

Service user:

Completed by:

Date:

Give each category a score of **0, 1** or **2**. You can also circle the symptoms you see present.

Dental pain

0 - no behavioural, verbal or physical signs of dental pain.

1 - there are verbal and/or behavioural signs of pain such as pulling at face, chewing lips, not eating, aggression.

2 - there are physical pain signs (swelling of cheek or gum, broken teeth, ulcers), as well as verbal and/or behavioural signs (pulling at face, not eating, aggression).



Dentures Yes/No

0 - no broken areas or teeth, dentures regularly worn, and named.

1 - 1 broken area or tooth or dentures only worn for 1-2 hours daily, or dentures not named or loose.

2 - more than 1 broken area or tooth, denture missing or not worn, loose and needs denture adhesive, or not named.



Natural teeth Yes/No

0 - no decayed or broken teeth or roots.

1 - 1-3 decayed or broken teeth or roots or very worn down teeth.

2 - 4+ decayed or broken teeth or roots, or very worn down teeth, or less than 4 teeth.



Gums and tissues

0 - pink, moist, smooth, no bleeding.

1 - dry, shiny, rough, red, swollen, 1 ulcer or sore spot under dentures.

2 - swollen, bleeding, ulcers, white/red patches, generalised redness under dentures.



Lips

0 - smooth, pink, moist.

1 - dry chapped or red at corners.

2 - swelling or lump, white, red or ulcerated patch. Bleeding or ulcerated at corners.



Tongue

0 - normal, moist roughness, pink.

1 - patchy, fissured, red, coated.

2 - patch that is red and/or white, ulcerated, swollen.



Saliva

0 - moist tissues, watery and free flowing saliva.

1 - dry, sticky tissues, little saliva present, service user thinks they have a dry mouth.

2 - tissues parched and red, little or no saliva present, saliva is thick, service user thinks they have a dry mouth.

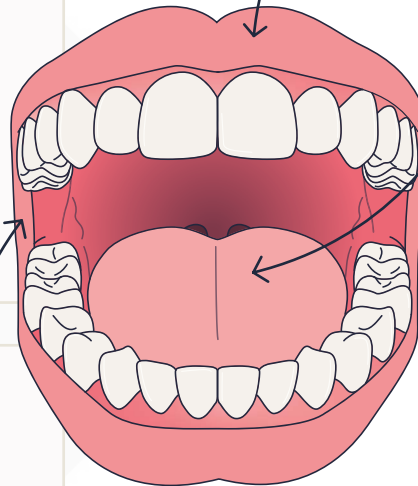


Oral cleanliness

0 - clean and no food particles or tartar in mouth or dentures.

1 - food particles, tartar or plaque in 1-2 areas of the mouth or on small area of dentures or halitosis (bad breath).

2 - food particles, tartar or plaque in most areas of the mouth or on most of dentures or severe halitosis (bad breath).



Total: /16

If 1 or 2 is scored for a category, organise for a dentist to examine the individual.

Check the following that apply:

Organise for the service user to have a dental examination by a dentist

Service user and/or family or guardian refuses dental treatment

Complete oral hygiene care plan and start oral hygiene care interventions