**Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**My mouth care routine:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Support required**  **Icon, circle  Description automatically generated** | **Toothbrush**  **Icon  Description automatically generated** | **Toothpaste**  **Icon  Description automatically generated** | **Where?**  **Icon  Description automatically generated** | **I brush my teeth at**  **A picture containing text, clock, orange, time  Description automatically generated** |

**I like to:**

*Example: John likes to listen to the Brush DJ app whilst he is brushing and sing along*

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**Mouth Care Log:**

|  |  |  |  |
| --- | --- | --- | --- |
| **BA**  Brushes alone | **BWH**  Brushes with help | **U**  Unwell | **R**  Refused |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Date / Time | Mouth  Care | | Area of mouth cleaned | | Appearance of mouth, concerns, comments? | Staff Signature |
| *Eg: 01.01.01*  *8.30am* | *BWH* | *Upper only* | | *Mouth looks clean only managed upper today*  *No concerns* | | *Alison Smith* |
| *Eg: 01.01.01*  *9pm* | *BWH* | *Started with lower managed full mouth* | | *Food stored in cheek*  *John co-operated – cleaned full mouth*  *No concerns* | | *Alison Smith* |
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**Mouth care should be recorded as part of general health care plans.**

If a care plan exists that already includes mouth care, this document may not be required.   
When daily mouth care is NOT carried out/not possible, this record **should** be completed, and any difficulties encountered communicated between staff during handovers.