comfortable and that the surroundings are as familiar and pleasant as possible. The goal is to create a routine that is easy to do and consistent each day.

Use a quiet and soothing voice, slow movements, and a gentle approach.



Consider the use of **mouth props** in consultation with your supervisor. Mouth props can usually be inserted into the mouth when the resident opens slightly and then turned to help open the mouth wider for brushing. Mouth props must be used with caution to avoid injury to the lips or soft tissue.

Explain the routine to the resident step by step and keep it the same each day so it will become familiar.

"Sometimes if the resident is agitated or nervous, just holding their hand, putting the toothbrush in their hand, or helping them brush and floss, and using mouthwash, you just involve them more."

✧ **NICOLE** (Nursing Assistant/Registered)



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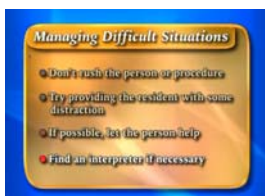
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SOME OTHER APPROACHES that can be helpful are:

- **Don't rush the person** or the procedure – stress can increase a resident's agitation.
- Try **providing the resident with some distraction**, such as turning on the TV, some favorite music, or letting the person hold something of comfort to them.
- If possible, **let the person help** by holding and guiding the hand holding the toothbrush.
- If there is a language barrier, find someone that can help **interpret for the resident**.
- If all else fails, try **re-approaching the resident at another time** when they seem to be in a better mood, since difficult behaviors can come and go.
- Always check with a supervisor if you are having problems providing oral care, so that they can help or request advice from a family member or dental professional.

End of Managing Difficult Situations

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Patients Who Are Unconscious or Confined to Bed



Residents who are unconscious, confined to bed, or have swallowing problems also need oral hygiene care for their comfort and dignity, but will need some special precautions to avoid gagging or choking.

“Comatose patients are not able to articulate their needs, and sometimes because they are not eating, I feel it is not really appropriate because nothing is going in and at the same time it gets very, very important that comatose patients or semi-conscious patients have good oral care to prevent infection” * **COLLEEN** (Associate Director of Nursing)



FIRST, determine if the resident has any dentures or partial plates, and remove them before providing oral care.



If possible, lower the head of the bed slightly, but not less than 45 degrees.



- Move the resident to the side of the bed nearest you.
- Position the resident on their side, or turn their head to the side.



- Place a towel under the chin along with an emesis basin to catch fluids from the mouth.



- A mouth prop can be used to keep the mouth open.



If the resident has no teeth, a moist sponge applicator can be used to gently sweep the soft tissues of the mouth. Glycerin sponge applicators are not needed.



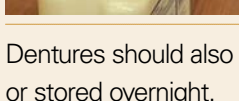
Brush the teeth as previously described using a small amount of toothpaste on a moist soft toothbrush.



After brushing, rinse the resident's mouth with about 10 ml of clean water using either a syringe or the sponge applicator.



Allow the fluid to drain out of the mouth into the basin, or suction as needed. Only use mouthwash in consultation with your supervisor.



After oral care, dry the resident's face and also remove and empty the basin. A water-soluble lip moisturizer can also be applied.

Dentures should also be cleaned as previously described and replaced in the mouth if early in the day, or stored overnight.

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Let's take a minute to review what you now know about oral cares for long-term care facility residents, and why doing these cares daily is so important.

First, the health of your mouth can have a great impact on your general health and quality of life. The ability to eat, talk, smile, kiss, and interact socially without pain or embarrassment is important, especially for older people. Regular daily oral hygiene and professional dental care can reduce the impact of dental diseases on our quality of life and general health.

You know that individuals have an important role to play in managing their oral health. For those in long-term care facilities who are unable to carry out daily hygiene routines for themselves, family members and caretakers have a responsibility to assist them with these functions.



REMEMBER THAT IT IS IMPORTANT that facility staff performing cares for residents include **daily oral hygiene** as part of the care routine. This includes:



Regular use of a **fluoride toothpaste** which can prevent tooth decay;



Brushing twice a day, and also **flossing** if possible to remove plaque and reduce cavities and gum disease;



Denture and soft-tissue care, which can prevent the onset of oral ulcers, yeast infections and other abnormal changes in soft tissue.



Using the **correct tools**, in the correct situation, for maximum benefit to the resident.



Always keep in mind that proper **infection control precautions** are of the utmost importance no matter which cares are being performed.

Remember that the goal for every individual is to keep a healthy mouth for life. Good daily care and regular dental visits will ensure that all the residents of Minnesota's long-term care facilities can grow old with a smile.

And finally...

On behalf of the State of Minnesota, the Walker Dental Clinic, and the University of Minnesota School of Dentistry, thank you for the work you do on a day-to-day basis to improve life for the residents you care for, and care about.

Bridgework

A replacement for missing teeth that is cemented in place so it cannot be removed. *Bridgework* is usually made out of gold or porcelain materials.

Calculus

The technical term for *tartar*, a hard yellowish deposit on the teeth that occurs when plaque is not removed from the teeth and becomes mineralized or hardened onto the teeth.

Caries

The technical or clinical name for *cavities* or *tooth decay*. *Caries* occurs when plaque, the sticky substance that forms on teeth, combines with the sugars in the food we eat. This combination produces acids that attack tooth structure. The best way to prevent tooth decay is by brushing twice a day and flossing daily. Eating healthy foods and avoiding snacks and drinks that are high in sugar are also ways to prevent decay.

Cavities

Holes in the teeth caused by dental decay (*caries*).

Cementum

Cementum is a mineralized substance covering the root of a tooth. The main role of *cementum* is to provide a place where the periodontal ligaments can attach to the tooth for stability.

Clasp

A metal clip on a Partial Denture that fastens to a tooth to hold the denture in the mouth.

Dental Assistant

A person trained and licensed to help the dentist or dental hygienist in performing dental procedures.

Dental Decay

The common term for *cavities* or *dental caries*.

Dental Floss

A waxed or unwaxed thread to be used once a day to remove food particles and plaque from the teeth.

Dental Hygienist

A person trained and licensed to provide preventive dental services, such as cleanings, periodontal treatment, and oral hygiene education.

Dental Prosthesis (Prostheses, plural)

Any type of replacement for missing natural teeth. A *Dental Prosthesis* can be cemented in, as in bridgework, or may be removable, as in full or partial dentures.

Dentin

Dentin is the layer of the tooth found between the enamel or cementum and the pulp chamber. Because it is not as hard as enamel, it can decay more rapidly and develop severe cavities if not properly treated.

Dentist

A person who is trained and licensed to practice dentistry.

Dentistry

The health science concerned with diagnosis, prevention, and treatment of diseases of the mouth, teeth, gums, and related structures, including the restoration or replacement of defective teeth.

Denture Adhesive

A paste or powder used to help improve retention of dentures in the mouth if they seem loose.

Denture Brush

A special brush designed only for cleaning of full or partial dentures. *Denture brushes* are not the same as toothbrushes used for natural teeth, since they usually have larger heads and stiffer bristles.

Denture Relining

A procedure done by the dentist in which a denture is refitted to the gums by adding additional denture material inside. *Relines* can either be hard or soft and done either in the dental office or by a dental laboratory.

Dentures

Removable replacements for missing teeth. Complete (*Full*) *Dentures* replace all of the teeth in either or both jaws. *Partial Dentures* replace a few teeth that may be missing in either or both jaws, and rest on either adjacent teeth or soft tissues.

Dry Mouth

A condition in which there is less saliva in the mouth than necessary to keep the mouth comfortable and healthy. Dry mouth is also called *Xerostomia*, and is most often caused by medications, but also can be caused by some diseases. It can increase the risk of tooth decay, yeast infections, and denture soreness.

Fluoride

A basic chemical element that has been proven to prevent cavities in adults and children. *Fluoride* can be applied to the teeth in toothpastes, gels, mouthwashes and in water and strengthens tooth structure by making it more resistant to acid attack. People who are getting cavities can often benefit from additional fluoride for their teeth.

Gingiva

The technical term for the gums – the firm pink outer tissue covered by mucous membrane that surrounds the teeth and covers the bone of the jaws.

Gingivitis

Gingivitis is an inflammation that is limited to the soft tissues surrounding the tooth (gums) and does not cause loss of the bone underneath. The cause of gingivitis is the accumulation of dental plaque. *Gingivitis* is characterized by gums that may be red, swollen, tender, or bleed easily when brushed.

Gums

The firm pink outer tissue covered by mucous membrane that surrounds the teeth and covers the bone of the jaws.

Gum Disease

The common term for *Periodontal Disease*.

Gum Recession

Gradual loss of gum tissue that exposes the roots of the teeth and can lead to root caries (cavities).

Legislative Mandate

A requirement of laws or regulations according to local, state or federal government.

Long-Term Care Facility

A nursing home or boarding care home licensed by the state.

Mineralized

The process of becoming saturated with minerals such as calcium, phosphorus or other common salts, which then causes hardening. Teeth themselves are a mineralized tissue of the human body, and tartar (calculus) occurs when plaque becomes mineralized and attaches to the teeth as hard deposits.

Mouth Prop

A device to help keep the mouth open if a person cannot do this by themselves. With training, *Mouth Props* can be used when needed so that dental hygiene or other procedures can be done more safely and effectively.

Mucous Membrane

A lining tissue of the human body usually found in areas exposed to the outer environment, and sometimes contain small glands that produce mucous as a lubricant. The tissues inside the mouth, such as the inner cheeks, lips and gums are lined with mucous membrane.

Oral Cancer

An uncontrolled growth of tissue occurring in the tissues of the mouth. *Oral cancers* may begin anywhere in the mouth and may be of different types. The most common oral cancer is squamous cell carcinoma, and most commonly involves the tissue of the lips or the tongue. It may also occur on the floor of the mouth, cheek lining, gingiva (gums), or palate (roof of the mouth). *Oral cancers* can be treatable if detected early, but can lead to deformity and death if not identified and treated promptly.

Oral Hygiene

The practice of keeping the mouth clean in order to prevent cavities, gum disease, bad breath (*halitosis*), and other dental disorders. *Oral hygiene* consists of both personal and professional care. Personal oral hygiene involves careful and frequent brushing of natural teeth with a toothbrush and floss to help prevent build-up of plaque. Cleaning dentures is also a part of personal oral hygiene. Professional oral hygiene means regular visits to a dental hygienist or dentist to clean the teeth and/or dentures and identify dental problems.

Oral Ulcer

A sore in the mouth resulting from irritation or from infection by bacteria or viruses. Some common causes of *oral ulcers* are dentures that rub the oral tissues, dry mouth, or some medications, as well as recurring conditions like canker sores or cold sores.

Oral Yeast Infection

An overgrowth of yeast that can occur in the mouth due to poor oral hygiene, dry mouth, or as a side effect of some medications. Another name for oral yeast infections is *Candidiasis* or *Thrush*.

Palate

The roof of the mouth.

Periodontal Disease (*Periodontitis*)

The technical name for advanced *Gum Disease* which is an inflammation of the supporting structures of the teeth or periodontium. The periodontium includes the gingiva, or outer gum tissue; the cementum, or outer layer of the roots of teeth; the alveolar bone, or the bony sockets into which the teeth are anchored; and the periodontal ligaments (PDLs), which are the connective tissue fibers that connect the cementum and the gingiva to the alveolar bone. If left untreated, *periodontitis* causes progressive bone loss around teeth, looseness of the teeth and eventual tooth loss.

Plaque

A film made up of large amounts of bacteria that forms on teeth. If not removed regularly, *plaque* buildup can lead to dental cavities (*caries*) or gum disease such as *gingivitis* or *periodontitis*. Given time, *plaque* can harden at the gum line, forming tartar (calculus).

Pyorrhea

An old term for *Gum Disease* or *Periodontal Disease*.

Root Caries

Tooth decay that starts on the roots of the teeth at the gum line. The most common cause of *root caries* is dry mouth from medications, together with poor oral hygiene and a high sugar diet.

Sponge Applicator

A piece of foam on a stick applicator, also called a *Toothette®*, that is used to remove large pieces of food or debris from the mouth or gums. It does NOT work to remove plaque from natural teeth, where a regular toothbrush must be used. Glycerin-filled sponge applicators are NOT recommended to clean the mouth since they can be drying to the oral tissues.

Tartar

Tartar is a hard yellowish deposit on the teeth, consisting of organic secretions and food particles deposited in various salts. Regular tooth cleaning by the dental hygienist is recommended to remove *tartar* (mineralized plaque) that may develop even with careful brushing and flossing. Another term for *tartar* is *calculus*.

Tooth

One of a set of hard mineralized structures rooted in sockets in the jaws of animals, typically composed of a core of soft pulp surrounded by a layer of hard dentin coated with enamel at the crown and used for biting or chewing food.

Toothbrush

A brush for cleaning natural teeth. The best tooth brushes have soft polished bristles to avoid injuring the gums or causing too much wear of tooth structure.

Tooth Crown

The part of the tooth that is visible in the mouth above the gum line. When the *crown* of a tooth is very damaged or broken, an *artificial crown* (or cap) made of gold, porcelain or other materials can sometimes be made by a dentist.

Tooth Decay (*Dental Caries*)

Dental caries, also described as "*tooth decay*" or "*dental cavities*," is a disease in which teeth dissolve or get holes when bacteria found in dental plaque convert sugars from food into acids. *Tooth decay* can occur when plaque or food is allowed to remain on the teeth for too long, especially in places where the toothbrush, toothpaste, mouthwash, cannot reach. Saliva also protects the teeth from attack by acids, so people with dry mouth may get more cavities. Depending on how big a cavity is, various treatments can be used to fix them, such as fillings, but there is no known method to regenerate large amounts of lost tooth structure.

Tooth Enamel

Enamel is the hard mineralized substance covering a tooth. *Enamel* is the hardest substance of the human body and is one of the four major tissues which make up the tooth, along with dentin, cementum, and dental pulp. It is normally visible and supported by the underlying dentin. The normal color of *enamel* varies from light yellow to grayish white.

Tooth Pulp

The dental *pulp* is the central part of the tooth filled with soft connective tissue. This tissue contains blood vessels and nerves that enter the tooth from a hole at the tip of the root.

Xerostomia

See Dry Mouth – a condition in which there is less saliva in the mouth than necessary to keep the mouth comfortable and healthy.

Video
Oral Health
Quiz

CIRCLE ONE

1	Oral infections can lead to serious health issues such as eating problems, pneumonia or heart infections.	True	False
2	Dry mouth from medications increases the risk of dental problems such as tooth decay and oral yeast infections	True	False
3	Bleeding of the gums during toothbrushing is normal.	True	False
4	Plaque is a sticky, clear film of bacteria that constantly builds up on teeth and must be removed each day.	True	False
5	Bacteria in plaque use the sugar in foods to make acids that cause tooth decay.	True	False
6	Proper infection control is essential when providing any type of oral care for any resident at any time.	True	False
7	Teeth should be brushed each day with fluoride toothpaste to prevent dental problems.	True	False
8	Checking the mouth and dentures regularly for problems is an important part of oral cares.	True	False
9	When a patient is uncooperative for oral hygiene, nothing can usually be done to deal with the situation.	True	False
10	Dentures must still be brushed even if they are soaked in a denture cleaner.	True	False
11	A foam-type mouth cleaner (like a Toothette®) is a good substitute for a toothbrush.	True	False
12	People with dentures don't need oral cares anymore.	True	False
13	It is OK to keep dentures in the mouth 24 hours a day.	True	False
14	Too much denture adhesive can change the fit of dentures and irritate the gums.	True	False
15	Both toileting and tooth brushing are important to prepare a resident for a visit to the dentist.	True	False
16	If questions or problems occur when providing oral cares for a resident, a supervisor should be informed right away.	True	False

Stephen K. Shuman, DDS, MS
Peggy J. Simonson, RDH, BS

University of Minnesota School of Dentistry

Video
Oral Health
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Answer Sheet

1	Oral infections can lead to serious health issues such as eating problems, pneumonia or heart infections.	True	False
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Oral Care
Video

Resources

American Dental Association: *Oral Longevity Initiative*

<http://www.ada.org/ada/orallongevity/index.asp>

American Dental Hygienists' Association: *Oral Health Information*

<http://www.adha.org/oralhealth/index.html>

Collis-Curve™ Toothbrushes (*for caregivers and those with limited hand skills*)

<http://www.colliscurve.com/>

Minnesota Dental Association: *Seniors and Oral Health*

http://www.mndental.org/public_home/your_oral_health/seniors_and_oral_health/

National Institute on Aging, Age Page: *Taking Care of Your Teeth*

<http://www.niapublications.org/agepages/teeth.asp>

National Institute of Dental and Craniofacial Research Publications

<http://www.nidcr.nih.gov/OrderPublications/>

National Institute of Health: Senior Health: *Dry Mouth*

<http://nihseniorhealth.gov/drymouth/toc.html>

Specialized Care Company: *Products for Residential Facilities/Home Care*

<http://www.specializedcare.com/products/index.cfm?cat=2>

Special Care Dentistry Association & American Society for Geriatric Dentistry

<http://www.scdonline.org>

Special Care Dentistry Association Annual Product Guide

<http://www.scdonline.org/displaycommon.cfm?an=1&subarticlenbr=124>

University of Iowa Geriatric Education Center: *Info-Connect Brochures*

<http://www.healthcare.uiowa.edu/igec/publications/info-connect/default.asp>

University of Minnesota: *NH Regulations Plus*

<http://www.hpm.umn.edu/NHRegsPlus/>

University of Minnesota: *Oral Health Services for Older Adults Program*

http://www.dentistry.umn.edu/programs_admissions/advanced_programs/grad_geriatrics/home.html