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Santé et Services sociaux Québec

DT9451

File number

Resident's last name

Resident's first name

Date of birth Year Month Day Sex ☐ M ☐ F

Health insurance number Expiry Year Month

Area code Phone number Area code Phone number (alt.)

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

Oral assessment

To assess \ Date	Year Month Day	Year Month Day	Year Month Day	Year Month Day
Lips	☐ 0 ☐ 1 ☐ 2	☐ 0 ☐ 1 ☐ 2	☐ 0 ☐ 1 ☐ 2	☐ 0 ☐ 1 ☐ 2
Tongue	☐ 0 ☐ 1 ☐ 2	☐ 0 ☐ 1 ☐ 2	☐ 0 ☐ 1 ☐ 2	☐ 0 ☐ 1 ☐ 2
Gums and palate	☐ 0 ☐ 1 ☐ 2	☐ 0 ☐ 1 ☐ 2	☐ 0 ☐ 1 ☐ 2	☐ 0 ☐ 1 ☐ 2
Mucous membrane of the cheeks and lips	☐ 0 ☐ 1 ☐ 2	☐ 0 ☐ 1 ☐ 2	☐ 0 ☐ 1 ☐ 2	☐ 0 ☐ 1 ☐ 2
Saliva	☐ 0 ☐ 1 ☐ 2	☐ 0 ☐ 1 ☐ 2	☐ 0 ☐ 1 ☐ 2	☐ 0 ☐ 1 ☐ 2
Natural teeth	☐ 0 ☐ 1 ☐ 2	☐ 0 ☐ 1 ☐ 2	☐ 0 ☐ 1 ☐ 2	☐ 0 ☐ 1 ☐ 2
Present	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Dentures	☐ 0 ☐ 1 ☐ 2	☐ 0 ☐ 1 ☐ 2	☐ 0 ☐ 1 ☐ 2	☐ 0 ☐ 1 ☐ 2
Present	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Oral hygiene	☐ 0 ☐ 1 ☐ 2	☐ 0 ☐ 1 ☐ 2	☐ 0 ☐ 1 ☐ 2	☐ 0 ☐ 1 ☐ 2
Pain	☐ 0 ☐ 1 ☐ 2	☐ 0 ☐ 1 ☐ 2	☐ 0 ☐ 1 ☐ 2	☐ 0 ☐ 1 ☐ 2

0 = healthy: No abnormality
1 = slight deterioration: Slight abnormality present. If the area is shaded, send the resident to the dentist for a dental exam
2 = severe deterioration: Severe abnormality present. Send the resident to the dentist for a dental exam

Always provide daily oral hygiene care according to the appropriate reminder card. *However, residents who are admitted with one or more very loose teeth (severe mobility) or severe oral pain, with or without facial swelling, must urgently see the dentist before receiving daily oral hygiene care.*

Carry out the suggested interventions for the main oral health problems				
	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Send the resident to the dentist				
	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No

Therapeutic Nursing Plan (TNP)

TNP determined, adjusted	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Note written in file	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No

Nurse

Name:				
Signature:				
Permit number:				

Structure	0 = healthy	1 = slight deterioration	2 = severe deterioration
Lips	• Pink • Moist • Smooth	• Redness at the corners • Dry • Chapped	• Red, white or ulcered areas • Swelling or puffiness • Ulcered and bloody areas at the corners
Tongue	• Pink • Moist • Normal	• Red, fissured and shiny without swelling • Dry • Patches on some of the surface • Small ulcer visible	• Swelling • Red or white patches on most of the surface • Large ulcer visible
Gums and palate	• Pink • Moist • Smooth • No bleeding	• Localized redness or swelling • Dry • Localized or light bleeding • White patches, residue or coating on most of the surface • Ulcer or painful area present under the dentures	• Diffuse redness or swelling • Diffuse or heavy bleeding • White patches, residue or coating on some of the surface • Several ulcers present under the dentures
Mucous membrane of the cheeks and lips	• Pink • Moist • Smooth	• Localized redness or edema with shiny appearance • Dry • Residue or coating on most of the surface • Small ulcer visible	• Red or white patches or diffuse edema • Residue or coating on some of the surface • Large ulcer visible
Saliva	• Abundant, watery and fluid • Moist tissue	• Minimal saliva • Dry or sticky tissue	• Minimal or no saliva • Dry or red tissue • Thick saliva
Natural teeth	• No apparent cavities • No broken teeth • No decaying or broken roots • No looseness	• Apparent cavity • Broken tooth • Decaying root • Slightly loose tooth	• Several apparent cavities • Several broken teeth • Several decaying or broken roots • Very loose tooth
Dentures	• Acrylic or metal structure in good condition • Teeth in good condition • Good retention and stability • Identified dentures	• Acrylic or metal structure broken (minor break) • Broken or missing tooth • Poor retention or stability with or without lesions on the mucous membrane, gums or palate • Unidentified dentures	• Acrylic or metal structure broken (major break) • Several broken or missing teeth • Does not wear their denture or denture is poorly adjusted • Wears their denture only with an adhesive
Oral hygiene	• No debris, food or tartar on teeth or dentures • No bad breath	• Localized presence of debris, food or tartar on teeth or dentures • Bad breath noticeable during long interactions	• General presence of debris, food or tartar on teeth or dentures • Halitosis (very bad breath)
Pain	• No pain or signs of oral pain (physical, verbal or behavioural)	• Occasional signs of oral pain (physical, verbal or behavioural)	• Frequent signs of oral pain (physical, verbal or behavioural)

☐ Send the resident to the dentist for a dental exam and oral assessment.

Reference: J.M. CHALMERS et al., “The Oral Health Assessment Tool – Validity and Reliability”, *Australian Dental Journal*, Vol. 50, No. 3, September 2005, pp. 191–199.