

NHS Health Education England

Mouth Care Assessment & Record

To be completed for every patient within 24 hours of admission

Patient Name:	
D.O.B	
Hosp Number	
NHS Number	

Toothbrush Y□ N□ Provided □ Toothpaste Y□ N□ Provided □ Pati Upper denture Y□ N□ At home □ Son				2. Level of Support Patient is fully dependent on others for mouth care Some assistance required e.g. unable to get to sink Patient is fully independent and can walk to sink				k	_ _ _		
Patients with NO TEETH, NIL BY MOUTH or DYSPHAGIA still require REGULAR MOUTH CARE											
3. Doe	s the	patient h	ave any pain o	r discomfor	t in the mo	outh?	Y □ N □ Why? _				
Look in patient's mouth with a LIGHT SOURCE . Carry out WEEKLY assessment. Mark as L , M or H in the white box under today's date & sign.					Date						
			LOW RISK (L)	MEDIUM			IIGH RISK (H)*				
Lips			Pink & moist	Dry/crackedDifficulty op	d pening mouth	_	vollen cerated				
Action			None	Dry mouth care			DOCTOR				
Tongue			Pink & moist	Dry/fissureCoated ton	gue	• Wh	oks abnormal hite coating				
Action			None	• Secretions Dry mouth care			p DOCTOR				
Teeth/gur	ms		Clean	• Unclean			vere pain				
	atient to vis		No broken/loose teeth		th (no pain) flamed gums	Facial swelling					
Action			2 x daily tooth- brushing	2 x daily tooth-		Refer to DOCTOR					
Cheeks/p	alate/ur	nder	CleanSaliva present	Mouth drySticky secret	otions	Very dry/painfulUlcer>10 days					
tongue An ulcer pres			Looks healthy	Food debris	S	• Wi	despread ulceratio	n			
2 weeks mus	st be referr	red to medics	None	Ulcer <10 c Clean the mout			oks abnormal DOCTOR				
Dentures			Clean	care/ulcer care Unclean		• Lost					
	atient to vis	sit their dentist ture is loose	Comfortable	Loose Patient will	not remove		oken and unable wear				
Action			Clean daily	Denture cleanir encourage dail allow mouth to	ng, fixative, y removal to	DATIX if lost or refer to dental team if broken					
	outh relate	ed problems m	mmunicate or cooperate nay include not eating/dr	with a mouth care	assessment,	Signature:					
Daily Record A: Assessment completed PR: Patient refused (>3 days explain actions) DC: Denture care TB: Tooth brushing DMC: Dry mouth care NB: 'Mouth care given' is not acceptable documentation BP: Bowl provided R: Referral (explain actions) DMC: Dry mouth care											
Date	Time	Action					Signature	Print	name		





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Daily Record Continuation sheet

Continue overleaf

Dry mouth care

Frequent sips of water unless nil by mouth Moisturise dry mouth gel onto the tongue, cheeks and palate Hydrate with a moist toothbrush Apply lip balm to dry lips Keep mouth clean

Ulcer care

Rinse mouth with saline Anti-inflammatory mouth spray - discuss with doctor ULCER PRESENT FOR MORE THAN 2 WEEKS; REFER TO DOCTOR

Denture care

Brush dentures with soap and water not toothpaste. Advise the patient to leave denture out at night in a named denture pot with a lid

If the patient has oral thrush, soak in chlorhexidine (0.2%) mouthwash for 15 minutes twice a day, rinse thoroughly and encourage the patient to leave the denture out whilst the mouth heals

Date	Time	Action	Signature	Print name



