ANZCHOG

Australian and New Zealand Children's Haematology/Oncology Group

POSITION STATEMENT

Minimum Requirements for Mouthcare for Paediatric Patients with Cancer

Developed by the Oral Care Working Group, ANZCHOG Nursing Sub-Group, November 2015

KEY POINTS

- Oral complications such as mucositis, oral candida and herpes simplex virus are commonly associated with cancer treatment and haematopoietic stem cell transplantation (HSCT).
- Oral complications can cause pain, swallowing difficulties and decreased oral intake all of which can significantly impact on a patients' quality of life, nutritional intake, and provide a host for infection.
- Oral complications can lead to treatment delays, increased risk of sepsis and increased hospitalisation.
- All health services caring for children with cancer or HSCT should use a validated tool when conducting an oral assessment and have an evidence-based guideline for oral care.
- Only appropriately trained healthcare professionals should undertake oral and or dental assessments.
- Potential distress to the patient should be taken into consideration when performing an oral assessment.
- If the patient is in pain and distress this should be alleviated prior to further assessment
- If unable to assess the patient the rationale including assessment of the patients behaviour should be documented
- The guideline should, as a minimum, incorporate the following recommendations.

Dental assessment refers to an assessment completed by a dentist from a dental unit.
Oral assessment refers to medical, dental or nursing assessment of oral cavity and mucosa

Critical Time points

- At diagnosis
- During treatment

(post chemotherapy/radiation)

- After treatment

Risk Criteria

Patients who have received a HSCT, chemotherapy and/or radiotherapy
Patients who have received oral/facial radiotherapy
Febrile neutropenic patients
Patients with oral GVHD

Outcomes and benefits

- Promotion and increased awareness or oral complications associated with cancer treatment.
- Consistency of care in the treatment and assessment of oral complications.
- Development of evidence based oral care guidelines in haematology/oncology centres based on national and international guidelines.
- Education of health professionals on validated oral assessment tools and management practices.
- Improved management of toxicities and quality of life
- Maintenance of adequate oral nutritional intake through effective dental care and pain management
- Early identification and intervention to reduce acute and long term oral side effects for children and adolescents undergoing treatment for cancer or HSCT

References

American Academy of Pediatric Dentistry (2009) Guideline on dental management of pediatric patients receiving chemotherapy, hematopoietic cell transplantation, and or radiation. Pediatric dentistry, 31 (6), 232- 238
Lalla, RV et al. 2014 MASCC/ISOO clinical practice guidelines for the management of mucositis secondary to cancer therapy. 120(10) 1453-61
UKCCSG-PONF Mouth Care Group (2006) Mouth care for children and young people with cancer: Evidence-based guidelines, Guideline report version 1.0 http://www.cclg.org.uk/dynamic_files/MouthcareGuidelineReportFeb06.pdf (accessed Nov 2014)

RECOMMENDATIONS

AT DIAGNOSIS

- There should be a mechanism of notification and referral for new patients from the Cancer/ HSCT Services to a paediatric dental unit.
- All cancer patients should undergo a dental assessment by a dental unit at diagnosis, preferably prior to commencing treatment.
- All HSCT patients must undergo a dental assessment by a dental unit prior to commencing treatment including a gum/mucosal assessment for babies.
- A dental follow up plan should be developed by the dental unit after the initial assessment.
- If the patient has a community dentist they should be notified of the diagnosis and the paediatric dental unit should liaise with the community dentist.
- The patient and family should be given education on the potential orofacial/dental side effects of their treatment.
- The patient and family should be given education both verbally and in writing about oral hygiene either by a member of the dental team or a medical or nursing team member who has received appropriate training.
- Teeth should be brushed at least twice a day with a fluoride toothpaste
    - A soft toothbrush should be used
    - For babies without teeth oral sponges should be used moistened in water or an non- alcoholic antimicrobial solution such as chlorhexidine
    - If the child is unable to brush their own teeth parents/caregivers should be educated on how to provide appropriate oral care.

DURING TREATMENT

- Routine dental assessments should be undertaken as prescribed by the dental team.
- Frequency of oral assessment should be determined on an individual basis, however a once daily assessment of inpatients is recommended.
- The frequency of oral assessment should increase with the onset of oral complications.
- A validated oral assessment tool should be used e.g. ChIMES or OAG.
- Health professionals using the oral assessment tool should have received appropriate training on the tool.
- A validated pain assessment should be used when assessing pain and pain control.
- A non-alcoholic antimicrobial based mouthwash such as chlorhexidine can be used after cleaning teeth.
- There is minimal evidence supporting the use of prophylactic topical antifungals to prevent oral candida. The use of antifungals should be based on sensitivities from a proven or suspected oral fungal infection.

AFTER TREATMENT

- Education should be repeated to the patient and family about the possible long term dental/orofacial complications.
- Patients should continue to be followed up either by the paediatric dental team or by their community dentist during growth and development.
- The tertiary dental team should communicate with the community dentist re potential complications and any specific individual needs of the patient.
- During routine follow up the health professional should perform an oral assessment and refer to a dentist if any oral complications are identified.
- Oral care should be discussed or information provided for at risk patients during late effects assessment a survivorship/long term follow up clinics