

Name : _____

Instructions or comments:

- Check mouth for abnormalities
- Brush teeth
- Brush tongue from back to front
- Floss or alternative (if possible)*
- Rinse mouth with mouth rinse**/salt water
- Rinse toothbrush and store to air dry
- Record success on flow sheet

*Alternatives to flossing include a proxabrush, floss handle, or flossers
 **Avoid alcohol-based mouth rinse (tends to dry out the mouth)



Required supplies: toothbrush, toothpaste, mouth rinse (non-alcohol)

Additional supplies (if necessary): floss (OR proxabrush, floss handle, flossers), facecloth, towel, tongue cleaner, lip lubrication, mouth props, gloves, gauze, kidney basin

Further details about personal oral care

- Record any abnormalities on the 'Resident Oral Health Assessment' sheet
- Lubricate lips with lip lubricant (not just water or saliva)
- Brush teeth minimum once daily (thoroughly)
- Gently massage gums with toothbrush at 45 degrees to the gums
- For those who cannot reach the sink, have kidney basin available to spit
- For those who have trouble swallowing, dry the mouth and teeth with gauze

DATE
 When toothbrush was last changed: _____
 Of last visit to dentist: _____