

Oral Assessment Sheet

ID. _____

Name. _____

Denture (maxillary): No · Yes, (mandibular): No · Yes Oral intake: No · Yes → In the case of Yes (Denture incompatibility: No · Yes)

About Assessment

- (1) Phlegm (Yes) → dry or viscous phlegm is also evaluated
- (3) Food residue (Yes) → 5 mm or more
- (5) Difficulty in opening mouth (Yes) → 2 side fingers or less

- (2) Dryness (Yes) → Almost no saliva
- (4) Lichen on tongue (Yes) → More than 2/3 of the dorsum of tongue
- (6) Ulcers (Yes), (7) Bleeding (Yes) → Check in the following order: lip and cheek mucosa, gingiva, palate, tongue, and floor of the mouth

Month/day	/	/	/	/	/	/	/
(1) Phlegm	No · Yes dry or viscous	No · Yes dry or viscous	No · Yes dry or viscous	No · Yes dry or viscous	No · Yes dry or viscous	No · Yes dry or viscous	No · Yes dry or viscous
(2) Dryness	No · Yes	No · Yes	No · Yes	No · Yes	No · Yes	No · Yes	No · Yes
(3) Food residue	No · Yes	No · Yes	No · Yes	No · Yes	No · Yes	No · Yes	No · Yes
(4) Tongue coating	No · Yes	No · Yes	No · Yes	No · Yes	No · Yes	No · Yes	No · Yes
(5) Difficulty in opening mouth	No · Yes	No · Yes	No · Yes	No · Yes	No · Yes	No · Yes	No · Yes
(6) Ulcers	No · Yes	No · Yes	No · Yes	No · Yes	No · Yes	No · Yes	No · Yes
(7) Bleeding	No · Yes	No · Yes	No · Yes	No · Yes	No · Yes	No · Yes	No · Yes
Total points (No; 0 points , Yes; 1 point)							
Care equipment used	<input type="checkbox"/> Sponge brush <input type="checkbox"/> Toothbrush <input type="checkbox"/> Tongue brush <input type="checkbox"/> Interdental brush <input type="checkbox"/> Moisturizer <input type="checkbox"/> Vaseline	<input type="checkbox"/> Sponge brush <input type="checkbox"/> Toothbrush <input type="checkbox"/> Tongue brush <input type="checkbox"/> Interdental brush <input type="checkbox"/> Moisturizer <input type="checkbox"/> Vaseline	<input type="checkbox"/> Sponge brush <input type="checkbox"/> Toothbrush <input type="checkbox"/> Tongue brush <input type="checkbox"/> Interdental brush <input type="checkbox"/> Moisturizer <input type="checkbox"/> Vaseline	<input type="checkbox"/> Sponge brush <input type="checkbox"/> Toothbrush <input type="checkbox"/> Tongue brush <input type="checkbox"/> Interdental brush <input type="checkbox"/> Moisturizer <input type="checkbox"/> Vaseline	<input type="checkbox"/> Sponge brush <input type="checkbox"/> Toothbrush <input type="checkbox"/> Tongue brush <input type="checkbox"/> Interdental brush <input type="checkbox"/> Moisturizer <input type="checkbox"/> Vaseline	<input type="checkbox"/> Sponge brush <input type="checkbox"/> Toothbrush <input type="checkbox"/> Tongue brush <input type="checkbox"/> Interdental brush <input type="checkbox"/> Moisturizer <input type="checkbox"/> Vaseline	<input type="checkbox"/> Sponge brush <input type="checkbox"/> Toothbrush <input type="checkbox"/> Tongue brush <input type="checkbox"/> Interdental brush <input type="checkbox"/> Moisturizer <input type="checkbox"/> Vaseline
Free Comment							
Pattern*	A, B, C, D	A, B, C, D	A, B, C, D	A, B, C, D	A, B, C, D	A, B, C, D	A, B, C, D
Nurse sign / care time	/	/	/	/	/	/	/
Dental hygienist sign / care time	/	/	/	/	/	/	/

*Pattern classification of oral contamination

Oral mucosa	Phlegm (+), Pharyngeal suction (+)		Phlegm (-), Pharyngeal suction (-)	
	dryness	viscosity	dryness	normal
Pattern	A	B	C	D
Number of oral care per day for parenteral patients	2-3 times/day	2 times/day	1-2 times/day	1-2 times/day