



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<br><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 |
|--|-----------|
|--|-----------|

|  |  |
|--|--|
| <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><br><input type="checkbox"/> <b>Heart failure</b><br><input type="checkbox"/> <b>Transient ischemic attack or stroke (&lt; 6 months)</b><br><input type="checkbox"/> <b>Clotting disorders such as:</b> von Willebrand disease, hemophilia and primary fibrinogenolysis.<br><input type="checkbox"/> <b>Active chemotherapy and radiation therapy</b><br><input type="checkbox"/> <b>Leukemia / multiple myeloma / lymphoma</b><br><input type="checkbox"/> <b>Lupus erythematosus</b><br><input type="checkbox"/> <b>Organ transplant</b><br><input type="checkbox"/> <b>HIV in the AIDS phase (CD4+ &lt; 200/uI)</b> |
|--|--|

|  |   |
|--|---|
| <input type="checkbox"/> <b>No contraindications</b> | <input type="checkbox"/> Referral to <b>dentist</b> only and start daily oral hygiene care<br><br><input type="checkbox"/> Referral to <b>dentist</b> for all residents and start daily oral hygiene care<br><input type="checkbox"/> Referral to dental <b>hygienist</b> for residents with teeth<br><input type="checkbox"/> Referral to <b>denturist</b> for residents who have a problem with their dentures<br><i>(Ideally, schedule the dentist's visit before the denturist's visit)</i> |
|--|---|

| Criteria for urgent dental care | Urgent referral to dentist |
|---------------------------------|----------------------------|
|---------------------------------|----------------------------|

|  |  |
|--|--|
| <input type="checkbox"/> Bulge in the oropharynx or on the floor of the mouth causing difficulty swallowing or breathing<br><input type="checkbox"/> Swelling extending to the eye, under the chin or causing trismus<br><input type="checkbox"/> Broken tooth causing traumatic ulceration<br><input type="checkbox"/> Very loose tooth with risk of aspiration<br><input type="checkbox"/> Severe oral pain that affects activities of daily living, sleep or behaviour. | <input type="checkbox"/> Urgent referral to <b>dentist</b> |
|--|--|

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

