



# Amended Mouth Care Matters project

A common problem for palliative care patients is that of a dry and sore oral environment<sup>(1)</sup> often resulting in infections, bad breath (halitosis), and changes in taste. Therefore, high-quality mouth care is a very important aspect of palliative care in all care settings. When these problems are not managed effectively, they can negatively affect a patient's self-esteem, ability to communicate and socialise plus the ability to enjoy food and drinks – resulting in inadequate nutrition and hydration. Therefore, it is vital mouth problems are regularly assessed and treated as soon as possible.<sup>(1)</sup>

## What causes mouth problems for palliative care patients?

- ① Dry mouth (xerostomia), which can be caused by medicines, breathing through the mouth, and oxygen therapy
- ② Dehydration, which can be caused by eating and drinking less
- ③ Radiotherapy to the head and neck, and chemotherapy
- ④ Mouth or neck cancers
- ⑤ Poor oral hygiene – especially if weakness or fatigue means the patient is less able to keep their mouth clean



Members of the In-patient Unit Team with mouth care equipment.

### What did we do?

The Mouth Care Matters (MCM) programme<sup>(2)</sup> was designed to help deliver better clinical outcomes by evidencing the importance of good mouth care for patients and how this positively impacts on their general health and quality of life.

The In-patient Unit Team at St Richard's Hospice piloted using the original MCM Assessment and Recording Form, with the aim of providing a thorough method of assessing and addressing oral challenges experienced by our palliative and end of life patients.<sup>(3)</sup>

Staff completed a scored feedback form, assessing how effective the MCM Assessment and Recording Form was in the In-patient Unit setting. This feedback allowed us to explore

whether amendments to the tool could make it more bespoke to our care setting.<sup>(4)</sup>

### What is Mouth Care Matters?

Mouth Care Matters (MCM) is a project by Health Education England to improve the oral health of patients. It also seeks to increase awareness of the importance of good mouth care, and how it can affect a patient's general health and quality of life.

For more information, visit [mouthcarematters.hee.nhs.uk](http://mouthcarematters.hee.nhs.uk)

### What were our results?

When feedback was submitted, qualitative evidence identified the need

to amend the standard form to truly fit the hospice model of care. There were aspects of the form which did not apply, and were not appropriate, to the hospice care setting. Feedback suggested more space was needed to record additional observations. We amended the template in the following ways:

1. The addition of 'saliva' as an identifiable problem.<sup>(5)</sup> Excessive saliva in a dying patient is potentially problematic as it can become difficult to clear and can cause aspiration (fluid entering the lungs) which can be life-threatening. In addition, blood in saliva can indicate other health problems which, if identified, can be addressed.
2. Changed 'weekly' assessment to 'daily' to reflect the pace of change some of our patients experience. A palliative, or end of life, patient can see changes take place daily – and so a daily assessment is needed to identify symptoms.
3. The original tool identified low, medium and high risks but there was no advice to prompt intervention so we added an 'action checklist' section to help direct care.

The checklist identifies low, medium and high risk mouth care problems, and offers a list of remedial measures

for each level. We launched this amended version in April 2021 and audited results in September 2021.

### Conclusion

Results, and anecdotal comments from the team taken from the second audit, suggest the changes in layout and information have made the tool more relevant and user friendly. This has resulted in a better use of space and an easier method of documentation. This has assisted us with identifying and treating oral problems quickly, improving patient care.

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### References

1. Marie Curie: Mouthcare. [mariecurie.org.uk/professionals/palliative-care-knowledge-zone/symptom-control/mouth-care/](http://mariecurie.org.uk/professionals/palliative-care-knowledge-zone/symptom-control/mouth-care/) 2021
2. Health Education England: Mouthcare Matters (Mouthcare Matters Resources) [mouthcarematters.hee.nhs.uk/](http://mouthcarematters.hee.nhs.uk/) 2020
3. Venkatasalu, M.R., Murang, Z.R., Ramasamy, D.T.R. et al. Oral health problems among palliative and terminally ill patients: an integrated systematic review. *BMC Oral Health* 20, 79 (2020). <https://doi.org/10.1186/s12903-020-01075-w>
4. National Institute for Health and Care Excellence (NICE): Palliative Care-Oral cks. [nice.org.uk/topics/palliative-care-oral/](http://nice.org.uk/topics/palliative-care-oral/) 2021
5. Paine CC 2nd, Snider JW 3rd. When saliva becomes a problem: the challenges and palliative care for patients with sialorrhoea. *Ann Palliat Med* 2020;9(3):1333-1339. doi: 10.21037/apm.2020.02.34