and adults. Specific measures to prevent tooth decay and periodontal disease are listed in Client Teaching.

**OLDER ADULTS.** Over 50% of older adults have their own teeth (Gooch, Eke, & Malvitz, 2004). As a result, older adults are at risk for dental cavities and periodontal disease. Older adults who have self-care deficits are at an increased risk because they cannot maintain their oral hygiene practices and/or may not be able to visit the dentist on a routine basis. Furthermore, those who suffer the worst oral health and hygiene include older adults residing in nursing homes (Coleman, 2002, 2004). Coleman (2004) reported that poor oral hygiene among the frail and dependent nursing home residents can place them at risk for serious illness such as pneumonia (p. 3). Nurses have an important role in promoting optimal geriatric oral health care.

**Brushing and Flossing the Teeth**

Thorough brushing of the teeth is important in preventing tooth decay. The mechanical action of brushing removes food particles that can harbor and incubate bacteria. It also stimulates circulation in the gums, thus maintaining their healthy firmness. One of the techniques recommended for brushing teeth is called the sulcular technique, which removes plaque and cleans under the gingival margins. Many toothpastes are marketed. Fluoride toothpaste is often recommended because of its antibacterial protection.

**Caring for Artificial Dentures**

Some people have artificial teeth in the form of a plate—a complete set of teeth for one jaw. A person may have a lower plate or an upper plate or both. When only a few artificial teeth are needed, the individual may have a bridge rather than a plate. A bridge may be fixed or removable. Artificial teeth are fitted to the individual and usually will not fit another person. People who wear dentures or other types of oral prostheses should be encouraged to use them. Ill-fitting dentures or other oral prostheses can cause discomfort and chewing difficulties. They may also contribute to oral problems as well as poor nutrition and enjoyment of food. Those who do not wear their prostheses are prone to shrinkage of the gums, which results in further tooth loss.

Like natural teeth, artificial dentures collect microorganisms and food. They need to be cleaned regularly, at least once a day. They can be removed from the mouth, scrubbed with a toothbrush, rinsed, and reinserted. Some people use a dentifrice for cleaning teeth, and others use commercial cleaning compounds for plates.

**Assisting Clients with Oral Care**

When providing mouth care for partially or totally dependent clients, the nurse should wear gloves to guard against infections. Other required equipment includes a curved basin that fits snugly under the client’s chin (e.g., a kidney basin) to receive the rinse water, and a towel to protect the client and the bedclothes. See Skill 33-4.

Foam swabs are often used in health care agencies to clean the mouths of dependent clients (Figure 33-8). These swabs are convenient and effective in removing excess debris from the teeth and mouth but should be used infrequently and for short periods (i.e., less than 3 days) because they do not remove plaque that is at the base of the teeth.

Most people prefer privacy when they take their artificial teeth out to clean them. Many do not like to be seen without their teeth; one of the first requests of many postoperative clients is “May I have my teeth in, please?” The “Variation” section in Skill 33-4 describes how to clean artificial dentures.

**Clients with Special Oral Hygiene Needs**

For the client who is debilitated or unconscious or who has excessive dryness, sores, or irritations of the mouth, it may be necessary to clean the oral mucosa and tongue in addition to the teeth. Agency practices differ in regard to special mouth care and the frequency with which it is provided. Depending on the health of the client’s mouth, special care may be needed every 2 to 8 hours.