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

|  |  |
| --- | --- |
| **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 TeethYes/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 |   |
| DenturesYes/No | No broken areas or teeth, dentures regularly worn | 1 broken area/ tooth or dentures only worn for 1-2 hours daily, orloose 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 capacity Resident 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>