

# 4) Weekly Oral Hygiene Record

Week Commencing \_\_\_\_/\_\_\_\_/\_\_\_\_

Resident Information:		Completed by	<input type="text"/>
First Name	<input type="text"/>	D.O.B	<input type="text"/>
Surname	<input type="text"/>	Room	<input type="text"/>

You know the resident best and your reflections recorded here each week are helpful to pass on to others. It may also be useful to take this record to a patient's dental appointment. Please be as detailed as possible. If oral care continues to be successful then feel free to return to the standard records used in your care home. If delivering oral care becomes challenging again in future return to this record and make note of any tips and tricks that work for you. If there are significant changes to the resident refer back to the Assessment Tool (1a).

## Morning Routine

	Oral care successful? Y/N	Number of attempts	Which tips & tricks are successful?	Which tips & tricks are not successful?
<b>M</b>				
<b>T</b>				
<b>W</b>				
<b>T</b>				
<b>F</b>				
<b>S</b>				
<b>S</b>				

## Evening Routine

	Oral care successful? Y/N	Number of attempts	Which tips & tricks are successful?	Which tips & tricks are not successful?
<b>M</b>				
<b>T</b>				
<b>W</b>				
<b>T</b>				
<b>F</b>				
<b>S</b>				
<b>S</b>				

New tips & tricks: