



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							
	Year	M		Day	/	Sex	
Date of birth						M	L F
Health insurance r	number					Year	Month
			Е	xpiry			
Area code Phone	e number		Area	code	Ph	none numb	er (alt.)

Facility:				
Madical contraindication(a)	la aval baalib aa	ve among the fallowing.	Defe	wala.
Medical contraindication(s) t	to oral nealth car	e among the following:	Refer	rais
Cardiac arrhythmia:		Recent myocardial infarction (< 6 months)		
 A heart rhythm disturbance treated with an implantable pacemaker and implantable cardioverter-defibrillator that is unstable or 		Heart failure		
symptomatic.		Transient ischemic attack or stroke (< 6 mor	nths)	
 A low-risk heart rhythm disturb flutter and atrial fibrillation, left ST segment abnormality) that symptomatic. 	branch block,	Clotting disorders such as: von Willebrand di hemophilia and primary fibrinogenolysis.	sease,	
Any other heart rhythm disorder stable or unstable.	er, whether	Active chemotherapy and radiation therapy Leukemia / multiple myeloma / lymphoma		eferral to dentist only and start ily oral hygiene care
Risk of developing infective e	ndocarditis			
 Prosthetic heart valve or prostivalve repair with prosthetic mabioprosthetic valves 		Lupus erythematosus Organ transplant		
 History of infective endocarditi 	s	HIV in the AIDS phase (CD4+ < 200/ul)		
 Heart transplant that develops problem 	a heart valve	, in maio Albo pilato (65 in 4260al)		
Severe congenital heart disease	se			
				eferral to dentist for all
☐ No contraindications			hy Re res	sidents and start daily oral giene care eferral to dental hygienist for sidents with teeth eferral to denturist for residents no have a problem with their entures leally, schedule the dentist's visit fore the denturist's visit)
Criteria for urgent dental car	re e			
Bulge in the oropharynx or on the floor of the mouth causing difficulty swallowing or breathing			gent referral to dentist	
Swelling extending to the eye, u	nder the chin or caus	ing trismus		
Broken tooth causing traumatic ulceration				
Very loose tooth with risk of aspi	iration			
Severe oral pain that affects active	vities of daily living, sle	eep or behaviour.		
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	☐ Pink ☐ Moist ☐ Smooth Reassess in 12 months	☐ Redness at the corners of the lips TNP: oral candidiasis and angular cheilitis protocol¹ ☐ Dry ☐ Chapped TNP: xerostomia protocol¹	☐ Red, white or ulcerated areas Reassess in 3 weeks and if no improvement, priority² referral to dentist (not urgent) ☐ Bleeding and ulcerated areas at the corners of the lips TNP: oral candidiasis and angular cheilitis protocol¹
Tongue	☐ Pink ☐ Moist Reassess in 12 months	Red, fissured and shiny without swelling Dry TNP: xerostomia protocol¹ Patches on some of the surface TNP: oral candidiasis and angular cheilitis protocol¹ Small ulcer(s) visible TNP: mouth ulcer protocol¹	Red or white patches on most of the surface TNP: oral candidiasis and angular cheilitis protocol¹ Large ulcer visible TNP: mouth ulcer protocol¹, reassess in 3 weeks and if no improvement, priority² referral to dentist (not urgent)
Gums and palate	☐ Pink ☐ Moist ☐ Smooth ☐ No bleeding Reassess in 12 months	□ Localized or limited redness or swelling □ Localized or limited bleeding Reassess in 1 month after ensuring daily hygiene care and prioritize the referral to the dental hygienist as needed □ Dry TNP: xerostomia protocol¹ □ White patches, residue or coating on a small area TNP: oral candidiasis and angular cheilitis protocol¹ □ Ulcer or sore spot under the dentures TNP: mouth ulcer protocol¹	Generalized redness or swelling of the gums Reassess in 1 month after ensuring daily hygiene care and prioritize the referral to the dental hygienist as needed Generalized redness or swelling of the palate White patches, residue or coating on a large area TNP: oral candidiasis and angular cheilitis protocol¹ Several ulcers under the dentures TNP: see mouth ulcer protocol¹
Mucosa of the cheeks and lips	☐ Pink ☐ Moist ☐ Smooth Reassess in 12 months	□ Localized redness or edema with a shiny appearance Reassess in 3 weeks and if no improvement, priority2 referral to dentist (not urgent) □ Dry TNP: xerostomia protocol¹ □ Residue or coating on a small area of the surface TNP: oral candidiasis and angular cheilitis protocol¹ □ Small ulcer visible TNP: mouth ulcer protocol¹	☐ Generalized red or white patches Priority² referral to dentist (not urgent) ☐ Residue or coating on a large area of the surface TNP: oral candidiasis and angular cheilitis protocol¹, reassess in 3 weeks and if no improvement, priority² referral to dentist (not urgent) ☐ Large ulcer visible TNP: mouth ulcer protocol¹, reassess in 3 weeks and if no improvement, priority² referral to dentist (not urgent)
Saliva	☐ Abundant, watery, free flowing ☐ Tissues moist Reassess in 12 months	☐ Little saliva ☐ Tissues dry or sticky TNP: xerostomia protocol¹	☐ Little or no saliva ☐ Tissues dry or red ☐ Thick saliva TNP: xerostomia protocol¹

Structure	0 = Healthy	1 = Slight deterioration	2 = Severe deterioration			
Natural teeth	 No visible signs of cavities No broken teeth No loose teeth Reassess in 12 months 	☐ Visible signs of cavity (on a tooth or a root) ☐ Broken tooth without traumatic ulceration ☐ Slightly loose tooth Reassess in 12 months	☐ Several visible signs of cavities (teeth or roots) ☐ Several broken teeth without traumatic ulceration Priority² referral to dentist (not urgent)			
Dentures	Structure intact Teeth intact Stability and retention good Dentures identified Reassess in 12 months	 □ Acrylic or metal structure broken (minor damage) □ Broken or missing tooth □ Poor stability or retention with or without lesions on the mucosa, gums or palate Referral to denturist if no medical contraindications □ Dentures not identified Referral for identification of dentures 	Acrylic or metal structure broken (major damage) Dentures not worn or poorly adjusted Dentures worn only with an adhesive Referral to denturist if no medical contraindications Dentures hurt the patient Stop wearing immediately, priority² referral dentist - (not urgent) or denturist (not urgent) Dentures not identified Referral for identification of dentures			
Oral hygiene and dentures	☐ No debris ☐ Good breath Reassess oral hygiene every month	☐ Localized debris ☐ Bad breath noticeable during long interactions Reassess oral hygiene every month	☐ Generalized debris ☐ Halitosis (very bad breath) Reassess oral hygiene every month			
Pain	☐ No pain Reassess in 12 months	 Oral pain that does not affect activities of daily living (ADL), sleep or behaviour. TNP: pain management 	 Severe oral pain that affects activities of daily living, sleep or behaviour. Urgent referral to dentist 			
¹ 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. ² 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).						
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