

Name : _____

Instructions or comments:

- Check mouth for abnormalities
- Sit upright or lie on side
- Lubricate lips (for resident comfort)
- Dip toothbrush in mouth rinse and brush teeth / tongue / palate
- Dry teeth / tongue / palate with gauze*
- Rinse toothbrush and air dry
- Record success on flow sheet

* This will remove excess moisture from the mouth



Required supplies: lip lubrication, toothbrush, mouth rinse (to dip toothbrush in), facecloth, towel, gauze, kidney basin

Additional supplies (if necessary): tongue cleaner, mouth props, gloves

Further details about personal oral care

- Record any abnormalities on the 'Resident Oral Health Assessment' sheet
- Brush teeth minimum once daily (thoroughly)
- Gently massage gums with toothbrush at 45 degrees to the gums

DATE

When toothbrush was last changed: _____

Of last visit to dentist: _____

