

# **Guidelines for Preventing and Managing Denture Loss in Hospitals and Community Residential Settings**

**Ownership:**

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## 1. Introduction

Losing or breaking a denture can have a detrimental impact on **eating, speaking, and socialising**, especially for vulnerable adults in hospitals and care homes. Accessing a dental service for individuals to have dentures remade may be complex. Hospital patients will often need to wait until they are discharged before accessing a dentist. Care home residents may require home visits and waiting lists can be long. Remaking a denture can take up to 6 to 8 weeks. Many patients are too frail or not able to cooperate with having moulds taken of their mouths for new dentures. Older adults often cannot comfortably wear new dentures that are a different fit from their old ones.

The financial burden associated with denture loss in hospital in England has been estimated to be around 1.9 million pounds per annum<sup>1</sup>. Denture loss is very distressing, which can lead to many complaints from individuals, families, and their carers.

Denture loss is often underreported in hospital and community residential settings as a consequence of **no standardised prevention or management policies** regarding denture loss.

## 2. Purpose

To set standards which hospital trusts and community residential settings should have in place to reduce and manage denture loss experienced by patients/residents.

These guidelines are an adjunct to local existing mouth care policies and the resources available from Mouth Care Matters<sup>2,4</sup>.

## 3. Scope

This document applies to **all** clinical and social staff who provide care to hospital and community residential setting service users.

## 4. Procedure for preventing denture loss

### 4.1 Mouth care assessments

#### Hospitals

All patients admitted for more than 24 hours should have a mouth care assessment completed upon admission to the hospital. This should identify patients' oral health needs and document whether they brought dentures with them on admission. Emergency departments should ask patients on admission whether they are wearing dentures and provide labelled denture containers if needed.

#### Community residential settings

All residents should have a mouth care assessment completed within 24 hours of being transferred to the community residential setting. This should identify patients' oral health needs and document whether dentures are worn.

In both settings, the following denture details should be recorded as part of the care plan:

- Upper/lower/both.
- Metal/plastic.
- Do they have a denture storage container?
- Dentures should also be recorded on the patient's property list.

The most commonly reported reasons for denture loss are<sup>1,4,5</sup>.

- Wrapped in tissue and left on meal trays.
- Hidden in bed linen.
- Mistaken for rubbish and thrown away.
- Lost in transit between wards or theatres.
- Disposed of following an episode of vomiting when the denture was expelled at the same time.

### 4.2 Education

#### Staff

Mouth care training should be mandatory for all health and social care professionals who care for patients/residents, which should include how to identify and clean dentures<sup>3</sup>, in addition to how to prevent and report denture loss. Each trust/community residential setting should have a named volunteer to be a mouth care lead to audit compliance with training. This education can be supplemented with leaflets that should be available in staff and public areas<sup>2</sup>.




## Patient/residents/carers/families

Patients/residents/carers/families should be aware of the importance of safe denture storage during their hospital/community residential stay. This should be emphasised on admission/transfer. If patients in the hospital are not wearing their dentures, families/carers should be advised to take them home to keep safe.

### 4.3 Storage

Denture storage pots (which are named and lidded) should be provided to all patients who have dentures, and they should be labelled.

Examples of storage containers can be found below, please click on the title to follow purchasing link:

<a href="#">Denture Pot and Lid</a>	
<a href="#">Personal Belongings Tray Valet (includes storage space for glasses and hearing aids)</a>	
<a href="#">Patient box for personal items (includes storage space for glasses and hearing aids, alongside handle option to secure on bed rail)</a>	

## 4.4 Denture labelling

### By the dentist

Patients/residents identified by a dentist, health, or social care professional as having an increased risk of losing their denture(s) (Section 6) should have denture labelling offered to them during the denture fabrication stages by their dentist. During fabrication, laminated paper, which includes the patient's first initial and surname in size eight font, should be included in the denture. This must only be completed following patient consent. The family or carers should be consulted for patients who do not have the capacity to consent.



### By the health or social care professional

If a patient/resident's denture is already made and does not have a label, marker kits should be made available in community residential setting so that the patient's first initial and surname can be written on the denture. This must only be completed following the resident's consent. For residents who do not have the capacity to consent, the family or carers should be consulted.

**An example of a denture marking kit is demonstrated below.**



## 5. Procedure for dealing with denture loss

### 5.1 Recording and reporting

When a denture is reported as lost or broken (more than 24 hours missing), an incident report must be put in by the responsible health or social care professional following local incident reporting protocols. This should state the patient's details, what denture(s) are lost, when they were lost and what steps have been taken to locate the denture. The incident report should be forwarded to the trust/community residential setting's mouth care lead for training. The details of the denture loss should be recorded in the patient's clinical/care notes and included in the patient's discharge letter.

## 5.2 Replacing a denture lost during a hospital admission

Patients should be provided with information on how to access local dental services. This will vary depending on locality, but options include:

1. Own dentist – Call a dentist for an appointment for new denture fabrication upon discharge.
2. Inpatient services – Very rarely, hospitals may have access to inpatient dental care.
3. Community dental services – Some community residential settings may have access to pre-arranged dental services.
4. Outpatient services -
  - a. NHS – Contact NHS111 or [Find a dentist - NHS \(www.nhs.uk\)](https://www.nhs.uk)
  - b. Private – Call local private dental practices.

## 5.3 Reimbursement

If a denture is lost or broken and deemed the responsibility of the NHS trust/community residential setting, there should be a standardised process to reimburse the patient/resident for their new dentures.

## 5.4 Supporting patients with lost dentures

Alongside providing patients with replacement information (Section 5.2), reasonable adjustment can be considered to help patients adapt to living without dentures, which is particularly essential if patients will be without a replacement for a long time/permanently. This includes offering patients a softer/pureed diet.

## 6. Increased risk of denture loss

Below points are suggestions, not exhaustive, for factors which may increase a patient/resident's risk of experiencing denture loss:

1. Dependent oral health regime.
2. Community residential service user eg, hospice, rehabilitation centre, nursing home, care home.
3. Frequent hospital admission or treatment (especially when moving between wards).
4. Cognitive impairment eg, lacking capacity, dementia, or delirium.
5. Physical impairment eg, reduced manual dexterity.
6. Frailty.

## References

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3. <https://www.youtube.com/watch?v=aJvsFUtRL9k>
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