# Saliva Management

## How carers, nurses and family can help

## What is the issue?

- Some patients may drool (saliva spills from the mouth), or have thick, sticky saliva that is hard to clear;
- They may also suffer from a dry mouth due to not producing enough saliva;
- This can have an impact on confidence and be uncomfortable;
- It can also impact on their swallowing;
- Note drooling at night is not uncommon as the mouth is relaxed and open.

## Why does it happen?

- Drooling is not usually caused by making too much saliva. It often happens because of: reduced / less frequent swallowing; weak lip closure; poor posture or head position and reduced awareness of saliva in the mouth;
- Saliva difficulties are common after acquired neurological events, such as Stroke and in long-term conditions e.g., Parkinson's Disease, Dementia.

## What you can do to help:

**1. Posture and positioning:**

Good positioning can make a big difference. Help the patient to:

- Sit upright, keeping head and body straight i.e., not leaning or slumped;
- Be well supported with cushions or supportive seating;
- Avoid the head dropping forward;
- Check posture regularly throughout the day.

**2. Habits and reminders:**

- Encourage regular swallowing ('dry swallow') to clear mouth of any saliva;
- Regular sips of fluids;
- Gentle verbal reminders to swallow e.g., before standing / changing position and talking;
- Encourage lips to stay gently closed when resting or watching TV;
- Timers or routine prompts may help some people;
- Consider sucking on a sweet or chewing gum which help encourage saliva swallows.

**3. Environment and routines:**

- Carry out regular checks for comfort and cleanliness;
- Manage discreetly and calmly to maintain dignity;
- Agree routines that suit the individual patient.

**4. For thick, sticky saliva or dry mouth:**

- Encourage good hydration;
- Small, regular sips of drink;
- Pineapple juice may help thin saliva;
- Steam (e.g. a steamy bathroom or steam inhalation cup) may help loosen secretions.

**5. Mouth and skin care (*see leaflet 4: Mouth Care* for more information):**

Good mouth care is essential:

- Brush teeth, gums and tongue regularly;
- Remove dentures at night;
- Avoid alcohol-based mouthwashes;
- Keep lips and skin clean and dry;
- If wiping saliva:
  - Dab gently;
  - Avoid wiping side to side (this can increase saliva and cause sore skin);
  - Use barrier cream on lips and chin if skin becomes red or sore.

Poor mouth care can worsen saliva problems and increase infection risk.

**6. Clothing protection and dignity aids:**

Some patients may benefit from discreet use of:

- Fabric napkins;
- Scarves;
- Absorbent clothing protectors.

These can:

- Protect clothing;
- Reduce skin irritation;
- Support dignity without being noticeable.

**7. Medication considerations:**

- Some medicines can increase drooling or a dry mouth;
- Consider asking GP for a medication that will support saliva management.

## Key Points:

- Do not assume drooling means “too much saliva”;
- Do not force reminders which can increase anxiety;
- Avoid excessive wiping of the mouth;
- Remember posture and seating can help.

## Reassurance for staff:

- Saliva difficulties are common and not anyone’s fault;
- Small, consistent changes can make a big difference;
- Comfort, dignity and safety come first.

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