|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **SCORES**  **CATEGORY** | **Score 0** | **Score 1** | **Score 2** | Score **(0-2)** or if unbale to assess **(UTA)** | | | | | | |
| **Pharyngeal secretions** | Normal | Slight increase / Decrease | Dry / Copious secretions / Infection |  |  |  |  |  |  |  |
| **Lips, oral cavity and tongue** | Normal / Smooth Intact / Moist | Dry / Patchy / Fissured / Inflamed / Chapped / | Dry / Bleeding / Blistered / Oedematous /  / Lump / Painless Ulcer |  |  |  |  |  |  |  |
| **Diet** | Normal intake | Reduced Diet | NBM/ NG/ PEG/ PEJ/ TPN |  |  |  |  |  |  |  |
| **Sepsis** | None | 1 Organ Support | Septic Shock / Inotrope Support |  |  |  |  |  |  |  |
| **Respiratory Support** | None / Nasal Cannula | Trache / Face Mask /  SV rate 14- 20 | Respiratory rate > 20  / NIV / ETT |  |  |  |  |  |  |  |
| **Management issues** | Moving self | Frequent turning self  / Maxillofacial surgery | Inert / Prone/ SCI / Maxfax Surgery / Learning Disabilities / Dementia / Delirium |  |  |  |  |  |  |  |
| *TOTAL SCORE:* **0-1** follow care plan **A** /  **2-3** follow care plan **B** / **higher 3** follow care plan **C**  *Please see the nominated care plan in the laminated folder* | | | **Total Score** |  |  |  |  |  |  |  |
| **Care Plan Followed** |  |  |  |  |  |  |  |
| **Date** |  |  |  |  |  |  |  |
| **Assessed by** |  |  |  |  |  |  |  |

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**MOUTH CARE ASSESSMENT TOOL**

*Patient Label*

*To be completed within 6 hours of admission / reassess every 24 hours unless an additional risk*