

Resident: _____ Completed by: _____			Date: ___/___/___	
Scores – You can circle individual words as well as giving a score in each category (* if 1 or 2 scored for any category please organize for a dentist to examine the resident)				
Category	0 = healthy	1 = changes*	2 = unhealthy*	Category scores
Lips	smooth, pink, moist	dry, chapped, or red at corners	swelling or lump, white/red/ulcerated patch; bleeding/ulcerated at corners	
Tongue	normal, moist roughness, pink	patchy, fissured, red, coated	Patch that is red and/or white, ulcerated, swollen	
Gums and tissues	pink, moist, smooth, no bleeding	dry, shiny, rough, red, swollen, one ulcer/sore spot under dentures	swollen, bleeding, ulcers, white/red patches, generalized redness under dentures	
Saliva	moist tissues, watery and free flowing saliva	dry, sticky tissues, little saliva present, residents think they have a dry mouth	tissues patched and red, very little/no saliva present, saliva is thick, resident thinks they have a dry mouth	
Natural teeth Yes/No	no decayed or broken teeth/roots	1-3 decayed or broken teeth/roots or very worn down teeth	4+ decayed or broken teeth/roots, or very worn down teeth, or less than 4 teeth	
Dentures Yes/No	no broken areas or teeth, dentures regularly worn, and named	1 broken area/tooth or dentures only worn for 1-2 hours daily, or dentures not named, or loose	more than 1 broken area/tooth, denture missing or not worn, loose and needs denture adhesive, or not named	
Oral cleanliness	clean and no food particles or tartar in mouth or dentures	food particles/tartar/plaque in 1-2 areas of the mouth or on small area of dentures or halitosis (bad breath)	food particles/tartar/plaque in most areas of the mouth, or on most of dentures, or severe halitosis (bad breath)	
Dental pain	no behavioural, verbal, or physical signs of dental pain	are verbal &/or behavioural signs of pain such as pulling at face, chewing lips, not eating, aggression	are physical pain signs (swelling of cheek or gum, broken teeth, ulcers), as well as verbal &/or behavioural signs (pulling at face, not eating, aggression)	
<input type="checkbox"/> Organise for resident to have a dental examination by dentist <input type="checkbox"/> Resident and/or family /guardian refuses dental treatment <input type="checkbox"/> Complete an oral hygiene care plan and start oral hygiene care interventions for resident <input type="checkbox"/> Review this residents' oral health again on Date: ___/___/___				TOTAL SCORE: <u>    16    </u>

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