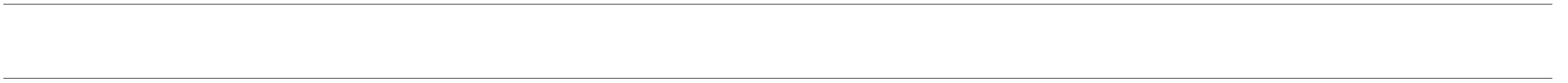


Adult Mouth Care Assessment Data Standards Specification

User Interface Name	Electronic Nursing Application Section	Field Identifier	Definition	Data Display Format	Data Value Format (code or other value)	Value Sets	Business Rules	Additional Information/definitions/formats	Source
Date and Time of Assessment	Mouth care Assessment	Assessment_Date_Time	This is the date and time the assessment took place	Date and Time Picker	8 digit numeric, YYYY-MM-DD 4 digit numeric, hh:mm				
Part 1: Mouth Care Assessment (If assessment declined must reassess at another time during the same day or the next day)									
Are you able to eat and drink unaided?	Mouth care Assessment	Eat_drink_unaided	This is to indicate whether the patient is able to eat and drink unaided	Radio Button (No Yes)	n1	1 No 2 Yes	Question carried forward from AIA care domain If field id 'eat_drink_unaided' = 1 start mouth care Assessment If field id 'Eat_drink_unaided' = 2 then display the following PROMPT: At this time a full Mouth Care Assessment is not routinely required - please select if you would like to start a full Mouth Care Risk Assessment - <i>Start Assessment button</i>		
Would you describe your mouth as comfortable (e.g. no pain, not dry, no soreness)	Mouth care Assessment	Comfortable_mouth	This is to indicate whether the patient describes their mouth as feeling comfortable	Radio Button (Multiple Options - single select)	n1	1 No 2 Yes 3 Not Applicable	Question carried forward from AIA care domain If field id 'comfortable_mouth' = 1 start mouth care Assessment If field id 'Comfortable_mouth' = 2 then display the following PROMPT: At this time a full Mouth Care Assessment is not routinely required - please select if you would like to start a full Mouth Care Risk Assessment - <i>Start Assessment button</i>		
Are you able to clean your teeth and mouth without assistance?	Mouth care Assessment	Mouth_care_assistance	This is to indicate whether the patient is able to clean their teeth and mouth without assistance	Radio Button (No Yes)	n1	1 No 2 Yes	Question carried forward from AIA care domain If field id 'mouth_care_assistance' = 1 start mouth care Assessment If field id 'Mouth_care_assistance' = 2 then display the following PROMPT: At this time a full Mouth Care Assessment is not routinely required - please select if you would like to start a full Mouth Care Risk Assessment - <i>Start Assessment button</i>		
At this time a full Mouth Care Assessment is not routinely required - Please select if you would like to start a full Assessment - Start Assessment button Please select the highest risk to inform the mouth care plan	Mouth care Assessment	Mouth_care_start	This will enable a user start a full assessment when it's not routinely required	Radio Button (Multiple Options - single select)	n1	1 - Not required 2 - Continue with Full Mouthcare Assessment	If field id 'mouthcare_start' = 1 then display part 2 level of support and display advice and guidance 'Patient to be reviewed in 7 days or sooner if condition changes'. Mouth Care Products Does the patient have mouth care products with them? 1- No 2-Yes		
Part 2 - Level of Support									
Level of support needed for mouth care	Mouth care Assessment	Mouthcare_support	This is to indicate the level of support needed for the patients mouth care	Radio Button (Multiple Options - single select)	n1	1 - (L) Low Risk - No help required for mouth care. Advice given / leaflet 2 - (M) Medium Risk - Needs some help with mouth care / additional mouth care throughout the day 3 - (H) High Risk - Fully dependent on others for mouth care, advanced dementia, end of life care			
Part 3 - Oral Hygiene and Prevention Please complete the following full mouth care assessment and link to the care plan STAFF MUST LOOK IN THE MOUTH TO DO THIS PART OF THE ASSESSMENT (I) Please record the highest risk to inform the care plan									
Have you undertaken a full mouth care assessment?	Mouth care Assessment	Mouth_care_ass_undertaken	This is to indicate whether a full mouth care assessment has been undertaken	Radio Button (No Yes)	n1	1 No 2 Yes	PROMPT - Patient who refuses a full mouth care assessment must be reassessed at another time during the day or the next day If the patient declines a mouth care assessment they will not see Parts 3, 4 & 5		
Please enter reason why a full mouth care assessment has not been undertaken	Mouth care Assessment	No_mouth_ass_details	This is to provide further details on why a full mouth care assessment has not been undertaken	Text Box	nvarchar(500)		Question will only appear if field id 'Agreed_mouth_assessment' = 1		
Oral Hygiene and Prevention Record the highest risk (L, M or H) to inform the mouth care plan									
Daily Diet	Mouth care Assessment	Daily_diet	This indicates whether the patient is at risk of tooth decay	Radio Button (Multiple Options - single select)	n1	1 - (L) Low Risk - Balanced diet 3 - (H) Has a high sugar diet or prescribed nutritional supplements 4- Nil by Mouth (NBM)			
Risk of choking	Mouth care Assessment	Choking_risk	This indicates whether the patient has a swallowing problem and is at risk of choking	Radio Button (Multiple Options - single select)	n1	1 - (L) Low Risk - Low choking risk 2 - (M) Medium Risk - Some swallow problems or uses thickeners 3 - (H) High Risk - High choking risk or PEG / tube fed			
Saliva	Mouth care Assessment	Saliva	This indicates if the patient is at risk from a dry mouth	Radio Button (Multiple Options - single select)	n1	1 - (L) Low Risk - Mouth moist, no problems 3 - (H) High Risk - Dry Mouth			
Mouth Cleanliness	Mouth care Assessment	Mouth_cleanliness	This indicates if the patient requires additional support to keep their mouth clean	Radio Button (Multiple Options - single select)	n1	1 - (L) Low Risk - Teeth and mouth clean 2 - (M) Medium Risk - Some areas of the mouth not clean 3 - (H) High Risk - Teeth and mouth not clean			
Gum Health	Mouth care Assessment	Gum_health	This indicates if the patient is at risk of gum disease	Radio Button (Multiple Options - single select)	n1	1 - (L) Low Risk - Gums do not bleed on brushing 2 - (M) Medium Risk - Gums sometimes bleed on brushing 3 - (H) High Risk - Gums bleed all the time on brushing			
Part 4: Dental need Record the highest risk (L, M or H) to inform the mouth care plan Please tick all that applies:									
Denture	Mouth care Assessment	Dentures	This is to indicate whether the patient wears dentures	Radio Button (Multiple Options - multi select)	n1	1 - Upper 2 - Lower 3 - Obturator 4 - Removable Partial Denture 5 - No dentures			
Dentures	Mouth care Assessment	Denture_risk	This indicates whether the patient requires further advice from the dental team regarding their dentures	Radio Button (Multiple Options - single select)	n1	1 - (L) Low Risk - Dentures clean 2 - (M) Medium Risk - Dentures not clean or patient complains of loose dentures 3 - (H) High Risk - Denture broken, painful or recently lost	Question should only appear if field id 'dentures' = 1, 2 or 3		
Please tick all that applies:									
Natural Teeth	Mouth care Assessment	Natural_teeth	This is to indicate whether the patient has natural teeth	Radio Button (Multiple Options - multi select)	n1	1 - Upper 2 - Lower 3 - No natural teeth			
Natural Teeth	Mouth care Assessment	Natural_teeth_risk	This indicates whether the patient requires further advice from the dental team regarding their natural teeth	Radio Button (Multiple Options - single select)	n1	1 - (L) Low Risk - No problems, All appear healthy 2 - (M) Medium Risk - Broken or decayed teeth but no pain 3 - (H) High Risk - Behaviour indicates dental pain, Very loose teeth	Question should only appear if field id 'natural_teeth' = 1 or 2		

Lips, Tongue & Soft Tissues	Mouth care Assessment	Lips_tongue_softtissues	This indicates whether the patient is at risk of a dry coated tongue due to insufficient fluids / mouth care. If the patient has a very sore mouth or reports painless white or red patches / ulcers they will need referral to the dental team	Radio Button (Multiple Options - single select)	n1	1 - (L) Low Risk - All appear healthy 2 - (M) Medium Risk - Lips dry, tongue 'coated' 3 - (H) High Risk - Very sore mouth - White or red patches, multiple ulcers, swelling or thrush			
Mouth Care Products									
Does the patient have mouth care products with them?	Mouth care Assessment	Mouthcare_products	This is to indicate whether the patient has mouth care products with them	Radio Button (No Yes)	n1	1 No 2 Yes	Question to appear even if mouth care assessment has been declined		
Has a relative/carer been asked to supply within 24 hours?	Mouth care Assessment	Products_supply	This is to indicate that for those patients with no mouth care products, a relative or carer has been asked to supply them within 24 hours	Radio Button (Multiple Options - single select)	n1	1 No 2 Yes 3 Not Applicable	Question will only appear if field id 'mouthcare_parent' = 1		
Part 5: Overall Risk									
Overall risk (Please record the highest risk overall to inform the mouth care plan)	Mouth care Assessment	Mouthcare_risk	This is to indicate the patients overall risk with regards to mouth care	Radio Button (Multiple Options - single select)	n1	1 - Low 2 - Medium 3 - High			
Review Period	Mouth care Assessment	Mouthcare_Review	This is to indicate how often the patients mouth care assessment should be reviewed	Radio Button (Multiple Options)	n1	1 - Assess Daily 2 - Assess Weekly 3 - Monthly for long stay patients Displayable text - Or sooner if condition changes	If field id 'mouthcare_risk' = 1 or 2 options 2 or 3 only will display If field id 'mouthcare_risk' = 3 options 1 oor 2 only will display		



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