Care Homes Mouth Care Assessment Tool

Category	Score	Category	Score	Category	Score
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 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 when mouth active- e.g. eating/ drinking/speaking/oral care 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 Score 32-36	 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

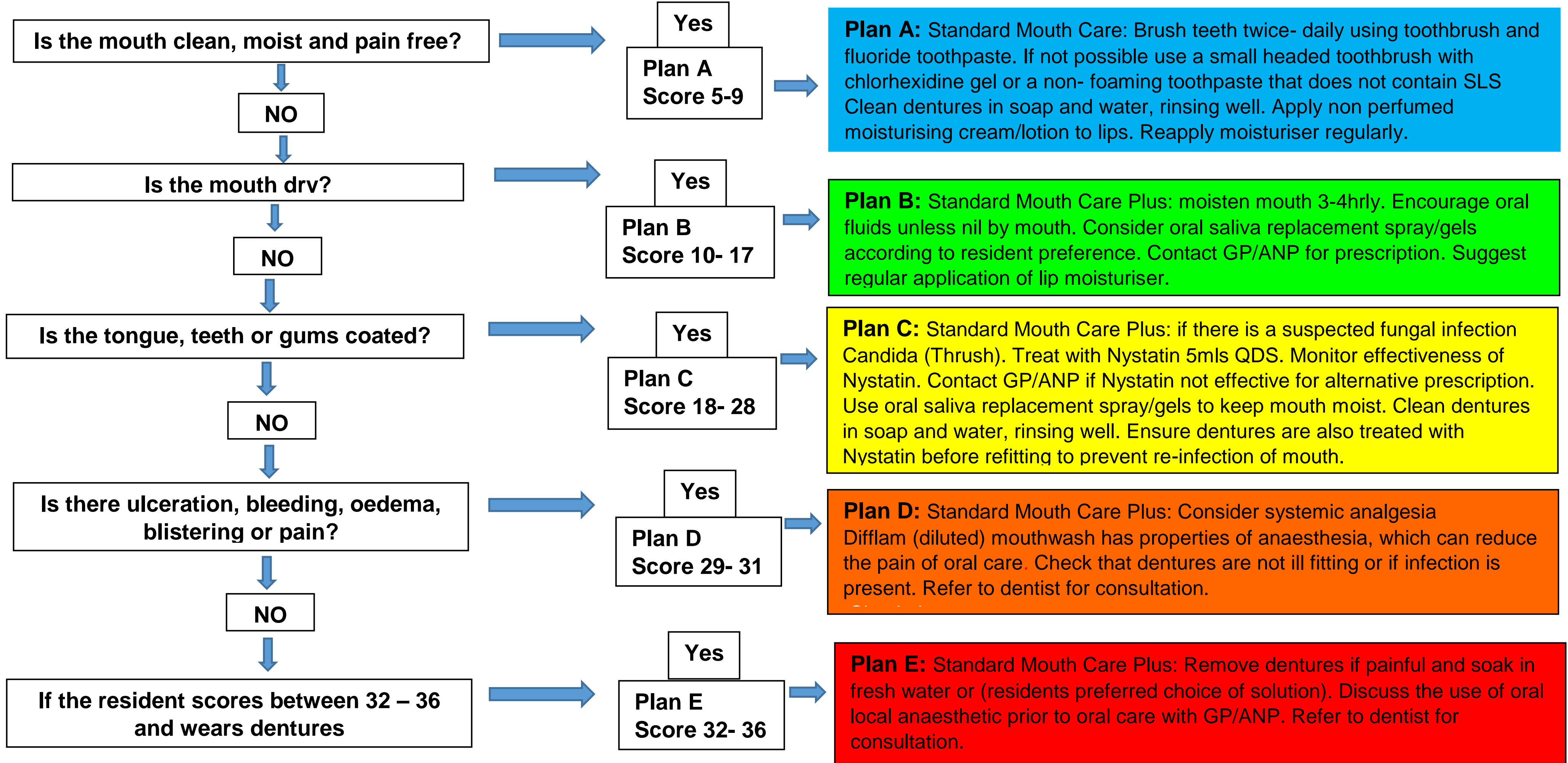
Nurse/Carer Signature:	**Date:**
Print Name:	**Role in the Care Home:**

Adapted by Locala Macmillan Nurse Specialists for Palliative Care Education in Care Homes August 2016
From Live well Southwest NHS services.

Name of Resident:	NHS Number/Date of Birth:

Carry out Mouth Care assessment	**Score**

Provide advice and support and record assessment score. Reassess 24hrly and ensure resident has oral hygiene products



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Care Plan: Management of Oral Hygiene	**Problem No:**	

Current situation:
Resident able/unable to maintain their own oral hygiene

Goals/expected outcome:

- Resident will have a clean, moist mouth.
- Increase resident and carer's knowledge of oral care.
- Minimise risk of possible future problems.

Potential Problems:

☐ Infection	☐ Decayed/broken teeth	☐ Cracked lips
☐ Dry mouth	☐ Halitosis	☐ Difficulty eating

Action Plan:

- Nurse/Carer to teach resident / relative how to undertake mouth care.
- Nurse/Carer to advise resident and relative 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**:** Residents mouth to be cleaned by resident/nurse/carer/relative with toothbrush using:

- Products: ....
- Lip care: ....
- Frequency: ....

Review Dates: Discussed with Resident/Relative				

Other special instructions:

N.B If the resident has dentures please ensure that these are identification marked with the consent of the resident. Seek advice from the dentist on how to achieve this.

Resident Family information and advice			
	Date and Signature		**Date and Signature**
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 resident is able to swallow)	
Establish a plan of care. Frequency of evaluation by health/social care professional.		Explain signs and symptoms of infection and when to seek medical advice	

Assessment Score:

Nurse/Carer Signature:	**Date:**
Print Name:	**Role in Care Home**