

MASTER ORAL CARE CARD

Daily mouth-care Card for people with

NATURAL TEETH

- 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
- Remove dentures and rinse

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

Daily mouth-care Card for people with

NATURAL TEETH + DENTURES

STEP 1 (Teeth)

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

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

STEP 2 (Denture)

- Brush denture with liquid soap (NOT toothpaste)* and rinse
- Check denture for problems
- Soak overnight in water with 1 tsp bleach or denture cleaning product
- Rinse denture before placing back in mouth

**Toothpaste is abrasive and will scratch denture allowing bacteria to build-up*

Daily mouth-care Card for people with

NATURAL TEETH + PARTIAL DENTURES

STEP 1 (Teeth)

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

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

STEP 2 (Partial)

- Brush partial with liquid soap (NOT toothpaste)* and rinse
- Check partial for problems
- Air dry partial or soak in water with denture cleaning product (NOT bleach) overnight
- Rinse partial before placing back in mouth

**Toothpaste is abrasive and will scratch denture allowing bacteria to build-up*



MASTER ORAL CARE CARD

Daily mouth-care Card for people with

NO NATURAL TEETH + DENTURES

STEP 1 (Mouth)

- Remove dentures and rinse
- Check mouth for abnormalities
- Gently brush tongue and palate*
- Rinse mouth with mouth rinse**/salt water
- Rinse toothbrush and air dry
- Record success on flow sheet

**Brush with mouth rinse (preferred) or toothpaste*

***Avoid alcohol-based mouth rinse (tends to dry out the mouth)*

STEP 2 (Denture)

- Brush denture with liquid soap (NOT toothpaste)* and rinse
- Check denture for problems
- Soak overnight in water with 1 tsp bleach or denture cleaning product
- Rinse denture before placing back in mouth

Daily mouth-care Card for people with

NO NATURAL TEETH + NO DENTURES

- Check mouth for abnormalities
- Gently brush tongue and palate*
- Rinse mouth with mouth rinse**/salt water
- Rinse toothbrush and air dry
- Record success on flow sheet

**Brush with mouth rinse (preferred) or toothpaste*

***Avoid alcohol-based mouth rinse (tends to dry out the mouth)*

Daily mouth-care Card for people who are

UNABLE TO SWALLOW

- 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
- Remove dentures and rinse

** This will remove excess moisture from the mouth*

THE FOUR ORAL HEALTH ASSESSMENT QUESTIONS FOR ALL CLIENTS

1. Dentures, partial dentures and/or natural teeth?

** If Dentures:*

- Upper and/or lower?
- Fit properly? Broken?
- Does the client wear them? If not, why not?

2. Level of assistance required?

- Independent
- Some assistance
- Fully dependent

3. Necessary oral care supplies available?

** If not, notify appropriate person (family caregiver, etc.)*

4. Experiencing any oral pain or discomfort?

** If yes, notify appropriate person (family caregiver, etc.)*

** List details in progress note and forward to supervisor*