|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **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*