

Mouth Care at End of Life

A Practical Guide for Families & Caregivers



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Why Dry Mouth Happens

Dry mouth is one of the most common symptoms at the end of life, and it is also one of the most treatable. Understanding why it happens will help you provide the right kind of relief.

Dry mouth in dying patients is usually caused by:

- **Mouth breathing:** As people become weaker, they often breathe through their mouth rather than their nose, which rapidly dries the oral tissues.
- **Medications:** Opioids (morphine, oxycodone, hydromorphone), anticholinergic drugs, and many other medications reduce saliva production as a side effect.
- **Reduced fluid intake:** As the body naturally decreases its intake of food and water, saliva production slows.
- **Oxygen therapy:** Supplemental oxygen delivered through nasal cannula or mask dries the mouth and nasal passages.

Important: Dry Mouth Is NOT Caused by Dehydration

- Dry mouth at end of life is primarily caused by mouth breathing and medications — not by a lack of fluids in the body.
- IV fluids do NOT fix dry mouth. Research shows that artificial hydration does not improve mouth dryness, thirst, or comfort (Bruera et al., J Clin Oncol, 2013).
- IV fluids can actually cause harm: increased lung secretions, edema, and breathing difficulty.
- Direct mouth care is far more effective than IV fluids for relieving dry mouth.

What You Will Need

All of these items are available at any pharmacy or drugstore. Ask your hospice nurse if they can provide a mouth care kit.

Item	Purpose	Where to Find
Oral sponge swabs (Toothette-style)	Gentle cleaning and moisturizing the mouth	Pharmacy, Amazon, or hospice supply
Room-temperature water	Moistening swabs	Tap water is fine
Lip balm or petroleum jelly (Vaseline, Aquaphor)	Preventing cracked, bleeding lips	Any drugstore
Small cup of ice chips	Brief oral comfort if patient can swallow	Your freezer

Biotene spray or mouth moisturizer	Artificial saliva for persistent dryness	Pharmacy OTC aisle
Soft-bristle toothbrush (if tolerated)	Gentle cleaning of teeth and tongue	Any drugstore
Small flashlight	Checking for mouth problems	Any store

Step-by-Step Mouth Care Protocol

Follow these steps every 1 to 2 hours while your loved one is awake, and every 2 to 4 hours during sleep. More frequent care may be needed if the person is breathing through their mouth.

Step 1: Prepare

Wash your hands. Dip an oral sponge swab in room-temperature water. Squeeze out excess — the swab should be moist, not dripping. If using Biotene, spray it onto the swab instead of water.

Step 2: Position

If possible, gently elevate the head of the bed slightly (about 30 degrees). Turn the person's head slightly to one side so any excess moisture drains out rather than toward the throat.

Step 3: Clean the Mouth

Gently swab the inside of the cheeks, the roof of the mouth, the tongue (top and sides), and the gums. Use a circular motion. Be very gentle — the tissues may be fragile. Replace the swab if it becomes soiled.

Step 4: Moisturize the Lips

Apply a thin layer of lip balm or petroleum jelly to the lips. Reapply frequently — this is one of the simplest things you can do, and it makes a real difference in comfort.

Step 5: Offer Ice Chips (If Safe)

If your loved one is still able to swallow, place a tiny ice chip on the tongue. Let it melt — do not give larger pieces. If swallowing is uncertain, skip this step and use the moistened swab instead.

Step 6: Check

Use a small flashlight to briefly look inside the mouth. Note any white patches (possible thrush), cracking, bleeding, or sores. Report findings to the nurse.

How Often to Provide Mouth Care

Situation	Frequency
Awake, breathing normally	Every 2 hours
Awake, mouth breathing	Every 1 hour
Sleeping	Every 2-4 hours (gently, without waking if possible)
On oxygen therapy	Every 1-2 hours
Actively dying (last hours)	Every 30-60 minutes, focusing on lip care

Signs to Watch For

While providing mouth care, look for these signs and report them to your hospice nurse:

- **White patches on the tongue, cheeks, or roof of the mouth:** May indicate oral thrush (a yeast infection), which is very common and treatable with antifungal medication.
- **Cracking or bleeding of the lips:** Increase frequency of lip balm application. A thicker barrier like Aquaphor may help.
- **Bleeding gums:** Switch to the softest swab available. Avoid brushing.
- **Thick, ropy saliva:** A small amount of club soda on the swab can help break this up.
- **Sores or ulcers:** Report to the nurse — a prescription mouth rinse may provide relief.
- **Pain or grimacing during mouth care:** The nurse may recommend a numbing mouth rinse (such as "magic mouthwash") to apply before cleaning.

When to Call the Nurse

Contact your hospice nurse if you notice:

- New white patches that don't wipe away (possible thrush)
- Significant bleeding from the mouth or gums
- Your loved one appears to be in pain during mouth care
- Foul odor from the mouth despite regular care
- Difficulty opening the mouth (trismus)
- You are unsure whether your loved one can still swallow safely

The Emotional Value of Mouth Care

When a loved one can no longer eat, families often feel helpless — as though there is nothing left they can do. Mouth care gives you something meaningful to do with your hands.

This is intimate, tender caregiving. It is the same impulse that drives us to feed the people we love — redirected into a form of care that the body can actually receive and benefit from. Many families describe mouth care as one of the most meaningful acts of their caregiving journey.

You are not doing nothing. You are providing comfort. You are present. You are showing love in a way that your loved one's body can still feel and appreciate.

Remember

- Mouth care is the single most effective comfort measure when eating has stopped.
- It is more effective than IV fluids for relieving thirst and dry mouth.
- It gives families a meaningful, hands-on way to provide care.
- Your loved one can feel your gentle touch — it matters.

Sources:

1. McCann RM, et al. Comfort care for terminally ill patients. JAMA. 1994;272(16):1263-1266:

<https://pubmed.ncbi.nlm.nih.gov/7523740/>

2. Bruera E, et al. Parenteral hydration in patients with advanced cancer. J Clin Oncol. 2013;31(1):111-118:

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