

ORAL ASSESSMENT TOOL

Name _____ Ward _____ Hospital Number _____
Primary Nurse _____

Tongue	Teeth or Dentures (Circle)	Saliva	Mucous membranes	Lips
Pink and moist 1	Clean 1	Present/watery 1	Pink and moist 1	Smooth/moist 1
Coated 2	Plaque/debris in localised areas 2	Thick 2	Reddened/coated 2	Dry/cracked 2
Shiny / red 3	Plaque/debris along gum line 3	Insufficient 3	White areas 3	Bleeding 3
Blistered / cracked 4	Ill fitting dentures, caries 4	Absent 4	Ulcerated/bleeding 4	Ulcerated 4
Mental status	Nutritional intake	Pain	Other factors	
Alert 0	Good 0	Pain free 0		
Apathetic 1	Inadequate diet 1	Fear of pain 1	Steroid therapy 1	
Sedated 2	Fluids only 2	Intermittent Pain on movement 2	Diabetes 2	
Uncooperative 3	Enteral 3	Uncontrolled 4	Oxygen therapy 3	
Unconscious 4	No intake 4		Mouth breathing 4	

SCORE 5 - 9: LOW RISK; PLAN 6A

SCORE 10 - 17: RISK OF / EVIDENCE OF DRY MOUTH; PLAN 6B

SCORE 18 - 28: RISK OF / EVIDENCE OF THRUSH; PLAN 6C

SCORE 29 - 31: RISK OF / EVIDENCE OF SORE MOUTH/TONGUE; PLAN 6D

SCORE 32 - 36: RISK OF / EVIDENCE OF ULCERATED MOUTH; PLAN 6E

Re-evaluate every other day

Date	Time	Assessment Score	Risk of.....	or Evidence of..	Plans of care	Assessed by	Review due
©FREER 01							

NEUROSCIENCES ORAL ASSESSMENT: CONTINUATION SHEET

Name _____

Ward_____

Hospital Number_____

Primary Nurse _____

[illegible]