Mouth Care Matters

NHS Health Education England

Mouth Care Assessment & Record

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

Patient Name:	
D.O.B	
Hosp Number	
NHS Number	

1. Has the patient got:

Toothbrush	Y ☐	N ☐	Provided ☐
Toothpaste	Y ☐	N ☐	Provided ☐
Upper denture	Y ☐	N ☐	At home ☐
Lower denture	Y ☐	N ☐	At home ☐
Denture pot (named)	Y ☐	N ☐	At home ☐

2. Level of Support

Patient is fully dependent on others for mouth care ☐
Some assistance required e.g. unable to get to sink ☐
Patient is fully independent and can walk to sink ☐

Patients with **NO TEETH**, **NIL BY MOUTH** or **DYSPHAGIA** still require **REGULAR MOUTH CARE**

3. **Does the patient have any pain or discomfort in the mouth?** Y ☐ N ☐ Why? _____

Look in patient's mouth with a **LIGHT SOURCE**. Carry out **WEEKLY** assessment. Mark as **L**, **M** or **H** in the white box under today's date & sign.

	LOW RISK (L)	MEDIUM RISK (M)	HIGH RISK (H)*	Date	Date	Date
Lips	• Pink & moist	• Dry/cracked • Difficulty opening mouth	• Swollen • Ulcerated			
Action	**None**	**Dry mouth care**	**Refer to DOCTOR**			
Tongue	• Pink & moist	• Dry/fissured/shiny • Coated tongue • Secretions on tongue	• Looks abnormal • White coating • Very sore/ulcerated			
Action	**None**	**Dry mouth care, brush tongue**	**Refer to DOCTOR**			
Teeth/gums Advise the patient to visit dentist on d/c if problems with teeth not requiring urgent hospital treatment	• Clean • No broken/loose teeth	• Unclean • Broken teeth (no pain) • Bleeding/inflamed gums	• Severe pain • Facial swelling			
Action	**2 x daily tooth-brushing**	**2 x daily tooth-brushing & clean the mouth**	**Refer to DOCTOR**			
Cheeks/palate/under tongue An ulcer present for more than **2 weeks** must be referred to medics	• Clean • Saliva present • Looks healthy	• Mouth dry • Sticky secretions • Food debris • Ulcer <10 days	• Very dry/painful • Ulcer>10 days • Widespread ulceration • Looks abnormal			
Action	**None**	**Clean the mouth/dry mouth care/ulcer care**	**Refer to DOCTOR**			
Dentures Advise the patient to visit their dentist on discharge if the denture is loose	• Clean • Comfortable	• Unclean • Loose • Patient will not remove	• Lost • Broken and unable to wear			
Action	**Clean daily**	**Denture cleaning, fixative, encourage daily removal to allow mouth to breathe**	**DATIX if lost or refer to dental team if broken**			
For patients who are unable to communicate or cooperate with a mouth care assessment, signs of mouth related problems may include not eating/drinking, facial swelling & behavioural changes.			**Signature:**			

Daily Record

A: Assessment completed **PR**: Patient refused (>3 days explain actions) **BP:** Bowl provided **R:** Referral (explain actions)
DC: Denture care **TB**: Tooth brushing **DMC**: Dry mouth care
NB: 'Mouth care given' is not acceptable documentation

Date	Time	Action	Signature	Print name

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NHS
Health Education England

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D.O.B	
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Daily Record Continuation sheet

Continue overleaf

Dry mouth care	Ulcer care	Denture care
Frequent sips of water unless nil by mouth Moisturise dry mouth gel onto the tongue, cheeks and palate Hydrate with a moist toothbrush Apply lip balm to dry lips Keep mouth clean	Rinse mouth with saline Anti-inflammatory mouth spray – discuss with doctor ULCER PRESENT FOR MORE THAN 2 WEEKS; REFER TO DOCTOR	Brush dentures with soap and water not toothpaste. Advise the patient to leave denture out at night in a named denture pot with a lid If the patient has oral thrush, soak in chlorhexidine (0.2%) mouthwash for 15 minutes twice a day, rinse thoroughly and encourage the patient to leave the denture out whilst the mouth heals

Date	Time	Action	Signature	Print name