**<INSERT SERVICE USER NAME> ORAL HEALTH ASSESSMENT TOOL**

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| **ORAL HEALTH ASSESSMENT TOOL** |
| *The NICE guideline recommends that all people living in a care home should have an oral health assessment on admission, an oral health care plan and includes details of the Oral Health Assessment Tool below:* |
| **Service user:** |
| **Completed by:** | **Date:** |
| Scores – You can circle individual words as well as giving a score in each category (\* if 1 or 2 is scored for any category please organise for a dentist to examine the resident) |
| **Category** | **0 = Healthy** | **1 = Changes\*** | **2 = Unhealthy\*** | **Category Scores** |
| Lips | Smooth, pink, moist. | Dry, chapped, or red at corners. | Swelling or lumps, white, red or ulcerated patch; bleeding or ulcerated at corners. |  |
| Tongue | Normal, moist roughness, pink. | Patchy, fissured, red, coated. | Patch that is red and/or white, ulcerated, swollen. |  |
| Gums and tissues | Pink, moist, smooth, no bleeding. | Dry, shiny, rough, red, swollen, 1 ulcer or sore spot under dentures. | Swollen, bleeding, ulcers, white/red patches, generalised redness under dentures. |  |
| Saliva | Moist tissues, watery and free flowing saliva. | Dry, sticky tissues, little saliva present, resident thinks they have a dry mouth. | Tissues parched and red, little or no saliva present, saliva is thick, resident thinks they have a dry mouth. |  |
| Natural teeth Yes/No | No decayed or broken teeth or roots. | 1–3 decayed or broken teeth or roots, or very worn down teeth. | 4+ decayed or broken teeth or roots, or very worn down teeth, or less than 4 teeth. |  |
| Dentures Yes/No | No broken areas or teeth, dentures regularly worn, and named. | 1 broken area or tooth or dentures only worn for 1–2 hours daily, or dentures not named, or loose. | More than 1 broken area or tooth, dentures missing or not worn, loose and needs denture adhesive, or not named. |  |
| Oral cleanliness | Clean and no food particles or tartar in mouth or dentures. | Food particles, tartar or plaque in 1–2 areas of the mouth or on small area of dentures or halitosis (bad breath). | Food particles, tartar or plaque in most areas of the mouth or on most of dentures or severe halitosis (bad breath). |  |
| Dental pain | No behavioural, verbal, or physical signs of dental pain. | There are verbal and/or behavioural signs of pain such as pulling at face, chewing lips, not eating, aggression. | There are physical pain signs (swelling of cheek or gum, broken teeth, ulcers), as well as verbal and/or behavioural signs (pulling at face, not eating, aggression). |  |
| **Tick once step has been completed:** |
| * Organise for resident to have a dental examination by a dentist.
* Resident and/or family or guardian refuses dental treatment.
* Complete oral hygiene care plan and start oral hygiene care interventions for resident.

Review this resident’s oral health again on: \_\_\_/\_\_\_\_/\_\_\_ | **TOTAL SCORE: /16** |