## **Oral Care**

## Assessment guide

Your patient's details

|                               | Date |  |  |  |  |  |  |  |  |  |  |
|-------------------------------|------|--|--|--|--|--|--|--|--|--|--|
| Check list                    |      |  |  |  |  |  |  |  |  |  |  |
| Voice                         |      |  |  |  |  |  |  |  |  |  |  |
| Normal 0                      |      |  |  |  |  |  |  |  |  |  |  |
| Deep/raspy/hoarse 1           |      |  |  |  |  |  |  |  |  |  |  |
| Difficult/painful speech 2    |      |  |  |  |  |  |  |  |  |  |  |
| Swallow                       |      |  |  |  |  |  |  |  |  |  |  |
| Normal 0                      |      |  |  |  |  |  |  |  |  |  |  |
| Painful 1                     |      |  |  |  |  |  |  |  |  |  |  |
| Unable to swallow 2           |      |  |  |  |  |  |  |  |  |  |  |
| Tongue                        |      |  |  |  |  |  |  |  |  |  |  |
| Pink, papillae present, moist |      |  |  |  |  |  |  |  |  |  |  |
| Coated 1                      |      |  |  |  |  |  |  |  |  |  |  |
| Blistered and cracked 2       |      |  |  |  |  |  |  |  |  |  |  |
| Saliva                        |      |  |  |  |  |  |  |  |  |  |  |
| Watery 0                      |      |  |  |  |  |  |  |  |  |  |  |
| Thick or ropey 1              |      |  |  |  |  |  |  |  |  |  |  |
| Absent 2                      |      |  |  |  |  |  |  |  |  |  |  |
| Mucous membranes              |      |  |  |  |  |  |  |  |  |  |  |
| Pink and Moist 0              |      |  |  |  |  |  |  |  |  |  |  |
| Reddened/ coated 1            |      |  |  |  |  |  |  |  |  |  |  |
| Ulcerated/ bleeding 2         |      |  |  |  |  |  |  |  |  |  |  |

|                              | Date       |  |  |  |  |  |  |  |  |  |
|------------------------------|------------|--|--|--|--|--|--|--|--|--|
| Check list                   |            |  |  |  |  |  |  |  |  |  |
| Gums                         |            |  |  |  |  |  |  |  |  |  |
| Pink and Firm 0              |            |  |  |  |  |  |  |  |  |  |
| Oedematous/red 1             |            |  |  |  |  |  |  |  |  |  |
| Spontaneous bleeding 2       |            |  |  |  |  |  |  |  |  |  |
| Teeth/dentures               |            |  |  |  |  |  |  |  |  |  |
| Clean/nodebris 0             |            |  |  |  |  |  |  |  |  |  |
| Localised plaque/ debris 1   |            |  |  |  |  |  |  |  |  |  |
| Generalised plaque/ debris 2 |            |  |  |  |  |  |  |  |  |  |
| Lips                         |            |  |  |  |  |  |  |  |  |  |
| Smooth/ moist/ pink 0        |            |  |  |  |  |  |  |  |  |  |
| Dry/ cracked 1               |            |  |  |  |  |  |  |  |  |  |
| Ulcerated/ bleeding 2        |            |  |  |  |  |  |  |  |  |  |
| Candida                      |            |  |  |  |  |  |  |  |  |  |
| Yes 1                        |            |  |  |  |  |  |  |  |  |  |
| No 2                         |            |  |  |  |  |  |  |  |  |  |
| Oral score                   |            |  |  |  |  |  |  |  |  |  |
| Oral Cavity Score            | Interventi | Interventions  |  |  |  |  |  |  |  |  |
| 8 or below                   | Basic ora  | Basic oral care  |  |  |  |  |  |  |  |  |
| 8-12                         | Basic ora  | Basic oral care/add Aspirin gargles, Mucaine on order of physician |  |  |  |  |  |  |  |  |
| 12 or over                   | Advanced   | Advanced oral care   |  |  |  |  |  |  |  |  |

## **Basic Oral Care:**

- Brush teeth/ gums with toothbrush and paste or mouthwash every 12 hours
- Rinse with sterile water or saline 0.9% and suction off liquid
- · Swab teeth/ gums with chlorohexidine solution every 6 hours ·
- · Apply moisturising cream or lubricating jelly to lips if required ·

## **Advanced Oral Care:**

- Brush teeth/ gums with toothbrush and paste or mouthwash every 12 hours
- Rinse with sterile water or saline 0.9% and suction off liquid
- Swab teeth/ gums with chlorohexidine solution every 2 hours
  Rinse hourly with Saline 0.9%
- Apply topical antifungals if required on direction of physician
- · Apply moisturising cream or lubricating jelly to lips if required

