**Daily oral care** Month: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name Natural teeth Denture Soft tissue care

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| **Day** | **Natural teeth**  **Natural** | **Dentures** | **Soft tissue care** | **Unable to provide oral care notes/codes** | **Initials** |
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| * Ensure natural teeth are brushed twice a day with fluoride toothpaste.

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| Patient stress and distressPatient asleep |

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| AB |

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| Staffing levelsOther  |

* Ensure dentures are cleaned every night and preferably left to soak overnight.

Codes: unable to provide oral care

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| CD |

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| Comments:   |

**See overleaf for further daily comments**

Comments Initials

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