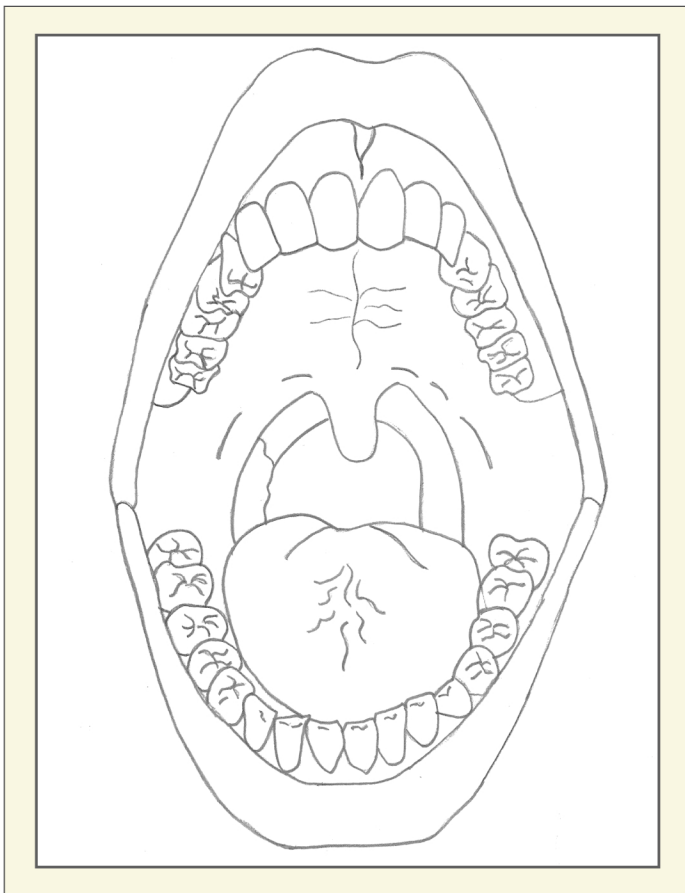


DAILY ORAL HEALTH ASSESSMENT SHEET



Please use the illustration below to record any problems observed when performing the resident's daily oral care routine



Date: _____

Resident Name: _____

Staff Name: _____

LEGEND

(R)	RED PATCHES
(W)	WHITE PATCHES
⚡	LUMPS, BUMPS OR SWELLING
(S)	SORES
(B)	BLEEDING
★	LOOSE/BROKEN TOOTH

BE SURE TO REMOVE DENTURES/PARTIALS BEFORE COMPLETING ASSESSMENT

Where to look

- **Tongue** (sides and front)
 - Have resident stick out tongue
- **Floor of the mouth** (underneath the tongue)
 - Have resident lift tongue OR move with toothbrush
- **Roof of the mouth** (hard & soft palate)
 - Tilt resident's head back slightly
- **Cheeks**
 - Pull cheek away from teeth
- **Gums & Teeth**
 - Fold top lip up and bottom lip down to assess gums
- **Lips**

PLEASE REPORT ANY PROBLEMS TO THE RN ON DUTY