**Oral Health Assessment Tool \* Based on the Nice Guidance**

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| **Resident:**  **Completed by:** | | | | | **Date: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_** | |
| **Scores**: The final score is the sum of scores from the eight categories and can range from 0 (very healthy) to 16 (very unhealthy). While the cumulative score is important in assessing oral health, the score of each item should be considered individually.    **\*If any category has a score of 1 or 2, an appointment with a Dentist must be arranged within 24 hours of the completion of the assessment\*** | | | | | | |
| **Category** | | **0 = Healthy** | **1 = Can Vary\*** | **2 = Unhealthy\*** | | **Category Scores** |
| Lips | | Smooth, pink, moist | Dry, chapped, or red at corners | Swelling or lump, white/red/ulcerated patch; bleeding/ulcerated at corners | |  |
| Tongue | | Normal, moist & pink | Patchy, fissured, red, coated | Patch that is red and/or white, ulcerated, swollen | |  |
| Gums and Tissues | | Pink, moist, smooth, no bleeding | Dry, shiny, rough, red, swollen, one ulcer/sore spot under dentures | Swollen, bleeding gums, ulcers, white/red patches, generalized redness, or ulcers under  dentures | |  |
| Saliva | | Moist tissues, watery and free-flowing saliva | Dry, sticky tissues, little saliva present | Tissues parched and red, very little/no saliva present, saliva very thick | |  |
| Natural Teeth  Yes/No | | No decayed or broken teeth/roots | 1-3 decayed or broken teeth/ roots or teeth very worn down | 4 or more decayed or broken teeth/roots, or fewer than 4 teeth, or very worn down teeth | |  |
| Dentures  Yes/No | | No broken areas or teeth, dentures regularly worn | 1 broken area/ tooth or dentures only worn for 1-2 hours daily, or  loose dentures | More than 1 broken area/tooth, denture missing or not worn, needs denture adhesive | |  |
| Oral Cleanliness | | Clean, no food particles or tartar in mouth or on dentures | Food particles/ tartar/ plaque in 1-2 areas of the mouth or on small area of dentures or bad breath | Food particles/tartar/plaque in most areas of the mouth or on most of dentures or severe  halitosis (bad breath) | |  |
| Dental Pain | | No behavioural, verbal, or physical signs of dental pain | Verbal and/or behavioural signs of pain such as pulling at face, chewing lips, not eating, aggression | Physical signs such as facial swelling, sinus on gum, broken teeth, large ulcers, and behavioural signs such as pulling at face, chewing lips, not eating, aggression | |  |
| Yes | No | Resident has capacityResident lacks capacityResident **(with capacity)** or Legal Representative refuses dental treatment | | | | **TOTAL \_\_\_\_**  **SCORE:16** |

**Oral health care plan** to be developed based on this oral assessment. Please also follow the Nice guidance ‘Improving oral Health for adults in care homes – a quick guide for care managers’ <https://www.nice.org.uk/Media/Default/Oral_health_quick_guide/Oral_health_a_quick_guide_for_care_home_managers.pdf>