



## Mouth Health Risk Assessment & Care Plan

Clients full name: Known as:

Clients date of birth: Address/Room no:

## Please circle relevant answer

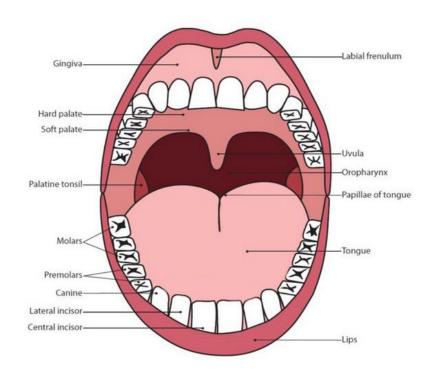
	Assessment			Suggested action for care plan
1.	Does the person have any natural teeth?	Yes	No	If yes get prescription for high fluoride toothpaste prescription from dentist
	Do they need help cleaning their teeth?	Yes*	No	Explore support needed to clean twice per day with soft toothbrush and pea sized amount of toothpaste
	Type of support needed			
2.	Does the person have dentures?	Yes	No	If yes encourage cleaning morning and night. Clean mouth with moist gauze,
	Do they need help cleaning their dentures?	Yes*	No	rinse dentures after meals, Leave out at night & soak in water overnight.
	Are the dentures labelled with an ID	Yes	No*	If no-label dentures
3.	Cleaning teeth- Preferred toothbrush & to	oothpaste		r whether adapted toothbrush or specialist te is needed
4.	Routine: Preferred time Location Have previous mouth care routines been dis	scussed wi	th resident	s/ relatives?
5.	Is the person experiencing any proble e.g.  pain, difficulty eating, loose dentures ulcers, bad breath*		Dry mou	iny issues uth - saliva substitutes, fluorides, with cleaning
6.	Looking at the person's mouth can you problems?  dry mouth*, redness at corner of lips, teeth, red gums or mouth, ulcers*, blugums, poorly fitting dentures, broken Photo where possible	, dirty eeding		
7.	Cognitive/ behavioural issues	Yes*	No	





8.	Relevant medical history e.g. smoking, medication, alcohol, speech & language, dietetics*	Yes*	No	
9.	Name and address of dentist  Next appointment due  Do they need to pay for treatment	Yes	No	If unsure about payment help them to complete a HC1 form
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aı	re Plan: #Red Underlined issues - conta	act dentist	* Blue Ita	alics - additional care needed
Car	e Plan: <u>*Red Underlined issues</u> - conta	act dentist	* Blue Ita	alics - additional care needed
Car	e Plan: <u>*Red Underlined issues</u> - conta	act dentist	* Blue Ita	nlics - additional care needed
Car	e Plan: <u>*Red Underlined issues</u> - conta	act dentist	* Blue Ita	nlics - additional care needed

Assessment to be reviewed on a 3-monthly basis or sooner if any changes are noted.



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Greater Manchester Smiles Better Mouthcare Resource