**Oral Assessment and Intervention**

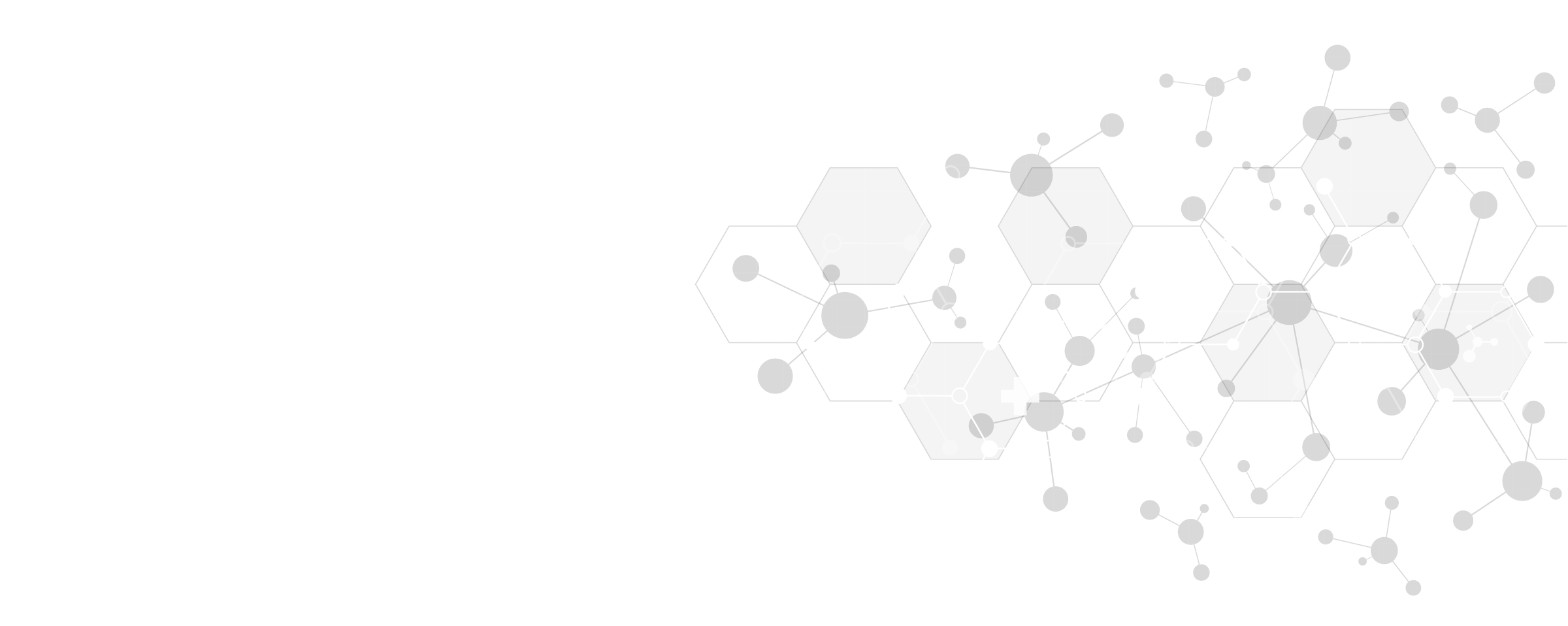
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| **Resident Name** |  |
| **Person undertaking assessment** |  |
| **Date** |  |

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| On Admission | |
| **What is the persons usual oral care regime?** |  |
| **When did the person last see a dentist?** |  |

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| **Assessment - Ask the person to open their mouth and try to examine the oral**  **cavity** | | **Follow each question in the first column below and circle the most appropriate answer**  **YES or NO** | | **Suggested care, to be planned**  **for and delivered, should be**  **recorded on the care plan** |
| **Lips** | Dry/Cracked | YES | NO | Apply emollient petroleum gel or Vaseline |
| **Tongue** | Dry/Coated | YES | NO | Clean with soft toothbrush and toothpaste, minimum of twice a day. Offer frequent fluids and fruit juices. |
| Evidence if ulcer/soreness | YES | NO | Refer to GP. Care plan and document intervention requirements, evaluate daily. |
| **Saliva** | Dry mouth | YES | NO | Offer frequent fluids and/or iced water/ If symptoms persist after 48 hours, refer to GP for saliva substitute. |
| **Teeth** | Own teeth | YES | NO | Care plan to encourage independence with cleaning teeth night and morning. Use soft toothbrush and toothpaste. |
| Evidence of plaque or debris | YES | NO | Care plan for staff to supervise oral care using a soft toothbrush and toothpaste for a minimum of twice a day. |
| **Dentures** | Top | YES | NO | Dentures must be cleaned a minimum of twice a day, morning and evening with toothpaste and toothbrush.  Rinse dentures after meals. Clean teeth as above. With residents’ permission remove the dentures at night and leave to soak in proprietary cleaning brand i.e. Steradent. |
| Lower | YES | NO |
| Partial Denture | YES | NO |
| **Pain** | When eating or drinking caused by  dentures or own teeth | YES | NO | Refer to dentist |
| **Gums/Soft tissue** | Evidence of sore mouth/ulcers | YES | NO | Refer to GP and care plan and document intervention requirements, evaluate daily. |
| **Swallowing** | Difficulty swallowing | YES | NO | Refer to GP for Speech and language Therapist (SALT) input. Care plan for resident and/or staff to clean teeth and oral cavity after each meal. |
| **Nutrition** | Fluid or dietary intake is poor | YES | NO | Review nutrition and hydration care plan and staff to offer or give hourly fluids. Hourly mouth care may be required. Care given must be charted and Care Plan evaluated daily. |
| Dehydrated | YES | NO |
| **Speech difficulty** | Due to dry mouth | YES | YES | Offer frequent fluids, hourly mouth care may be required. Care given must be recorded and Care Plan evaluated. |
| Dentures slipping when speaking | YES | NO | Refer to dentist |
| **Dexterity problems** | Having difficulty or unable to hold toothbrush | NO | NO | Ask GP for Occupational Therapist referral to request toothbrush adaptation. Care plan for staff to assist resident with their permission, to brush teeth. |
| **Cognitive Function** | Lack of awareness around oral hygiene | YES | NO | Comprehensive individualised care plan to completed, separate guidance below |

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| **At risk factors** | |
| Diabetes | People living with diabetes may have more glucose in their saliva and very dry mouths. These conditions allow dental plaque to build up on teeth, which leads to tooth decay and cavities. |
| Anti-depressants | People receiving antidepressant medication might be at increased risk for xerostomia or dry mouth |
| Anti-convulsant | Medication that help control seizures also increase the risk of periodontal disease, tooth decay, and oral infections such as thrush. |
| High dose/prolonged use of  anti-biotics | High doses or prolonged use of antibiotics can cause this yeast to grow in the mouth resulting in oral thrush |
| Anti-psychotic medication | Some antipsychotic drugs can cause involuntary repetitive tongue and jaw movements, making it difficult to wear dentures, particularly in the lower jaw |
| Mouth breathing | Open-mouth breathing can dry out your gums and the tissue lining your mouth, leading to a change in the natural bacteria, which can promote gum disease and tooth decay |
| Low haemoglobin | Anaemia left untreated can result in  pain in the tongue, redness of the tongue, a swollen tongue, or glossitis. |

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| **Dementia and oral hygiene** | |
| Early Stages | Someone in the early stages of dementia should carry out their own mouth care for as long as possible. They may need to be reminded to do it, or they may need to be supervised. The carer can give them the brush and toothpaste and show them what to do. The person may find it easier to use an electric toothbrush or a toothbrush with an adapted handle to improve their grip. The dentist or dental hygienist may be able to advise the person and their carer on the best methods for preventing tooth decay and gum disease in the particular circumstances. It is very important to establish a daily care routine in the early stages of dementia. This may include a 6 Dental care and oral health high-concentration fluoride toothpaste and regular application of fluoride varnish for people with natural teeth. Fluoride can be applied by the dentist every three to four months. |
| Later Stages | As dementia progresses, the person may lose the ability to clean their teeth, stop understanding that their teeth need to be kept clean, or lose interest in doing so. Carers may need to take over this task. A dentist or hygienist can provide guidance and support on how to assist in cleaning another person’s teeth. The technique will vary depending on the individual concerned. Generally, the easiest way is for the person with dementia to sit on a straight-backed chair with the carer standing behind. The carer supports the person against their body, cradling their head with one arm. They can then brush the person’s teeth using a dry toothbrush and a pea sized amount of toothpaste. |
| How to tell if someone has dental problems | There may come a time when the person with dementia is unable to say that they are experiencing pain or discomfort in their mouth or teeth. They will need to rely on other people to notice and interpret their behaviour and to arrange a visit to the dentist if necessary. There are several behavioural changes that may indicate that someone with dementia is experiencing dental problems. These may include:   * refusal to eat (particularly hard or cold foods) * frequent pulling at the face or mouth * leaving previously worn dentures out of their mouth * increased restlessness, moaning or shouting * disturbed sleep * refusal to take part in daily activities * aggressive behaviour.   If there is no explanation for the change in behaviour, arrangements should be made to identify the cause. This should include a dental assessment as part of the process. |



***WHAT NEXT?*** *If you want to take things further, the Delphi team can help you through our bespoke* ***senior mentoring & coaching*** *methodologies helping you to put processes into place within your care service, designed to help you and your team to work more* ***proactively rather than reactively****… scan the QR code to the right to speak to our team about how we can help you…*