Oral Care for Hospice Patients With Severe Trismus

Hannah Wrigley, BN, RN, and Elizabeth Johnston Taylor, PhD, RN

Oral care is a hallmark of attentive, high-quality nursing care. Oral care improves a patient’s sense of well-being, communication, and nutritional status, and lowers the risk for pneumonia. However, for patients with severe trismus, oral care may seem impossible. Trismus is the inability to open the mouth more than 35 mm and often results from medical therapies for head and neck cancers. This article details a simple approach to oral care that was implemented successfully with five hospice patients with severe trismus.

A married, 41-year-old male of mixed Maori and New Zealand European ethnicity named M.C. had been employed as a painter. Nine months prior to his admission to an urban hospice service, he had been diagnosed with tonsilar carcinoma that grew at the right base of his tongue and tonsil. After diagnosis, M.C. had a percutaneous endoscopic gastronomy tube inserted and began receiving radiation and chemotherapy with curative intent.

One month prior to his admission to the hospice program, the cancer reoccurred locally. M.C. refused the offer of a neck dissection, but continued to receive chemotherapy. Because most of his care was received in the home, he did require some support in the hospice inpatient unit (IPU). At that time (two months prior to his death), M.C. could not talk and had difficulty swallowing. He received medication via a dermal patch to dry oral secretions. Although the jaw and neck pain were managed by several analgesics, breakthrough pain did occur. M.C. also received antibiotics for pneumonia.

Trismus, the inability to open the mouth more than 35 mm, often results from therapies for head and neck cancers (Bensadoun et al., 2010). Findings note that 25%–50% of all patients undergoing primary treatment for a head and neck cancer suffer from trismus (Bensadoun et al., 2010; Louise Kent et al., 2008; Weber, Dommerich, Pau, & Kramp, 2010). Although several mechanical, medical, and surgical treatments have been developed to ameliorate the symptom of trismus (Chen, Wong, Ou, & Lee, 2010; Hartl, Cohen, Juliercon, Marandas, Janot, & Bourhis, 2008; Mardini, Chang, Tsai, Coskunfirat, & Wei, 2006; Shulman, Shipman, & Willis, 2008; Stubblefield, Manfield, & Riedel, 2010), no description exists in the literature about how to provide oral care for patients who continue to experience trismus.

Oral care not only contributes to the pain and difficulty with severe trismus, and family and healthcare providers could not identify a way to offer this most basic hygiene.

Trismus, the inability to open the mouth more than 35 mm, often results from therapies for head and neck cancers (Bensadoun et al., 2010). Findings note that 25%–50% of all patients undergoing primary treatment for a head and neck cancer suffer from trismus (Bensadoun et al., 2010; Louise Kent et al., 2008; Weber, Dommerich, Pau, & Kramp, 2010). Although several mechanical, medical, and surgical treatments have been developed to ameliorate the symptom of trismus (Chen, Wong, Ou, & Lee, 2010; Hartl, Cohen, Juliercon, Marandas, Janot, & Bourhis, 2008; Mardini, Chang, Tsai, Coskunfirat, & Wei, 2006; Shulman, Shipman, & Willis, 2008; Stubblefield, Manfield, & Riedel, 2010), no description exists in the literature about how to provide oral care for patients who continue to experience trismus.

Oral care not only contributes to the pain and difficulty with severe trismus, and family and healthcare providers could not identify a way to offer this most basic hygiene.

Trismus, the inability to open the mouth more than 35 mm, often results from therapies for head and neck cancers (Bensadoun et al., 2010). Findings note that 25%–50% of all patients undergoing primary treatment for a head and neck cancer suffer from trismus (Bensadoun et al., 2010; Louise Kent et al., 2008; Weber, Dommerich, Pau, & Kramp, 2010). Although several mechanical, medical, and surgical treatments have been developed to ameliorate the symptom of trismus (Chen, Wong, Ou, & Lee, 2010; Hartl, Cohen, Juliercon, Marandas, Janot, & Bourhis, 2008; Mardini, Chang, Tsai, Coskunfirat, & Wei, 2006; Shulman, Shipman, & Willis, 2008; Stubblefield, Manfield, & Riedel, 2010), no description exists in the literature about how to provide oral care for patients who continue to experience trismus.

Oral care not only contributes to the pain and difficulty with severe trismus, and family and healthcare providers could not identify a way to offer this most basic hygiene.

Trismus, the inability to open the mouth more than 35 mm, often results from therapies for head and neck cancers (Bensadoun et al., 2010). Findings note that 25%–50% of all patients undergoing primary treatment for a head and neck cancer suffer from trismus (Bensadoun et al., 2010; Louise Kent et al., 2008; Weber, Dommerich, Pau, & Kramp, 2010). Although several mechanical, medical, and surgical treatments have been developed to ameliorate the symptom of trismus (Chen, Wong, Ou, & Lee, 2010; Hartl, Cohen, Juliercon, Marandas, Janot, & Bourhis, 2008; Mardini, Chang, Tsai, Coskunfirat, & Wei, 2006; Shulman, Shipman, & Willis, 2008; Stubblefield, Manfield, & Riedel, 2010), no description exists in the literature about how to provide oral care for patients who continue to experience trismus.

Oral care not only contributes to the pain and difficulty with severe trismus, and family and healthcare providers could not identify a way to offer this most basic hygiene.