

# MOUTH CARE ASSESSMENT TOOL

**Patient Name:**\_\_\_\_\_

**Date:** \_\_\_\_\_

TONGUE		TEETH/DENTURES		SALIVA	
Pink and moist	1	Clean	1	Present/watery	1
Coated	2	Localised plaque/debris	2	Thick	2
Shiny/red/dry	3	Plaque/debris on gum line halitosis	3	Thick and discoloured	3
Blistered/cracked	4	Ill fitting dentures/caries	4	Absent or over production	4
NUTRITIONAL STATUS		PHYSICAL ABILITY		CONSCIOUS LEVEL	
Normal dietary intake	0	Self caring	0	Alert	0
Poor dietary intake	1	Able to do with prompting	1	Apathetic	1
Fluids only	2	Requires assistance with denture hygiene	2	Confused	2
Enteral/nil by mouth	3	Requires partial assistance, e.g. putting toothpaste on toothbrush	3	Unco-operative	3
No intake	4	Unable to perform own oral hygiene	4	Unconscious	4
MUCOUS MEMBRANES		LIPS		OTHER FACTORS	
Pink and moist	1	Smooth/moist	1	Steroid therapy	1
Reddened/coated	2	Dry/cracked	2	Diabetes/smoker	2
White areas	3	Bleeding	3	Oxygen therapy	3
Ulcerated/bleeding/pain/dry	4	Ulcerated	4	Mouth breathing, chemotherapy/radiotherapy	4

**SCORE ON ADMISSION:** \_\_\_\_\_

**SCORE AFTER WEEK 1:**

**SCORE AFTER WEEK 2:**

<b>SCORE: 5-9 LOW RISK</b>	<b>SCORE: 10-19 MEDIUM RISK</b>	<b>SCORE: 20-36 HIGH RISK</b>
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Date	Treatment	Signature