



DT9450

PLANNING CHART FOR DAILY ORAL HYGIENE IN RESIDENTIAL AND LONG-TERM CARE CENTRE (CHSLD)

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.)

Care schedules: reminder cards	
MORNING (after breakfast or lunch)	EVENING (after dinner or before bedtime)
<input type="checkbox"/> NATURAL TEETH Provide the daily oral hygiene care from reminder card 1 <i>(pink)</i>	
<ul style="list-style-type: none"> ✓ Brush their teeth, tongue and mucous membrane with a soft toothbrush and 5000 ppm fluoridated toothpaste 	<ul style="list-style-type: none"> ✓ Brush their teeth, tongue and mucous membrane with a soft toothbrush and 5000 ppm fluoridated toothpaste
<input type="checkbox"/> NATURAL TEETH AND DENTURES Provide the daily oral hygiene care from reminder card 2 <i>(green)</i>	
<ul style="list-style-type: none"> ✓ Brush their teeth, tongue and mucous membrane with a soft toothbrush and 5000 ppm fluoridated toothpaste ✓ Rinse their dentures with water 	<ul style="list-style-type: none"> ✓ Brush their teeth, tongue and mucous membrane with a soft toothbrush and 5000 ppm fluoridated toothpaste ✓ Brush their dentures with a denture brush and denture cleansers ✓ Soak the dentures in warm water overnight
<input type="checkbox"/> DENTURES WITHOUT NATURAL TEETH Provide the daily oral hygiene care from reminder card 3 <i>(yellow)</i>	
<ul style="list-style-type: none"> ✓ Brush their tongue and mucous membrane with a soft toothbrush and an alcohol-free antiseptic mouthwash ✓ Rinse their dentures with water 	<ul style="list-style-type: none"> ✓ Brush their tongue and mucous membrane with a soft toothbrush and an alcohol-free antiseptic mouthwash ✓ Brush their dentures with a denture brush and denture cleansers ✓ Soak the dentures in warm water overnight
<input type="checkbox"/> WITHOUT DENTURES, WITHOUT NATURAL TEETH Provide the daily oral hygiene care from reminder card 4 <i>(orange)</i>	
<ul style="list-style-type: none"> ✓ Brush their tongue and mucous membrane with a soft toothbrush and an alcohol-free antiseptic mouthwash 	<ul style="list-style-type: none"> ✓ Brush their tongue and mucous membrane with a soft toothbrush and an alcohol-free antiseptic mouthwash
<input type="checkbox"/> IMPLANT-SUPPORTED DENTURES Provide the daily oral hygiene care from reminder card 5 <i>(blue)</i>	
<ul style="list-style-type: none"> ✓ Brush their implant abutments, tongue and mucous membrane with a soft toothbrush and an alcohol-free antiseptic mouthwash ✓ Brush their implanted-supported fixed dentures with a soft toothbrush and an alcohol-free antiseptic mouthwash or a low abrasive toothpaste ✓ Clean the spaces between the implant abutments with an interdental brush ✓ Rinse their implant-supported removable dentures with water 	<ul style="list-style-type: none"> ✓ Brush their implant abutments, tongue and mucous membrane with a soft toothbrush and an alcohol-free antiseptic mouthwash ✓ Brush their implanted-supported fixed dentures with a soft toothbrush and an alcohol-free antiseptic mouthwash or a low abrasive toothpaste ✓ Clean the spaces between the implant abutments with an interdental brush ✓ Brush their implant-supported removable dentures with a denture brush and denture cleansers ✓ Soak the implant-supported removable dentures in warm water overnight

Resident profile

- | | |
|--------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> Dysphagia (see precautions to take below) | <input type="checkbox"/> Difficulty spitting |
| <input type="checkbox"/> Challenging behaviour, uncooperative | <input type="checkbox"/> Difficulty moving head |
| <input type="checkbox"/> Aggressive behaviour, hitting or biting | <input type="checkbox"/> Manual limitation: <input type="checkbox"/> Left <input type="checkbox"/> Right |
| <input type="checkbox"/> Other: | |

Level of assistance required

- Minimal assistance (autonomous resident)
 Partial, occasional assistance (semi-autonomous resident)
 Full assistance (non-autonomous resident)

Comments:

Nurse

Date

Name and first name	Permit number	Signature	Year	Month	Day

Dysphagia : Precautions to take

Provide daily oral hygiene care according to the appropriate reminder card

During daily oral hygiene care

1. Have the resident sit up straight



or lie down on their side



ALWAYS keep the resident's head tilted slightly forward

2. Avoid toothpaste that contains a foaming agent

3. Eliminate excess toothpaste or saliva with a 2" x 2" piece of cotton gauze or have the resident spit into an emesis basin



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Adapted from material developed by
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Québec 