**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.  |  | | --- | | Patient stress and distress  Patient asleep |  |  | | --- | | A  B |  |  | | --- | | Staffing levels  Other |  * Ensure dentures are cleaned every night and preferably left to soak overnight.   Codes: unable to provide oral care   |  | | --- | | C  D | | | | | | | | | |

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| Comments: |

**See overleaf for further daily comments**

Comments Initials

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