

ORAL CARE PLAN

Sample

Name: _____ DOB: _____ Address: _____

Implementation date: _____ Review date: _____

GENERAL PRINCIPLES

It is recommended that:

- oral care is attended at least twice per day
- oral care is attended every 2-3 hours for those who are nil by mouth
- service users be in an upright position for teeth brushing
- all toothbrushes have soft heads
- the teeth brushing motion is up and down and includes teeth, gums and tongue
- teeth are brushed gently
- teeth brushing continues even if the gums are bleeding

OBSERVATIONS

- Observe the teeth, mouth, gums and lips for: obvious dental decay, pallor, inflammation, ulcers, blisters, dryness, cyanosis (blueness), bleeding
- Report any concerns

DESCRIPTION OF DENTAL PROBLEMS/MANAGEMENT

(as stated at last dental review)

USUAL INSTRUCTIONS

Times for oral care	
Best position for staff	
Type of toothbrush	
Size of toothbrush	
Type of toothpaste/mouthwash	
Amount of toothpaste/mouthwash	
Water cup or damp cloth	
Amount of water	
Type of lip balm	

SPECIAL INSTRUCTIONS (eg, behavioural issues and management)

Last dental visit: _____ Next dental review: _____