

Appendix 1 Guidelines that refer to oral health care in people who have had a stroke

No	Guideline	Year	Overview
1	National clinical guideline for stroke; Fifth edition ¹	2016	These guidelines were prepared by the Intercollegiate Stroke Working Party of the Royal College of Physicians. Chapter 4.11 refers to mouth care and contains a series of recommendations. They refer to brushing the teeth, and mention the possibility of using an electric toothbrush and ensuring that patients with dentures have them cleaned and put in during the day. There is also a paragraph on the need for staff training.
2	Canadian Stroke Best Practice Recommendations: Acute Inpatient Stroke Care Guidelines, ²	2015	Section 2.7 of these Canadian guidelines is all about oral care. The guidance suggests that all patients need an individualised assessment and care protocol. Stroke patients should be referred on for specialist dentist, occupational therapist, speech-language pathologist and/or a dental hygienist if needed. Much of the evidence cited to support the guidance is considered level C indicating that this comes from writing group consensus and / or supported by limited research evidence.
3	Stroke rehabilitation in adults. Clinical guideline CG162	2013	This guideline developed by the National Institute for Health and Care Excellence (NICE) in the UK covers stroke rehabilitation for adults and young people aged 16 and over who have had a stroke with continuing impairment, activity limitation or participation restriction. Section 1.7.3 says staff should 'ensure that effective mouth care is given to people with difficulty swallowing after stroke, in order to decrease the risk

			of aspiration pneumonia.' No details are provided about how this should be done.
4	Promoting older people's oral health. RCN	2011	These guidelines were prepared by the Royal College of Nursing, supported by the Department of Health in the UK. Although stroke is mentioned as a long term condition that can impact on oral health, these guidelines do not include specific guidance for stroke patients.
5	Guidelines for the Oral Healthcare of Stroke Survivors: British Society of Gerodontology ³	2010	<p>These guidelines are the most comprehensive and provide an overview of the problems associated with stroke. However, they tend to focus on dental healthcare rather than basic nursing assessment and care.</p> <p>Section 3.2 says that oral health should form part of the early stroke unit assessment. In section 3.5 the guidelines say that the use of an oral health risk assessment follows recommendations of the Department of Health 'Essence of Care' (2003) and the Welsh Assembly Group 'Fundamentals of Care' (2003). An example of a suitable assessment is provided as an appendix, but this assesses dental risk rather than the condition of the oral cavity. The chapter says that a more comprehensive assessment that identifies equipment and nursing assistance needed may be used, but does not give any examples. It says that continual monitoring of oral health is needed until independence is resumed.</p> <p>Section 4.2 mentions that there is little published evidence regarding the oral health of people who have experienced a stroke, but stresses the need to maintain a high standard of oral hygiene. The guidelines</p>

			<p>suggest that an oral hygiene care plan should be developed based on specific protocols and these are described in an appendix. A key point is that brushing the teeth of a stroke survivor with dysphagia should be done using aspiration and a small amount of toothpaste. The protocols referred to are basic, not very detailed and are taken from the British Society for Disability and Oral Health (BSDH) Guidelines.⁴</p> <p>Section 4.6 is all about xerostomia. The authors mention that dehydration is an underreported problem that may contribute to a dry mouth. They describe the latest evidence about the best ways to treat this common problem.</p> <p>Section 4.7 refers to the need to develop nursing care standards and guidelines to overcome the barriers to good oral health care experienced by stroke survivors.</p>
6	Clinical Guidelines for Stroke Management 2010 ⁵	2010	<p>Section 7.2 of these Australian stroke guidelines refers to poor oral hygiene and says that all patients should have assistance and /or education to maintain good oral and dental (including dentures) hygiene, and that staff or carers can be trained in assessment and management of oral hygiene. The authors say that oral care can present a considerable challenge and that there is little evidence for strategies to maintain or improve oral hygiene after a stroke.</p>
7	VA/DoD clinical	2010	<p>These American guidelines make very little reference to oral care, and only say that 'An oral care protocol</p>

	practice guideline for the management of stroke rehabilitation ⁶		should be implemented for patients with dysphagia and dentures to promote oral health and patient comfort’.
8	Management of patients with stroke: identification and management of dysphagia, a national clinical guideline No 119 ⁷	2010	The Scottish Intercollegiate Guidelines Network (SIGN) has produced three guidelines around stroke. The first is about assessment, investigation, immediate management and secondary prevention ⁸ , the second is about rehabilitation, prevention and management of complications, and discharge planning. ⁹ Oral care is not mentioned in either of these. However, section 7.2.1 in this third guideline about the management of dysphagia says that ‘Good oral hygiene needs to be maintained in all patients to ensure that dental plaque is removed and pathogenic organisms are not allowed to proliferate in the mouth, preventing oral and dental disease and reducing the risk of aspiration pneumonia. This is particularly for patients with PEG or nasogastric tubes.’ The group suggests that an appropriate oral care protocol should be used for every patient with dysphagia, including those who use dentures. These guidelines refer to the same algorithm mentioned in the ‘Guidelines for the oral care of patients who are dependent, dysphagic or critically ill’ ¹⁰ already discussed.
9	Mouth care after	2009	These guidelines were based on a review by a group of physicians in the UK. The key points from these guidelines are that;

	stroke ¹¹		<ul style="list-style-type: none"> ▪ Poor oral health and mouth care is strongly associated with diagnosis of stroke, progression of carotid artery stenosis, stroke related functional disability, and risk of aspiration pneumonia. ▪ Oral care is not perceived as a priority and there are few training or care policies in place ▪ Further research is needed to evaluate the effectiveness of oral health-care interventions. <p>The authors suggest that evidence supporting staff-led oral care practices is scarce.</p>
10	Stroke and transient ischaemic attack in over 16s: diagnosis and initial management. Clinical guideline CG 68	2008	This guidance developed by NICE does not mention oral care at all.
11	National Service Framework for Older People in Wales ¹²	2006	The importance of good oral health for its contribution to general health and wellbeing is mentioned throughout this document. There is a specific section on stroke, which reinforces this, but no further details are provided.
12	Guidelines for the oral care of patients who are dependent,	2002	These UK guidelines are not specific to stroke patients, but are included here as many stroke patients experience dysphagia and critical illness.

	dysphagic or critically ill. ¹⁰		<p>The guidelines are brief, and based on consensus from an expert working group⁴ The guidelines recommend that an oral assessment is carried out by nurses on admission. They recommend early identification and onward referral for any problems amenable to medical, dental or nursing intervention. There is a good algorithm but minimal detail provided. A summary of oral care for dependent patients is presented as an appendix, but again lacks detail.</p>
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References

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