



# Brushing Up on Mouth Care

An oral health resource for those who  
provide care to older adults



# ACKNOWLEDGEMENTS



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***Please note that these educational resources were developed for use in Long Term Care and therefore the term 'resident' is used throughout to describe the recipient of care. This information is also valuable to those providing care in other settings such as home care and acute care. In these instances, please take the term 'resident' to mean client, patient, loved one, or whatever term best describes the person you are caring for.***

# ORAL CARE CARDS



The daily oral care needs older adults depend on their current oral health status.

Daily mouth-care Card for people with **NATURAL TEETH** Name: \_\_\_\_\_

Instructions or comments:

- Check mouth for abnormalities \_\_\_\_\_
- Brush teeth \_\_\_\_\_
- Brush tongue from back to front \_\_\_\_\_
- Floss or alternative (if possible)\* \_\_\_\_\_
- Rinse mouth with mouth rinse\*\*/salt water \_\_\_\_\_
- Rinse toothbrush and store to air dry \_\_\_\_\_

\*Alternatives to flossing include a proxabrush, floss handle, or flossers  
\*\*Avoid alcohol-based mouth rinse (tends to dry out the mouth)

Oral care cards outline the necessary steps for providing daily oral care to someone with natural teeth, dentures, partials, or a combination of natural teeth and dentures/partials. There is also a card available for those residents who have difficulty swallowing. **Each resident, should be provided with a care card appropriate for his or her needs.**

The resident's name should be placed on the front of the card along with any special instructions. Special instructions may include personal preferences such as the time of day they prefer to have mouth care done.

**Required supplies:** toothbrush, toothpaste, mouth rinse (non-alcohol)

**Additional supplies (if necessary):** floss (OR proxabrush, floss handle, flossers), facecloth, towel, tongue cleaner, lip lubrication, mouth props, gloves, gauze, kidney basin

**Further details about personal oral care**

- Take note of any abnormalities on the lips, tongue, cheeks, gums, teeth, roof and floor of mouth. Look for red or white patches, sores, swelling, bleeding, loose/broken teeth
- If concerned or if issue does not resolve itself in 7 to 14 days, contact a health professional
- Lubricate lips with lip lubricant (not just water or saliva)
- Brush teeth minimum once daily (thoroughly)
- Gently massage gums with toothbrush at 45 degrees to the gums
- For those who have difficulty reaching the sink, have kidney basin available to spit
- For those who have trouble swallowing, dry the mouth and teeth with gauze

**DATE**  
When toothbrush was last changed: \_\_\_\_\_  
Of last visit to dentist: \_\_\_\_\_

On the back of every card there is a space to record:

- The date the resident's toothbrush was last changed
- The date of the resident's last visit with an oral health professional

**Care cards should be stored with or near the oral health toolkit.**

## LEGEND - DENTAL CARDS

**Pink**

**= NATURAL TEETH**

**Purple**

**= NATURAL TEETH + PARTIAL DENTURES**

**Blue**

**= NATURAL TEETH + DENTURES**

**Yellow**

**= NO NATURAL TEETH + DENTURES**

**Green**

**= NO NATURAL TEETH + NO DENTURES**

**Red**

**= UNABLE TO SWALLOW**



Capital Health

# NATURAL TEETH

Name : \_\_\_\_\_

### Instructions or comments:

- Check mouth for abnormalities
- Brush teeth
- Brush tongue from back to front
- Floss or alternative (if possible)\*
- Rinse mouth with mouth rinse\*\*/salt water
- Rinse toothbrush and store to air dry
- Record success on flow sheet

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\*Alternatives to flossing include a proxabrush, floss handle, or flossers  
 \*\*Avoid alcohol-based mouth rinse (tends to dry out the mouth)



**Required supplies:** toothbrush, toothpaste, mouth rinse (non-alcohol)

**Additional supplies (if necessary):** floss (OR proxabrush, floss handle, flossers), facecloth, towel, tongue cleaner, lip lubrication, mouth props, gloves, gauze, kidney basin

## Further details about personal oral care

- Record any abnormalities on the 'Resident Oral Health Assessment' sheet
- Lubricate lips with lip lubricant (not just water or saliva)
- Brush teeth minimum once daily (thoroughly)
- Gently massage gums with toothbrush at 45 degrees to the gums
- For those who cannot reach the sink, have kidney basin available to spit
- For those who have trouble swallowing, dry the mouth and teeth with gauze

### DATE

When toothbrush was last changed: \_\_\_\_\_

Of last visit to dentist: \_\_\_\_\_



Capital Health

Daily mouth-care Card for people with  
**NATURAL TEETH + PARTIAL DENTURES**

Name : \_\_\_\_\_

**STEP 1 (Teeth)**

- Remove partials and rinse
- Check mouth for abnormalities
- Brush teeth and tongue
- Floss or alternative (if possible)\*
- Rinse mouth with mouth rinse\*\*/salt water
- Rinse toothbrush and air dry
- Record success on flow sheet

*\*Alternatives to flossing include a proxabrush, floss handle, or flossers*

*\*\*Avoid alcohol-based mouth rinse (tends to dry out the mouth)*

**Instructions or comments:**

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**STEP 2 (Partial)**

- Brush partial with liquid soap (NOT toothpaste)\* and rinse
- Check partial for problems
- Air dry partial or soak in water with denture cleaning product (NOT bleach) overnight
- Rinse partial before placing back in mouth

*\*Toothpaste is abrasive and will scratch partial allowing bacteria to build-up*

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**Required supplies:** toothbrush, toothpaste, mouth rinse (non-alcohol), denture brush, liquid soap, storage container

**Additional supplies (if necessary):** floss (OR proxabrush, floss handle, flossers), facecloth, towel, tongue cleaner, lip lubrication, mouth props, denture cleaning solutions, gloves, gauze, kidney basin

**Further details about personal oral care**

**STEP 1 (Teeth)**

- Record any abnormalities on the 'Resident Oral Health Assessment' sheet
- Lubricate lips with lip lubricant (not just water or saliva)
- Brush teeth minimum once daily (thoroughly)
- Gently massage gums with toothbrush at 45 degrees to the gums
- For those who cannot reach the sink, have kidney basin available to spit
- For those who have trouble swallowing, dry the mouth and teeth with gauze

**STEP 2 (Partial)**

- Get resident to remove partial if able
- Look for plaque and tartar buildup on partial
- If plaque and tartar buildup present, place partial in container with denture cleaner for 30 to 60 minutes

**DATE**

When toothbrush was last changed: \_\_\_\_\_

Of last visit to dentist: \_\_\_\_\_



Capital Health



Daily mouth-care Card for people with  
**NATURAL TEETH + DENTURES**

Name : \_\_\_\_\_

**STEP 1 (Teeth)**

- Remove dentures and rinse
- Check mouth for abnormalities
- Brush teeth and tongue
- Floss or alternative (if possible)\*
- Rinse mouth with mouth rinse\*\*/salt water
- Rinse toothbrush and air dry
- Record success on flow sheet

\*Alternatives to flossing include a proxabrush, floss handle, or flossers

\*\*Avoid alcohol-based mouth rinse (tends to dry out the mouth)

**Instructions or comments:**

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**STEP 2 (Denture)**

- Brush denture with liquid soap (NOT toothpaste)\* and rinse
- Check denture for problems
- Soak overnight in water with 1 tsp bleach or denture cleaning product
- Rinse denture before placing back in mouth

\*Toothpaste is abrasive and will scratch denture allowing bacteria to build-up

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**Required supplies:** toothbrush, toothpaste, mouth rinse (non-alcohol), denture brush, liquid soap, storage container

**Additional supplies (if necessary):** floss (OR proxabrush, floss handle, flossers), facecloth, towel, tongue cleaner, lip lubrication, mouth props, denture cleaning solutions, gloves, gauze, kidney basin

**Further details about personal oral care**

**STEP 1 (Teeth)**

- Record any abnormalities on the 'Resident Oral Health Assessment' sheet
- Lubricate lips with lip lubricant (not just water or saliva)
- Brush teeth minimum once daily (thoroughly)
- Gently massage gums with toothbrush at 45 degrees to the gums
- For those who cannot reach the sink, have kidney basin available to spit
- For those who have trouble swallowing, dry the mouth and teeth with gauze

**STEP 2 (Denture)**

- Get resident to remove denture if able
- Look for plaque and tartar buildup
- If plaque and tartar buildup present, place denture in container with denture cleaner for 30 to 60 minutes

**DATE**

When toothbrush was last changed: \_\_\_\_\_

Of last visit to dentist: \_\_\_\_\_



Capital Health



Daily mouth-care Card for people with  
**NO NATURAL TEETH + DENTURES**

Name : \_\_\_\_\_

**STEP 1 (Mouth)**

- Remove dentures and rinse
- Check mouth for abnormalities
- Gently brush tongue and palate\*
- Rinse mouth with mouth rinse\*\*/salt water
- Rinse toothbrush and air dry
- Record success on flow sheet

\*Brush with mouth rinse (preferred) or toothpaste  
 \*\*Avoid alcohol-based mouth rinse (tends to dry out the mouth)

**Instructions or comments:**

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**STEP 2 (Denture)**

- Brush denture with liquid soap (NOT toothpaste)\* and rinse
- Check denture for problems
- Soak overnight in water with 1 tsp bleach or denture cleaning product
- Rinse denture before placing back in mouth

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**Required supplies:** toothbrush, mouth rinse (non-alcohol), denture brush, liquid soap, denture container

**Additional supplies (if necessary):** facecloth, towel, tongue cleaner, lip lubrication, mouth props, denture cleaning solutions, gloves, gauze, kidney basin

**Further details about personal oral care**

**STEP 1 (Mouth)**

- Record any abnormalities on the 'Resident Oral Health Assessment' sheet
- Lubricate lips with lip lubricant (not just water or saliva)
- Brush teeth minimum once daily (thoroughly)
- Gently massage gums with toothbrush at 45 degrees to the gums
- For those who cannot reach the sink, have kidney basin available to spit
- For those who have trouble swallowing, dry the mouth and teeth with gauze

**STEP 2 (Denture)**

- Get resident to remove denture if able
- Look for plaque and tartar buildup
- If plaque and tartar buildup present, place denture in container with denture cleaner for 30 to 60 minutes

**DATE**  
 When toothbrush was last changed: \_\_\_\_\_  
 Of last visit to dentist: \_\_\_\_\_

Name : \_\_\_\_\_

### Instructions or comments:

- Check mouth for abnormalities
- Gently brush tongue and palate\*
- Rinse mouth with mouth rinse\*\*/salt water
- Rinse toothbrush and air dry
- Record success on flow sheet

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*\*Brush with mouth rinse (preferred) or toothpaste*  
*\*\*Avoid alcohol-based mouth rinse (tends to dry out the mouth)*



**Required supplies:** toothbrush, mouth rinse (non-alcohol), denture brush, liquid soap, denture container

**Additional supplies (if necessary):** facecloth, towel, tongue cleaner, lip lubrication, mouth props, denture cleaning solutions, gloves, gauze, kidney basin

### Further details about personal oral care

- Record any abnormalities on the 'Resident Oral Health Assessment' sheet
- Lubricate lips with lip lubricant (not just water or saliva)
- Brush mouth minimum once daily (thoroughly)
- Gently massage gums with toothbrush at 45 degrees to the gums
- For those who cannot reach the sink, have kidney basin available to spit
- For those who have trouble swallowing, dry the mouth and teeth with gauze

**DATE**  
 When toothbrush was last changed: \_\_\_\_\_  
 Of last visit to dentist: \_\_\_\_\_



Capital Health

Daily mouth-care Card for people who are  
**UNABLE TO SWALLOW**

Name : \_\_\_\_\_

**Instructions or comments:**

- Check mouth for abnormalities
- Sit upright or lie on side
- Lubricate lips (for resident comfort)
- Dip toothbrush in mouth rinse and brush teeth / tongue / palate
- Dry teeth / tongue / palate with gauze\*
- Rinse toothbrush and air dry
- Record success on flow sheet

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\* This will remove excess moisture from the mouth



**Required supplies:** lip lubrication, toothbrush, mouth rinse (to dip toothbrush in), facecloth, towel, gauze, kidney basin

**Additional supplies (if necessary):** tongue cleaner, mouth props, gloves

**Further details about personal oral care**

- Record any abnormalities on the 'Resident Oral Health Assessment' sheet
- Brush teeth minimum once daily (thoroughly)
- Gently massage gums with toothbrush at 45 degrees to the gums

**DATE**

When toothbrush was last changed: \_\_\_\_\_

Of last visit to dentist: \_\_\_\_\_

# MASTER ORAL CARE CARD

FOR USE IN HOME CARE SETTINGS



The oral care needs of older adults depend on their current oral health status.

MASTER ORAL CARE CARD		
<p>Daily mouth-care Card for people with <b>NATURAL TEETH</b></p> <ul style="list-style-type: none"> <li>• Check mouth for abnormalities</li> <li>• Brush teeth</li> <li>• Brush tongue from back to front</li> <li>• Floss or alternative (if possible)*</li> <li>• Rinse mouth with mouth rinse**/salt water</li> <li>• Rinse toothbrush and store to air dry</li> <li>• Record success on flow sheet</li> <li>• Remove dentures and rinse</li> </ul> <p><small>*Alternatives to flossing include proxabrushes, floss handles, or flosses **Avoid alcohol-based mouth rinse (tends to dry out the mouth)</small></p>	<p>Daily mouth-care Card for people with <b>NATURAL TEETH + DENTURES</b></p> <p><b>STEP 1 (Teeth)</b></p> <ul style="list-style-type: none"> <li>• Remove dentures and rinse</li> <li>• Check mouth for abnormalities</li> <li>• Brush teeth and tongue</li> <li>• Floss or alternative (if possible)*</li> <li>• Rinse mouth with mouth rinse**/salt water</li> <li>• Rinse toothbrush and air dry</li> <li>• Record success on flow sheet</li> </ul> <p><small>*Alternatives to flossing include proxabrushes, floss handles, or flosses **Avoid alcohol-based mouth rinse (tends to dry out the mouth)</small></p> <p><b>STEP 2 (Denture)</b></p> <ul style="list-style-type: none"> <li>• Brush denture with liquid soap (NOT toothpaste)* and rinse</li> <li>• Check denture for problems</li> <li>• Soak overnight in water with 1 tsp bleach or denture cleaning product</li> <li>• Rinse denture before placing back in mouth</li> </ul> <p><small>*Toothpaste is abrasive and will scratch denture allowing bacteria to build-up</small></p>	<p>Daily mouth-care Card for people with <b>NATURAL TEETH + PARTIAL DENTURES</b></p> <p><b>STEP 1 (Teeth)</b></p> <ul style="list-style-type: none"> <li>• Remove partials and rinse</li> <li>• Check mouth for abnormalities</li> <li>• Brush teeth and tongue</li> <li>• Floss or alternative (if possible)*</li> <li>• Rinse mouth with mouth rinse**/salt water</li> <li>• Rinse toothbrush and air dry</li> <li>• Record success on flow sheet</li> </ul> <p><small>*Alternatives to flossing include proxabrushes, floss handles, or flosses **Avoid alcohol-based mouth rinse (tends to dry out the mouth)</small></p> <p><b>STEP 2 (Partial)</b></p> <ul style="list-style-type: none"> <li>• Brush partial with liquid soap (NOT toothpaste)* and rinse</li> <li>• Check partial for problems</li> <li>• Air dry partial or soak in water with denture cleaning product (NOT bleach) overnight</li> <li>• Rinse partial before placing back in mouth</li> </ul> <p><small>*Toothpaste is abrasive and will scratch denture allowing bacteria to build-up</small></p>

The master oral care card outlines the necessary steps for providing daily oral care to someone with natural teeth, dentures, partials, or a combination of natural teeth and dentures/partials and those who have difficulty swallowing. **Each client, should be provided with a master oral care card in their file as part of their care plan.**

MASTER ORAL CARE CARD		
<p>Daily mouth-care Card for people with <b>NO NATURAL TEETH + DENTURES</b></p> <p><b>STEP 1 (Mouth)</b></p> <ul style="list-style-type: none"> <li>• Remove dentures and rinse</li> <li>• Check mouth for abnormalities</li> <li>• Gently brush tongue and palate*</li> <li>• Rinse mouth with mouth rinse**/salt water</li> <li>• Rinse toothbrush and air dry</li> <li>• Record success on flow sheet</li> </ul> <p><small>*Brush with mouth rinse (preferred) or toothpaste **Avoid alcohol-based mouth rinse (tends to dry out the mouth)</small></p> <p><b>STEP 2 (Denture)</b></p> <ul style="list-style-type: none"> <li>• Brush denture with liquid soap (NOT toothpaste)* and rinse</li> <li>• Check denture for problems</li> <li>• Soak overnight in water with 1 tsp bleach or denture cleaning product</li> <li>• Rinse denture before placing back in mouth</li> </ul>	<p>Daily mouth-care Card for people with <b>NO NATURAL TEETH + NO DENTURES</b></p> <ul style="list-style-type: none"> <li>• Check mouth for abnormalities</li> <li>• Gently brush tongue and palate*</li> <li>• Rinse mouth with mouth rinse**/salt water</li> <li>• Rinse toothbrush and air dry</li> <li>• Record success on flow sheet</li> </ul> <p><small>*Brush with mouth rinse (preferred) or toothpaste **Avoid alcohol-based mouth rinse (tends to dry out the mouth)</small></p>	<p>Daily mouth-care Card for people who are <b>UNABLE TO SWALLOW</b></p> <ul style="list-style-type: none"> <li>• Check mouth for abnormalities</li> <li>• Sit upright or lie on side</li> <li>• Lubricate lips (for resident comfort)</li> <li>• Dip toothbrush in mouth rinse and brush teeth / tongue / palate</li> <li>• Dry teeth / tongue / palate with gauze*</li> <li>• Rinse toothbrush and air dry</li> <li>• Record success on flow sheet</li> <li>• Remove dentures and rinse</li> </ul> <p><small>*This will remove excess moisture from the mouth</small></p>
<p><b>THE FOUR ORAL HEALTH ASSESSMENT QUESTIONS FOR ALL CLIENTS</b></p> <ol style="list-style-type: none"> <li><b>Dentures, partial dentures and/or natural teeth?</b> <ul style="list-style-type: none"> <li>• If Dentures:                             <ul style="list-style-type: none"> <li>• Upper and/or lower?</li> <li>• Fit properly? Broken?</li> <li>• Does the client wear them? If not, why not?</li> </ul> </li> </ul> </li> <li><b>Level of assistance required?</b> <ul style="list-style-type: none"> <li>• Independent</li> <li>• Some assistance</li> <li>• Full assistance</li> </ul> </li> <li><b>Necessary oral care supplies available?</b> <ul style="list-style-type: none"> <li>• If not, notify appropriate person (family, caregiver, etc.)</li> </ul> </li> <li><b>Experiencing any oral pain or discomfort?</b> <ul style="list-style-type: none"> <li>• If yes, notify appropriate person (family, care giver, etc.)</li> <li>• List details in progress note and forward to supervisor</li> </ul> </li> </ol> <p style="text-align: right;"> </p>		

On the back of the card there are **four oral health assessment questions**.

*Care providers should ask the client these four assessment questions during each home visit where they are delivering personal care. The RN/LPN should also ask these questions during their regularly scheduled visits with the client.*

The master oral care card should be stored in the client's file.

# MASTER ORAL CARE CARD

Daily mouth-care Card for people with

## NATURAL TEETH

- Check mouth for abnormalities
- Brush teeth
- Brush tongue from back to front
- Floss or alternative (if possible)\*
- Rinse mouth with mouth rinse\*\*/salt water
- Rinse toothbrush and store to air dry
- Record success on flow sheet
- Remove dentures and rinse

*\*Alternatives to flossing include proxabrushes, floss handles, or flossers  
\*\*Avoid alcohol-based mouth rinse (tends to dry out the mouth)*

Daily mouth-care Card for people with

## NATURAL TEETH + DENTURES

### STEP 1 (Teeth)

- Remove dentures and rinse
- Check mouth for abnormalities
- Brush teeth and tongue
- Floss or alternative (if possible)\*
- Rinse mouth with mouth rinse\*\*/salt water
- Rinse toothbrush and air dry
- Record success on flow sheet

*\*Alternatives to flossing include proxabrushes, floss handles, or flossers  
\*\*Avoid alcohol-based mouth rinse (tends to dry out the mouth)*

### STEP 2 (Denture)

- Brush denture with liquid soap (NOT toothpaste)\* and rinse
- Check denture for problems
- Soak overnight in water with 1 tsp bleach or denture cleaning product
- Rinse denture before placing back in mouth

*\*Toothpaste is abrasive and will scratch denture allowing bacteria to build-up*

Daily mouth-care Card for people with

## NATURAL TEETH + PARTIAL DENTURES

### STEP 1 (Teeth)

- Remove partials and rinse
- Check mouth for abnormalities
- Brush teeth and tongue
- Floss or alternative (if possible)\*
- Rinse mouth with mouth rinse\*\*/salt water
- Rinse toothbrush and air dry
- Record success on flow sheet

*\*Alternatives to flossing include proxabrushes, floss handles, or flossers  
\*\*Avoid alcohol-based mouth rinse (tends to dry out the mouth)*

### STEP 2 (Partial)

- Brush partial with liquid soap (NOT toothpaste)\* and rinse
- Check partial for problems
- Air dry partial or soak in water with denture cleaning product (NOT bleach) overnight
- Rinse partial before placing back in mouth

*\*Toothpaste is abrasive and will scratch denture allowing bacteria to build-up*



# MASTER ORAL CARE CARD

Daily mouth-care Card for people with

## NO NATURAL TEETH + DENTURES

### STEP 1 (Mouth)

- Remove dentures and rinse
- Check mouth for abnormalities
- Gently brush tongue and palate\*
- Rinse mouth with mouth rinse\*\*/salt water
- Rinse toothbrush and air dry
- Record success on flow sheet

*\*Brush with mouth rinse (preferred) or toothpaste*

*\*\*Avoid alcohol-based mouth rinse (tends to dry out the mouth)*

### STEP 2 (Denture)

- Brush denture with liquid soap (NOT toothpaste)\* and rinse
- Check denture for problems
- Soak overnight in water with 1 tsp bleach or denture cleaning product
- Rinse denture before placing back in mouth

Daily mouth-care Card for people with

## NO NATURAL TEETH + NO DENTURES

- Check mouth for abnormalities
- Gently brush tongue and palate\*
- Rinse mouth with mouth rinse\*\*/salt water
- Rinse toothbrush and air dry
- Record success on flow sheet

*\*Brush with mouth rinse (preferred) or toothpaste*

*\*\*Avoid alcohol-based mouth rinse (tends to dry out the mouth)*

Daily mouth-care Card for people who are

## UNABLE TO SWALLOW

- Check mouth for abnormalities
- Sit upright or lie on side
- Lubricate lips (for resident comfort)
- Dip toothbrush in mouth rinse and brush teeth / tongue / palate
- Dry teeth / tongue / palate with gauze\*
- Rinse toothbrush and air dry
- Record success on flow sheet
- Remove dentures and rinse

*\* This will remove excess moisture from the mouth*

## THE FOUR ORAL HEALTH ASSESSMENT QUESTIONS FOR ALL CLIENTS

### 1. Dentures, partial dentures and/or natural teeth?

*\* If Dentures:*

- Upper and/or lower?
- Fit properly? Broken?
- Does the client wear them? If not, why not?

### 2. Level of assistance required?

- Independent
- Some assistance
- Fully dependent

### 3. Necessary oral care supplies available?

*\* If not, notify appropriate person (family, caregiver, etc.)*

### 4. Experiencing any oral pain or discomfort?

- \* If yes, notify appropriate person (family, caregiver, etc.)*
- \* List details in progress note and forward to supervisor*