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| Patient Name |  |
| D.O. B |  |
| Hospital ID |  |
| NHS Number |  |

**Mouth Care Assessment**

To be completed for **every patient** within **24 hours of admission**.

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| **1. Risk Factors** |
| **The following conditions may indicate that the patient requires additional mouth care** |
|  Chemotherapy |  Frail |  Nil by mouth |  ITU / HDU |
|  Swallow disorder |  Delirium |  Refusing food or drink |  Palliative Care |
|  Head & neck radiation |  Dementia |  Learning difficulties |  Unable to communicate |
|  Stroke |  Uncontrolled diabetes |  Severe mental health |  Dependent on oxygen  |

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| **2. Patient has:** |
| All inpatients must have access to a toothbrush during inpatient stay *Using risk factors, please assess whether patient requires standard or 360 toothbrushes* |
| Standard toothbrush360 toothbrushes |  Y Y |  N N | If No, ask NOK to bring in |  Date Provided ……………………. Date Provided ……………………. Date Provided ……………………. |
| *Prescription of Non foaming toothpaste should be considered for patients with reduced conscious level and / or dysphagia (note contains milk proteins)* |
| Standard ToothpasteNon foaming toothpaste |  Y Y  |  N N | If No, ask NOK to bring in Prescribed  |
| Upper denture |  Y  |  N |  At home | *If at home, ask NOK to bring in.**Patients with dentures should have smiley face sign at the bedside* |
| Lower denture |  Y  |  N |  At home |
| Denture pot |  Y  |  N |  Provided |
| No teeth |  Y |  |  | *Patients with no teeth still require mouth care* |
| *For COVID-19 patients:*Mouthwash |  Y  | N/A |  Provided | *Mouthwash should be used as per COVID 19 guidance for patients with COVID-19.*  |

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| **3. Level of Support Required for Mouth Care** |
| Patient is independent*(Able to walk to sink and needs NO assistance with mouth care)* |  |
| Patient requires some assistance*E.g., Unable to get to sink, needs reminders/assistance.**Please record the assistance the patient requires on their Mouth Care Plan*  |  |
| Patient is fully dependent on others for mouth care |  |

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| **4. Patient Reported Mouth Problems** |
| On admission: does the patient have any pain / discomfort in the mouth?  Y  N |
|  |  Severe dry mouth |  Painful teeth |  Ulcers  Oral Thrush |
|  |  Painful mouth |  Sore tongue |  Other |
| Note any other concerns patient has about their oral health / mouth care? |

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| **Initial mouth care plan completed by:** *(Signature, name + role)* | **Date:** |

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**6. Mouth Care Plan**

To be completed following Mouth Care Assessment on Admission

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| **Plan A – Standard Mouth Care** * Encourage and support patient to clean their mouth (teeth, tongue, palate, and gums) twice daily with appropriate toothbrush and fluoride toothpaste. Avoid rinsing after brushing.

**Denture Care**: Support patient to wash dentures daily using toothpaste and toothbrush.* Soak in named denture pot overnight and rinse well before refitting.
 |
| **Plan B** – **Enhanced Mouth Care** In *addition*to Plan A Standard Mouth Care: *(tick all that apply)** Patient prescribed low foaming toothpaste and mouth/lip moisturiser
* Clean mouth regularly of debris and secretions using appropriate toothbrush and water

Hydrate the mouth regularly using appropriate toothbrush. * Apply dry mouth gel to lips and oral mucosa as prescribed
* Patient requires suctioning – Yankers and tubing should be changed daily
* Ulcer care: Saline rinses / anti-inflammatory spray as prescribed
* **Denture care:**
* thrush treatment (leave denture out + chlorhexidine mouthwash to soak denture)
* denture fixative
* (loose/uncomfortable or broken and unable to wear): advise to see dentist on discharge
* Encourage removal if patient will not remove
* If lost since an Inpatient, complete
 |
| **Plan C – Radnor Intensive Mouth Care*** Brush twice a day (6am&6pm) using normal or low foaming toothpaste (indications apply) – **Plan A**
* Provide mouth care at least every 4 hours single use sage mouth swab and Dentyl mouthwash.
* Moisten lips and oral cavity with water based Toothette mouth moisturiser.
* Aspirate pharyngeal secretions and subglottic port at least every 4 hours for patients those need assistance.
* Check ETT / Tracheotomy cuff pressure minimum every 4 hours.
* For level 3 patients and those who have complex oral health needs use reusable Oralieve 360 toothbrush.
* Low-foaming toothpaste is recommended for level 3 patients as well as people with dysphagia, dry mouth, nil by mouth and unable to follow directions due to cognitive issues. However, the use of low-foaming toothpaste is not suitable for vegans or patients with lactose intolerance.
* The Use of chlorhexidine is only recommended in cardiac surgery patients.
* Refer to Doctor
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| **Mouth Care Re-Assessment** *To be filled in daily or earlier if condition changes*  |

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| ***Date*** | ***Time*** | ***Support required*** | ***Follow Care Plan*** | ***Comments*** | ***Signature & Role*** |
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**5. Initial & Daily Re-Assessment of Mouth *(Using Pen Torch) –* Radnor only**

***On completing this assessment, please tick the box correspondent to the action required the day the re-assessment is occurring.***

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|  | **Findings** Tick relevant box |  **Date****.../.../...** | **Date****.../.../...** | **Date****.../.../...** | **Date****.../.../...** | **Date****.../.../...** | **Date****.../.../...** | **Date****.../.../...** | **Action** |
|  | Pink and moist  |  |  |  |  |  |  |  | 🞎 Plan A |
| **Lips**  | Dry/ cracked |  |  |  |  |  |  |  | 🞎 Plan B |
|  | Swollen/ ulcerated |  |  |  |  |  |  |  | 🞎 Plan C |
|  | Pink, moist and clean |  |  |  |  |  |  |  | 🞎 Plan A |
| **Tongue** | Dry,Fissured (cracked) -/ shiny |  |  |  |  |  |  |  | 🞎 Plan B |
|  | Looks abnormal, White coating, Very sore -/ ulcerated  |  |  |  |  |  |  |  | 🞎 Plan C |
|  | Clean, Teeth not broken -/ loose,Gums not bleeding -/ inflamed  |  |  |  |  |  |  |  | 🞎 Plan A |
| **Teeth & Gums** | Unclean, Broken teeth (no pain),Inflamed gums |  |  |  |  |  |  |  | 🞎 Plan B |
|  | Severe pain,Facial swelling Severe inflammation - bleeding gums  |  |  |  |  |  |  |  | 🞎 Plan C |
|  | Clean,Saliva present andLooks healthy  |  |  |  |  |  |  |  | 🞎 Plan A |
| **Cheeks, palate & under**  | Mouth dry, Food debris / secretions,Ulcer (less than 10 days) |  |  |  |  |  |  |  | 🞎 Plan B |
| **tongue** | Very dry -/ painful Ulcer (more than 10 days),Widespread ulceration, Looks abnormal  |  |  |  |  |  |  |  | 🞎 Plan C |
|  | Clean and Comfortable  |  |  |  |  |  |  |  | 🞎 Plan A |
| **Dentures** | Unclean, Loose / uncomfortablePatient will not remove |  |  |  |  |  |  |  | 🞎 Plan B |
|  | LostBroken and unable to wear  |  |  |  |  |  |  |  | 🞎 Plan C |
|  | No oxygen / Nasal Cannula, Mobilising, Normal secretions, and diet |  |  |  |  |  |  |  | 🞎 Plan A |
| **ITU****Patients**  | Slightly increased / decreased secretions, Reduced diet, Tracheostomy / Face Mask, RR 14-20, Frequent turning self, Maxillofacial surgery  |  |  |  |  |  |  |  | 🞎 Plan B |
|  | Dry and copious secretions, Infections, NBM/NG/PEG/ PEJ / TPN, RR>20, NIV/ETT, Inert/Prone/SCI, Learning Disabilities, Dementia, Delirium  |  |  |  |  |  |  |  | 🞎 Plan C |