

The Oral Health Assessment Tool

With kind permission of the [Australian Institute of Health and Welfare](http://www.australianinstituteofhealthandwelfare.gov.au).

Source: Australian Institute of Health and Welfare [Caring for oral health in Australian residential care](http://www.aihw.gov.au/publications/caring-for-oral-health-in-australian-residential-care) (2009). Modified from Kayser-Jones et al. (1995) by Chalmers (2004).

Resident: _____				Date: ____/____/____
Completed by: _____				
Scores – You can circle individual words as well as giving a score in each category (* if 1 or 2 scored for any category please organise for a dentist to examine the resident)				
Category	0 = healthy	1 = changes*	2 = unhealthy*	Category scores
Lips	Smooth, pink, moist	Dry, chapped, or red at corners	Swelling or lump, white, red or ulcerated patch; bleeding or ulcerated at corners	
Tongue	Normal, moist roughness, pink	Patchy, fissured, red, coated	Patch that is red and/or white, ulcerated, swollen	
Gums and tissues	Pink, moist, smooth, no bleeding	Dry, shiny, rough, red, swollen, 1 ulcer or sore spot under dentures	Swollen, bleeding, ulcers, white/red patches, generalised redness under dentures	
Saliva	Moist tissues, watery and free flowing saliva	Dry, sticky tissues, little saliva present, resident thinks they have a dry mouth	Tissues parched and red, little or no saliva present, saliva is thick, resident thinks they have a dry mouth	
Natural teeth Yes/No	No decayed or broken teeth or roots	1-3 decayed or broken teeth or roots or very worn down teeth	4+ decayed or broken teeth or roots, or very worn down teeth, or less than 4 teeth	
Dentures Yes/No	No broken areas or teeth, dentures regularly worn, and named	1 broken area or tooth or dentures only worn for 1-2 hours daily, or dentures not named, or loose	More than 1 broken area or tooth, denture missing or not worn, loose and needs denture adhesive, or not named	
Oral cleanliness	Clean and no food particles or tartar in mouth or dentures	Food particles, tartar or plaque in 1-2 areas of the mouth or on small area of dentures or halitosis (bad breath)	Food particles, tartar or plaque in most areas of the mouth or on most of dentures or severe halitosis (bad breath)	
Dental pain	No behavioural, verbal, or physical signs of signs of dental pain	There are verbal and/or behavioural signs of pain such as pulling at face, chewing lips, not eating, aggression	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)	
<input type="checkbox"/> Organise for resident to have a dental examination by a dentist <input type="checkbox"/> Resident and/or family or guardian refuses dental treatment <input type="checkbox"/> Complete oral hygiene care plan and start oral hygiene care interventions for resident <input type="checkbox"/> Review this resident's oral health again on Date: ____/____/____				TOTAL ____ SCORE: 16

