



Teeth

Date: _____

Resident Name: _____

Level of Self Care: (Check One)

Supplies:

- Soft bristle toothbrush
- Fluoridated toothpaste

Independent
Assistance
Dependent

Instructions:

- Moisten toothbrush with warm water
- Use a pea size amount of fluoride toothpaste
- Brush teeth, tongue and lining of mouth 2 times a day, morning and night

Notes:



**No Teeth
Full Dentures**

Date: _____

Resident Name: _____

Level of Self Care: (Check One)

Supplies:

- Soft bristle toothbrush
- Denture brush
- Liquid hand soap

Independent
Assistance
Dependent

Instructions:

- Remove dentures and brush with denture brush and liquid hand soap
- Rinse
- Leave in dry container overnight
- Moisten toothbrush with warm water
- Brush tongue and lining of mouth 2 times a day, morning and night

Notes:



Teeth and Dentures

Date: _____

Resident Name: _____

Level of Self Care: (Check One)

Supplies:

- Soft bristle toothbrush
- Fluoridated toothpaste
- Denture brush
- Liquid hand soap

Independent
Assistance
Dependent

Instructions:

- Remove dentures and brush with denture brush and liquid hand soap
- Rinse
- Leave in dry container overnight
- Moisten toothbrush with warm water
- Use a pea size amount of fluoride toothpaste
- Brush teeth, tongue and lining of mouth 2 times a day, morning and night

Notes:



**Unable to Swallow
Tube Fed**

No Toothpaste

Date: _____

Resident Name: _____

Level of Self Care: (Check One)

Supplies:

- **Soft bristle toothbrush**
- **Fluoridated mouth rinse**

Independent
Assistance
Dependent

Instructions:

- **Moisten toothbrush with warm water, or fluoride mouth rinse**
- **Dab on paper towel to remove extra moisture**
- **With toothbrush, scoop out secretions**
- **Brush teeth, tongue, and lining of mouth 2 times a day, morning and night**

Notes:



**No Teeth
No Dentures**

Date: _____

Resident Name: _____

Level of Self Care: (Check One)

Supplies:

- **Soft bristle toothbrush**
- **Fluoridated mouth rinse**

Independent
Assistance
Dependent

Instructions:

- **Moisten toothbrush with warm water, or fluoride mouth rinse**
- **Dab on paper towel to remove extra moisture**
- **With toothbrush, scoop out secretions**
- **Brush teeth, tongue, and lining of mouth 2 times a day, morning and night**

Notes:



Tracheostomy

No Toothpaste

Date: _____

Resident Name: _____

Level of Self Care: (Check One)

Supplies:

- **Soft bristle toothbrush**
- **Fluoridated mouth rinse**

Independent
Assistance
Dependent

Instructions:

- **Moisten toothbrush with warm water, or fluoride mouth rinse**
- **Dab on paper towel to remove extra moisture**
- **With toothbrush, scoop out secretions**
- **Brush teeth, tongue, and lining of mouth 2 times a day, morning and night**

Notes: