

FOOD AND ORAL CARE AT END OF LIFE

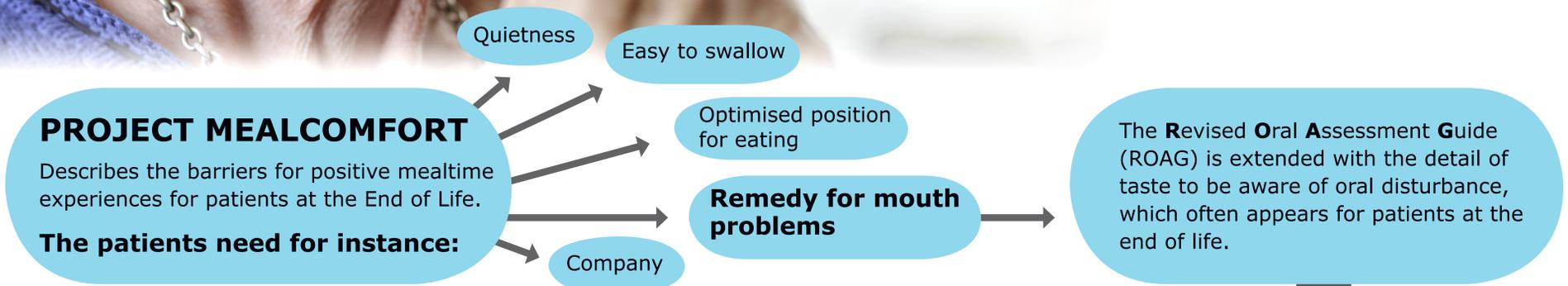


First author:

Annegrete Venborg
RN, MSc Nursing

Presenters:

Liselotte Jensen og Trine Helbo
RN RN



PROJECT MEALCOMFORT

Describes the barriers for positive mealtime experiences for patients at the End of Life.

The patients need for instance:

Optimised position for eating

Remedy for mouth problems

The **Revised Oral Assessment Guide (ROAG)** is extended with the detail of taste to be aware of oral disturbance, which often appears for patients at the end of life.

ROAG-pal:

Revised oral assessment guide (ROAG) with application of 'experience of taste' as category and description of **method** for screening (bottom line)

Category / area of the mouth	Method	Numerical and descriptive rating (score)		
		1	2	3
Voice	Listen or ask	Normal	Deep or rasping	Difficulty talking or painful
Lips	Observation	Smooth and pink	Dry or cracked, and/or angular cheilitis	Ulcerated or bleeding
Saliva	Use mouth mirror to observe all around the mouth mucosa	No friction between the mouth mirror and mucosa	Slightly increased friction, no tendency for the mirror to adhere to the mucosa	Significantly increased friction, the mirror adhering or tending to adhere to the mucosa
Swallow	Ask or observe the swallowing	Normal swallow	Some pain or difficulty on swallowing	Unable to swallow
Mucous Membrane	Use mouth mirror and lighting to observe	Pink and moist	Dry and/or change in colour, red, blue-red or white	Very red, or thick, white coating. Blisters or ulceration with or without bleeding
Tongue	Use mouth mirror and lighting to observe	Pink, moist and papillae present	Dry, no papillae present or change in colour (red or white)	Very thick white coating. Blisters or ulceration
Gums	Use mouth mirror and lighting to observe	Pink and firm	Oedematous and/or red	Bleeding easily under finger pressure
Teeth	Use mouth mirror and lighting to observe	Clean, no debris	Plaque or debris in local areas. Decayed teeth or damaged dentures	Plaque or debris generalised
Dentures	Observe chewing function and observe dentures when out of the mouth	Clean, no debris	Plaque or debris in local areas Damaged dentures	Plaque or debris generalised
Taste experience	Ask to the subjective experience	Normal	Small change	Significantly different or disappeared

If scores are 1 for all categories: Perform basic oral care

Brushing after every meal and for night. Apply ½ cm fluorinated toothpaste on small toothbrush head, moisture mouth with water, smear with lip balm.

If scores are 2, there is an intervention for each category, in addition to basic oral care.

Example at level 2 for oral mucosa: remove mucus and food debris, clean with Chlorhexidine gel 1.0% for use in the mouth, and apply Salivagel ®.

If scores are 3, there is an intervention for each category, in addition to basic oral care.

Example at grade 3, blisters on the tongue: dab with hydrogen peroxide 0.3% in clean mouth. Applying Aftamed ® 1-2 drops 2-3 times daily. Medical Service after 2 days.

Ethical considerations

Competent professionalism on a practical level is required to work with meal support for the relevant patient group, and ethical considerations will include the following span:

If the professional efforts are inadequate and thus cause the patient to miss the pleasure of a possible meal, it may be seen as neglect. If the patient is experiencing stress and reduced quality of life due to meal supportive actions, it becomes abuse.