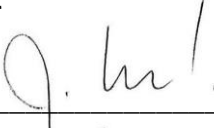



Leamington Mennonite Home  
Long Term Care

**POLICY AND PROCEDURE**

<b>CATEGORY:</b> Resident Care	<b>SUBJECT:</b> Oral Assessment	<b>SECTION:</b> O <b>POLICY:</b> 1
<b>DATE:</b> September 2004	<b>Administrator:</b> 	
<b>REVISION DATE:</b> June 2015, January 2025	<b>Director of Care:</b> 	

**ORAL ASSESSMENT**

**BELIEF**

At LMH, we believe that certain residents are at risk for the development of dental caries and abnormal conditions that result from medications or disease. Risk factors such as bleeding, lesions or sore oral mucous membranes, alterations in taste, mouth breathing, medication regimen, and inability to perform own care can contribute to high risk for infection, halitosis, altered oral mucous membrane, mouth pain, chewing and swallowing problems.

**POLICY**

Each resident admitted to LMH will have an oral / teeth assessment completed and appropriate interventions initiated based on findings. The risk assessment will be completed on admission, quarterly, LOA greater than 24 hrs if resident is at high risk, re-admission and where there is a change in oral / nutritional status.

**PURPOSE**

- To record any oral problems present.
- To inspect the mouth/teeth for abnormalities that could contribute to chewing or swallowing problems or mouth pain.

**PROCEDURE**

- All residents will have a mouth/teeth assessment completed on Admission by the Registered Staff, quarterly and where there is a change in condition of mouth, nutritional intake, or resident complains of mouth pain.
- Registered Staff will complete the assessment on PCC
- Intervention strategies are to be initiated based on findings and documented on the plan of care..
- PSW's are responsible to report any concerns/changes to the Registered Staff member regarding mouth/teeth. Oral care must be given a minimum of twice daily, more often for palliative care residents.