

Oral Health Care Plan





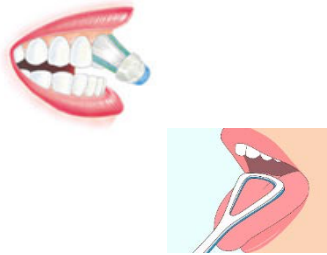
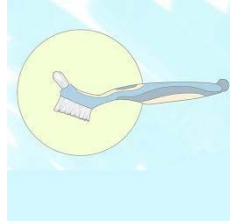

Name: _____

Oral Health Assessment (OHA) Date: _____

Challenges: difficulty swallowing frequent head movement difficulty opening mouth
 fear of being touched difficulty eating/nutrition

Assist: bridging modeling hand over hand hand under hand
 another provider distractions other _____

Daily Activities of Oral Hygiene

	Morning	After Lunch	Night
<p>Natural Teeth: <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Cleaned by: <input type="checkbox"/> Self <input type="checkbox"/> Supervise</p> <p>Assist <input type="checkbox"/>  1 person <input type="checkbox"/>  2 person</p> <p>Replace toothbrush every 3 months Date: _____</p>	<p><input type="checkbox"/> clean teeth, gums, tongue</p> 	<p><input type="checkbox"/> rinse mouth with water</p> 	<p><input type="checkbox"/> clean teeth, gums, tongue</p> 
<p>Denture: Full <input type="checkbox"/> Top <input type="checkbox"/> Bottom</p> <p>Partial <input type="checkbox"/> Top <input type="checkbox"/> Bottom</p> <p>Put in / taken out: <input type="checkbox"/> Self <input type="checkbox"/> Assist</p> <p>Cleaned by: <input type="checkbox"/> Self <input type="checkbox"/> Supervise <input type="checkbox"/> Assist</p>	<p><input type="checkbox"/> clean teeth, gums, tongue <input type="checkbox"/> brush denture</p> 	<p><input type="checkbox"/> rinse mouth with water <input type="checkbox"/> rinse denture</p> 	<p><input type="checkbox"/> clean teeth, gums, tongue <input type="checkbox"/> brush denture with mild soap <input type="checkbox"/> leave dentures out overnight <input type="checkbox"/> soak dentures in cold water</p> <p>Disinfect dentures: (weekly) Specific day: _____</p>

Oral Hygiene Aids

- soft toothbrush
- interdental brush
- electric toothbrush
- Collis toothbrush
- denture brush

Oral Health Care Products

- mild soap (for denture)
- saliva substitute
- lip moisturizer (use Perivex)
- fluoride toothpaste
- Perivex (to replace toothpaste)

Additional Oral Care Instructions

- denture adhesive
- flossers
- implant care
- bridge care
- tongue cleaner

Date of next assessment: _____

Signed: _____ Date: _____