Oral Cavity Assessment DAILY MINIMUM PLUS MORE FREQUENTLY AS NEEDED

Directions:

- Determine rating for each category (one or more rating descriptors match findings)
- Add up rating
- Use Oral Care Protocol to determine frequency of oral interventions
- Implement interventions based on total score (SEE REVERSE)
- Use Protocol Algorithm (SEE REVERSE) to determine if patient requires suction-based products

• Use Pro	tocol Algorithm	(SEE REVERSE) to determine if patient requires suction-based products			
Category	0	1	2	3	Rating
Lips	Smooth, pink, moist, and intact	Slightly wrinkled and dry; one or more isolated reddened areas, or small crack	Dry and somewhat swollen; may have one or two isolated blisters; inflammatory line of demarcation; cracked and bleeding	Extremely dry and edematous; entire lip inflamed; generalized blisters or ulceration; deep cracks	0 1 2 3
Gingiva (gums) and Oral Mucosa	Smooth, pink, moist, and intact	Gingiva (gums): Slight redness Mucosa: Pale and slightly dry; one or two isolated lesions, blisters, or reddened areas	Gingiva (gums): Moderate redness Mucosa: Dry and somewhat swollen, generalized redness, more than two lesions, blisters or reddened areas	Gingiva (gums): Generalized redness, swelling, bleed easily Mucosa: Extremely dry and edematous; entire mucosa very red and inflamed; multiple confluent ulcers	0 1 2 3
Tongue	Smooth, pink, moist, and intact	Slightly dry; one or more isolated reddened areas; papillae prominent particularly at base	Dry and somewhat swollen; generalized redness but tip and papillae are redder; one or two isolated lesions or blisters	Extremely dry and edematous; thick and engorged; entire tongue quite inflamed; tip very red and demarcated with coating; multiple blisters or ulcers	0 1 2 3
Teeth and/or Dentures (Full or Partial)	No visible decay; clean, no debris (plaque or food)	Area of possible decay; minimal debris (plaque or food) mostly between teeth	Two or more areas of decay; moderate debris clinging to half of visible enamel	Multiple areas of severe decay; covered with debris	0 1 2 3
Saliva	Thin, watery, plentiful	Noticeable increase or decrease in amount	Scanty; may be thicker than normal	Thick and ropy, viscid, or mucoid	0 1 2 3
Adapted with permission from Beck, S.L. <i>Oral Exam Guide</i> 1991				Total Score	/15

Documentation of Oral care Requirements:

On admission:

Admission History: Function section – indicate oral care status on admission as independent, assistance required, or dependent

Daily Assessments: GI section – indicate first oral care assessment results

Care Plan: Impaired function related to – indicate level of assistance with oral care

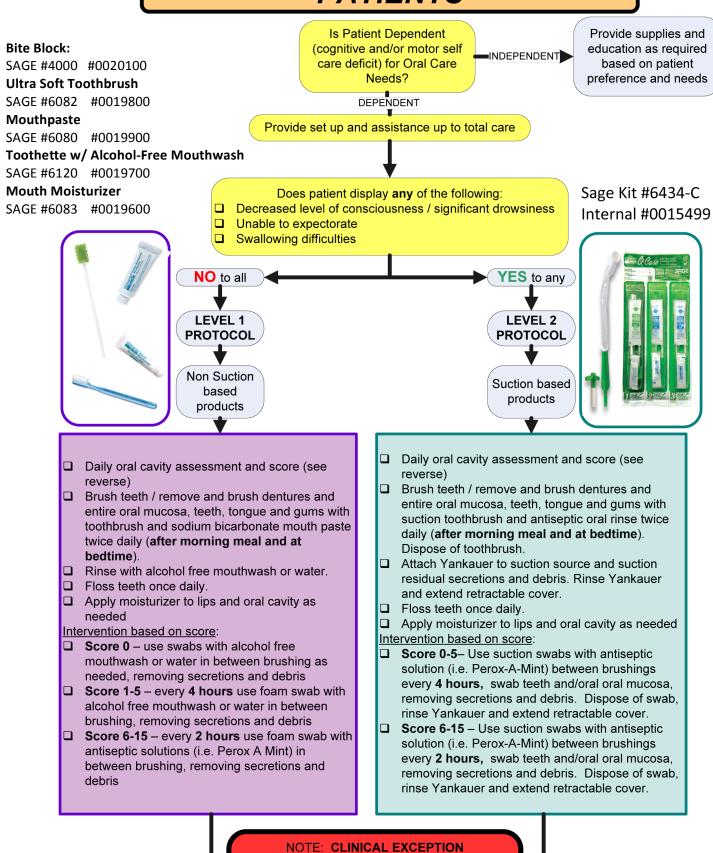
Daily:

Daily Assessments: GI section – indicate daily oral care assessment results

Care Flow sheet: Function (hygiene) – indicate daily score and level 1 or 2, initial EACH time oral care performed in box with appropriate level of assistance, "*" if additional information and document in Interdisciplinary progress notes

Refer to ORAL CARE FOR DEPENDENT PATIENTS protocol AC-GPC-XIII-a-120 for additional information

ORAL CARE FOR DEPENDENT PATIENTS



Jse foam swabs in place of toothbrush if patient is

prone to excessive bleeding and/or has blood latelet count of less than 40,000 X10*9 or INR >