

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

