

<b>Hospital</b>				
<b>Ward</b>				
<b>Date</b>				
<b>Time</b>				

<b>Part 1: Mouthcare Assessment</b>				
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*			
<b>*Any No Response above: Complete full assessment</b>				
Is a full Mouthcare Assessment required?	Yes/No			

<b>Part 2: Level of Support</b>	<b>Low - L</b>	<b>Medium - M</b>	<b>High - H</b>	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	

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

<b>Part 3: Oral Hygiene &amp; Prevention</b>	<b>Low Risk- L</b>	<b>Medium Risk- M</b>	<b>High Risk- H</b>	Record the highest risk (L, M, H) to inform the mouthcare plan
<b>Daily Diet</b>	Balanced diet	-	Has high sugar diet or prescribed nutritional supplements	
<b>Risk of choking</b>	Low choking risk	Some swallow problems or uses thickeners	High choking risk or PEG/Tube fed	
<b>Saliva</b>	Mouth moist, no problems	-	Dry mouth	
<b>Mouth Cleanliness</b>	Teeth and mouth clean	Some areas of mouth not clean	Teeth and mouth not clean	
<b>Gum Health</b>	Gums do not bleed on brushing	Gums sometimes bleed on brushing	Gums bleed all the time on brushing	

<b>Part 4: Dental Need</b>	<b>Low Risk- L</b>	<b>Medium Risk- M</b>	<b>High Risk- H</b>	Record the highest risk (L, M, H) to inform the mouthcare plan
<b>Dentures:</b> <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	
<b>Natural Teeth:</b> <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	
<b>Lips, Tongue &amp; Soft Tissues</b>	All appear healthy	Lips dry, tongue coated	Very sore mouth, white or red patches, multiple ulcers, swelling or thrush	

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

<b>Patients with no mouthcare products: Has the relative/carer been asked to supply within 24 hours?</b>	Yes		Reassessment Date:		
	No				

Initials, Name & Designation				
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