

Teeth



	GERIATRIC DENTISTRY PROGRAM			
U U	Date:			
Resident Name:	Level of Self Care: (Check One)			
Supplies:	Independent Assistance Dependent day, morning and night			
Notes:				



No Teeth Full Dentures



	OERIAIRIO DENTISIRT PROGRAM		
	Date:		
Resident Name:	Level of Self Care: (Check One)		
Supplies:	Independent Assistance Dependent		
Instructions: Remove dentures and brush with denture Rinse Leave in dry container overnight Moisten toothbrush with warm water Brush tongue and lining of mouth 2 times Notes:			





	Dentures	GERIAT	GERIATRIC DENTISTRY PROGRAM	
VV		Date:		
Resident Name:		Level of S	Self Care: (Check One)	
Supplies:			Independent Assistance Dependent	
 Rinse Leave in dry containe Moisten toothbrush w Use a pea size amoun 	r overnight ith warm water t of fluoride toothpaste	ish and liquid hand soap		



Unable to Swallow



Toompac	Tube Fed	UBC DENTIS	STRY UNIVERS BRITISH COLUMBI COLUMBI	ITY OF IA AM
	No Toothpaste			
		Date:		
Resident Name:		Level of Self Care: (Check One)		
Supplies:			Independent Assistance Dependent	t 📙
Dab on paper towWith toothbrush, s	sh with warm water, or fluorid el to remove extra moisture scoop out secretions ue, and lining of mouth 2 time			
Notes:				



No Teeth



		No Dentures	ODC	GERIATRIC	DENTISTRY PROGR	
				Date:		
Resident Name: Supplies: Soft bristle toothbrush Fluoridated mouth rinse				Level of Self	Care: (Check	One)
					Independent Assistance Dependent	B
Instruc	Moisten toothbrush to Dab on paper towel to With toothbrush, sco	with warm water, or flu to remove extra moistu oop out secretions and lining of mouth 2 t	re	ng and night		
Notes:						



Tracheostomy



Coorners and	Tracheostomy		UBC DENTISTRY SUNYESSITY OF BUSINESSITY OF BUSINE		
	No Toothpaste	OLIVA	THIS DENTISTIC TROOTER		
		Date:		-	
Resident Name: Supplies: Soft bristle toothbrush Fluoridated mouth rinse		Level of Self Care: (Check One)			
			Independent Assistance Dependent		
Dab on paper toWith toothbrush	ush with warm water, or fluct wel to remove extra moisture , scoop out secretions gue, and lining of mouth 2 ti	е	nt		
Notes:					