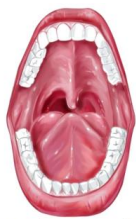


## Oral Health Assessment and Care Plan Guide

*Addressograph or label*

**Instructions:** Circle all conditions that apply in all categories. Circle the applicable score. See Table A (reverse) for actions based on results for each category.

Category	Low Oral Health Risk = 0	Moderate Oral Health Risk = 1	High Oral Health Risk = 2	Score
<b>A. Lips</b>	Smooth, pink, moist	Dry, chapped, or red at corners	White/red/ulcerated patch; swelling or lump; bleeding/ulcerated at corners	0 - 1 - 2
<b>B. Tongue</b>	Normal texture, pink, moist	Patchy, fissured, red, lightly coated	White/red/ulcerated area; smooth, swelling/lump; heavily coated	0 - 1 - 2
<b>C. Gums and Tissues</b>	Pink, moist, no bleeding	Localized: 1-2 areas with red, swollen or bleeding gums; one mouth ulcer, one sore spot under denture	Generalized: red, swollen, bleeding gums; loose teeth; abscess on gum; white/red/ulcerated area; red/sores under dentures	0 - 1 - 2
<b>D. Saliva</b>	Moist tissues; watery, free flowing saliva	Dry, sticky tissues; saliva reduced/thick	Tissues parched and red; very little/no saliva present	0 - 1 - 2
<b>E. Natural Teeth</b>	No decayed or broken teeth/roots; no natural teeth	1-2 decayed or broken teeth/roots	3+ decayed or broken teeth/roots; very worn down teeth; fewer than 10 teeth and no dentures	0 - 1 - 2
<b>F. Dentures</b>	No dentures or dentures have no broken areas or teeth; worn regularly; removed daily	Denture has 1 broken area/tooth; worn 1-2 hours/day; worn 24 hours/day	Denture has more than 1 broken area/tooth; poor fit/worn with adhesive, never worn or missing	0 - 1 - 2
<b>G. Oral Cleanliness</b>	Clean, no food particles/plaque/tartar in mouth/on teeth or on dentures	Localized: food particles/plaque/tartar in 1-2 areas in mouth/on teeth or 1-2 areas on dentures; bad breath	Generalized: food particles/plaque/tartar in most areas in mouth/on teeth or on most of dentures; severe bad breath	0 - 1 - 2
<b>H. Dental Pain</b>	No verbal, behavioural, or physical signs of oral pain	Reports or shows signs of pain such as pulling at face, chewing lips, not eating, aggression	Reports or shows signs of pain; physical signs present such as abscess on gum, facial swelling, broken teeth, large ulcers	0 - 1 - 2
<b>I. Swallowing</b>	No swallowing problems	Some pain or difficulty on swallowing	Unable to swallow	0 - 1 - 2
<b>J. Cognitive Status</b>	No cognitive impairment; able to communicate; typically able to do mouth care independently	Early to mid-stage of dementia; some difficulty communicating; typically requires prompting, cuing or assistance for mouth care	End stage dementia; significant difficulty communicating; typically requires provision of mouth care	0 - 1 - 2
<b>Natural Teeth</b> <small>(Circle all that apply)</small>	Upper	All teeth    Some missing    Root tips    No teeth		Adapted from: University of Manitoba Faculty of Dentistry CCOH, Chalmers 2004 OHAT & WRHA version July 2013
	Lower	All teeth    Some missing    Root tips    No teeth		
<b>Dentures</b> <small>(Circle all that apply)</small>	Upper	Full    Partial    Not worn    No denture    Name on denture		
	Lower	Full    Partial    Not worn    No denture    Name on denture		
<b>Oral Assessment Timing:</b>				
			<input type="checkbox"/> Admission	
			<input type="checkbox"/> Quarterly	
			<input type="checkbox"/> Other:	
<b>Assessment completed by (signature &amp; designation):</b>				
<b>Date:</b>				

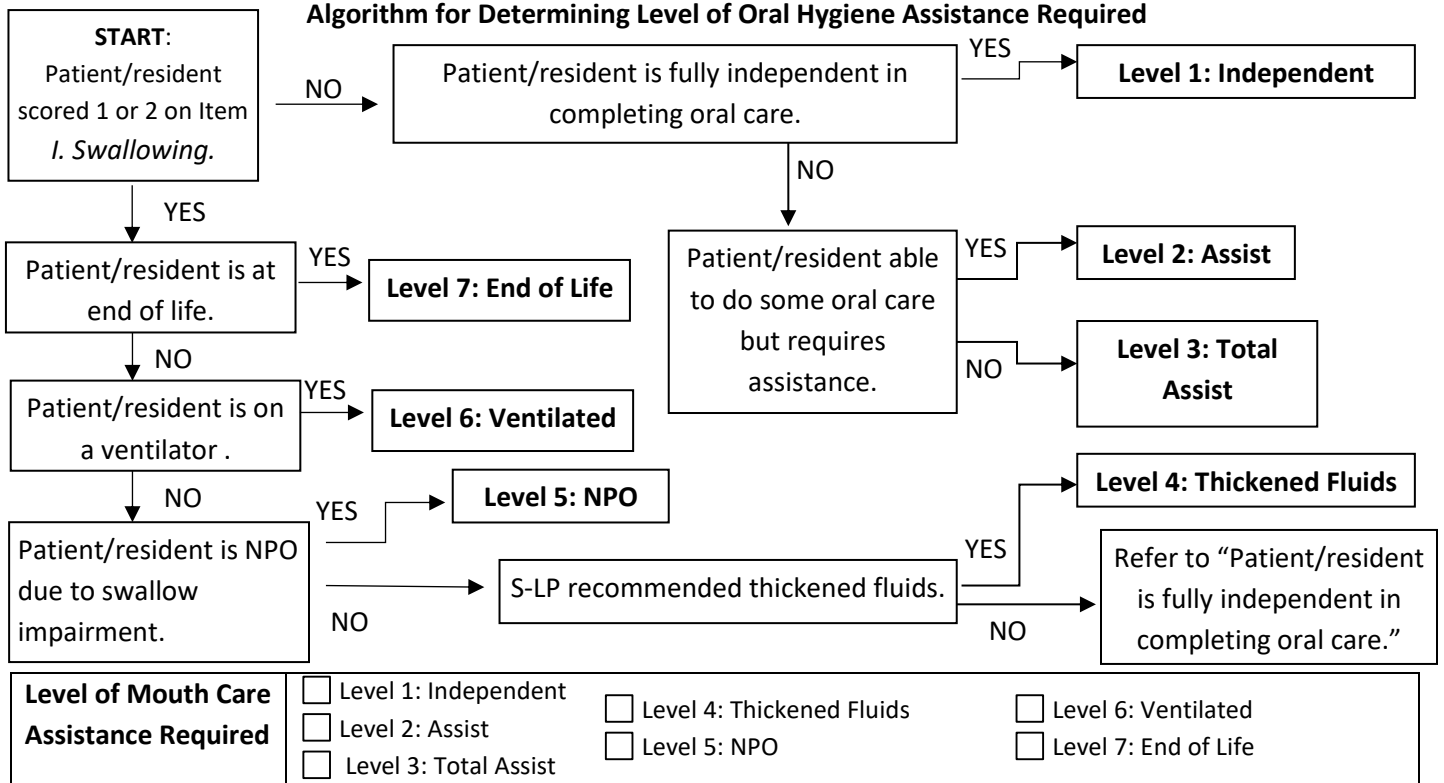
Circle or mark any areas of concern

**TABLE A: Actions Based on Assessment Results**  
*Actions based on score (check the action, and initial and date when completed or added to Integrated Care Plan/Kardex):*

<b>A. Lips</b>	<input type="checkbox"/> Score of 1: Monitor	<input type="checkbox"/> Score of 2: Inform prescriber
<b>B. Tongue</b>	<input type="checkbox"/> Score of 1: Monitor	<input type="checkbox"/> Score of 2: Inform prescriber
<b>C. Gums and Tissues</b>	<input type="checkbox"/> Score of 1: Monitor	<input type="checkbox"/> Score of 2: Inform prescriber; consider referral to dentist
<b>D. Saliva</b>	<input type="checkbox"/> Score of 1 or 2: Monitor	
<b>E. Natural Teeth</b>	<input type="checkbox"/> Score of 1: Consider referral to dentist	<input type="checkbox"/> Score of 2: Consider referral to dentist
<b>F. Dentures</b>	<input type="checkbox"/> Score of 1: Monitor	<input type="checkbox"/> Score of 2: Denturist; consider S-LP referral
<b>G. Oral Cleanliness</b>	<input type="checkbox"/> Score of 1: Monitor; provide oral hygiene as indicated by algorithm below	<input type="checkbox"/> Score of 2: Refer to S-LP
<b>H. Dental Pain</b>	<input type="checkbox"/> Score of 1: Monitor; analyze other categories to determine action	<input type="checkbox"/> Score of 2: Inform prescriber; consider referral to dentist
<b>I. Swallowing</b>	<input type="checkbox"/> Score of 1 or 2: Refer to S-LP	
<b>J. Cognitive Status</b>	<input type="checkbox"/> Score of 1 or 2: Refer to level of mouth care assistance required for oral care tips	

*Please consider that some referrals may not be required for acute care but are important for PCH residents.*

### Algorithm for Determining Level of Oral Hygiene Assistance Required



*Refer to "Oral Hygiene: Levels of Care Procedures" document for specific instructions on implementation.*

**Signature & Designation & Date:** \_\_\_\_\_