

DAILY MOUTH HYGIENE CHART

| | WEEK COMMENCING | MONDAY | TUESDAY | WEDNESDAY | THURSDAY | FRIDAY | SATURDAY | SUNDAY | COMMENTS/ACTION REQUIRED |
|-------|-----------------|--------|---------|-----------|----------|--------|----------|--------|--------------------------|
| 1 | / / | | | | | | | | |
| 2 | / / | | | | | | | | |
| 3 | / / | | | | | | | | |
| 4 | / / | | | | | | | | |
| 5 | / / | | | | | | | | |
| 6 | / / | | | | | | | | |
| 7 | / / | | | | | | | | |
| 8 | / / | | | | | | | | |
| 9 | / / | | | | | | | | |
| 10 | / / | | | | | | | | |
| 11 | / / | | | | | | | | |
| 12 | / / | | | | | | | | |
| NOTES | | | | | | | | | |



When oral care been completed insert initials or put 'R' if the resident refuses mouthcare and add comments. If residents continually refuses' mouth care write down what action is required.

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