### Oral Health Care Plan

**Name:** ____________________________________________________________

**Oral Health Assessment (OHA) Date:** ____________________________

**Challenges:**
- ☐ difficulty swallowing
- ☐ frequent head movement
- ☐ difficulty opening mouth
- ☐ fear of being touched
- ☐ difficulty eating/nutrition

**Interventions:**
- ☐ bridging
- ☐ modelling
- ☐ hand over hand
- ☐ distractions (activity board/toy)
- ☐ alternative provider
- ☐ other ________________________________

#### Daily Activities of Oral Hygiene

<table>
<thead>
<tr>
<th>Natural Teeth</th>
<th>Morning</th>
<th>After Lunch</th>
<th>Night</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ Yes ☐ No</td>
<td>☐ clean teeth, gums, tongue</td>
<td>☐ rinse mouth with water antibacterial product (teeth &amp; gums)</td>
<td>☐ clean teeth, gums, tongue</td>
</tr>
<tr>
<td><strong>Cleaned by:</strong></td>
<td>☐ Self ☐ Supervise ☐ Assist</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Replace toothbrush</strong> (once every 3 months)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Date:</td>
<td></td>
<td></td>
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</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Denture</th>
<th>Morning</th>
<th>After Lunch</th>
<th>Night</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ Full ☐ Partial ☐ Upper ☐ Lower</td>
<td>☐ clean teeth, gums, tongue</td>
<td>☐ rinse mouth with water antibacterial product (gums)</td>
<td>☐ clean teeth, gums, tongue</td>
</tr>
<tr>
<td><strong>Cleaned by:</strong></td>
<td>☐ Self ☐ Staff</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Inserted/removed by:</strong></td>
<td>☐ Self ☐ Staff</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### Oral Hygiene Aids
- ☐ soft toothbrush
- ☐ modified toothbrush
- ☐ toothbrush grip
- ☐ denture brush
- ☐ spray bottle (labelled)

#### Oral Health Care Products
- ☐ mild soap (denture)
- ☐ antibacterial product
- ☐ saliva substitute
- ☐ lip moisturiser
- ☐ fluoride toothpaste

#### Additional Oral Care Instructions
- ☐ antifungal gel
- ☐ denture adhesive
- ☐ interproximal brush
- ☐ tongue scraper
- ☐ normal saline solution

**Date of next assessment:** ________________________________

**Signed:** ________________________________  **Date:** ________________________________