### Oral health assessment tool

<table>
<thead>
<tr>
<th>Resident:</th>
<th>Completed by:</th>
<th>Date:</th>
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**Scores** – You can circle individual words as well as giving a score in each category
(* if 1 or 2 scored for any category please organise for a dentist to examine the resident)

<table>
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<th>0 = healthy</th>
<th>1 = changes*</th>
<th>2 = unhealthy*</th>
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#### Lips:
- Smooth, pink, moist 0
- Dry, chapped, or red at corners 1
- Swelling or lump, white, red or ulcerated patch; bleeding or ulcerated at corners 2

#### Oral cleanliness:
- Clean and no food particles or tartar in mouth or dentures 0
- Food particles, tartar or plaque in 1–2 areas of the mouth or on small area of dentures or halitosis (bad breath) 1
- Food particles, tartar or plaque in most areas of the mouth or on most of dentures or severe halitosis (bad breath) 2

#### Saliva:
- Moist tissues, watery and free flowing saliva 0
- Dry, sticky tissues, little saliva present, resident thinks they have a dry mouth 1
- Tissues parched and red, little or no saliva present, saliva is thick, resident thinks they have a dry mouth 2

#### Dental pain:
- No behavioural, verbal, or physical signs of dental pain 0
- There are verbal and/or behavioural signs of pain such as pulling at face, chewing lips, not eating, aggression 1
- There are physical pain signs (swelling of cheek or gum, broken teeth, ulcers), as well as verbal and/or behavioural signs (pulling at face, not eating, aggression) 2

#### Natural teeth Yes/No:
- No decayed or broken teeth or roots 0
- 1–3 decayed or broken teeth or roots or very worn down teeth 1
- 4+ decayed or broken teeth or roots, or very worn down teeth, or less than 4 teeth 2

#### Dentures Yes/No:
- No broken areas or teeth, dentures regularly worn, and named 0
- 1 broken area or tooth or dentures only worn for 1–2 hours daily, or dentures not named, or loose 1
- More than 1 broken area or tooth, denture missing or not worn, loose and needs denture adhesive, or not named 2

#### Tongue:
- Normal, moist roughness, pink 0
- Patchy, fissured, red, coated 1
- Patch that is red and/or white, ulcerated, swollen 2

#### Gums and tissues:
- Pink, moist, smooth, no bleeding 0
- Dry, shiny, rough, red, swollen, 1 ulcer or sore spot under dentures 1
- Swollen, bleeding, ulcers, white/red patches, generalised redness under dentures 2

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- Organise for resident to have a dental examination by a dentist
- Resident and/or family or guardian refuses dental treatment
- Complete oral hygiene care plan and start oral hygiene care interventions for resident
- Review this resident’s oral health again on date:


**TOTAL:**

**SCORE: 16**