

# ALL WALES PAEDIATRIC MOUTHCARE PLAN

(Paediatrics 0-18 years)  
NHS Wales v3.6 (16/12/2024)

ADDRESSOGRAPH

Hospital		Ward	
Date of Completion		Time of Completion	

**Use the risk levels identified in Parts 4 and 5 of the Paediatric Mouthcare Risk Assessment to complete the Mouthcare Plan.**

<b>Part 4: Oral Hygiene</b> (Use the risk level identified in Part 4 of the Paediatric Mouthcare Risk Assessment)			
Category	Risk level	Actions	Tick
<b>Daily diet</b>	Low	No additional plan required for daily diet.	
	High	Contact medical/ dental team for high fluoride toothpaste and use as prescribed. Continue after discharge. If there is no swallow problem, give supplements through a straw. Supplement to be reviewed after 3 weeks.	
<b>Risk of Choking/ Aspiration</b>	Low	No additional plan required for risk of choking/ aspiration.	
	Med & High	Use a dry toothbrush and a smear amount of low foaming fluoride toothpaste and push paste well down into bristles. Encourage the CYP (child/young person) to spit out excess, they should not rinse. If in bed and safe to do so, position on side or in foetal position. Ensure head & neck are supported and head is tilted slightly forward to aid self-drainage. Check the mouth for food debris after meals or medication and remove any deposits/ tablets.	
	High	Give extra support with toothbrushing, consider suction toothbrush. If nil by mouth, consider referral to SALT team.	
<b>Saliva</b>	Low	No additional plan required for saliva.	
	Med	Put water-based gel on lips and tongue before meals /bedtime, if mouth dry. Offer water or unsweetened drinks hourly (unless nil by mouth). Remove thick dried crusts with toothbrush / mouth cleanser (e.g. <i>mouthEze</i> ) as per instructions. Suction thick secretions and use Tepe brush (or alternative). Use mouth cleanser (e.g. <i>mouthEze</i> ) as per instructions. Use saliva replacement as prescribed.	
	High	Put water-based gel on lips and tongue before meals /bedtime, more frequently if mouth dry. Offer water or unsweetened drinks hourly (unless nil by mouth). Remove thick dried crusts with toothbrush / mouth cleanser (e.g. <i>mouthEze</i> ) as per instructions. Use saliva replacement as prescribed and for excessive drooling use suction.	
<b>Mouth Cleanliness</b>	Low	No additional plan required for mouth cleanliness.	
	Med & High	Give extra support with brushing. Use a dry toothbrush and age-appropriate toothpaste twice daily, at night time and one other. Ask child/young person to spit out toothpaste (do not rinse).	
	High	Refer to medical/dental team for advice.	
		Use gel/spray as prescribed. Ensure mouthcare is delivered at least 4 hourly.	
<b>Gum Health</b>	Low	No additional care plan required for gum health.	
	Med & High	Take extra care, to brush gum margins with a toothbrush.	
	High	Use gel/spray prescribed by medical/dental team.	

Oncology patients must be referred to Oncologist for ALL dental care.

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<b>Part 5: Dental Need</b> (Use the risk level identified in Part 5 of the Paediatric Mouthcare Risk Assessment)			
Category	Risk level	Action	Tick
<b>Natural Teeth</b>	Low	No additional plan for natural teeth.	
	Med & High	Keep teeth clean and increase frequency of brushing. Advise family/carers to seek dental advice (for long term patients ask medical team to seek advice from dental team if available/required).	
<b>Appliances</b>	Low	No additional plan for appliances.	
	Medium	Advise family/carers to seek dental advice on discharge (for long term patients ask medical team to seek advice from dental team if available/required).	
	Med & High	Keep appliances safe and clean.	
<b>Lips, Tongue &amp; Soft Tissues</b>	Low	No additional plan for lips, tongue & soft tissues.	
	Med & High	Put water-based gel on lips and tongue before meals and bedtime Brush coated tongue with toothbrush or mouth cleanser (e.g. mouthEze) If thrush present: refer to medical team for systemic antifungal. Use as prescribed. Remove appliance when rinsing with antifungal. Soak appliance in recommended solution for 15 mins twice daily, allow to air dry.	
	High	Ulcers, red, white patches, mucositis. Record date first noted: __/__/___. Consider analgesia: ask medical team to consider Benzydamine Hydrochloride >12yrs. Check daily- if not healed in 21 days advise parents/carers to contact dentist (for long term patients ask medical team to seek advice from dental team if available/required).	

Oncology patients must be referred to Oncologist for ALL dental care.

<b>Mouthcare Products Required To Deliver Plan</b> (Tick all that apply)			
Toothbrush:	Toothpaste:	Other products:	
Regular toothbrush	Regular toothpaste	Water based spray (e.g. Oralieve)	
Soft toothbrush	Low foam toothpaste (e.g. Oralieve)	Water based gel (e.g. Oralieve)	
Electric toothbrush	No flavour toothpaste (e.g. Oranurse)	Systemic antifungal (suspected candidosis)	
Suction toothbrush	High fluoride toothpaste (prescribed)	Benzydamine spray (e.g. Difflam)	
MouthEze oral brush		Mouth cleanser (e.g. Moutheze)	
Tepe brush		Larygo-tracheal atomiser	
Other products:			
<b>Ensure the recommended products are prescribed/ provided.</b>			

Mouthcare Plan completed by:				
Name		Signature		Designation