

Health Education England

## Mouth Care Assessment & Record

To be completed for every patient within 24 hours of admission

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

1. Has the patier	nt got:	2. Who will be providing oral care?							
Teeth       Y    N    Promote DCby1       Patient                  A dentist       Y    N    Encourage to register       Parent/ Carer                  Toothbrush       Y    N    Provided          Staff                  Toothpaste       Y    N    Provided          Shared care                  Difficulty eating/swallowing       Y    N    Refer to doctor       Provide Details:         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									
•	nouth with a <b>PEN TOR</b> e white box under toda	•	<b>(LY</b> assessment. Mark	Date	Date	Date			
	LOW RISK (L)	MEDIUM RISK (M)	HIGH RISK (H)*						
Teeth and oral hygiene status Advise the patient to visit dentist on d/c if problems with teeth not requiring urgent hospital treatment	<ul> <li>No teeth</li> <li>No obvious decay or broken teeth</li> <li>Clean mouth</li> </ul>	<ul> <li>Obvious decay</li> <li>Broken teeth</li> <li>Visible plaque, debris, tartar covering most of the mouth</li> </ul>	<ul> <li>Decay/ broken teeth</li> <li>Severe pain</li> <li>Loose teeth with risk of aspiration/swallowing</li> <li>Swelling of cheek or gum, ulcers, or 'gum boil'</li> </ul>						
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 <u>immediately</u> , or hospital dental service (if facility/pathway available)						
Lips, tongue, gums & saliva An ulcer present for more than 2 weeks must be referred to medics	<ul> <li>Pink (or brown- depending on child's skin colour)</li> <li>Moist</li> <li>Smooth</li> </ul>	<ul> <li>Lips dry, chapped or broken at the corners</li> <li>Tongue dry, patchy, coated</li> <li>Reddened, puffy gums</li> <li>Dry mouth</li> <li>Sticky secretions</li> </ul>	<ul> <li>Ulceration, bleeding, blistered, white or red areas</li> <li>Or, combined white/red areas that can be wiped to reveal red soft tissues</li> <li>Spontaneous bleeding of gums</li> <li>Dry Mouth/Minimal evidence of saliva</li> <li>Mucositis</li> </ul>						
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 <u>immediately,</u> or hospital dental service (if facility/pathway available						
How does the patient respond to having their teeth brushed?	<ul> <li>Likes to have teeth brushed</li> <li>Will brush teeth if distracted/ encouraged</li> </ul>	<ul> <li>Teeth brushed with difficultly, but manage to clean all teeth</li> </ul>	<ul> <li>Teeth brushed with difficulty</li> <li>Cannot brush teeth</li> <li>Unable to clean well</li> </ul>						
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 fa High sugar diet Dentures/Orthodontic appl Dysphagia	ctors place the patient at a H	ligher Risk of having probl Reflux /frequent vom Medically compromis Inability to perform ov	iting Nil by m ed High ca	lorie sup	plement	is			





Dental Advice to think about discussing with the Patient/Family/carer					
Register with a family/community/hospital dentist	Discourage sweet treats/chocolates as snacks				
If taking a bottle >1year - to wean off (if not indicated for medical reasons)	Discourage juices/sugary drinks between meals				
Encourage water and milk as main drinks (only plain water/plain milk in a Sippy cup)	Encourage healthy snacks (fresh fruit and vegetables)				
Ensure you spit and not rinse with water/ mouthwash after brushing	Brush twice daily (even if not orally fed)				
Use fluoridated toothpaste (age appropriate, unless directed otherwise by dental professional)					

## Daily Record: Document all Mouth Care given, 'Mouth care given' is not acceptable documentation

AC: Assessment completed TB: Tooth brushing (PT brush own teeth)BP: Bowl provided to patient PR: Patient refused (>3 days explain actions)

AWB: Assistance with brushing (eg Family/ Staff)

R: Referral (explain actions, eg To DR for ulcer review, SALT)

DMC: Dry mouth care - (Massage dry mouth gel into soft tissues, gently remove dry secretions from mouth, ideally 2 hourly+)

Date	Time	Action	Signature	Print name