

|  |
| --- |
| Disability Accommodations Services (DAS) |
| Oral health assessment and care plan – December 2015 |
|  |

**Part A: Oral health assessment**

|  |  |  |  |
| --- | --- | --- | --- |
| Resident name |  | Date of assessment |  |
| Staff name completing assessment |  | Staff Signature |  |
| Staff classification |  | Date of scheduled annual dental review |  |

Instruction: Staff must complete the oral health assessment table below in the week before the person’s annual dental review and take to the dental appointment. For each resident, tick the ‘healthy’ or ‘unhealthy’ description or the ‘don’t know’ section if you are unsure for each category of oral health.

Residents who have do not have teeth still require oral health care and regular oral health checks.

|  |  |  |  |
| --- | --- | --- | --- |
| Category | Healthy (normal indicators) | Unhealthy | Don’t know |
| Does the person have daily oral health care? | 🞎 Regular daily oral health care | 🞎 Regularly refuses daily oral health care  🞎 Regularly misses daily oral health care | 🞎 |
| Are the person’s lips | 🞎 Moist | 🞎 Chapped or dry | 🞎 |
| Is the person’s tongue | 🞎 Pink  🞎 Moist | 🞎 Red  🞎 Dry | 🞎  🞎 |
| Are the person’s gums | 🞎 Pink  🞎 Firm | 🞎 Red  🞎 Inflamed  🞎 Ulcerated | 🞎  🞎  🞎 |
| Is the person’s breath | 🞎 OK | 🞎 Bad smelling | 🞎 |
| Is the person’s saliva | 🞎 Plentiful  🞎 Watery | 🞎 Dry  🞎 Sticky/frothy | 🞎  🞎 |
| Describe the person’s natural teeth.  (If they have any) | 🞎 No decay  🞎 No broken teeth  🞎 All firm | 🞎 Obviously decayed  🞎 Broken teeth  🞎 Some loose | 🞎  🞎  🞎 |
| Describe the person’s dentures  (If they have any) | 🞎 Intact  🞎 Well fitting | 🞎 Missing  🞎 Broken  🞎 Loose | 🞎  🞎  🞎 |
| Describe the person’s oral cleanliness | 🞎 No food particles  🞎 No tarter  🞎 Minimal plaque | 🞎 Food particles  🞎 Tarter  🞎 Thick plaque | 🞎  🞎  🞎 |
| Does the person have dental pain?  Use the DisDAT tool to identify signs of pain | 🞎 No behavioural signs  🞎 No verbal signs  🞎 No physical signs | 🞎 Behavioural signs of pain  🞎 Verbal signs of pain  🞎 Obvious ulcerations, swelling, decay | 🞎  🞎  🞎 |
| Comments: | | | |

**Part B: Oral health care plan**

|  |  |  |  |
| --- | --- | --- | --- |
| Resident name |  | Date of plan |  |
| Staff name completing plan |  | Staff signature |  |
| Staff classification |  |  |  |

Instruction: Every resident must have an oral health care plan completed by staff that describes the daily oral health care required and strategies for staff to support the resident. This must be taken to the dental practitioner at the annual dental review for their endorsement.

Staff who are unfamiliar with how to support a person with oral health care should read RSPM section 5.10 and the related resources including watching the video clip ‘Brushing up on oral health’.

|  |  |
| --- | --- |
| What is the required daily oral health care routine?  E.g. brush teeth, gums, inside the cheeks and tongue twice daily using a pea sized amount of fluoride containing toothpaste;  E.g. remove and clean dentures and brush gums, cheeks and tongue twice daily |  |
| What parts of the oral health care routine can the person do independently? |  |
| Staff support required:  *Refer to the task breakdown checklist resource part 1. Note what the person needs support with and how that is provided.* |  |
| Environmental set up required:  *E.g. what tools are used (electric toothbrush, bent toothbrush);positioning (seated or standing); what products are used (low foaming toothpaste, floss, denture cleaning products, products recommended by the dentist); water temperature.* |  |
| Preferred timing and daily routine:  *E.g. after meals or before bed; in a place where the person is relaxed and comfortable such as the bathroom, bedroom or in a favourite chair.* |  |
| Communication approaches:  *Describe the persons preferred communication method for example verbal, picture board, IPad, Auslan etc* |  |
| Strategies make the experience as comfortable as possible for the person |  |

**Dental Practitioner endorsement of daily oral health care plan**

The oral health status of people with a disability is often poor. It is important that dental practitioners review the daily oral health care routines to ensure they are appropriate for the patient. Can you please complete this section to indicate whether the daily routine is appropriate.

|  |  |  |  |
| --- | --- | --- | --- |
| 🞎 I have reviewed Part A - Oral health assessment and used this information in my assessment of the patient. | | | |
| 🞎 I agree that part B – oral health care plan is appropriate for the patient: OR  🞎 I recommend the following changes to part B – oral health care plan | | | |
| Information about consent for dental treatment is available from the Office of the Public Advocate at <http://www.publicadvocate.vic.gov.au/our-services/publications-forms/medical-consent/flowchart-1/237-can-your-adult-patient-consent-flowchart-september-2015> | | | |
| Name of dental practitioner |  | Date of consultation |  |
| Address of dental practitioner |  | Phone number of dental practitioner |  |
| Signature of dental practitioner |  | Practice stamp |  |