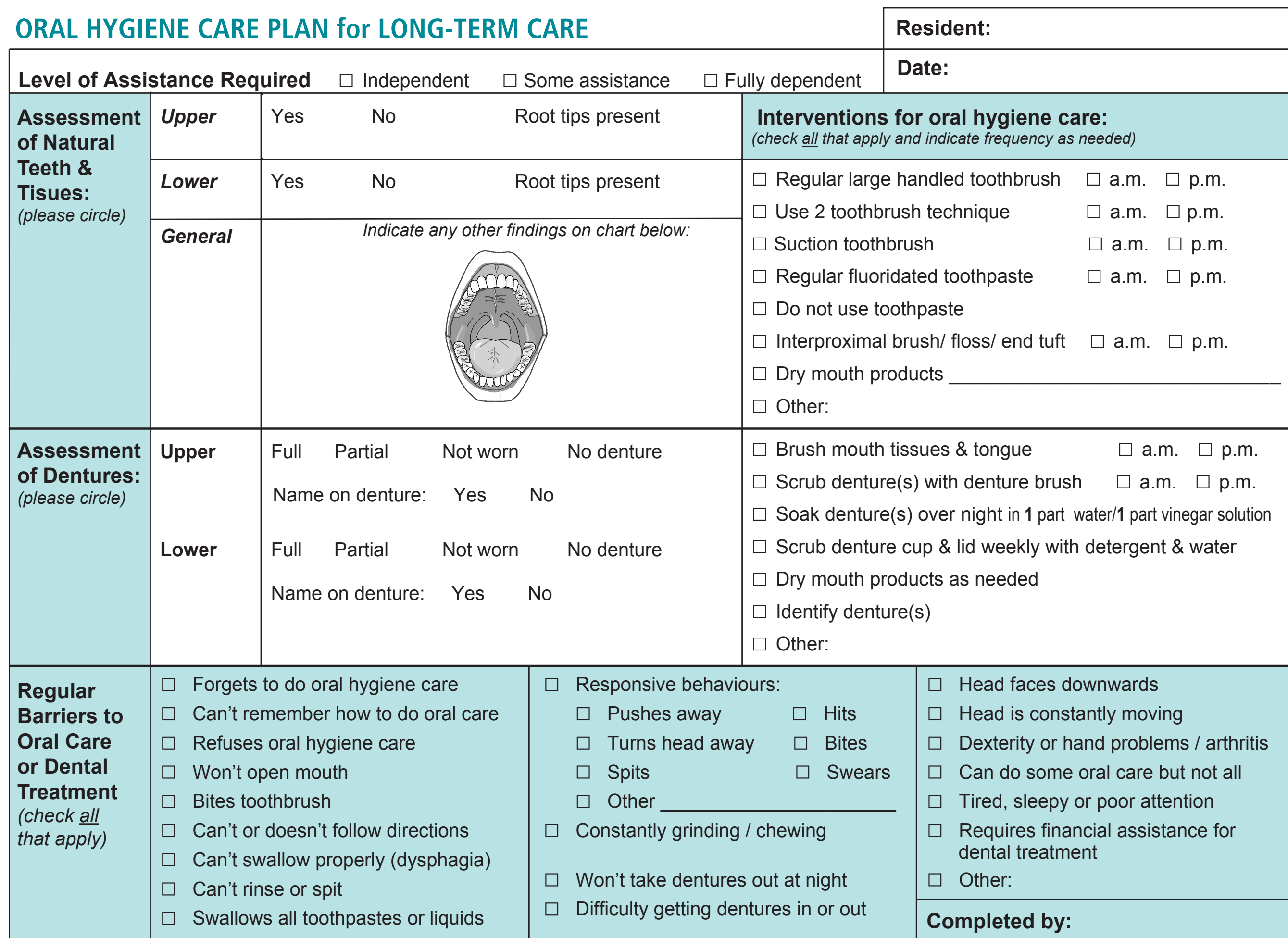
Appendix K: Sample Oral Care Plans

The following are examples of care plans that were developed to facilitate communication regarding the oral care needs of persons.

Sample 1: Oral Hygiene Care Plan for Long-Term Care



ORAL HYGIENE CARE PLAN for LONG-TERM CARE

Resident:

Date:

Level of Assistance Required ☐ Independent ☐ Some assistance ☐ Fully dependent

Assessment of Natural Teeth & Tisues: *(please circle)*			**Interventions for oral hygiene care:** *(check all that apply and indicate frequency as needed)*
	Upper	Yes No Root tips present	
	Lower	Yes No Root tips present	☐ Regular large handled toothbrush ☐ a.m. ☐ p.m. ☐ Use 2 toothbrush technique ☐ a.m. ☐ p.m. ☐ Suction toothbrush ☐ a.m. ☐ p.m. ☐ Regular fluoridated toothpaste ☐ a.m. ☐ p.m. ☐ Do not use toothpaste ☐ Interproximal brush/ floss/ end tuft ☐ a.m. ☐ p.m. ☐ Dry mouth products ______________ ☐ Other:
	General	*Indicate any other findings on chart below:*	
Assessment of Dentures: *(please circle)*	**Upper**	Full Partial Not worn No denture Name on denture: Yes No	☐ Brush mouth tissues & tongue ☐ a.m. ☐ p.m. ☐ Scrub denture(s) with denture brush ☐ a.m. ☐ p.m. ☐ Soak denture(s) over night in 1 part water/1 part vinegar solution ☐ Scrub denture cup & lid weekly with detergent & water ☐ Dry mouth products as needed ☐ Identify denture(s) ☐ Other:
	Lower	Full Partial Not worn No denture Name on denture: Yes No	

Regular Barriers to Oral Care or Dental Treatment *(check all that apply)*			
	☐ Forgets to do oral hygiene care ☐ Can't remember how to do oral care ☐ Refuses oral hygiene care ☐ Won't open mouth ☐ Bites toothbrush ☐ Can't or doesn't follow directions ☐ Can't swallow properly (dysphagia) ☐ Can't rinse or spit ☐ Swallows all toothpastes or liquids	☐ Responsive behaviours: ☐ Pushes away ☐ Hits ☐ Turns head away ☐ Bites ☐ Spits ☐ Swears ☐ Other ______________ ☐ Constantly grinding / chewing ☐ Won't take dentures out at night ☐ Difficulty getting dentures in or out	☐ Head faces downwards ☐ Head is constantly moving ☐ Dexterity or hand problems / arthritis ☐ Can do some oral care but not all ☐ Tired, sleepy or poor attention ☐ Requires financial assistance for dental treatment ☐ Other: **Completed by:**

Source: Based on: Central South Best Practice Coordinators in Long-Term Care Initiative. Oral hygiene care plan for long term care [Internet]. Oakville (ON): Halton Region's Health Department; 2007. Modified from Chalmers 2004. Reprinted with permission.

Sample 2: Oral Health Care Plan

Oral Health Care Plan

Oral Health Assessment (OHA) Date: ____________ (OHA) Review Date: ____________

Oral Health Care Considerations

Problems: ☐ difficulty swallowing ☐ difficulty moving head ☐ difficulty opening mouth ☐ fear of being touched

Interventions: ☐ bridging ☐ chaining ☐ hand over hand ☐ distraction (activity board/toy) ☐ rescue

☐ other ____________

Daily Activities of Oral Hygiene

	Morning	After Lunch	Night
Natural Teeth ☐ Yes ☐ No **Cleaned by:** ☐ Self ☐ Supervise ☐ Assist **Replace toothbrush** (3 monthly) Date:	☐ clean teeth, gums, tongue	☐ rinse mouth with water ☐ antibacterial product (teeth & gums)	☐ clean teeth, gums, tongue
Denture ☐ Full ☐ Partial ☐ Upper ☐ Lower **Inserted / removed by:** ☐ Self ☐ Staff **Cleaned by:** ☐ Self ☐ Supervise ☐ Assist	☐ clean teeth, gums, tongue ☐ brush denture	☐ rinse mouth with water ☐ rinse denture ☐ antibacterial product (gums)	☐ clean teeth, gums, tongue ☐ brush denture with mild soap ☐ leave dentures out overnight ☐ soak denture in cold water **Disinfect dentures** (weekly) Specify day:

Oral Hygiene Aids

☐ soft toothbrush ☐ modified toothbrush ☐ toothbrush grip ☐ denture brush ☐ spray bottle (labelled)

Oral Health Care Products

☐ mild soap (denture) ____________ ☐ antibacterial product ____________ ☐ saliva substitute ____________

☐ lip moisturiser ____________ ☐ high fluoride (5000 ppm) toothpaste ____________

Additional Oral Care Instruction

☐ antifungal gel ____________ ☐ denture adhesive ____________

☐ interproximal brush ☐ tongue scraper ☐ normal saline mouth toilet

Comments ____________

____

Check daily, document and report to RN if:

- bad breath
- sore mouth or gums
- difficulty eating
- broken teeth
- bleeding gums
- mouth ulcer
- refusal of oral care
- lip blisters/sores/cracks
- swelling of face/mouth
- denture not named
- tongue for any coating/change in colour
- broken / lost denture
- excessive food left in mouth

Signed RN: ____________ Date: ____________

Source: Reprinted from: Lewis A, Fricker A. Better oral health in residential care. Professional portfolio: oral health care planning guidelines. Adelaide (AU): South Australian Dental Service; [date unknown]. Available from: https://www.sahealth.sa.gov.au/wps/wcm/connect/fa2b610047d74c29a03da5fc651ee2b2/BOHRC_Professional_Portfolio_OHC_Planning_Guidelines%5B1%5D.pdf?MOD=AJPERES&CACHEID=ROOTWORKSPACE-fa2b610047d74c29a03da5fc651ee2b2-lDQMZBE. Reprinted with permission.