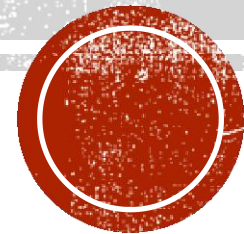


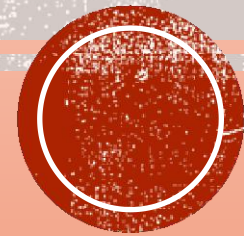
CAREGIVER TIPS 101

* Oral Care * Bowel Care

Pre-conference Workshop 4



ORAL CARE & BOWEL CARE



Niensi Atarah

Palliative Care Nurse

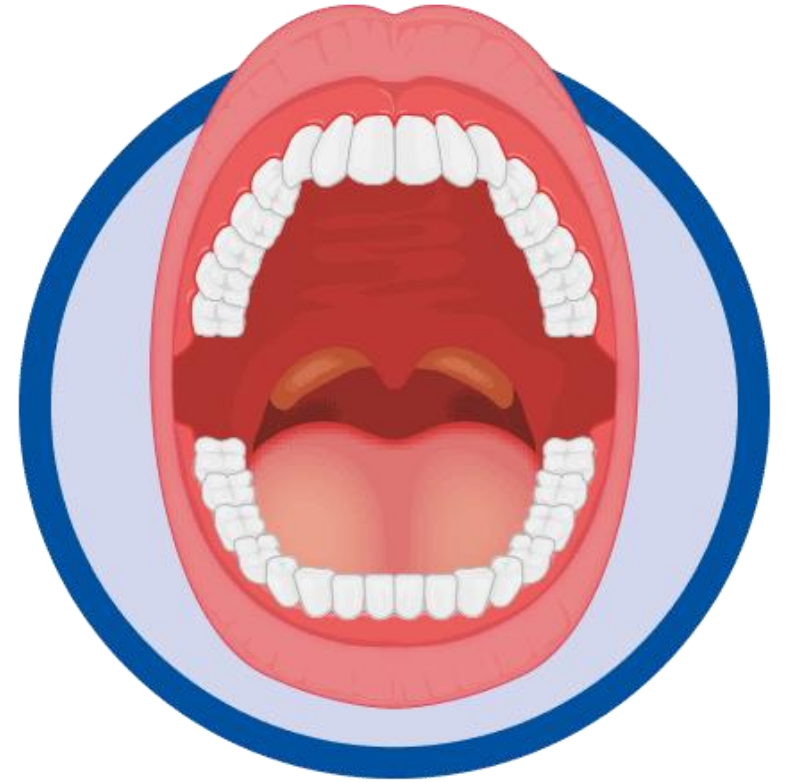
Two Tree Lodge Hospice Kuching

OVERVIEW:

- Oral care:
 - Common mouth problems
 - Contributing factors
 - Assessment
 - Basic mouth care
- Constipation & Bowel Care
 - Understanding constipation
 - Causes of constipation
 - Symptoms of constipation
 - Assessment
 - Management of constipation



IS ORAL CARE IMPORTANT?



ORAL CARE

- Important to keep the mouth moist, hydrated & comfortable
- To promote comfort & self-esteem
- Minimize risk of infection
- Failure to provide mouth care can affect:
 - ability to communicate
 - ability to socialise
 - ability to enjoy food and drinks
 - comfort, and can cause pain.



COMMON MOUTH PROBLEMS

- Dry mouth
- Painful / sore mouth
- Infections
- Bad breath (Halithosis)
- Changes in taste
- Drooling



CONTRIBUTING FACTORS:

- Drugs
- Medical intervention: Radiotherapy to head & neck, chemotherapy, oxygen therapy
- Reduced food / fluids intake → dehydration
- Mouth or neck cancers
- Poor oral hygiene – especially if weakness or fatigue means the patient is less able to keep their mouth clean.



GOAL OF CARE:

- Maintain comfort, self-esteem & dignity

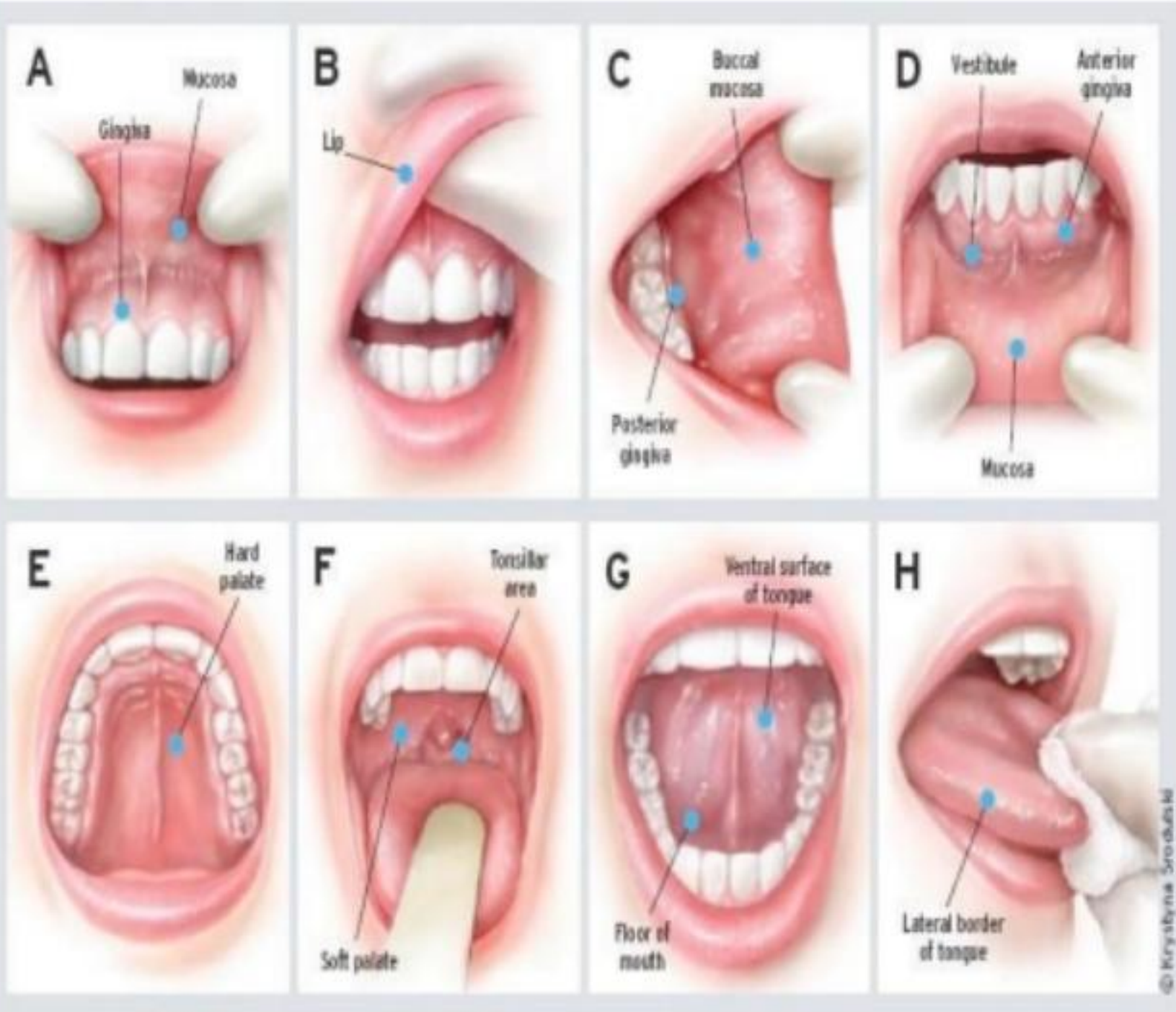


ASSESSMENT

Look for signs of:

- Dryness
- Redness
- Bleeding
- Coating of the mouth and tongue
- Ulceration or other sores
- Infection including abscesses
- Tooth decay





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**Cheeks,
Palate &
under the
Tongue**



Clean, saliva present, looks healthy



Mouth dry, sticky secretions, food debris, ulcers <10 days



Very dry/painful, ulcers >10 days, widespread ulceration, looks abnormal

**Teeth &
Gums**



Clean, teeth not broken or loose



Unclean, broken teeth (no pain), bleeding/inflamed gums



Severe pain, facial swelling



Lips



Pink & moist



Dry, cracked, difficulty opening the mouth



Swollen, ulcerated

Tongue



Pink & moist



Dry, fissured, shiny



Looks abnormal, white coating, very sore/ulcerated



BASIC MOUTH CARE

- Hygiene (Oral care)
- Hydration / Moisturize
- Pain management
- Treat infection (if appropriate)



EXAMPLES OF ORAL CARE

- Keep mouth and lips clean and moist.
- Help them to take frequent small drinks.
- Apply moisturizer to dry lips after brushing teeth.
- Encourage them to avoid sugary foods and drinks between meals.
- Give mouth care when the patient is semi-upright, to avoid choking



MANAGEMENT OF DRY MOUTH

- mouth can be moistened every 30 minutes to an hour with water from a water spray, dropper, ice chips, or sponge stick
- Petroleum jelly on the lips may help to prevent lip cracking.



MANAGEMENT FOR DRY MOUTH:



A water bottle spray



MANAGEMENT FOR DRY MOUTH:



Chilled pineapple chunks



Sugar-free Chewing gum



PRODUCTS AVAILABLE IN THE MARKET:



biotène



TREATMENT FOR ORAL CANDIDIASIS / ORAL THRUST

Medications:



Home Remedies:

Formula: Baking soda rinse

- Mix ½ a tablespoon of baking soda in 500mls of water and rinse your mouth with the solution



Lemon Juice

- Gargle or drink it



ANY QUESTIONS?



CONSTIPATION & BOWEL CARE



WHAT IS CONSTIPATION?

- Difficulty in defecation



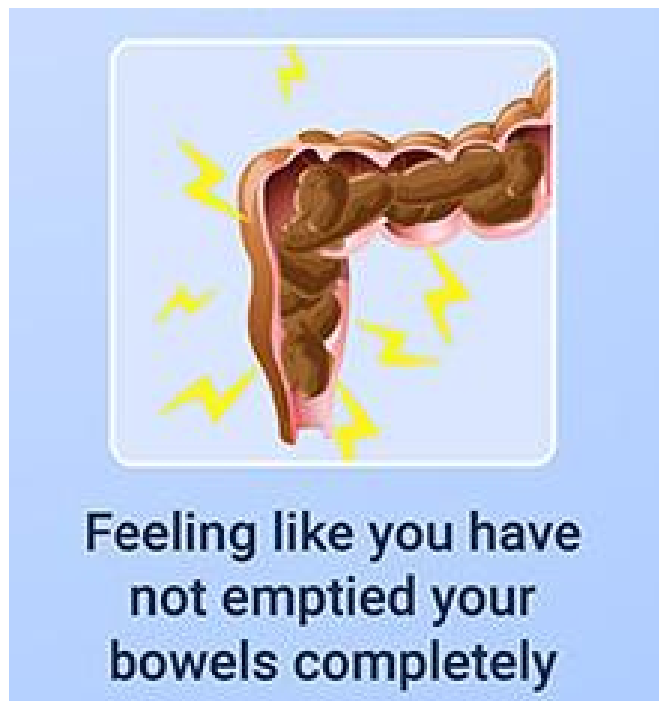
Constipation



PATIENT MAY HAVE 2 OR MORE OF THE FOLLOWING SYMPTOMS:



Reduced frequency



A sense of incomplete evacuation

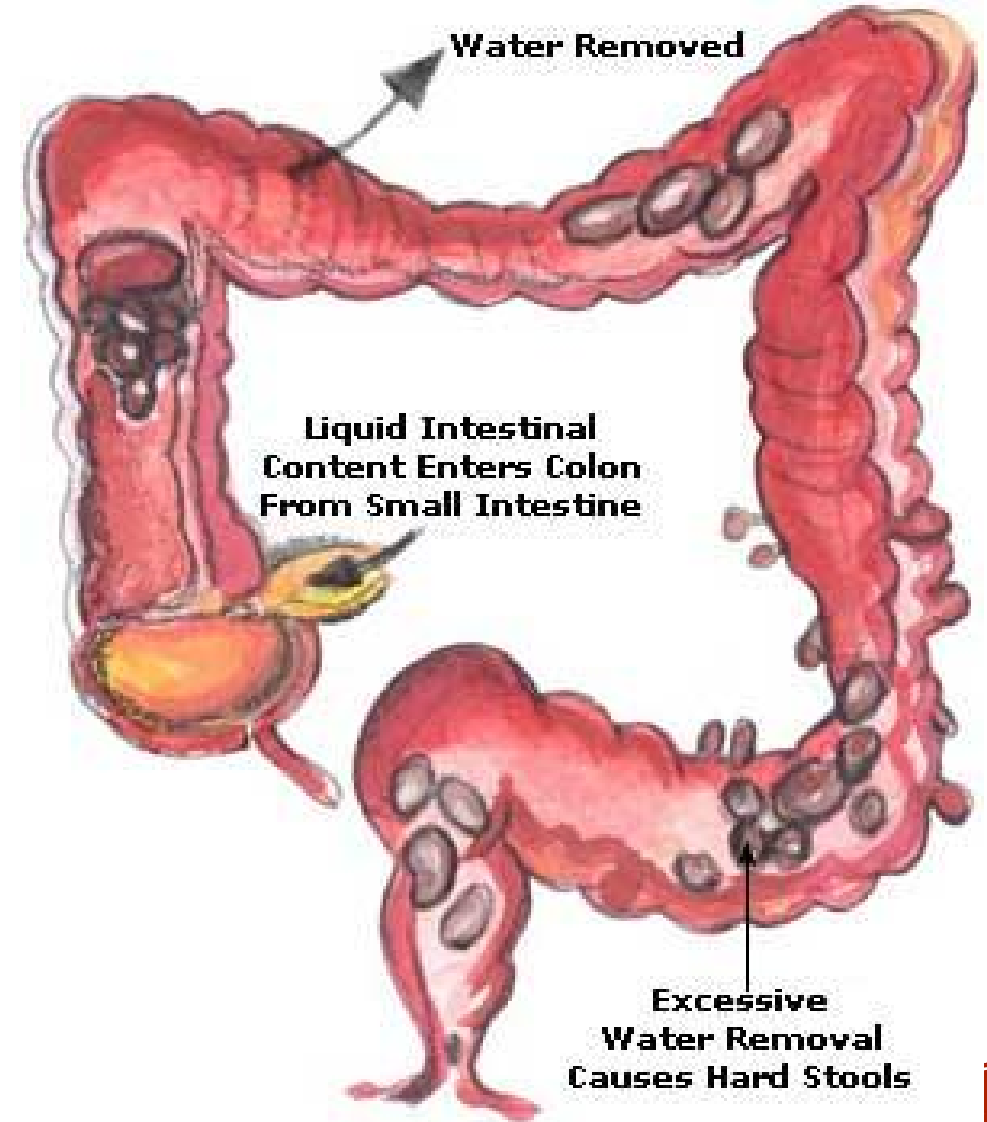


Increased difficulty in passing motion



WHAT NORMALLY HAPPENS?

- Faecal matter gets more solid as it moves towards the rectum (as water is absorbed)
- Intestinal contractions “push” the formed stools out



CAUSES OF CONSTIPATION

- medications
- Reduced physical activity
- Reduced oral intake - eating and/or drinking less, including reduced dietary fibre
- History of being prone to constipation in the past
- the disease the person has is either in, or is affecting, the bowel
- Bed bound - the person is being cared for in bed and/or cannot sit on a toilet.



DRUGS THAT CAUSE / WORSEN CONSTIPATION

- Opioids
- Anticholinergic drugs
- Antidepressants
- Diuretics
- Iron
- Chemotherapeutic agents e.g. vincristine
- 5HT₃ anti-emetics e.g. ondansetron



SYMPTOMS OF CONSTIPATION

- Abdominal pain
- Nausea and vomiting
- Bloating and abdominal distention
- Anxiety, agitation and distress
- Overflow diarrhea
- Urinary retention
- Confusion, delirium



ASSESSING CONSTIPATION



ASSESSING CONSTIPATION

- History taking
 - Bowel pattern – any changes? Since when?
 - Types of stool passed
 - Any associative causative factor: disease related / medication related?
- Physical examination
- Abdominal examination
- Investigation / imaging



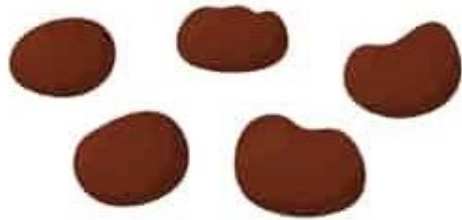
BRISTOL STOOL CHART

Separate hard lumps, like nuts

Sausage-shaped but lumpy

Like a sausage but with cracks on its surface

Like a sausage / snake, smooth & soft



Type 1



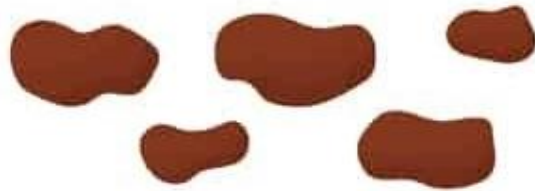
Type 2



Type 3



Type 4



Type 5



Type 6



Type 7



Soft blobs with clear-cut edges (passed easily)

Fluffy pieces with ragged edges, a mushy stool

Watery, no solid pieces. Entirely liquid.



MANAGEMENT OF CONSTIPATION: LAXATIVES

BULK FORMING

WHAT:
Metamucil
Methylcellulose

HOW:
Fibres to bulk up stool



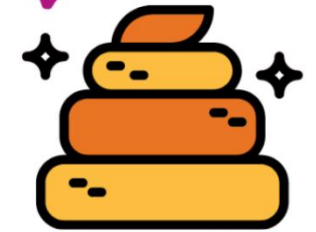
STOOL SOFTENERS

WHAT:
Docusate

HOW:
Softens stool (?)



#BASIC



#GLOWUP

TYPES OF LAXATIVES

OSMOTIC

WHAT:
Magnesium
Restorolax
Glycerin Suppositories

HOW:
Pulls water into
the bowels

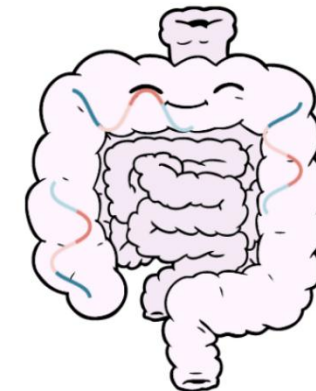


@AndreaHardyRD

STIMULANTS

WHAT:
Senna
Bisacodyl

HOW:
Stimulates
motility



MANAGEMENT OF CONSTIPATION: LAXATIVES

Bulk forming agents (fibre)

- Ispaghula husk e.g.
- Fybogel
- Methylcellulose

Osmotic laxatives “Flushers”

- Lactulose
- Forlax (macrogol)
- Mg hydroxide
- Mg sulphate
- PEG

Faecal softeners

- Liquid paraffin (Agarol)
- Lactulose
- Docusate (Coloxyl)

Stimulant laxatives “Pushers”

- Bisacodyl (Dulcolax)
- Senna



MANAGEMENT OF CONSTIPATION: RECTAL MEASURES



■ Suppositories



■ Enema



■ High Fleet



MANAGEMENT OF CONSTIPATION

- Treatment must be individualized
- It is not necessary to pass motion every day, as
- long as there is adequate bowel clearance each time
- If there is faecal impaction, have to perform manual removal
 - Digital evacuation – is an essential tool in assessing constipation. It helps to guide appropriate prescription



REMINDER:

- Please avoid stool softeners in patients with lax anal tone e.g. paraplegic patients; if stools are very soft there may be seepage and soiling.



CONCLUSION:

Constipation may seem like a simple condition and one that is easy to rectify, but this is not always the case for someone receiving palliative care. It can have many causes and can have a severe impact on the person. Social stigma, personal embarrassment and distress can also affect it. Some people find constipation difficult to talk about, but it is possible to improve the person's comfort through assessment, discussion and care



REFERENCE:

1. Mouth care in palliative care. Published date: 29 January 2021. Review date: 1 February 2024. Retrieved from <https://www.mariecurie.org.uk/professionals/palliative-care-knowledge-zone/symptom-control/mouth-care>
2. Bowel care and constipation near end of life. Retrieved from https://www.palassist.org.au/files/21047_PalAssist_Fact_Sheet_Bowel_Care_FA.pdf
3. ABC of palliative care: Constipation and diarrhoea. BMJ VOLUME 315 15 NOVEMBER 1997. Marie Fallon, Bill O'Neill
<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2127795/pdf/9390060.pdf>
4. Wickham, Rita. (2016). Assessment of Constipation in Patients With Cancer. Journal of the Advanced Practitioner in Oncology. 7. 457. 10.6004/jadpro.2016.7.48.

