Oral care is a hallmark of attentive, high-quality nursing care. Oral care improves a patient’s sense of well-being, communication, nutritional status, and lowers the risk for pneumonia. However, for patients with severe trismus, oral care may seem impossible. Trismus is the inability to open the mouth more than 35 mm and often results from medical therapies for head and neck cancers. This article details a simple approach to oral care that was successfully implemented with five hospice patients with severe trismus.

Administering the Procedure

This article describes an approach to oral care that was successfully implemented with M.C. and four subsequent patients with severe trismus (see Figure 1). The patients could not open their mouths more than 5–10 mm and were unable to use a foam swab or toothbrush for several weeks because of their severe trismus. The procedure for this oral care is as follows. First, ensure that the patient is as comfortable as possible (e.g., pain medication delivered 30 minutes prior to oral care). Describe the procedure to the patient and have supplies ready, including mouth rinse at lukewarm temperature (saline, boiled or sterile water, or nonalcoholic mouth rinse work best) (Stricker et al., 2011; Goss, Coty, & Myers, 2011). Next, assist the patient with sitting up in bed or chair, place a basin or bowl beneath his or her head, and drape a towel around the patient’s neck and upper body. Give the patient the distal end of a size 12 or 14 suction catheter to insert into his or her mouth. Draw up the mouth rinse in 50 cc syringe, and slowly push it into the catheter. The patient is to let the mouth rinse and accompanying debris then drip into the basin.

The rinsing procedure is continued; allow the patient to move the end of the catheter around the mouth and teeth as needed. Sometimes, the rinse emerges from the nares; allowing patients to blow
1. Ensure the patient is as comfortable as possible.
2. Describe the procedure to the patient.
3. Have supplies ready, including a 12 or 14 suction catheter, a 50 cc syringe, and mouth rinse at lukewarm temperature.
4. Assist the patient with sitting up; his or her head should be bent over the bowl.
5. Drape a towel over the patient’s neck and upper body.
6. Insert the distal end of the catheter into the patient’s mouth.
7. Draw up mouth rinse into the syringe and slowly push it into the catheter.
8. Let the mouth rinse and debris drip into the basin.

Figure 1. Oral Care Procedure for Patients With Severe Trismus

their nose into a tissue cleans this passageway as well. Typically, one oral care session uses around 150 cc of rinse before the mouth feels clean to the patient. Depending on an institution’s infection control policies, the syringe and catheter can be cleaned and kept at the bedside for repeated use, aiming for four rinsing procedures per day.

Although the procedure may be embarrassing, patients who have needed this oral care have been exceedingly appreciative when it was introduced. After M.C. was given this oral care, his wife continued to administer the procedure at home. Although one will never know, it is valid to consider how the lack of oral care may have contributed to his developing pneumonia. This procedure will enable quality oral care to continue for patients despite severe trismus at the end of life.

References


Do You Have an Interesting Topic to Share?

Supportive Care provides readers with information on symptom management and palliative care issues. Length should be no more than 1,000–1,500 words, exclusive of tables, figures, insets, and references. If interested, contact Associate Editor Valerie Burger, RN, MA, MS, OCN®, at val_burger@yahoo.com.