

Mouth Care Assessment & Record

To be completed for every patient within **24 hours** of admission

Patient Name:	
D.O.B	
Hosp Number	
NHS Number	

<p>1. Has the patient got:</p> <p>Teeth Y <input type="checkbox"/> N <input type="checkbox"/> Promote DCby1</p> <p>A dentist Y <input type="checkbox"/> N <input type="checkbox"/> Encourage to visit</p> <p>Toothbrush Y <input type="checkbox"/> N <input type="checkbox"/> Provided <input type="checkbox"/></p> <p>Toothpaste Y <input type="checkbox"/> N <input type="checkbox"/> Provided <input type="checkbox"/></p> <p>Denture/Orthodontic appliance Y <input type="checkbox"/> N <input type="checkbox"/> Storage pot? Y <input type="checkbox"/> N <input type="checkbox"/> Provided <input type="checkbox"/></p>	<p>2. Who will be providing oral care?</p> <p>Patient <input type="checkbox"/></p> <p>Parent/ Carer <input type="checkbox"/></p> <p>Staff <input type="checkbox"/></p> <p>Shared care <input type="checkbox"/></p> <p>Any Details?:</p> <div style="border: 1px solid black; padding: 5px; width: fit-content; margin-top: 10px;"> <p>Place Elephant Mascot at bedside to remind staff of patient's level of support</p> </div>
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3. Does the patient have any pain or discomfort in the mouth? (Note verbal, behavioural or physical signs) Y N Why? _____

Patients with **NO TEETH, NIL BY MOUTH** or **UNSAFE SWALLOW** still require **REGULAR MOUTH CARE**
 Consider use of suction toothbrush, suction or non-foaming toothpaste for mouth care

Level of support with Mouth Care required:

Independent/ minimal parental assistance patients: Place the **Single Elephant** behind the bed

Full staff Assistance/Shared assistance patients: Place the **Double Elephant** behind the bed

Look in patient's mouth with a PEN TORCH . Carry out WEEKLY assessment. Mark as L, M or H in the white box under today's date & sign.				Date	Date	Date
	LOW RISK (L)	MEDIUM RISK (M)	HIGH RISK (H)*			
<p>Teeth and oral hygiene status</p> <p><small>Advise the patient to visit dentist on d/c if problems with teeth not requiring urgent hospital treatment</small></p>	<ul style="list-style-type: none"> No teeth! No obvious decay or broken teeth Clean mouth 	<ul style="list-style-type: none"> Decay – no pain Broken teeth – no pain Visible plaque, debris & tartar on teeth 	<ul style="list-style-type: none"> Decay/ broken teeth causing severe pain Loose teeth with risk of aspiration/swallowing 			
Action	Twice daily tooth brushing/mouth cleaning with a fluoride toothpaste	Same as Low Risk, However advise to visit dentist on discharge, Monitor during stay for any pain	Same as Low Risk, However Refer to DR immediately , or hospital dental service (if facility/pathway available)			
<p>Lips, tongue, gums & saliva</p> <p><small>An ulcer present for more than 2 weeks must be referred to medics</small></p>	<ul style="list-style-type: none"> Pink (or brown depending on child's skin colour) Moist Smooth 	<ul style="list-style-type: none"> Lips dry, chapped or broken at the corners Tongue dry, patchy, coated Reddened, puffy gums Dry mouth Sticky secretions 	<ul style="list-style-type: none"> Ulceration, bleeding, blistered, white or red areas Or, combined white/red areas that can be wiped to reveal red soft tissues Spontaneous bleeding of gums Swelling of cheek or gum, ulcers, or 'gum boil' Mucositis 			
Action	Twice daily mouth cleaning including tongue and gums with a fluoride toothpaste Monitor weekly for any changes	Same as Low Risk, However additional Dry mouth care and removal of secretions	Same as Low Risk, However Refer to DR immediately , or hospital dental service (if facility/pathway available)			
<p>How does the patient respond to having their teeth brushed?</p>	<ul style="list-style-type: none"> Likes to have teeth brushed Will brush teeth if encouraged 	<ul style="list-style-type: none"> Teeth brushed with difficulty, but manage to clean all teeth Distraction needed to deliver oral care 	<ul style="list-style-type: none"> Teeth brushed with difficulty Cannot brush teeth Unable to clean well 			
Action	Twice daily tooth brushing, Follow the child's home routine for oral care management	Same as Low Risk, keep calm and kind approach Speak directly to the patient Ask family or carer for assistance Brush in short bursts Use patient preferred products	Same as Medium Risk, Consider use of foam prop/modified toothbrush Involve play specialist if possible Brush at different times of the day Non foaming/flavoured toothpaste Discuss with DR possible ref to community/hospital dental service if treatment needed			
				Initials/Signature:		

Risk factors: These factors place the patient at a Higher Risk of having problems with their mouth.

High sugar diet	Reflux /frequent vomiting	Nil by mouth
Dentures/Orthodontic appliance	Medically compromised	High calorie supplements
Dysphagia	Inability to perform own mouth care	End of life

