MOUTH CARE FOR CHILDREN AND YOUNG PEOPLE WITH CANCER: EVIDENCE BASED GUIDELINES

DENTAL CARE / TREATMENT

AT DIAGNOSIS: Oral & dental assessment

- Ideally by a dentist or dental hygienist linked to the cancer centre.
- Any treatment required should be undertaken by a consultant or specialist paediatric dentist.
- If there is not a paediatric dental unit liaising with the cancer centre there should be clear communication between the cancer centre and the routine dental provider.

DURING ONCOLOGY TREATMENT:

- Ideally by a dentist linked to the cancer centre (retain registration and communication with usual dental provider).
- Any treatment required should be undertaken ideally by dentist linked to the cancer centre.
- If not available, then by usual dental provider with clear communication & guidance from the cancer centre.

POST TREATMENT

- By usual dental provider with clear communication & guidance from the cancer centre.

BASIC ORAL CARE

AT DIAGNOSIS & DURING TREATMENT

- Brush teeth well twice a day using fluoride toothpaste and soft toothbrush.
- Whilst in-patient, oral assessment using OAG and score recorded. Frequency of assessment determined by individual need.
- OAG score >8 means increased risk of oral complications.
- Use of additional aids e.g. floss, fluoride tablets and electric toothbrushes – by recommendation of dental team only. Chlorhexidine is not recommended unless – see below.

(If unable to brush teeth, clean mouth with oral sponges moistened with water or diluted chlorhexidine)

ORAL COMPLICATIONS

<table>
<thead>
<tr>
<th>PREVENTION</th>
<th>TREATMENT</th>
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<tr>
<td>MUCOSITIS</td>
<td>Basic oral care (as above).</td>
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<tr>
<td>CANDIDIASIS</td>
<td>Basic oral care, plus Clinical decision required about which antifungal agent to use, choose one that is absorbed from the GI tract eg fluconazole, itraconazole or ketoconazole.</td>
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<td>XEROSTOMIA</td>
<td>Basic oral care, Consider saliva stimulants/artificial saliva.</td>
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<td>HERPES</td>
<td>Basic oral care, plus Mild and/or non progressive lip lesions: topical aciclovir. Moderate/severe and/or progressive lip lesions &amp; for Mild/Moderate oral lesions: oral aciclovir. Severe oral lesions or if oral cannot be tolerated: IV aciclovir. (for doses see BNF – Children)</td>
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