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)*	***Upper***	Yes No Root tips present	**Interventions for oral hygiene care:** *(check all that apply and indicate frequency as needed)*
	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:**

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