

Oral Cavity Assessment <u>DAILY MINIMUM PLUS MORE FREQUENTLY AS NEEDED</u>					
Directions: <ul style="list-style-type: none"> Determine rating for each category (one or more rating descriptors match findings) Add up ratings 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 					
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

