Patient name:

Date of birth:

**Patient routine and resources**

Has the patient got:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Has the patient got any of the following available? | Yes | No | Additional comments | |
| Toothbrush |  |  | Manual/Electric | |
| Toothpaste |  |  |  | |
| Floss/interdental brushes |  |  |  | |
| Upper denture |  |  |  | |
| Lower denture |  |  |  | |
| Denture pot and brush |  |  |  | |
| If no have additional oral hygiene products been provided?  Yes No | | | |
| Can the patient provide their own effective oral hygiene routine? | | | |
| Yes No | | | |

|  |  |
| --- | --- |
| Do they require any level of support: |  |
| Gentle reminders to complete mouth care |  |
| Some assistance with routine e.g help to sink |  |
| Fully dependant on carers to carry out routine |  |

***Dental history***

|  |  |  |
| --- | --- | --- |
| Is the patient registered with a dentist? | Yes No | *Please provide dentist details:* |
| When was their last dental visit? | | |
| 6months ago 1 year ago more than 1 year | | |
| Does the patient have any problems in the mouth? Including pain, discomfort, ulceration | Yes No | Details: |
| If they are experiencing problems have arrangements been made to see a dentist? | Yes No | Details: |

***Oral assessment***

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Low risk (L) | Moderate risk(M) | High risk(H) | L/M/H |
| Lips | Pink and moist | Dry/cracked  Difficulty opening mouth | Swollen  Ulcerated |  |
| Tongue | Pink and moist | Dry/fissured/shiny  Yellow/brown coating | Look abnormal  White coating  Very sore or ulcerated |  |
| Cheeks  palate  under tongue | Clean  Saliva present  Looks healthy | Mouth is dry  Sticky secretions  Food debris  Ulcer less than 10 days present | Very dry or painful  Ulcer lasting more than 10 days  Multiple ulcers  Looks abnormal |  |
| Teeth and gums | Clean  Pink gums | Unclean  Broken or loose teeth  Bleeding or red gums | Severe pain  Swelling |  |
| Dentures | Clean  Comfortable for patient | Unclean  Loose in the mouth  Patient will not remove | Lost  Broken or unable to wear |  |

Comments (including patient risk and actions taken)