• Lightly brushing the palate with a cotton swab also may open the mouth for assessment.

Infants and toddlers usually resist attempts to keep the mouth open. Because inspecting the mouth is upsetting, leave it for the end of the physical examination (along with examination of the ears) or do it during episodes of crying. However, the use of a tongue blade (preferably flavored) to depress the tongue may be needed. Place the tongue blade along the side of the tongue, not in the center back area where the gag reflex is elicited. Fig. 4-26, *B*, illustrates proper positioning of the child for the oral examination.

The major structure of the exterior of the mouth is the lips. The lips should be moist, soft, smooth, and pink, or a deeper hue than the surrounding skin. The lips should be symmetric when relaxed or tensed. Assess symmetry when the child talks or cries.

## **Inspection of Internal Structures**

The major structures that are visible within the oral cavity and oropharynx are the mucosal lining of the lips and cheeks, gums (or gingiva), teeth, tongue, palate, uvula, tonsils, and posterior oropharynx (Fig. 4-27). Inspect all areas lined with **mucous membranes** (inside the lips and cheeks, gingiva, underside of the tongue, palate, and back of the pharynx) for color, any areas of white patches or ulceration, bleeding, sensitivity, and moisture. The membranes should be bright pink, smooth, glistening, uniform, and moist.