Oral Mucositis

Oral Mucositis is the diffuse inflammatory, erosive and ulcerative condition affecting the mucous membranes lining the mouth. It can be caused by disease, cytotoxic drugs and radiotherapy. Symptoms associated are pain, poor nutritional intake, bleeding and infection. Ineffective treatment will impact the patient’s quality of life, may increase their hospital stay and compromise their treatment.

Assessment on admission
- Perform oral Mucositis admission assessment (use N26a) and document within medical notes and on the handover sheet.
- Educate patient on the causes and implications of oral Mucositis.
- Explain the systematic oral care regime and provide equipment where required. (explain the different choices of mouth rinses that they may use)

Systematic oral care regime
- Teeth should be brushed twice a day with fluoride toothpaste and a soft toothbrush: in the morning before breakfast and last thing before bed, about 30 minutes after eating or drinking.
- Dental floss may only be used if platelet count is within normal range and no gum bleeding is evident.
- Use a choice of oral rinses 3 times a day.
- Report any oral changes to the nursing/medical team.

Oral rinses
- Corsodyl mouthwash (only to be when Mucositis is not established)
- Saline rinse (1 teaspoon of table salt in 1 pint of tepid water or saline pods)
- Sodium bicarbonate rinse (1 teaspoon of sodium bicarbonate in 1 pint of tepid water)
- Difflam mouthwash (for use when Mucositis is evident and alongside appropriate care plans)

Daily Assessment
- **Pain:** Assess pain score (0-5) and document on the Track and Trigger chart.
- **Nutrition:** Monitor dietary intake and assist patients to fill in food and fluid balance charts as necessary. Offer nutritional supplement and alternative menu choices. Ensure fluid intake of >2.5 litres, supplement with IV fluids as medical condition indicates. Refer to dietician if further support is indicated. Perform daily weights and weekly MUST scores.
- **Infection:** Assess for signs of infection/candida and report to medical team.
- **Bleeding:** Assess for any bleeding, check platelets daily and report to medical team.
- **WHO Scale:** Document toxicity level on the drug chart and within the medical notes. Implement therapeutic interventions accordingly.

World Health Organisation assessment for Oral Mucositis
Patient Sticky

Department of Clinical Haematology

0- Healthy. Intact mucosa, clean, moist and pain free
1- Soreness and erythema (redness)
2- Erythema, ulcers, pt can swallow solid diet
3- Ulcers, extensive erythema. Pt cannot swallow solid diet
4- Oral Mucositis to extent that alimentation is not possible

Add sticker to prescription chart and assess as part of 4hrly observations

<table>
<thead>
<tr>
<th>Score</th>
<th>Nursing Intervention</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>Ensure oral care regime is performed independently or assisted. Continue to perform daily assessments.</td>
</tr>
<tr>
<td>1</td>
<td>Provide 4 hourly paracetamol if required and document effectiveness. Provide Difflam mouthwash and ensure it is being used effectively. Continue to perform daily assessments.</td>
</tr>
<tr>
<td>2</td>
<td>Provide Oramorph as required and document effectiveness. If pain is not controlled consider Patient Controlled Analgesia. Refer to dietician if not already involved and discuss nasal gastric tube insertion, particularly if mouth integrity is likely to worsen. Continue to perform daily assessments.</td>
</tr>
<tr>
<td>3</td>
<td>Provide Patient Controlled Analgesia if required and document effectiveness. Ensure antidote is prescribed and available. Complete PCA chart 4 hourly, observe conscious level and respiratory rate. Discuss conversion to IV medication with patient and medical team. Start nasal gastric feeding. Continue to perform daily assessments.</td>
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<tr>
<td>4</td>
<td>If PCA is being used ensure it is continued at a therapeutic level. Refer to pain team if necessary. Discuss TPN if NG feeding is not tolerated. Provide suction and mouth care if required. Continue to perform daily assessments.</td>
</tr>
</tbody>
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References:
- Stiff P (2005) Coding for Mucositis, IDC-9-CM coordination and maintenance committee meeting. Loyola University Medical Centre.

RN name:
Signature:
Date:
Time: