

**Prevention and Treatment of Oral
Mucositis for Patients Receiving Systemic
Anti-Cancer Treatment (SACT)
Clinical Guideline**

V5.0

July 2022

1. Aim/Purpose of this Guideline

- 1.1. To provide education on oral complications that patients may experience whilst receiving SACT and provide evidence-based guidance to nursing staff so they can make an accurate assessment of the oral cavity.
- 1.2. To provide recommendations for the prevention and reduction of oral complications and mucositis in patients receiving SACT.
- 1.3. To provide advice on the best available treatment of oral complications.
- 1.4. This version supersedes any previous versions of this document.

Data Protection Act 2018 (General Data Protection Regulation – GDPR) Legislation

The Trust has a duty under the Data Protection Act 2018 and General Data Protection Regulations 2016/679 to ensure that there is a valid legal basis to process personal and sensitive data. The legal basis for processing must be identified and documented before the processing begins. In many cases we may need consent; this must be explicit, informed, and documented. We cannot rely on opt out, it must be opt in.

Data Protection Act 2018 and General Data Protection Regulations 2016/679 is applicable to all staff; this includes those working as contractors and providers of services.

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2. The Guidance

- 2.1. Mucositis can occur in all patients undergoing SACT. Mucositis occurs when there is a reduction in the renewal rate of the base epithelium, resulting in atrophy, inflammation, and ulceration of the mucosa. Mucositis usually occurs 5-7 days following the commencement of chemotherapy and can take 2-3 weeks to heal.
- 2.2. Mucositis and stomatitis occurs in at least 50% of patients receiving chemotherapy to treat solid tumours and reports now suggest that the incidence is potentially higher than this (Elad et al 2021), especially for those patients being treated for head and neck cancers and those patients undergoing haematopoietic stem cell transplantation (HSCT).
 - 2.2.1. Mucositis is the erythematous, erosive, inflammatory, and ulcerative response of the oral capacity and gastrointestinal tract, commonly caused by high dose chemotherapy and radiotherapy in head and neck cancers (Peterson et al 2015).

2.2.2. Stomatitis is the inflammation of the oral cavity resulting from damage to the mucous membrane (Peterson et al 2015) e.g., lips, gums, tongue, palate, floor of mouth and throat not usually related to chemotherapeutic agents or radiation.

2.3. Oral complications can lead to changes in taste, including a metallic taste in the mouth which is frequently reported by patients. This is due to the impairment and destruction of the mucous cells in the mouth which can change signals to the brain due to damaged taste receptor cells, altering a patient's perception of both taste and smell (Murtaza et al 2017).

2.4. It can also result in a change or reduction of saliva.

2.5. Mucositis can cause oral pain, effect dental health and cause difficulty in swallowing and speaking. Adequate nutrition and hydration can also become compromised, accumulating in the potential to affect a patient's quality of life physically, psychologically, and socially (Hass & McBride 2011).

Mucositis and stomatitis can be:

2.5.1. **Direct:** Drug induced; whereby the specific drugs used affect oral integrity.

2.5.2. **Indirect:** Occurs around the NADIR (7-14 days after treatment with chemotherapy) and is believed to occur as the lymphocytes and oral mucosa cells rates of reproduction are similar.

2.6. Systemic Anti-Cancer Treatment and cytotoxic drugs and commonly cause mucositis / stomatitis.

2.6.1. **Antimetabolites**

- 5 Fluorouracil (5FU)
- Capecitabine
- Methotrexate
- Fludarabine
- Gemcitabine
- Cytarabine
- Pemetrexed

2.6.2. **Anti-tumour antibiotics**

- Daunorubicin
- Doxorubicin

- Idarubicin
- Mitozantrone
- Epirubicin
- Mitomycin-C
- Bleomycin

2.6.3. **Plant Alkaloid**

- Paclitaxel
- Docetaxel
- Etoposide
- Irinotecan
- Vinorelbine

2.6.4. **Platinum**

Oxaliplatin

2.6.5. **Alkylating Agents**

- Chlorambucil
- Thiotepa
- Cyclophosphamide
- Ifosfamide
- Cisplatin
- Carboplatin

2.6.6. **Protein Kinase Inhibitor**

- Everolimus
- Gefitinib
- Lapatinib
- Sunitinib
- Temsirolimus

2.6.7. **Targeted Agents / Therapy**

- Bevacizumab

- Erlotinib
- Sorafenib
- Sunitinib
- Gefitinib
- Lapatinib
- Panitumumab

2.7. Other risk factors that can affect incidence include:

- Age – The very young and the elderly
- Smoking
- Alcohol intake
- Dehydration
- Malnutrition
- Rapid breathing
- Combination treatment with SACT, radiotherapy, epidermal growth factor receptor inhibitors (EGFR).

2.7.1. Patients receiving high dose chemotherapy agents prior to Haematopoietic Stem Cell Transplant (HSCT).

2.7.2. SACT in addition to radiotherapy can increase the likelihood of mucositis, especially to Head and Neck patients.

2.7.3. Patients with a previous history of Grade 2 oral mucositis

2.8. The aims of oral care are to:

2.8.1. Keep the mucosa clean, soft, moist, and intact to prevent infection.

2.8.2. Keep the lips clean, soft, moist, and intact.

2.8.3. Remove food debris as well as dental plaque without damaging the gingival.

2.8.4. Alleviate pain and discomfort

2.8.5. Maintain a pink and moist tongue free from ulceration, avoid a dry mouth and enhance oral fluid intake to help keep the mouth moist.

2.8.6. Maintain effective denture care.

2.9. Patients should be given education relating to oral care, they should be encouraged to:

- 2.9.1. Assess their own mouths on a daily basis and report any complications to healthcare professionals so treatment can be initiated early, and complications avoided.
- 2.9.2. Understand the importance of good oral hygiene prior to and during SACT treatment.
- 2.9.3. Avoid painful stimuli: smoking, alcohol, certain foods such as tomatoes, citrus fruits, hot drinks and spicy, hot, raw, or crusty foods (Peterson et al 2015).

2.10. Nursing Assessment

- 2.10.1. Visual assessment of patient’s mouth is important regardless of the regiment that they are on. This oral assessment should be performed prior to each cycle of SACT and on a daily basis if the patient is being.
- 2.10.2. Refer to Appendix 3 (oral health care plan) and Appendix 4 (oral health assessment tool) for oral health assessment guidelines.
- 2.10.3. Monitor the health of the full gastrointestinal tract and observe for signs of potential sepsis. If a patient experiences additional nausea, diarrhoea or a poor urine output then report and refer to the medical team if required.
- 2.10.4. Swab any area that may be suspicious of secondary infection from bacteria, viruses or fungi (a viral swab may also be requested by the medical team).
- 2.10.5. It is recommended that the World Health Organisation (WHO) assessment tool is followed:

WHO Oral Toxicity Scale			
(Reference taken from UKOMiC guidance 2019- 3 rd Edition)			
Oral Mucositis Grade 1	Oral Mucositis Grade 2	Oral Mucositis Grade 3	Oral Mucositis Grade 4
Soreness +/- erythema, no ulceration	Erythema, ulcers. Patients can swallow solid diet	Ulcers, extensive erythema. Patients cannot swallow solid diet	Oral mucositis to the extent that alimentation is not possible

2.11. Prevention:

- 2.11.1. Although anti-bacterial mouth washes and anti-fungal oral preparations can be used for prophylaxis during the administration of SACT, infections of the mouth may still occur, especially for the immunocompromised patient (UKOMiC 2019).

- 2.11.2. The use of ice chips is recommended during the administration of 5fluorouracil (5FU) bolus treatment and high dose melphalan (Lalla et al 2014) to help prevent mucositis by causing constriction in blood flow to the capillaries in the mouth, reducing a dry mouth and oral damage (UKOMiC 2019).
- 2.11.3. Although the evidence suggests that mucositis is not preventable, the severity can be minimized through the implementation of effective oral health practices and patients should be provided with education regarding this.

2.12. Treatment:

- 2.12.1. Appropriate treatment must be initiated promptly with senior medical agreement.
- 2.12.2. Antiseptic mouthwashes can be considered for use to help prevent secondary bacterial infections if mucositis has occurred. Some of these mouth washes have their own side effects and can be diluted with water to increase patient tolerance.
- 2.12.3. Local analgesic mouthwash, such as Benzydamine 0.15% oral solution (Difflam) can be used but it must be considered that this solution does not have antibacterial properties and it is recommended to be taken before meals and separately from other mouthwashes.
- 2.12.4. Patients should be advised to avoid mouthwashes containing alcohol.
- 2.12.5. Simple mouthwashes such as saline and gargling with salty water can be effective, they can help cleanse the pallet before eating and make the mouth feel fresher.
- 2.12.6. Use appropriate analgesia and artificial saliva as required.
- 2.12.7. Use a soft toothbrush at all times to help preserve gum health. Change toothbrush regularly if it becomes coated.
- 2.12.8. Consider oropharyngeal fungal infections and treat appropriately. Research has shown it is better to use drugs that are absorbed or partially absorbed from the gastrointestinal than those that are not for the treatment of oral candidiasis. Therefore, Fluconazole is recommended but not for those patients receiving blood thinning medication.
- 2.12.9. Topical acyclovir should be prescribed for lips if herpes infection is present.
- 2.12.10. Oral acyclovir should be prescribed if herpes infection presents in the oral cavity.
- 2.12.11. Refer patient to the dietician for further nutritional support and supplementation if needed.

- 2.12.12. Ask specialist pharmacy for advice if medication needs to change into a liquid formulation to enable patients with swallowing difficulties or with gastrostomy tubes present to manage their medication
- 2.12.13. Follow UKONS Oncology / Haematology Advice Line and Triage Tool guidelines regarding medical assessment needs depending on the WHO oral toxicity grading of the patient on assessment.
- 2.12.14. Refer to the Oral Health Care Plan (appendix 3) for assessment guidelines, individual interventions and treatment options and recommendations.

3. Monitoring compliance and effectiveness

Information Category	Detail of process and methodology for monitoring compliance
Element to be monitored	Patients are effectively assessed and managed
Lead	SACT MDT
Tool	ARIA toxicity scoring / Lowen Ward Oral Health Assessment Tool.
Frequency	Ongoing
Reporting arrangements	SACT MDT
Acting on recommendations and Lead(s)	SACT MDT
Change in practice and lessons to be shared	Required changes to practice will be identified and actioned within 2 months. A lead member of the team will be identified to take each change forward where appropriate. Lessons will be shared with all the relevant stakeholders.

4. Equality and Diversity

- 4.1. This document complies with the Royal Cornwall Hospitals NHS Trust service Equality and Diversity statement which can be found in the ['Equality, Inclusion & Human Rights Policy'](#) or the [Equality and Diversity website](#).
- 4.2. Equality Impact Assessment

The Initial Equality Impact Assessment Screening Form is at Appendix 2.

Appendix 1. Governance Information

Information Category	Detailed Information
Document Title:	Prevention and Treatment of Oral Mucositis for Patients Receiving Systemic Anti-Cancer Treatment (SACT) Clinical Guideline V5.0
This document replaces (exact title of previous version):	Prevention and Treatment of Oral Complications and Oral Mucositis for Patients Receiving Systemic Anti-Cancer Treatment (SACT) Clinical Guideline V4.0
Date Issued/Approved:	June 2022
Date Valid From:	July 2022
Date Valid To:	July 2025
Directorate / Department responsible (author/owner):	Claire Tapping – Clinical Practice Educator Juliet Rickard – Lead SACT Nurse
Contact details:	01872 253842 / 01872 258095
Brief summary of contents:	Guidance and education on the prevention and management of oral complications and oral mucositis in patients receiving SACT
Suggested Keywords:	Mucositis, stomatitis, mouth care, oral health assessment, SACT
Target Audience:	RCHT: Yes CFT: No KCCG: No
Executive Director responsible for Policy:	Medical Director
Approval route for consultation and ratification:	SACT MDT (quarterly)
General Manager confirming approval processes:	Ian McGowan
Name of Governance Lead confirming approval by specialty and care group management meetings:	Suzanne Atkinson

Information Category	Detailed Information
Links to key external standards:	None required
Related Documents:	<p>Blakaj A, Bonomi M, Gamez ME, Blakaj DM (2019) Oral mucositis in head and neck cancer: Evidence-based management and review of clinical trial data. <i>Oral Oncol.</i> 95:29–34.</p> <p>Eilers, J., Harris, D., Henry, K. & Johnson, L. (2014) Evidence-Based Interventions for Cancer Treatment-Related Mucositis: Putting Evidence into Practice. <i>Clinical Journal of Oncology Nursing.</i> 18 (6), pp. 80-96.</p> <p>Elad S and Zadik Y (2016) Chronic oral mucositis after radiotherapy to the head and neck: a new insight. <i>Support Care Cancer.</i> 24:4825-4830. (online access May 2022).</p> <p>Elad et al (2021) The broadening scope of oral mucositis and oral ulcerative mucosal toxicities of anticancer therapies. <i>CA Cancer Journal.</i> 0:1-21. Accessed online [https://www.researchgate.net/publication/355759473_The_broadening_scope_of_oral_mucositis_and_oral_ulcerative_mucosal_toxicities_of_ant anticancer_therapies/download]. (online access May 2022).</p> <p>Haas M & McBride D (2011) Managing the oral effects of cancer treatment. <i>Oncology Nursing Society.</i></p> <p>Lalla, R., Bowen, J., Barasch, A. et al. (2014) Multinational Association of Supportive Care in Cancer (MASCC)/International Society of Oral Oncology (ISOO) Clinical Practice Guidelines for the Management of Mucositis Secondary to Cancer Therapy. <i>Cancer.</i> 120 (10), pp. 1453-1461. (online access May 2022).</p> <p>Murtaza.B et al (2017) Alteration in Taste Perception in Cancer: Causes and Strategies of Treatment. <i>Frontiers of Physiology.</i> 8: 134. [online access https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5340755/] (accessed May 2022).</p> <p>Neale, S. and Toland, S. (2018) NHS England West Midlands Clinical Networks and Clinical Senate. Guidelines for the Oral Care of Patients Receiving Systemic Anti-Cancer Treatment. https://wmcanceralliance.nhs.uk/images/Documents/SaCT/Network_Guidelines_for_the_Oral_Care_of_Patients_receiving_SACT_v4.pdf (Accessed May 2022).</p>

Information Category	Detailed Information
	<p>Peterson, D.E et al (2015) on behalf of the ESMO Guidelines Committee - Management of oral and gastrointestinal mucosal injury: ESMO Clinical Practice Guidelines for diagnosis, treatment, and follow-up. Annals of Oncology. Supportive and Palliative Care, vol 26, supplement 5, v139-v151, September 01. https://www.esmo.org/Guidelines/Supportive-and-Palliative-Care/Management-of-Oral-and-Gastrointestinal-Mucosal-Injury (accessed May 2022).</p> <p>Quinn B, Potting C, Stone R, et al. (2008) Guidance for the assessment of oral mucositis in adult chemotherapy, radiotherapy and haematopoietic stem cell transplant patients. European Journal of Cancer. 44(1):61–72.</p> <p>UKOMiC (UK Oral Mucositis in Cancer Group) (July 2019) Oral Care guidance and support in cancer and palliative care – 3rd edition.</p> <p>UKONS Acute Oncology Initial Management Guidelines - Guideline 10 Mucositis / Stomatitis / Oesophagitis: Available at: https://www.ukons.org/site/assets/files/1134/acute_oncology_initial_management_guidelines.pdf (Accessed May 2022).</p>
Training Need Identified?	All Nursing staff administering SACT will be made aware of policy and will be trained in how to assess an oral cavity
Publication Location (refer to Policy on Policies – Approvals and Ratification):	Internet & Intranet
Document Library Folder/Sub Folder:	Clinical / Cancer Services

Version Control Table

Date	Version Number	Summary of Changes	Changes Made by
Feb 2011	V1.0	New document	Lisa Nicholls Chemotherapy CNS
Jan 2014	V2.0	Addition of Acute oncology guidance, new Trust format	Lisa Nicholls Chemotherapy CNS

Date	Version Number	Summary of Changes	Changes Made by
April 2015	V3.0	Review, new Trust logo	Caroline Tonking Chemotherapy CNS
Jan 2019	V4.0	New document title / Review / Updated content / Addition of Appendix 1 Oral Health Care Plan and Appendix 2 Oral Health Assessment Tool	Rachel Hopper SACT Lead / Clinical Matron
June 2022	V5.0	Renewed document title/review/updated content and document review	Claire Tapping- Clinical Practice Educator

All or part of this document can be released under the Freedom of Information Act 2000

This document is to be retained for 10 years from the date of expiry.

This document is only valid on the day of printing

Controlled Document

This document has been created following the Royal Cornwall Hospitals NHS Trust Policy for the Development and Management of Knowledge, Procedural and Web Documents (The Policy on Policies). It should not be altered in any way without the express permission of the author or their Line Manager.

Appendix 2. Equality Impact Assessment

Section 1: Equality Impact Assessment (EIA) Form

The EIA process allows the Trust to identify where a policy or service may have a negative impact on an individual or particular group of people.

For guidance please refer to the Equality Impact Assessment Policy (available from the document library) or contact the Equality, Diversity & Inclusion Team richt.inclusion@nhs.net

Information Category	Detailed Information
Name of the strategy / policy / proposal / service function to be assessed:	Prevention and Treatment of Oral Mucositis for Patients Receiving Systemic Anti-Cancer Treatment (SACT) Clinical Guideline V5.0
Directorate and service area:	Cancer Services
Is this a new or existing Policy?	Existing
Name of individual completing EIA (Should be completed by an individual with a good understanding of the Service/Policy):	Claire Tapping- Clinical Practice Educator
Contact details:	01872 258095 07471 025622

Information Category	Detailed Information
1. Policy Aim - Who is the Policy aimed at? (The Policy is the Strategy, Policy, Proposal or Service Change to be assessed)	To provide evidence based guidance for nursing staff assessing oral cavities of patient receiving chemotherapy. Provide evidence based prevention and treatment options.
2. Policy Objectives	Recognise and prevent oral mucositis in SACT patients
3. Policy Intended Outcomes	Recognise and prevent oral mucositis in SACT patients
4. How will you measure each outcome?	ARIA toxicity scoring/ Lowen Ward Oral Health Assessment Tool.
5. Who is intended to benefit from the policy?	Patients receiving systemic anti-cancer treatment (SACT). Nursing staff having additional knowledge and guidance to recognise and manage oral mucositis

Information Category	Detailed Information
6a. Who did you consult with? (Please select Yes or No for each category)	<ul style="list-style-type: none"> • Workforce: Yes • Patients/ visitors: No • Local groups/ system partners: No • External organisations: No • Other: No
6b. Please list the individuals/groups who have been consulted about this policy.	Please record specific names of individuals/ groups: SACT MDT
6c. What was the outcome of the consultation?	Agreed
6d. Have you used any of the following to assist your assessment?	National or local statistics, audits, activity reports, process maps, complaints, staff or patient surveys: No

7. The Impact

Following consultation with key groups, has a negative impact been identified for any protected characteristic? Please note that a rationale is required for each one.

Where a negative impact is identified without rationale, the key groups will need to be consulted again.

Protected Characteristic	(Yes or No)	Rationale
Age	No	
Sex (male or female)	No	
Gender reassignment (Transgender, non-binary, gender fluid etc.)	No	
Race	No	
Disability (e.g. physical or cognitive impairment, mental health, long term conditions etc.)	No	
Religion or belief	No	
Marriage and civil partnership	No	

Protected Characteristic	(Yes or No)	Rationale
Pregnancy and maternity	No	
Sexual orientation (e.g. gay, straight, bisexual, lesbian etc.)	No	

A robust rationale must be in place for all protected characteristics. If a negative impact has been identified, please complete section 2. If no negative impact has been identified and if this is not a major service change, you can end the assessment here.

I am confident that section 2 of this EIA does not need completing as there are no highlighted risks of negative impact occurring because of this policy.

Name of person confirming result of initial impact assessment: Claire Tapping-

Clinical Practice Educator

If a negative impact has been identified above OR this is a major service change, you will need to complete section 2 of the EIA form available here:

[Section 2. Full Equality Analysis](#)

Appendix 3. Oral Health Care Plan for Patients Receiving Systemic Anti-Cancer Therapy (SACT)/Radiotherapy

Affix patient label

Oral Health Care Plan for patients receiving Systemic Anti-Cancer Therapy (SACT) / Radiotherapy

Problem

- Patient has specific care needs due to the risk of developing oral mucositis as a side effect of Systemic Anti-Cancer Therapy (SACT) / Radiotherapy.

Goals

- To provide care for the patient to reduce the risks of developing / worsening oral mucositis
- To provide treatment that adequately controls associated pain
- To maintain adequate nutritional / fluid intake if this has become compromised as well as making the appropriate referrals as necessary
- To provide care that ensures oral mucositis is not compromising the patient's quality of life

Interventions

Visually assess patients oral health on admission / it is then recommended that an oral health assessment is performed once daily for the duration of the patients stay in hospital

DAILY ASSESSMENT

Visually assess the patients mouth using the WHO oral toxicity scale as below and document the grade / and overall score on the daily 'Oral Health Assessment Tool' (insert doc no.)

Grade 0 / oral health score 8-10 – None

Grade 1 / oral health score 8-10 – Soreness +/- erythema, no ulcerations

Grade 2 / oral health score 10 or more – Erythema, ulcers. Patients can swallow solid diet

Grade 3 / oral health score 10 or more – Ulcers, extensive erythema. Patients cannot swallow solid diet

Grade 4 / oral health score 10 or more – Oral mucositis to the extent that alimentation is not possible

- Use the daily 'Oral Health Assessment Tool' (insert doc no.) and document the score.
- If patient oral health score is 8-10 – Perform/encourage Basic oral mouth care as per assessment tool guidelines
- If patient oral health score is 10 or more – Perform/encourage Advanced oral mouth care as per assessment tool guidelines
- Swab any areas that may be suspicious of secondary infection from bacteria, viruses or fungi and document on the 'Oral Health Assessment Tool' the date and time the swab is obtained
- Continue to monitor dietary intake on food / fluid chart, making referrals for dietetic support if necessary and ensure weights are charted and weekly MUST scores performed
- Assess and discuss how the patient is feeling psychologically and provide extra support / referrals if needed (eg. Palliative Care / The Cove Councillors)

SECTION FOUR

Nursing Documentation

Individual Interventions

- To educate the patient on causes and implications of oral mucositis
- To explain and encourage a good oral hygiene routine (refer to the UKOMiC mouth care guidance and the treatment guidance found overleaf)
- To treat the patients symptoms and associated symptoms (eg pain) as directed in the treatment guidance found overleaf
- To refer to dietician for further nutritional support and supplementation if needed

Please sign and date here if dietitian referral made:

World Health Authority (WHO) Oral Toxicity Scale

Grade 0 = None

Grade 1 = Soreness +/- erythema, no ulceration

Grade 2 = Erythema, ulcers. Patients can swallow solid diet.

Grade 3 = Ulcers, extensive erythema. Patients cannot swallow solid diet.

Grade 4 = Oral mucositis to the extent that alimentation is not possible.

Score of 8 – 10

Perform Basic Oral Care / Assess daily

Head & neck cancer patients should have received a dental assessment prior to commencing chemoradiotherapy and extractions will have been performed prior to starting treatment.

Post extraction socket healing check should be completed.

(Caphosol® to be used 4x daily - Commence on first day of Radiotherapy)

1. Encourage good oral hygiene, adequate oral fluids and a well-balanced diet (refer to dietician where appropriate)
2. The use of saline (or salt water) mouth washes can be used to help clean the mouth and remove debris (a fresh supply must be made daily). Recommended solution: one teaspoon salt added to 900mls of cold or warm water used at least 4 times in 24 hours – each mouth wash to be followed by rinsing with cold or warm water (UKOMiC 2015).
3. Brush any teeth with small, medium size and stiffness toothbrush with a fluoride toothpaste after **all** meals and before going to bed at night.

4. Dentures should be cleaned after each meal with toothpaste and a brush and soaked in denture solution overnight. They should be disinfected once or twice a week.
5. Clean between teeth (twice daily) with interdental brushes (TePe) and use floss if instructed.
6. Apply oral lubricant gel to dry lips e.g. BioXtra® gel / Biotene oral balance / Glandosane® (not dentulous patients)
7. Recommended dental hygienist review during week 3 of radiotherapy
 - Alcohol and tobacco should be avoided
 - Prescribe specialised dry mouth products where appropriate e.g. Xerotin spray, AS Saliva Orthana pastilles®, BioXtra® gel - can be detrimental to dental health if used long term.
 - Sugar free gum can help to stimulate the salivary glands.
 - A simple water spray might be beneficial to some patients

Score of 10 or More

Perform Advanced Oral Care / Assess daily

Caphosol® to be increased to 8-10 times daily

Consider Caphosol® if patient receiving high dose cytotoxic chemotherapy or for those patients post haemopoietic stem cell transplant and considered high risk of oral mucositis.

Regular analgesia

1. Soluble paracetamol - 1g / 6 hourly.
2. Add mild opioid e.g., codeine
3. Add opioid e.g., Oramorph 10mg / 4 hourly - increased as necessary to relieve pain. If patient has renal impairment, consider dose reduction or oxycodone/fentanyl as an alternative to morphine *Notes: Regular anti-emetics can be prescribed / Laxatives should always be prescribed with steps 2,3 & 4*
4. For extreme cases, consider pain relief via continuous sub-cutaneous infusion using the T34syringe driver after discussion with the relevant medical team.

If confirmed fungal infection present:

Recommend Fluconazole 50mg OD for 7 – 14 days. (not for those patients receiving blood thinning medication)

**If an oral infection develops, patients should use a fresh toothbrush*

Oral Mucositis – consider:

1. Continue use of Caphosol ® post radiotherapy until resolution of oral ulceration
2. Mucosal protectant e.g. Gelclair® – if no benefit after 1 week then stop
3. Difflam® pre meals – 10mls 1-3 hourly as required-may be diluted 50:50 with water or Antacid with Oxetacaine (Mucaine) suspension 10ml before meals and at bedtime.
4. Xylocaine 10% ® spray may be applied thinly to painful ulcers
5. Consider the use of Cocaine Spray 5% or 10% strength.

Dentures should be worn wherever possible – however removed at night.

Care Plan Activated by	Sign Print Designation	Care Plan Shared with Patient / Carer	Sign Print Designation
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Appendix 4. Oral Health Assessment Tool

Place patient sticker **within** this box



Royal Cornwall Hospitals
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ORAL HEALTH ASSESSMENT TOOL

Ward:

Guidance for staff on the frequency of oral health assessments

If patient oral health score is 8 – 10 / WHO grade 0-1 then complete assessment daily and perform basic oral care

See oral health care plan for treatment / care options

If patient oral health score is 10 or more / WHO grade 2-4 then complete assessment daily and perform advanced oral care

See oral health care plan for treatment / care options

Date									
Time									
Voice 1 = Normal 2 = Deeper / Raspy 3 = Difficult / Painful speech									
Swallow 1 = Normal 2 = Painful 3 = Unable to swallow									
Lips 1 - Smooth, Pink, Moist 2 = Dry, Cracked 3 = Ulcerated / Bleeding									
Tongue 1 = Pink, Moist & Papillae Present 2 = Coated or loss of Papillae 3 = Blistered / Cracked									
Saliva 1 = Watery 2 = Thick or Ropy 3 = Absent									
Mucous Membranes 1 = Pink and Moist 2 = Reddened / Coated 3 = Ulcerations / Bleeding									
Gums 1 = Pink and Moist 2 = Oedematous / Red 3 = Spontaneous Bleeding									
Teeth / Dentures 1 = Clean, No debris 2 = Localised Plaque / Debris 3 = Generalised Plaque / Debris									

Candida 0 = No 2 = Yes										
Total Score										
WHO Grade										
Swab taken YES OR NO										
Initials:										