Oral Health Care Plan

Oral Health Assessment (OHA) Date: _____ (OHA) Review Date: _____

Oral Health Care Considerations

Problems: ☐ difficulty swallowing ☐ difficulty moving head ☐ difficulty opening mouth ☐ fear of being touched

Interventions: ☐ bridging ☐ chaining ☐ hand over hand ☐ distraction (activity board/toy) ☐ rescue

☐ other _____

Daily Activities of Oral Hygiene

	Morning	After Lunch	Night
Natural Teeth ☐ Yes ☐ No **Cleaned by:** ☐ Self ☐ Supervise ☐ Assist **Replace toothbrush** (3 monthly) Date:	☐ clean teeth, gums, tongue	☐ rinse mouth with water ☐ antibacterial product (teeth & gums)	☐ clean teeth, gums, tongue
Denture ☐ Full ☐ Partial ☐ Upper ☐ Lower **Inserted / removed by:** ☐ Self ☐ Staff **Cleaned by:** ☐ Self ☐ Supervise ☐ Assist	☐ clean teeth, gums, tongue ☐ brush denture	☐ rinse mouth with water ☐ rinse denture ☐ antibacterial product (gums)	☐ clean teeth, gums, tongue ☐ brush denture with mild soap ☐ leave dentures out overnight ☐ soak denture in cold water **Disinfect dentures** (weekly) Specify day:

Oral Hygiene Aids

☐ soft toothbrush ☐ modified toothbrush ☐ toothbrush grip ☐ denture brush ☐ spray bottle (labelled)

Oral Health Care Products

☐ mild soap (denture) _____ ☐ antibacterial product _____ ☐ saliva substitute _____

☐ lip moisturiser _____ ☐ high fluoride (5000 ppm) toothpaste _____

Additional Oral Care Instruction

☐ antifungal gel _____ ☐ denture adhesive _____

☐ interproximal brush ☐ tongue scraper ☐ normal saline mouth toilet

Comments _____

_____

Check daily, document and report to RN if:

- bad breath
- bleeding gums
- lip blisters/sores/cracks
- tongue for any coating/change in colour
- sore mouth or gums
- mouth ulcer
- swelling of face/mouth
- broken / lost denture
- difficulty eating
- refusal of oral care
- denture not named
- excessive food left in mouth
- broken teeth

Signed RN: _____ Date: _____