

# FACTSHEET: DRY MOUTH & DRY EYES

The following guidance is for management of dry mouth and/or eyes in patients at the end of life.

## DRY MOUTH

Dry mouth is a common symptom at the end of life. There are many simple measures that patients and carers can undertake to treat this in the early stages of illness. This guidance is for patients at the end of life who are unable to swallow.

### ASSESS

- Regular, routine assessment of the lips and mouth should be conducted
- Ideally this should be undertaken with the person in a semi-prone position where possible to avoid aspiration. If this is not possible, monitor for pooling of fluid in the mouth during cares
- Look for signs of inflammation, infection or ulceration and treat as necessary

### MANAGE

- Follow local policy on the use of buds to deliver small amounts of water to the mouth and lips
- Remove any debris and keep the mouth clean where possible
- Apply a water based gel – e.g. BioXtra, Biotene Oralbalance or Oralieve gel to the lips after mouth care
- Please note that artificial saliva sprays are short lasting and are often more helpful when the person can self-administer/sit upright
- Treat any infection (e.g. oral thrush) or inflammation if appropriate

### PREVENT

- Apply a water-based gel (as listed above) QDS and PRN
- Avoid paraffin containing products – e.g. Vaseline, particularly if on oxygen
- Keep mouth and lips clean, moist and free of debris where possible
- Ensure dentures and teeth are cleaned regularly – at least twice a day
- If a person is alert enough to safely take sips of water, support them to continue to do so

## FOR PATIENTS ON OXYGEN:

Oxygen therapy can worsen dry mouth. Routine practice in an inpatient setting for those patients receiving oxygen at concentrations >28% by mask would be to consider humidification, but this is not always possible in the community and requires specialist respiratory assessment.

- For those receiving oxygen via nasal cannula – treat as per mouth care guidance above
- For those receiving oxygen via mask at concentrations <28% - consider switch to nasal cannulae if possible to reduce drying effect on oral mucosa
- For those receiving oxygen via mask at concentrations >28%, consider humidification if in an inpatient setting. For those in community, discuss with the local oxygen monitoring and assessment team to establish if humidification is an option, otherwise follow guidance above

## DRY EYES

General measures:

- Remove any contact lenses (if present)
- Examine the eyes for any evidence of foreign objects or infection and treat appropriately
- If no infection or foreign objects present, treat as below:

### Artificial tears

#### **Carbomer 0.2% gel** (e.g. Viscotears)

- Apply 3-4 times daily
- Preferable to drops in these patients due to reduced frequency of application
- Can cause visual blurring

#### **Hypromellose 0.3% drops**

- Suggest use if gels are unavailable, or if symptoms persist between applications
- Can be administered hourly PRN

### Paraffin-based ointment (e.g. VitA-POS)

- Apply once at night
- Can be used in addition to artificial tears

### Mucolytic

If there is excessive mucus production in the absence of infection, consider:

- **Acetylcysteine 5% drops** QDS (e.g. Ilube)
- Can cause stinging
- Use instead of artificial tears

## FOR FURTHER ADVICE

Please contact The Kirkwood 24 hour advice line on 01484 557910