home oral care plan

Name			
Name(s) of regular Support Professional(s)			
Name of Dentist			
Name of Medical Practitioner			
The Home Oral Care Plan describes the specific routine required for this individual. It includes information to support and maintain optimal daily oral care.			
Daily Oral Care Routine			
Brush teeth - Instr	uctions:		
Toothpaste			
Interdental brush or Flossette - Type and size:			
Toothbrush - Type	e and size:		
Other			
Reminder to avoid:			
Assistance and support for daily oral care routine			
Which part of the oral care plan can the person do themselves?			
What do support professionals need to assist with?			
What do support professionals need to assist with:			
List the skills required by support professionals to support the patient's daily oral care routine:			

Strategies for approaching specific issues,	including behaviour, understanding, desensitisation and important preferences	:	
Which support professionals currently hav professional, house supervisor, carer or fa	e the skills to provide daily oral care support? (to be nominated by a senior sup mily member)	port	
For support professionals Inform the dental practitioner if the following occur:			
Category	Warning Signs	Tick	
Daily oral care regime	Regularly refuses / not completed		
Lips	Dry / Chapped		
Gums	Red / Swollen / Bleeding		
Saliva	Dry Mouth		
Jaws	Clicking / Problems eating / Sore teeth		
Dentures	Missing teeth / Broken / Loose		
Oral appearance	Visible food particles / Tartar / Thick plaque / Yellowness		
Where and how will information about the person's oral health be recorded? Designate frequency and record keeping tool here:			

Updating this Plan

This Home Oral Care Plan should be viewed on a daily basis to ensure the routine is followed.

The Plan should be taken to the Dentist and Medical Practitioner for review and update during assessment.

To download a copy of this form, visit inclusiondesignlab.org.au/dental

Assistance and support for daily oral care routine (continued)