Better Oral Health in Long Term Care – Best Practice Standards for Saskatchewan

Oral F	Health A	Assessmen	t Tool	(OHA	Γ)					
Resider	nt: 🔲 is inc	lependent 🔲	needs rei	minding	ne	eds supe	rvision	needs	full assist	ance
	able to op			or chewin		ead face		rofus	es treatmo	ont
				JI CHEWIH					es ileaim	5111
nas nas	responsive		bites			kcessive h				
not	able to rin:	se and spit 🔲	cannot s	wallow we	ell 🔲 do	oes not to	ıke dentu	res out at r	night	
Date – dd/mm/yyyy (Re-assessment every 6 months)										
	Both sides of symmetric of	Healthy of face/neck are al, no lumps or allowing normal, and close								
Exterior of face	Asymmetric face/neck, lumps or bu	changes cal changes to presence of umps, swallowing g, lips do not open								
	Asymmetric face/neck, lumps or bu	healthy * cal changes to presence of umps, painful , lips do not open								
	Dental refo Y – Yes N – No									
		ny signs usually	indicate	referral	lo a den	tist is nec	essary			
Dat	е				Assessor	Comme	nts			
							-			

	Date – dd/mm/yyyy (Re-assessment every 6 months)					
Lips	Healthy Smooth, pink, moist					
	Changes Dry, chapped or red at corners					
	Unhealthy * Swelling or lump, red/white/ulcerated bleeding/ulcerated at corners *					
	Dental referral Y – Yes * N – No					

^{*}Unhealthy signs usually indicate referral to a dentist is necessary

Date	Assessor Comments

	Date – dd/mm/yyyy (Re-assessment every 6 months)					
Tongue	Healthy Normal moist, roughness, pink					
	Changes Patchy, fissured, red, coated					
	Unhealthy * Patch that is red and/or white/ulcerated, swollen *					
	Dental referral Y – Yes * N – No					

^{*}Unhealthy signs usually indicate referral to a dentist is necessary

Date	Assessor Comments

	Date – dd/mm/yyyy (Re-assessment every 6 months)					
Gums and Oral Tissue	Healthy Moist, pink, smooth, no bleeding					
	Changes Dry, shiny, rough, red, swollen, sore, one ulcer/sore spot, sore under dentures					
	Unhealthy * Swollen, bleeding, ulcers, white/red patches, generalized redness under dentures *					
	Dental referral Y – Yes * N – No					

^{*}Unhealthy signs usually indicate referral to a dentist is necessary

Date	Assessor Comments

	d/mm/yyyy ssment every 6 months)				
Saliva	Healthy Moist tissues watery and free flowing				
	Changes Dry, sticky tissues, little saliva present, resident thinks they have a dry mouth				
	Unhealthy * Tissues parched and red, very little/no saliva present, saliva is thick, resident thinks they have a dry mouth *				
	Dental referral Y – Yes * N – No				

^{*}Unhealthy signs usually indicate referral to a dentist is necessary

Date	Assessor Comments							
Duie	Assessor Comments							

	d/mm/yyyy ssment every 6 months)				
	Healthy No discoloration, black or brown holes, or broken teeth or roots				
Natural Teeth	Changes 1-3 discolored teeth, black or brown holes, or broken teeth/roots, or teeth very worn down, mobile				
	Unhealthy * 4 or more discolored teeth, black or brown holes, or broken teeth/roots, or broken teeth/roots or fewer than 4 teeth, or very worn down teeth, mobile *				
	Dental referral Y – Yes * N – No				

^{*}Unhealthy signs usually indicate referral to a dentist is necessary

Date	Assessor Comments
Duic	Assessor Comments
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	Date – dd/mm/yyyy (Re-assessment every 6 months)					
Dentures	Healthy No broken areas or teeth, worn regularly, and labeled by name					
	Changes 1 broken area or tooth, or worn 1-2 hours per day only or not labeled by name					
	Unhealthy * 1 or more broken areas or teeth, denture missing/not worn, need adhesive or not labeled by name *					
	Dental referral Y – Yes * N – No				 	

^{*}Unhealthy signs usually indicate referral to a dentist is necessary

Date	Assessor Comments

Date – dd/mm/yyyy (Re-assessment every 6 months)					
Oral Cleanliness	Healthy Clean and no food particles or tartar in mouth or on dentures				
	Changes Food tartar, plaque 1-2 areas of mouth, or on small area of dentures				
	Unhealthy * Food particles, tartar, plaque most areas of mouth or on most of dentures *				
	Dental referral Y – Yes * N – No				

^{*}Unhealthy signs usually indicate referral to a dentist is necessary

Date	Assessor Comments

Date – dd/mm/yyyy (Re-assessment every 6 months)					
Dental Pain	Healthy No verbal behavioral signs or physical signs of dental pain				
	Changes Verbal &/or behavioral signs of pain such as pulling at face, chewing lips, not eating, responsive behavior				
	Unhealthy * Physical pain signs (swelling of check or gum, broken teeth, ulcers), as well as verbal &/or behavioral signs (pulling at face, not eating, responsive behavior) *				
	Dental referral Y – Yes * N – No				

^{*}Unhealthy signs usually indicate referral to a dentist is necessary

Date	Assessor Comments