

Clinician Follow Up Reference for Supportive Care

Physical Concerns – “YES” to Dry Mouth

Start With Asking the patient the below questions	MA level screener: communicate these answers to Physician/APC in referral or notes for Next Step	Next Step	Timing
<p>Do you have an infection that you know of?</p> <p>Are you brushing and flossing your teeth?</p> <p>Do you have sores or pain in your mouth?</p>	<p>APC or higher screener:</p> <p>If YES</p> <p>Options/Recourse Assess for cause</p> <ul style="list-style-type: none"> • Screen for medications that cause xerostomia—are all medications necessary (consider changing meds) • Suggest over the counter salivary/mouth care agents • Add humidifier to oxygen (if applicable) <p>Oral Care:</p> <ul style="list-style-type: none"> • Encourage to sip water often • Suggest using liquids to soften or thin foods • Use gentle toothpaste (children’s toothpaste) • Use soft toothbrush • Recommend using sugarless gum or sugar-free hard candies to help stimulate saliva flow 	<p>Refer to Physician/APC, Nurse, or Registered Dietitian</p> <p>Nurse assess significance, then dietician involved, as dry mouth impacts eating. A nurse or pharmacist could perform patient education.</p> <p>Utilize members of interdisciplinary team to provide patient education: anatomic, infectious, mouth sores.</p> <p>Share Patient Links and Handouts as appropriate</p> <p>See Reference Links below for additional information</p>	<p>Routine – within 1 week</p>
<p>Do you have any sores in your mouth?</p> <p>Is taste affected?</p>	<p>If YES</p> <p>Refer to Follow Up Guidance for:</p> <ul style="list-style-type: none"> • Mouth Sores • Issues with Taste 		

Notes

Stages I-III: Suggest dietary and educational counseling for the prevention of dysgeusia. The Oral Care Study Group of the Multinational Association of Supportive Care in Cancer and International Society of Oral Oncology (MASCC/ISOO) recommends the use of oral pilocarpine (Level of evidence II, Grade B) or oral mucosal lubricants/saliva substitutes for short-term improvement of xerostomia following radiation therapy in head and neck cancer patients. (Level of evidence II, Grade B). They also suggest the use of acupuncture to stimulate salivary gland secretion and to alleviate xerostomia. (Level of evidence II, Grade C)

Stage IV: Recommendations as above (soft toothbrush, over the counter salivary/mouth care agents; sugar-free gum or hard candies).

Geriatric: Dry mouth is very common in this population. Dental/denture insurance coverage may not be adequate, important to address this symptom in this population to help circumvent any issues or out of pocket costs. (e.g., Dentures may become ill fitting and need adjustments, hospital responsibility to keep track of dentures when patient is admitted to hospital and all personal belongings, keep near patient **at all times** and inventoried in EMR to prevent loss). Oral health is very important. Dry mouths are more prone to infections.

Patient Links and Handouts:

- [American Cancer Society, Mouth Sores, Pain, and Dryness](#)
- [Cancer.Net, Dry Mouth or Xerostomia](#)
- [NIH, Oral Complications of Chemotherapy and Head/Neck Radiation \(PDO®\)—Patient Version](#)
- [NIH, Chemotherapy and Your Mouth](#)
- [NIH, Head and Neck Radiation Treatment and Your Mouth](#)
- [NIH, Dry Mouth](#)
- [ASCO answers, Dental and Oral Health](#)

CSOC Patient Handout can be accessed at:
<http://cancer-help.me/drymouth>

References:

- [American Dental Association, Xerostomia \(Dry Mouth\)](#)
- [NIH, Oral Complication of Chemotherapy and Head/Neck Radiation \(PDO®\) Professional Version](#)
- [NIH, Cancer Treatments and Oral Health](#)
- [NIH, Oncology Team, Oral Complications of Cancer Treatment](#)
- [NIH, Oncology Team, Oncology Pocket Guide to Oral Health](#)