

Hospital				
Ward				
Date				
Time				

Part 1: Mouthcare Assessment				
Are you able to eat and drink unaided?	Yes/No*			
Would you describe your mouth as comfortable (e.g. no pain, dryness or soreness)	Yes/No*			
Are you able to clean your teeth and mouth without assistance?	Yes/No*			
*Any No Response above: Complete full assessment				
Is a full Mouthcare Assessment required?	Yes/No			

Part 2: Level of Support	Low - L	Medium - M	High - H	Record the highest (L, M, H) to inform the mouthcare plan	
Level of support needed for mouthcare	No help required for mouthcare	Needs some help with mouthcare / additional mouthcare throughout the day	Fully dependent on others for mouthcare, advanced dementia, end of life		

STAFF MUST LOOK IN THE MOUTH TO DO THIS PART OF THE ASSESSMENT				
Have you undertaken a full Mouthcare Assessment?	Yes (complete Parts 3 &4)			
	No (Declined/Pain/Asleep/Not on ward) Action: Reassess within 24 hours			

Part 3: Oral Hygiene & Prevention	Low Risk- L	Medium Risk- M	High Risk- H	Record the highest risk (L, M, H) to inform the mouthcare plan	
Daily Diet	Balanced diet	-	Has high sugar diet or prescribed nutritional supplements		
Risk of choking	Low choking risk	Some swallow problems or uses thickeners	High choking risk or PEG/Tube fed		
Saliva	Mouth moist, no problems	-	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	Low Risk- L	Medium Risk- M	High Risk- H	Record the highest risk (L, M, H) to inform the mouthcare plan	
Dentures: <input type="checkbox"/> Upper <input type="checkbox"/> Lower <input type="checkbox"/> Obturator <input type="checkbox"/> No dentures	Dentures clean	Dentures not clean or patient complains of loose dentures	Dentures recently broken or lost		
Natural Teeth: <input type="checkbox"/> Upper <input type="checkbox"/> Lower <input type="checkbox"/> No natural teeth	No problem. All appear healthy	Broken or decayed teeth but no pain	Patient exhibits behaviour due to dental pain not relieved by analgesics		
Lips, Tongue & Soft Tissues	All appear healthy	Lips dry, tongue coated	Very sore mouth, white or red patches, multiple ulcers, swelling or thrush		

Overall risk assessment score: (Tick highest category identified in Parts 3 & 4)	Low Risk: Assess weekly (Monthly assessment for long stay patients or sooner if condition changes)			
	Medium Risk: Assess weekly (Monthly assessment for long stay patients or sooner if condition changes)			
	High Risk (Assess daily) (Weekly for long stay patients or sooner if condition changes)			

Patients with no mouthcare products: Has the relative/carer been asked to supply within 24 hours?	Yes	Reassessment Date:		
	No			
Initials, Name & Designation				