

Daily Log Mouth Care

Name: _____ Month: _____

Day	Natural teeth		Denture cleaning		Please record any deviation from care plan.	Codes: reason for deviation from care plan. Please use all that apply.
	AM	PM	AM	PM		
1						A, Resident complied fully B, Resident complied partially C, Resident verbally declined D, Resident declined non-verbal E, Relative carried out care F, Resident refused and no other attempt was made G, Resident refused and a second attempt made at another time
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15						Please record any ulcers or lesions on diagram of the mouth and the date when noted below. If not healed within two weeks they will need to be seen by a dentist.
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Date	Area of concern	Initials

Oral Health Champion Review:

Does the log raise any concerns? Y/N

Does the oral care plan need to be reviewed? Y/N

Signed _____ Dated _____

