

Surname:	NHS/Hospital Number:
First Name:	Date of birth:

Mouth Care Assessment Tool

Tongue Pink and moist Coated Shiny/red/oedema Blistered/cracked	1 2 3 4	Teeth/Dentures Clean: No debris Localised debris/plaque Generalised debris /plaque Ill fitting dentures/caries Implants/bridges/crowns	1 2 3 4	Saliva Present/ watery Thick Dry mouth Absent	1 2 3 4
Mucous membranes Pink and moist Reddened and coated White areas Ulceration & bleeding	1 2 3 4	Lips Smooth pink and moist Dry/cracked Bleeding Ulceration	1 2 3 4	Capacity Status Alert/ coherent Apathetic Sedated Uncooperative, Unconscious	1 2 3 4
Pain Pain free Anticipated pain Intermittent Pain on movement Uncontrolled	0 1 2 3 4	Nutritional Intake Good Inadequate diet Fluids only Enteral No intake	0 1 2 3 4	Other factors None Steroid therapy/Diabetes Haemorrhagic mucositis Infection (Viral/Fungal) Oxygen therapy Mouth breathing	0 1 2 3 4

Score 5-9
Plan A

Score 10-17
Plan B

Score 18-28
Plan C

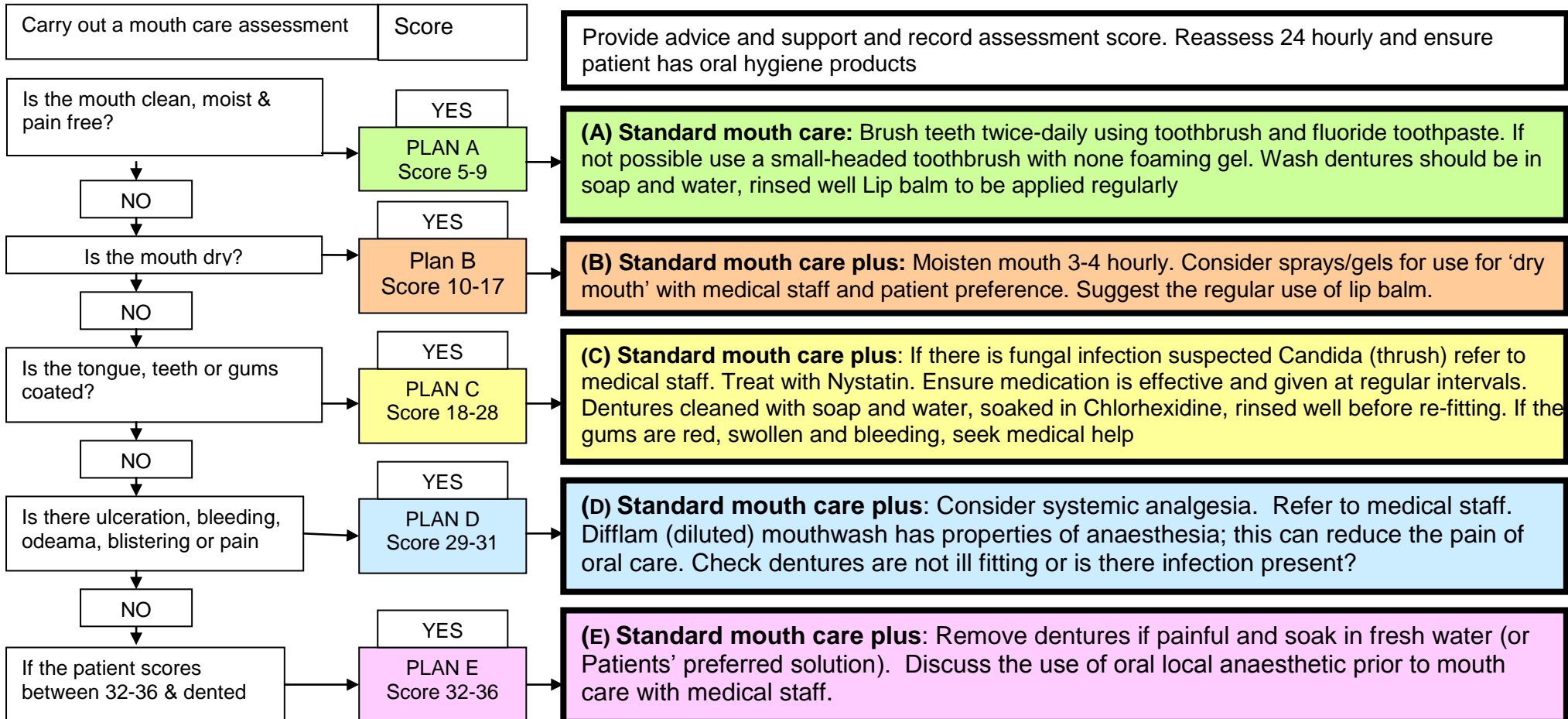
Score 29-31
Plan D

Score 32-36
Plan E

Additional Information:

Nurses Signature:	Date:
Print Name:	Band:

Surname:	NHS/Hospital Number:
First Name:	Date of birth:



Nurses Signature:	Date:
Print Name:	Band:

Care Plan: Management of Oral Hygiene	Problem No:	
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Current situation:
Patient able/unable to maintain their own oral hygiene

- Goals/expected outcome:**
- Patient will have a clean, moist mouth.
 - Increase patient and carers knowledge of oral care.
 - Minimise risk of possible future problems.

- Potential Problems:**
- Infection
 - Dry mouth
 - Dental caries
 - Halitosis
 - Cracked lips
 - Difficulty eating

- Action Plan:**
- Nurse to teach Patient / Carer how to undertake mouth care.
 - Nurse to advise patient and Carer regarding techniques and recommended frequency of oral hygiene (see points below).
 - Relieve symptoms caused by medication or treatment of systemic condition.
- Agreed action – delete as appropriate:**
Patient's mouth to be cleaned by patient/nurse/carer/relative with toothbrush using:
- Products:
 - Lip care:
 - Frequency:

Review Dates:

Discussed with patient/carer:				
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Other special instructions:

Patient Carer information and advice			
	Signature, print & date		Signature, print & date
Demonstrate technique of oral hygiene		State the importance of protecting the lips and recommended products to use.	
Provide advice regarding recommended style of toothbrush		Explain importance of regular fluids (if patient is able to swallow)	
Establish a plan of care. Frequency of evaluation by health care professional.		Explain signs and symptoms of infection and when to seek medical advice.	

Assessment Score:

Nurses Signature:	Date:
Print Name:	Band:

