Appendix 3: All Wales Mouthcare Plan

My mouthcare plan

Name:

Date of Birth:

Gwên am byth A Lasting Smile

What I need to keep my mouth clean: Tick all that apply.
Please document any additional specific mouthcare products prescribed

Toothbrush ✓				**Toothpaste ✓**		Dry Mouth		Chlorhexidine – Gel	
Regular		Electric		Regular paste		**Other**		Water Based Gel	
Denture		Suction		Low Foaming		Denture Pot		Saliva Replacement	
Superbrush		Mouth Cleanser		High Fluoride		Liquid Soap			
				No Flavour					

Problem / Status	Mouthcare provided	Signed and Dated

Part 2 – Level of Support

L	M	H	What support I need for mouthcare: (Tick all that apply ✓)	Review Dates					
•			I manage my own mouthcare and have been advised or given a leaflet on how to look after my mouth						
	•		I need reminding to look after my mouth						
	•		I need help to put the toothpaste on my brush						
	•		I need / have a modified toothbrush / superbrush						
	•		I need help with brushing some areas of my mouth						
		•	I am dependent on mouthcare from a carer at all times						
		•	I need mouthcare at least 4 times a day (palliative care)						
		•	I need / have a suction toothbrush						
		•	Other: (please give details)						

Routine mouthcare for Low Risk Residents

•	**Natural Teeth**
	Ensure good fluid intake.
	Brush teeth & gums with a pea size amount of toothpaste twice daily for 2 minutes.
	Spit out excess toothpaste, avoid rinsing with water.
	Ensure tongue is brushed to remove any debris.
•	**Dentures**
	AM: Rinse denture in cold water and brush all surfaces with liquid soap & water or denture cream. Rinse denture well before inserting in the mouth.
	During the day: Remove dentures after a meal and rinse under cold running water to remove any food or debris. Insert denture in the mouth.
	PM: Remove denture from mouth. Rinse dentures in cold water and brush all surfaces with liquid soap and water or denture cream. Store overnight in a named lidded denture pot of cold water or allow to air dry.
	Partial denture and natural teeth: Use fluoride toothpaste to brush teeth, gums and tongue thoroughly twice a day.
•	**Full dentures**
	Full dentures (no natural teeth): Clean the inside of the mouth, tongue & soft tissues with a soft bristle toothbrush twice daily, toothpaste is optional
	Dentures should not be worn at night

Turn over page for more information on medium and high risk mouthcare.

Appendix 3: All Wales Mouthcare Plan

This section is about the level of care that will be provided for residents with additional needs.

Part 3

Level of Risk	L	M	H	Tick all that apply	Date					
Daily Diet			•	Use high fluoride toothpaste (natural teeth only) as prescribed. If no swallow problem, give supplement through a straw. Ensure supplement is reviewed after 3 weeks. If high fluoride toothpaste is not prescribed seek advice from dental team.						
Risk of Choking		•	•	Use a dry toothbrush. Use a smear of low foaming fluoride toothpaste and push paste into the bristles. Do not rinse but wipe away excess toothpaste. Ensure head & neck are supported and head is tilted slightly forward to aid self drainage. Check the mouth for food debris after meals or medication and remove any deposits. Give extra support with toothbrushing.						
			•	Use Suction toothbrush						
Saliva			•	Offer water or unsweetened drinks every hour. Put water based gel on lips and tongue before meals and bedtime. Remove thick and dried crusts with toothbrush or mouth cleanser twice a day. Use saliva replacement as prescribed.						
Mouth Cleanliness	•	•	•	Brush teeth and gums twice a day with toothpaste. Spit out toothpaste (do not rinse).						
		•		Massage gums twice a day if gums bleed on brushing						
				If gums bleed all the time use chlorhexidine gel prescribed by dental team						
Gum Health		•		Take extra care, brush gum margins with a toothbrush						
			•	Use chlorhexidine gel prescribed by dental team						

Part 4

Level of Risk	L	M	H	Tick all that apply					
Dentures				Keep dentures safe and clean.					
Upper	•	•	•	Remove dentures at night and store safely.					
Lower				Dentures that are not used, store safely.					
None				If high risk referral to dental team needed? Form completed by (initials)					
Natural Teeth	•	•	•	Keep teeth clean.					
Upper				Referral to dental team needed?					
Lower			•	Form completed by (initials)					
No teeth				Assessment date DD/MM/YY					
Lips, Tongue & Soft Tissues		•	•	Put water based gel on lips and tongue before meals and bedtime. Coated tongue – brush with toothbrush or mouth cleanser. **Thrush:** Ask mouthcare lead for advice.					
			•	Ulcers, red, white patches: record date first noted DD/MM/YY **Check daily, if not healed in 21 days contact the dental team.**					

Additional Comments	Date	Name