

## FORM 3 – MONTHLY ORAL HEALTH ASSESSMENT

Room No: \_\_\_\_\_ Resident's Name: \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_

Name of Person Completing Form: \_\_\_\_\_

Job Title: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

	Observation	NO	YES -Action Required Please ensure care plan is updated
<b>Pain</b>	Any verbal, physical or behavioural signs of pain?	<input type="checkbox"/>	<b>Refer to resident's dentist – URGENTLY* Complete Form 2</b>
<b>Facial swelling</b>	Any sign of external swelling on face?	<input type="checkbox"/>	<b>Refer to resident's dentist – URGENTLY* Complete Form 2</b>
<b>Lips</b>	Dry and cracked ?  Swelling, lump, white/red/ulcerated patch, bleeding or ulcerated at corners?	<input type="checkbox"/>  <input type="checkbox"/>	Clean with water-moistened gauze and protect with lubricating gel on a daily basis. Review daily if concerns refer to the dentist <b>Refer to resident's dentist – URGENTLY* Complete Form 2</b>
<b>Teeth</b>	Evidence of tartar/plaque/food debris on the teeth or at the gum margin (where the teeth and gum meet). Any recent decayed/broken/sharp teeth? Does the resident need a new toothbrush or toothpaste?	<input type="checkbox"/>  <input type="checkbox"/> <input type="checkbox"/>	Reassess resident's ability to carry out own oral care and consider staff intervention in daily care. <b>Refer to resident's dentist* Complete Form 2</b> Ensure that toothbrush and recommended toothpaste are available**
<b>Gums</b>	Dry, shiny, red, swollen gums prone to bleeding or unpleasant mouth odour?	<input type="checkbox"/>	Reassess resident's ability to carry out own oral care and consider staff intervention in daily care
<b>Saliva</b>	Does resident complain of dry mouth or does the mouth seem quite dry?	<input type="checkbox"/>	Offer frequent sips of water and use high dose fluoride toothpaste** if resident has natural teeth. If problem persists consider referral to dentist
<b>Tongue &amp; oral tissues</b>	Dry, sticky, with debris accumulating  Ulcer that has not healed in 2 weeks, white / red patches, generalised redness, tenderness	<input type="checkbox"/>  <input type="checkbox"/>	Clean with water-moistened gauze or gentle tooth brushing on daily basis. Review daily , if concerns refer to the dentist <b>Complete Form 2</b> <b>Refer to resident's dentist – URGENTLY* Complete Form 2</b>
<b>Denture(s)</b>	Do dentures need to be labelled with the patient's name? Evidence of plaque/tartar on denture(s) that is difficult to remove? Denture(s) broken, resident complaining of poor fit or taking dentures out frequently? Does the resident need a named denture pot and cleaning materials?  Is the resident wearing his/her dentures 24/7?	<input type="checkbox"/>  <input type="checkbox"/> <input type="checkbox"/>  <input type="checkbox"/>	Label using denture naming kit  Reassess resident's ability to carry out own denture care and consider staff intervention in daily oral care <b>Refer to resident's dentist* Complete Form 2</b>  Ensure named denture pot, denture brush and denture cleaner are available. Remember do not use toothpaste to clean dentures Dentures need to be removed, cleaned thoroughly and stored in water in named denture pot, ideally at night
<b>Any other concerns?</b>	For example, is there any significant change to the resident's diet or is a PEG to be placed?	<input type="checkbox"/>	<b>Refer to resident's dentist* Complete Form 2</b>
<b>Any barriers to providing oral care?</b>	For example, refuses assistance, bites toothbrush, will not remove dentures, resident has poor dexterity	<input type="checkbox"/>	Record when the resident refuses assistance with tooth brushing , or any other difficulties .Seek advice from resident's dentist*

\* Details of the resident's dentist can be found on the ASSESSMENT OF ORAL HEALTH ON ADMISSION (Form 1).

\*\* Resident's with their own teeth may benefit from using high fluoride toothpaste such as Duraphat 2800ppm toothpaste. This toothpaste is only available on prescription following a dentist's recommendation. It may not be suitable for those with a compromised swallow