



# Building Better Oral Health Communities

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Better Oral Health in Home Care

Seeing a dental professional



**Government of South Australia**  
SA Health



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## Better Oral Health in Home Care

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- Helping Hand Aged Care Inc SA
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- The University of Adelaide, SA - School of Nursing & ARCPOH.

### Disclaimer

While every effort was made to ensure the information was accurate and up to date at the time of production, some information may become superseded as future research and new oral hygiene products are developed. In addition, the information in this resource is not intended as a substitute for a health professional's advice in relation to any oral health issues of concern.

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# Seeing a dental professional

Poor patterns of dental care undermine good oral health and compromises healthy ageing. Surveys have found people over 75 years of age visit a dentist less frequently than other age groups. Many older people only see a dental professional when they have a painful and urgent problem. Reasons for this are physical and cognitive impairment as well as difficulties with transport, past negative experiences, anxiety and cost.

A routine oral health assessment and support with assisting clients to see a dental professional will help them maintain good oral health.



## Better oral health in home care

Encourage and support clients by working with the care coordinator and the client's family to ensure:

- an oral health assessment takes place on a regular basis and when the need arises
- when a dental referral is made the client is assisted to attend their dental appointment.

This is important because:

- seeing a dental professional for oral health care will help maintain a healthy mouth, quality of life and sense of wellbeing.

## Six Question Oral Health Assessment Tool



An oral health assessment may be performed by the GP as part of an older person's medical assessment or by the nurse or care coordinator on commencement of home care support and subsequently at the client's annual review and as the need arises.

The aim of an oral health assessment is to ensure oral health is a recognised and practiced part of general health assessment and that appropriate care planning and dental referral are delivered when required.

1. Do you have any of your own natural teeth?
2. Have you had pain in your mouth while chewing?
3. Have you lost any fillings, or do you need a dental visit for any other reason?
4. Have you avoided laughing or smiling because of problems with your teeth, mouth or dentures?
5. Have you had to interrupt meals because of problems with your teeth, mouth or dentures?
6. Have you had difficulty relaxing because of problems with your teeth, mouth or dentures?

The six question oral health assessment tool was developed to help non-dental health workers identify older people who are experiencing or who are at risk of poor oral health.

These six simple questions are predictive of an older person's need for dental treatment. A 'yes' to any of the six questions indicates a dental referral is required.

This tool can be used for older people who can reliably self-report.

## Oral Health Assessment Tool (OHAT)



For older people who cannot reliably self-report or who need a clinical assessment the Oral Health Assessment Tool (OHAT) can be used. The OHAT consists of a visual inspection of eight categories of oral health which are assessed as healthy, changes or unhealthy. An unhealthy check indicates the need for a dental referral.

This clinical assessment does not replace a comprehensive examination by a dentist but is to be used by non-dental health workers, such as the GP, nurse or care coordinator, as a screening tool to monitor a client's oral health, plan and evaluate oral care and trigger a dental referral.

1. Lips
2. Tongue
3. Gums and oral tissues
4. Saliva
5. Natural teeth
6. Dentures
7. Oral cleanliness
8. Dental pain

| Healthy | Changes | Unhealthy | Dental Referral |
|---------|---------|-----------|-----------------|
|---------|---------|-----------|-----------------|

| Lips                     |                                |   |   |
|--------------------------|--------------------------------|---|---|
| <input type="checkbox"/> | <input type="checkbox"/>       | <input type="checkbox"/>  | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |
| Smooth, pink, moist      | Dry, chapped or red at corners | Swelling or lump, red/white/ulcerated bleeding/ulcerated at corners * |   |

| Tongue                        |                               |   |   |
|-------------------------------|-------------------------------|---|---|
| <input type="checkbox"/>      | <input type="checkbox"/>      | <input type="checkbox"/>                            | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |
| Normal moist, roughness, pink | Patchy, fissured, red, coated | Patch that is red and/or white/ulcerated, swollen * |   |

| Gums and Oral Tissue             |   |  |   |
|----------------------------------|---|--|---|
| <input type="checkbox"/>         | <input type="checkbox"/>  | <input type="checkbox"/>   | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |
| Moist, pink, smooth, no bleeding | Dry, shiny, rough, red, swollen, sore, one ulcer/sore spot, sore under dentures | Swollen, bleeding, ulcers, white/red patches, generalised redness under dentures * |   |

| Saliva                                |   |  |   |
|---------------------------------------|---|--|---|
| <input type="checkbox"/>              | <input type="checkbox"/>  | <input type="checkbox"/>   | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |
| Moist tissues watery and free flowing | Dry, sticky tissues, little saliva present, resident thinks they have a dry mouth | Tissues parched and red, very little/no saliva present, saliva is thick, resident thinks they have a dry mouth * |   |

| Healthy | Changes | Unhealthy | Dental Referral |
|---------|---------|-----------|-----------------|
|---------|---------|-----------|-----------------|

| Natural Teeth                       |  |  |   |
|-------------------------------------|--|--|---|
| <input type="checkbox"/>            | <input type="checkbox"/>                                   | <input type="checkbox"/>   | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |
| No decayed or broken teeth or roots | 1-3 decayed or broken teeth/roots, or teeth very worn down | 4 or more decayed or broken teeth/roots or fewer than 4 teeth, or very worn down teeth * |   |

| Dentures  |   |   |   |
|---|---|---|---|
| <input type="checkbox"/>                            | <input type="checkbox"/>  | <input type="checkbox"/>  | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |
| No broken areas or teeth, worn regularly, and named | 1 broken area or tooth, or worn 1-2 hours per day only or not named | 1 or more broken areas or teeth, denture missing /not worn, need adhesive, or not named * |   |

| Oral Cleanliness  |   |  |   |
|---|---|--|---|
| <input type="checkbox"/>                                      | <input type="checkbox"/>  | <input type="checkbox"/>   | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |
| Clean and no food particles or tartar in mouth or on dentures | Food, tartar, plaque 1-2 areas of mouth, or on small area of dentures | Food particles, tartar, plaque most areas of mouth, or on most of dentures * |   |

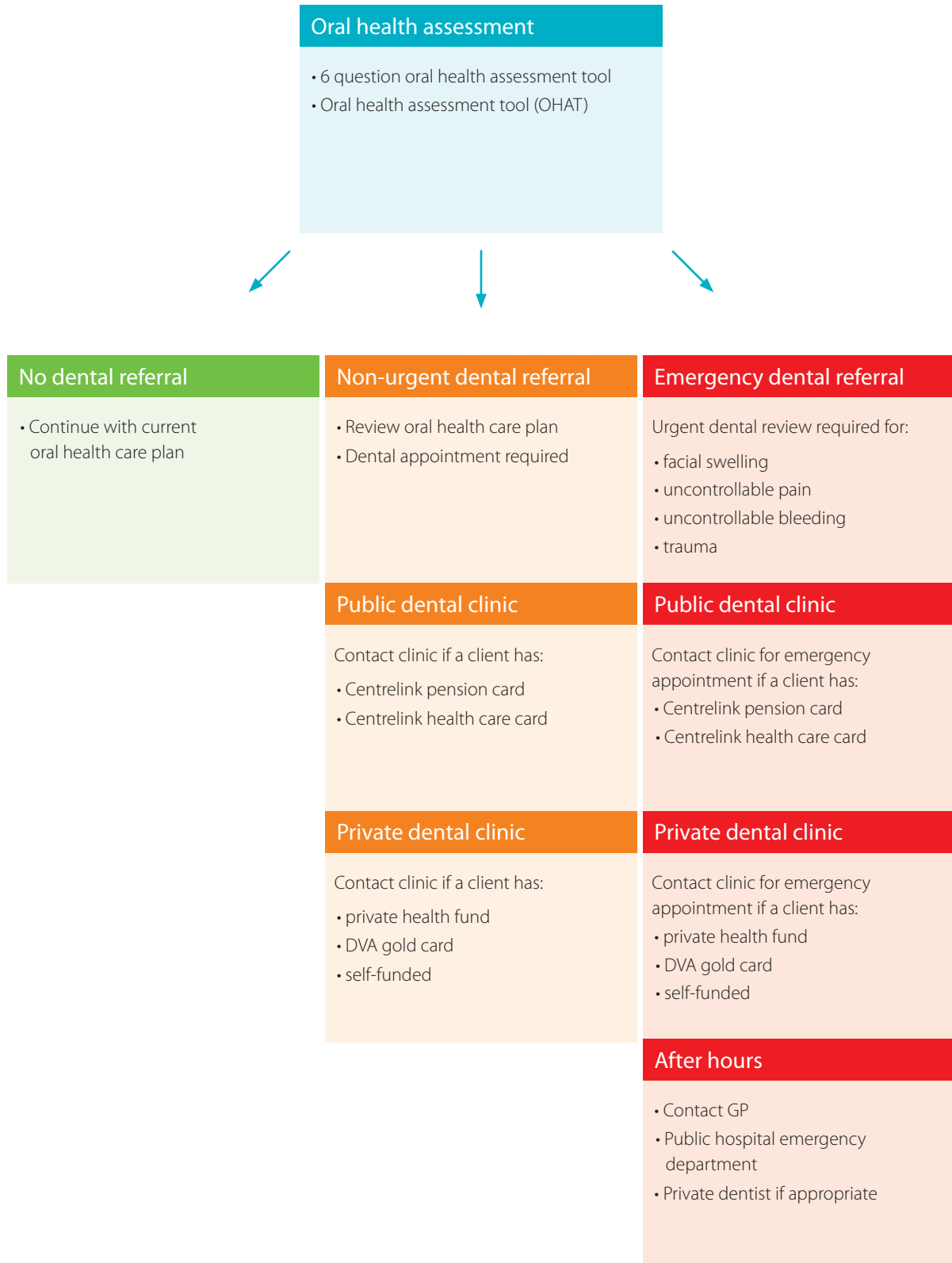
| Dental Pain   |   |   |   |
|---|---|---|---|
| <input type="checkbox"/>                                | <input type="checkbox"/>  | <input type="checkbox"/>  | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |
| No behavioural, verbal or physical signs of dental pain | Verbal &/or behavioural signs of pain such as pulling at face, chewing lips, not eating, changed behaviour. | Physical pain signs (swelling of cheek or gum, broken teeth, ulcers), as well as verbal &/or behavioural signs (pulling at face, not eating, changed behaviour) * |   |

\* Unhealthy signs usually indicate referral to a dentist is necessary

## Dental referral pathway

If the client is the holder of a Centrelink pension or health care card they are eligible for public dental care. Be aware that public dental clinics may charge clients a small co-payment for dental treatment.

For clients who are not eligible for public dental care and who don't have a preferred private dentist, contact the Australian Dental Association for further information.



## Dental visit preparation

If a client is unable to self-manage, coordinated planning and support between the family, care coordinator, care worker and dental clinic staff will be needed to ensure the client is able to attend their dental appointment.

This includes information such as consent, a current medical history, current medications, appropriate concession cards and assistance with transport or an escort if needed.

### Check list

To ensure the dental visit is successful it is important to work out beforehand what assistance is needed and who is responsible for it.

#### Appointment

- Client can self-manage
  - Family member to arrange
  - Care coordinator to arrange
- 

#### Transport

- Client can self-manage
  - Family member to arrange
  - Care worker required
- 

#### Escort

- Client can self-manage
  - Family member required
  - Care worker required
- 

#### Consent

- Client can self-consent
  - Guardian consent required
  - Guardian details provided to dentist
- 

#### Current medical history

- Client can self-manage
- Family member to provide
- Care coordinator to provide

#### Current medications

- Client can self-manage
  - Family member to provide
  - Care coordinator to provide
  - Webster pack to be taken to dental appointment
- 

#### Interpreter

- Family to arrange with dental clinic
  - Care coordinator to arrange with dental clinic
- 

#### Wheelchair

- Does the client need a dental clinic with a wheelchair tilt?
- 

#### Public dental clinic

- Medicare card
  - Centrelink pension card or health care card
  - Money for co-payment costs (check with dental clinic)
- 

#### Private dental clinic

- Private health fund card
  - DVA gold card
  - Money to cover cost
- 

#### Client unable to attend appointment

- Client can cancel and reschedule
- Family member to cancel and reschedule
- Care coordinator to cancel and reschedule

