

# Oral health assessment

A response in an orange  box requires a dentist to examine the resident. Discuss with resident/family and where appropriate arrange referral and /or appointment for resident to see a dentist. Use information to develop a daily plan of care for the resident.

Name of resident	D.O.B			Date of assessment
	<b>Circle which is appropriate</b>			<b>Suggested outcome/actions</b>
1. Does the resident have any of their natural teeth?	No	Yes	Don't know	Encourage independence with cleaning teeth morning and night. Use small-headed toothbrush and fluoride toothpaste.
2. Does the resident wear denture?	No	Yes	Don't know	Supervise/support cleaning of dentures morning and night with unperfumed soap or non abrasive denture paste and water (not toothpaste); rinse dentures after meals. Gently clean the mouth with moist gauze. Leave dentures out overnight and soak in water.
Specify:		Upper		
		Lower		
(a) If YES, are the dentures labelled?	No		Yes	Use kit for marking dentures
(b) If YES, how old are the dentures?	<5 years	>5 years	Don't know	Resident may need replacement from dentist
3. Does the resident need help to clean teeth/dentures?	No	Yes		Consider supervision or support with mouth care.
4. What dental aids do you usually use?	Manual or electric toothbrush, mouth wash, floss, interdental brush, none OTHER:			Ensure residents have access to aids.
5. Date of last dental treatment?	<2 years	>2 years	Don't know	Organise for resident to be seen by a dentist
6. Registered for dental care?	No	Yes	Don't know	Ask resident/family if they require support to find a local dentist
If yes, record name & address				
7. Is suffering from any oral problems? Please circle: <b>Lip:</b> lump, swelling, red/white or ulcerated patches/corners, dry, bleeding <b>Natural teeth/roots:</b> decay, broken, worn down <b>Denture problems:</b> lost, not worn, broken, loose teeth, not named <b>Oral cleanliness:</b> Bad breath, plaque, tartar, food particles <b>Tongue:</b> red/white patches, ulcerated, swollen <b>Gums:</b> sore spot, ulcer, bleeding, red/white patches, swelling <b>Dental pain:</b> verbal signs, facial swelling, pulling at face, not eating, aggression <b>Saliva:</b> Dry mouth, tissues red, sticky	No	Yes to any		Ask resident/family if they require support to book an appointment for resident to be seen a dentist
<b>Actions: Please tick</b>				
Organise for resident to have dental examination by a dentist <input type="checkbox"/>				
Resident and/family refused dental treatment <input type="checkbox"/>				
<i>reason for refusal:</i>				
Oral hygiene care plan completed? <input type="checkbox"/> Yes				

Signed:..... Date..... Date of next review\* .....

\*review date shouldn't exceed 6 months

Adapted from: Improving oral health for adults in care homes: A quick guide for care managers (National Institute for Health and Care Excellence, 2016). Caring for Smiles: Guide for Care Homes (NHS Health Scotland, 2013).