



DT9451

## ORAL HEALTH ASSESSMENT BY A NURSE IN A RESIDENTIAL AND LONG-TERM CARE CENTRE (CHSLD)

Facility: \_\_\_\_\_

File number			
Resident's last name			
Resident's first name			
Date of birth	Year	Month	Day
		Sex <input type="checkbox"/> M <input type="checkbox"/> F	
Health insurance number		Year	Month
		Expiry	
Area code	Phone number	Area code	Phone number (alt.)

Medical contraindication(s) to oral health care among the following:	Referrals
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<input type="checkbox"/> <b>Cardiac arrhythmia:</b> <ul style="list-style-type: none"> <li>• A heart rhythm disturbance treated with an implantable pacemaker and implantable cardioverter-defibrillator that is unstable or symptomatic.</li> <li>• A low-risk heart rhythm disturbance (atrial flutter and atrial fibrillation, left branch block, ST segment abnormality) that is unstable or symptomatic.</li> <li>• Any other heart rhythm disorder, whether stable or unstable.</li> </ul> <input type="checkbox"/> <b>Risk of developing infective endocarditis</b> <ul style="list-style-type: none"> <li>• Prosthetic heart valve or prosthetic heart valve repair with prosthetic material including bioprosthetic valves</li> <li>• History of infective endocarditis</li> <li>• Heart transplant that develops a heart valve problem</li> <li>• Severe congenital heart disease</li> </ul>	<input type="checkbox"/> <b>Recent myocardial infarction (&lt; 6 months)</b> <input type="checkbox"/> <b>Heart failure</b> <input type="checkbox"/> <b>Transient ischemic attack or stroke (&lt; 6 months)</b> <input type="checkbox"/> <b>Clotting disorders such as:</b> von Willebrand disease, hemophilia and primary fibrinogenolysis. <input type="checkbox"/> <b>Active chemotherapy and radiation therapy</b> <input type="checkbox"/> <b>Leukemia / multiple myeloma / lymphoma</b> <input type="checkbox"/> <b>Lupus erythematosus</b> <input type="checkbox"/> <b>Organ transplant</b> <input type="checkbox"/> <b>HIV in the AIDS phase (CD4+ &lt; 200/uI)</b>
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<input type="checkbox"/> <b>No contraindications</b>	<input type="checkbox"/> Referral to <b>dentist</b> only and start daily oral hygiene care  <input type="checkbox"/> Referral to <b>dentist</b> for all residents and start daily oral hygiene care <input type="checkbox"/> Referral to dental <b>hygienist</b> for residents with teeth <input type="checkbox"/> Referral to <b>denturist</b> for residents who have a problem with their dentures <i>(Ideally, schedule the dentist's visit before the denturist's visit)</i>
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Criteria for urgent dental care	Urgent referral to dentist
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<input type="checkbox"/> Bulge in the oropharynx or on the floor of the mouth causing difficulty swallowing or breathing <input type="checkbox"/> Swelling extending to the eye, under the chin or causing trismus <input type="checkbox"/> Broken tooth causing traumatic ulceration <input type="checkbox"/> Very loose tooth with risk of aspiration <input type="checkbox"/> Severe oral pain that affects activities of daily living, sleep or behaviour.	<input type="checkbox"/> Urgent referral to <b>dentist</b>
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Nurse			
Name		Permit no.	
Signature		Date	Year    Month    Day

SHEET – Result of the NURSE’s assessment according to the *Guide illustré d’évaluation de la santé buccodentaire*

Structure	0 = Healthy	1 = Slight deterioration	2 = Severe deterioration
Lips	<input type="checkbox"/> Pink <input type="checkbox"/> Moist <input type="checkbox"/> Smooth <b>Reassess in 12 months</b>	<input type="checkbox"/> Redness at the corners of the lips <b>TNP: oral candidiasis and angular cheilitis protocol<sup>1</sup></b>  <input type="checkbox"/> Dry <input type="checkbox"/> Chapped <b>TNP: xerostomia protocol<sup>1</sup></b>	<input type="checkbox"/> Red, white or ulcerated areas <b>Reassess in 3 weeks and if no improvement, priority<sup>2</sup> referral to dentist (not urgent)</b>  <input type="checkbox"/> Bleeding and ulcerated areas at the corners of the lips <b>TNP: oral candidiasis and angular cheilitis protocol<sup>1</sup></b>
Tongue	<input type="checkbox"/> Pink <input type="checkbox"/> Moist <b>Reassess in 12 months</b>	<input type="checkbox"/> Red, fissured and shiny without swelling <input type="checkbox"/> Dry <b>TNP: xerostomia protocol<sup>1</sup></b>  <input type="checkbox"/> Patches on some of the surface <b>TNP: oral candidiasis and angular cheilitis protocol<sup>1</sup></b>  <input type="checkbox"/> Small ulcer(s) visible <b>TNP: mouth ulcer protocol<sup>1</sup></b>	<input type="checkbox"/> Red or white patches on most of the surface <b>TNP: oral candidiasis and angular cheilitis protocol<sup>1</sup></b>  <input type="checkbox"/> Large ulcer visible <b>TNP: mouth ulcer protocol<sup>1</sup>, reassess in 3 weeks and if no improvement, priority<sup>2</sup> referral to dentist (not urgent)</b>
Gums and palate	<input type="checkbox"/> Pink <input type="checkbox"/> Moist <input type="checkbox"/> Smooth <input type="checkbox"/> No bleeding <b>Reassess in 12 months</b>	<input type="checkbox"/> Localized or limited redness or swelling <input type="checkbox"/> Localized or limited bleeding <b>Reassess in 1 month after ensuring daily hygiene care and prioritize the referral to the dental hygienist as needed</b>  <input type="checkbox"/> Dry <b>TNP: xerostomia protocol<sup>1</sup></b>  <input type="checkbox"/> White patches, residue or coating on a small area <b>TNP: oral candidiasis and angular cheilitis protocol<sup>1</sup></b>  <input type="checkbox"/> Ulcer or sore spot under the dentures <b>TNP: mouth ulcer protocol<sup>1</sup></b>	<input type="checkbox"/> Generalized redness or swelling of the gums <b>Reassess in 1 month after ensuring daily hygiene care and prioritize the referral to the dental hygienist as needed</b>  <input type="checkbox"/> Generalized redness or swelling of the palate <input type="checkbox"/> White patches, residue or coating on a large area <b>TNP: oral candidiasis and angular cheilitis protocol<sup>1</sup></b>  <input type="checkbox"/> Several ulcers under the dentures <b>TNP: see mouth ulcer protocol<sup>1</sup></b>
Mucosa of the cheeks and lips	<input type="checkbox"/> Pink <input type="checkbox"/> Moist <input type="checkbox"/> Smooth <b>Reassess in 12 months</b>	<input type="checkbox"/> Localized redness or edema with a shiny appearance <b>Reassess in 3 weeks and if no improvement, priority<sup>2</sup> referral to dentist (not urgent)</b>  <input type="checkbox"/> Dry <b>TNP: xerostomia protocol<sup>1</sup></b>  <input type="checkbox"/> Residue or coating on a small area of the surface <b>TNP: oral candidiasis and angular cheilitis protocol<sup>1</sup></b>  <input type="checkbox"/> Small ulcer visible <b>TNP: mouth ulcer protocol<sup>1</sup></b>	<input type="checkbox"/> Generalized red or white patches <b>Priority<sup>2</sup> referral to dentist (not urgent)</b>  <input type="checkbox"/> Residue or coating on a large area of the surface <b>TNP: oral candidiasis and angular cheilitis protocol<sup>1</sup>, reassess in 3 weeks and if no improvement, priority<sup>2</sup> referral to dentist (not urgent)</b>  <input type="checkbox"/> Large ulcer visible <b>TNP: mouth ulcer protocol<sup>1</sup>, reassess in 3 weeks and if no improvement, priority<sup>2</sup> referral to dentist (not urgent)</b>
Saliva	<input type="checkbox"/> Abundant, watery, free flowing <input type="checkbox"/> Tissues moist <b>Reassess in 12 months</b>	<input type="checkbox"/> Little saliva <input type="checkbox"/> Tissues dry or sticky <b>TNP: xerostomia protocol<sup>1</sup></b>	<input type="checkbox"/> Little or no saliva <input type="checkbox"/> Tissues dry or red <input type="checkbox"/> Thick saliva <b>TNP: xerostomia protocol<sup>1</sup></b>

Structure	0 = Healthy	1 = Slight deterioration	2 = Severe deterioration
Natural teeth	<input type="checkbox"/> No visible signs of cavities <input type="checkbox"/> No broken teeth <input type="checkbox"/> No loose teeth <b>Reassess in 12 months</b>	<input type="checkbox"/> Visible signs of cavity (on a tooth or a root) <input type="checkbox"/> Broken tooth without traumatic ulceration <input type="checkbox"/> Slightly loose tooth <b>Reassess in 12 months</b>	<input type="checkbox"/> Several visible signs of cavities (teeth or roots) <input type="checkbox"/> Several broken teeth without traumatic ulceration <b>Priority<sup>2</sup> referral to dentist (not urgent)</b>
Dentures	<input type="checkbox"/> Structure intact <input type="checkbox"/> Teeth intact <input type="checkbox"/> Stability and retention good <input type="checkbox"/> Dentures identified <b>Reassess in 12 months</b>	<input type="checkbox"/> Acrylic or metal structure broken (minor damage) <input type="checkbox"/> Broken or missing tooth <input type="checkbox"/> Poor stability or retention with or without lesions on the mucosa, gums or palate <b>Referral to denturist if no medical contraindications</b>  <input type="checkbox"/> Dentures not identified <b>Referral for identification of dentures</b>	<input type="checkbox"/> Acrylic or metal structure broken (major damage) <input type="checkbox"/> Dentures not worn or poorly adjusted <input type="checkbox"/> Dentures worn only with an adhesive <b>Referral to denturist if no medical contraindications</b>  <input type="checkbox"/> Dentures hurt the patient <b>Stop wearing immediately, priority<sup>2</sup> referral dentist - (not urgent) or denturist (not urgent)</b>  <input type="checkbox"/> Dentures not identified <b>Referral for identification of dentures</b>
Oral hygiene and dentures	<input type="checkbox"/> No debris <input type="checkbox"/> Good breath <b>Reassess oral hygiene every month</b>	<input type="checkbox"/> Localized debris <input type="checkbox"/> Bad breath noticeable during long interactions <b>Reassess oral hygiene every month</b>	<input type="checkbox"/> Generalized debris <input type="checkbox"/> Halitosis (very bad breath) <b>Reassess oral hygiene every month</b>
Pain	<input type="checkbox"/> No pain <b>Reassess in 12 months</b>	<input type="checkbox"/> Oral pain that does not affect activities of daily living (ADL), sleep or behaviour. <b>TNP: pain management</b>	<input type="checkbox"/> Severe oral pain that affects activities of daily living, sleep or behaviour. <b>Urgent referral to dentist</b>

<sup>1</sup>The protocols are in the last section of the Guide illustré d'évaluation de la santé buccodentaire: Principaux problèmes de santé buccodentaire et interventions suggérées.

<sup>2</sup> Write "priority" clearly on the referral for professional services form so that the dental professional can see it easily (do not check the "urgent" box on the referral form).

NOTES