

ALL WALES PAEDIATRIC MOUTHCARE RISK ASSESSMENT

NHS Wales v1.3 (18/12/2024)

ADDRESSOGRAPH

CYP= Child/ Young Person

Hospital				
Ward				
Date				
Time				

Part 1: Level of Support			Level of Support (L/ M/ H)			
Low - L	Medium - M	High - H				
No help required for mouthcare Routine mouthcare twice daily.	Needs some help with mouthcare and/or requires additional mouthcare more than twice daily. Actions: <ul style="list-style-type: none"> Remind CYP/family/carer to brush teeth and complete mouthcare. Provide support as required. 	Fully dependent for mouthcare including infants/ profound learning disability/ complex health needs/ intubated/ end of life/ CYP (Child/Young Person) in bed remaining lying flat. Actions: <ul style="list-style-type: none"> Mouthcare more than twice daily (specify in additional information) If CYP is in bed and it is safe, position on their side or in a foetal position and ensure head and neck are supported during mouthcare. 				
Mouthcare carried out by: CYP, Carer/Family Staff, CYP with Help (CYP-H) Other						
Additional information (including risk of biting, spitting, kicking):						

Part 2: Mouthcare products used at home			Insert code(s)			
Toothbrush used at home: RT -Regular toothbrush ET -Electric toothbrush ME -MouthEze oral brush ST -Soft toothbrush SU - Suction toothbrush TE -Tepe brush						
Toothpaste used at home: RT - Regular toothpaste NF - No flavour toothpaste Other: LF -Low foam toothpaste HF* -High fluoride toothpaste						
Other products: WS -Water based spray SA* -Systemic antifungal Other: WG -Water based gel BS* -Benzydamine spray						
*Prescription medication to be stored securely- (Tick to acknowledge)						
Does the CYP have their mouthcare products with them?		Yes/ No				
If No, mouthcare products to be provided by:		Family/ carer to supply				
		Provided by ward				

Part 3: Discuss mouthcare routine at home and give advice if required.			Insert code(s)			
CYP with no teeth Satisfactory fluid intake (unless nil by mouth). Plain water is best if required in addition to nutrition. Uses soft toothbrush twice daily (from 6 months old).		H -Normal home routine A -Advice given N/A -Not applicable				
CYP with natural teeth: USE A DRY TOOTHBRUSH WITH TOOTHPASTE <ul style="list-style-type: none"> Satisfactory fluid intake (unless nil by mouth). Plain water is best. Brushes teeth & gums using toothpaste (Family toothpaste is suitable - up to 1450 ppm fluoride. Spit out excess toothpaste and do not rinse) Tongue is brushed to remove any debris. Brushes last thing at night and at least one other time during the day. 	Pea Size: Use when CYP able to spit out excess  Smear: Use when CYP unable to spit out 	H -Normal home routine A -Advice given N/A -Not applicable				
CYP with removable appliances (brace or denture): USE A SEPARATE TOOTHBRUSH AM: Brush appliance with liquid soap and rinse well with water before inserting in the mouth. Remove appliances after a meal and rinse under cold running water to remove any food or debris. PM: Remove from mouth. Brush with liquid soap and rinse well with water before inserting appliance back in the mouth. (If not worn overnight store appliance in a named and dated lidded pot of cold water or allow to air dry).		H -Normal home routine A -Advice given N/A -Not applicable				

Does the CYP/family report mouth discomfort or problems?	Yes		No	
Is the CYP a PICU, PHDU or oncology patient?	Yes		No	
Any Yes: Complete Parts 4-7			All no: Complete Part 7	

Part 4: Oral Hygiene & Prevention				Record the highest risk (L/ M/ H)			
Please look in the CYP's mouth and ask about problems, then record findings below (if CYP refuses see Part 6)							
	Low Risk- L	Medium Risk- M	High Risk- H				
Daily Diet	Balanced diet. No supplements	-	Has high sugar diet or prescribed supplements				
Risk of choking/Aspiration	Low choking risk	Some swallow problems or uses thickeners	High choking/ aspiration risk. Enterally fed/NBM				
Saliva	Mouth moist, no problems	Thick ropery secretions	Dry mouth				
Mouth Cleanliness	Teeth and mouth clean	Some areas of mouth not clean	Teeth and mouth not clean				
Gum Health	Gums do not bleed on brushing	Gums sometimes bleed on brushing	Gums bleed all the time on brushing				

Part 4: Dental Need				Record the highest risk (L/ M/ H) or N/A if no teeth/appliance											
Please look in the CYP's mouth and ask about problems, then record findings below (if CYP refuses see Part 6)															
	Low Risk- L	Medium Risk- M	High Risk- H												
Teeth:	No problem. All appear healthy	Broken or decayed teeth but no pain	CYP exhibits behaviour due to dental pain not relieved by analgesics												
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 100px;">Natural teeth</td> <td style="width: 20px; text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>No teeth</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </table>				Natural teeth	<input type="checkbox"/>	No teeth	<input type="checkbox"/>								
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No teeth	<input type="checkbox"/>														
Appliances:	Appliances intact	Some problems with appliances but not affecting health	Appliances loose or very painful												
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Lips, Tongue & Soft Tissues	All appear healthy	Lips dry, tongue coated	Very sore mouth White/red patches. Multiple ulcers/ painless ulcer (over 3 weeks)/Swelling												

Part 6: Outcome				
CYP refused assessment- Action: Reassess at another time or the following day				
Unable to visualise mouth due to condition- Action: Reassess at another time or the following day				
Any Medium or High Risk areas identified in Parts 4 or 5- Action: Complete Mouthcare Plan				

Part 7: Reassessment	Insert reassessment due date			
<ul style="list-style-type: none"> ONCOLOGY ONLY: Reassess two or three times daily for medium care or high care CYP's. Reassess daily for PICU, PHDU, Oncology (low care) & for CYP who refused or unable to visualise mouth. Reassess weekly unless identified above (or sooner if condition changes or CYP transferred to HDU/PICU/oncology). 				

Completed by:	Name				
	Signature				
	Designation				