



**MOUTHCARE FOR CHILDREN  
AND YOUNG PEOPLE WITH CANCER:  
EVIDENCE BASED GUIDELINES.**

**DENTAL CARE / TREATMENT**

<b>AT DIAGNOSIS:</b> Oral & dental assessment	<ul style="list-style-type: none"> <li>Ideally by a dentist or dental hygienist linked to the cancer centre.</li> <li>Any treatment required should be undertaken by a consultant or specialist paediatric dentist.</li> <li>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.</li> </ul>
<b>DURING ONCOLOGY TREATMENT:</b> Dental assessment every 3 – 4 months	<ul style="list-style-type: none"> <li>Ideally by a dentist linked to the cancer centre (retain registration and communication with usual dental provider).</li> <li>Any treatment required should be undertaken ideally by dentist linked to the cancer centre.</li> <li>If not available, then by usual dental provider with clear communication &amp; guidance from the cancer centre.</li> </ul>
<b>POST TREATMENT</b>	<ul style="list-style-type: none"> <li>By usual dental provider with clear communication &amp; guidance from the cancer centre.</li> </ul>

**BASIC ORAL CARE**

<b>AT DIAGNOSIS &amp; DURING TREATMENT</b>	<ul style="list-style-type: none"> <li>Brush teeth well twice a day using fluoride toothpaste and soft toothbrush.</li> <li>Whilst in-patient, oral assessment using OAG and score recorded. Frequency of assessment determined by individual need.</li> <li><b>OAG score &gt;8 means increased risk of oral complications.</b></li> <li>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.</li> </ul> <p>(If unable to brush teeth, clean mouth with oral sponges moistened with water or diluted chlorhexidine)</p>
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**ORAL COMPLICATIONS**

	PREVENTION	TREATMENT
MUCOSITIS	<ul style="list-style-type: none"> <li>Basic oral care (as above).</li> </ul>	<ul style="list-style-type: none"> <li>Basic oral care (as above).</li> <li>Appropriate pain control.</li> </ul>
CANDIDIASIS	<ul style="list-style-type: none"> <li>Basic oral care.</li> </ul> <p><i>Clinical decision required. If antifungal agent to be used, choose one absorbed from GI tract e.g. fluconazole, itraconazole or ketoconazole.</i></p> <ul style="list-style-type: none"> <li>Check treatment protocols.</li> <li>Nystatin is not recommended.</li> </ul>	<ul style="list-style-type: none"> <li>Basic oral care, plus</li> </ul> <p><i>Clinical decision required about which antifungal agent to use, choose one that is absorbed from the GI tract eg fluconazole, itraconazole or ketoconazole.</i></p> <ul style="list-style-type: none"> <li>Check treatment protocols.</li> <li>Nystatin is not recommended.</li> </ul>
XEROSTOMIA	<ul style="list-style-type: none"> <li>Basic oral care</li> </ul>	<ul style="list-style-type: none"> <li>Basic oral care.</li> <li>Consider saliva stimulants/artificial saliva.</li> </ul>
HERPES	<ul style="list-style-type: none"> <li>Basic oral care</li> <li>Aciclovir is only recommended as a preventative strategy for herpes simplex in patients undergoing high dose chemotherapy with stem cell transplant / BMT</li> </ul>	<ul style="list-style-type: none"> <li>Basic oral care, plus</li> </ul> <p><u>Mild and/or non progressive lip lesions:</u> topical aciclovir.</p> <p><u>Moderate/severe and/or progressive lip lesions &amp; for Mild/Moderate oral lesions:</u> oral aciclovir.</p> <p><u>Severe oral lesions or if oral cannot be tolerated:</u> IV aciclovir.</p> <p>(for doses see BNF – Children)</p>

