

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 register</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>Difficulty eating/swallowing Y <input type="checkbox"/> N <input type="checkbox"/> Refer to doctor</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>Provide Details:</p>
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3. Does the patient have any verbal, behavioural or physical signs of pain or discomfort in the mouth? 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

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 Advise the patient to visit dentist on d/c if problems with teeth not requiring urgent hospital treatment</p>	<ul style="list-style-type: none"> No teeth No obvious decay or broken teeth Clean mouth 	<ul style="list-style-type: none"> Obvious decay Broken teeth Visible plaque, debris, tartar covering most of the mouth 	<ul style="list-style-type: none"> Decay/ broken teeth Severe pain Loose teeth with risk of aspiration/swallowing Swelling of cheek or gum, ulcers, or 'gum boil' 			
Action	Twice daily tooth brushing with a fluoride toothpaste	Twice daily tooth brushing Advise to visit dentist upon discharge	Twice daily tooth brushing Refer to DR immediately , or hospital dental service (if facility/pathway available)			
<p>Lips, tongue, gums & saliva An ulcer present for more than 2 weeks must be referred to medics</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 Dry Mouth/Minimal evidence of saliva Mucositis 			
Action	Twice daily brushing, including gums and tongue. Monitor weekly for any changes	Twice daily tooth brushing (including gums and tongue) Dry mouth care, Removal of secretions	Refer to DOCTOR 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 distracted/ encouraged 	<ul style="list-style-type: none"> Teeth brushed with difficulty, but manage to clean all teeth 	<ul style="list-style-type: none"> Teeth brushed with difficulty Cannot brush teeth Unable to clean well 			
Action	Follow child's routine oral care management	Calm and kind approach Speak to the patient Ask family or carer for assistance Brush in short bursts	Consider use of foam prop/modified toothbrush Involve play specialist if possible Try to brush at different times of the day Discuss with DR possible ref to community/hospital dental service			
				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

