GMCA GREATER MANCHESTER COMBINED AUTHORITY

NHS in Greater Manchester

Oral health risk assessment & care plan

Clients full name: *Known as:*

Clients date of birth: *Address/Room no:*

Please circle relevant answer

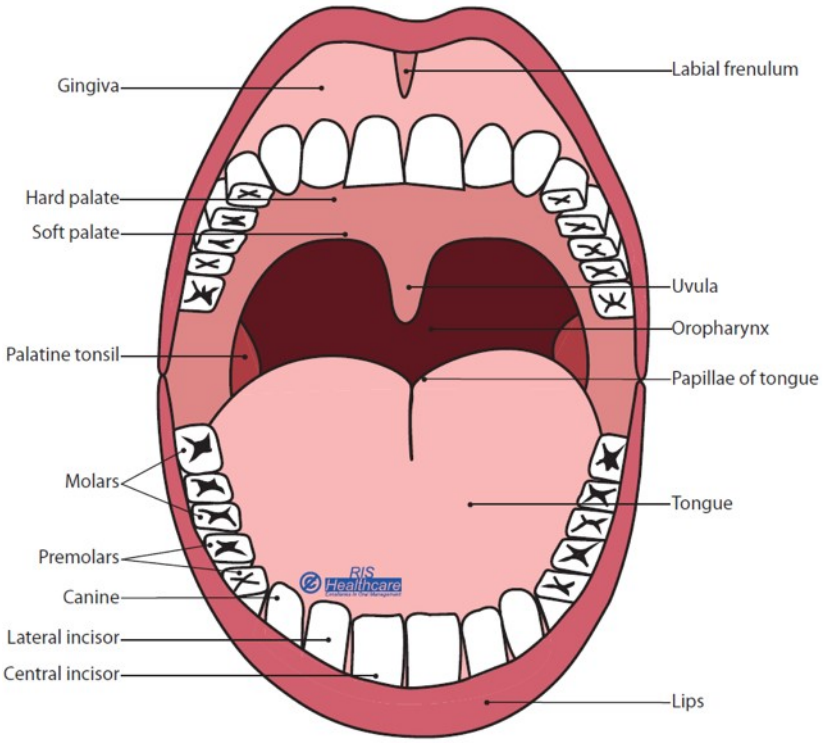
	Assessment		Suggested action for care plan
1.	Does the person have any natural teeth? Do they need help cleaning their teeth? Type of support needed...	Yes No ***Yes**** No Yes No	If yes get prescription for high fluoride toothpaste prescription from dentist Explore support needed to clean twice per day with soft toothbrush and pea sized amount of toothpaste
2.	Does the person have dentures? Do they need help cleaning their dentures? Are the dentures labelled	Yes No ***Yes**** No Yes ***No****	If yes encourage cleaning morning and night. Clean mouth with moist gauze, rinse dentures after meals, Leave out at night & soak in water overnight. If no-label dentures
3.	Cleaning teeth Preferred toothbrush & toothpaste		Consider whether adapted toothbrush or specialist toothpaste is needed
4.	Routine: Preferred time Location Have previous mouth care routines been discussed with residents/ relatives?		
5.	Is the person experiencing any problems? e.g. **pain, difficulty eating, loose dentures**[#], ***ulcers, bad breath****		**Circle any issues** Dry mouth - saliva substitutes, fluorides, support with cleaning
6.	Looking at the person's mouth can you see any problems? **dry mouth**[#], ***redness at corner of lips, dirty teeth, red gums or mouth, ulcers****, **bleeding gums, poorly fitting dentures, broken teeth**[#]. Photo where possible		
7.	Cognitive/ behavioural issues	***Yes**** No	

8.	Relevant medical history ***e.g. smoking, medication, alcohol, speech & language, dietetics****	***Yes**** No	
9.	Name and address of dentist Next appointment due…. Do they need to pay for treatment		If unsure about payment help them to complete a HC1 form

Care Plan: # **Red Underlined issues** - contact dentist **** Blue Italics*** - additional care needed

Signed: _____ Job title: _____ Date: _____

NB: Assessment to be reviewed on a 3 monthly basis or sooner if any changes are noted.



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