

NHS Ayrshire & Arran

Oral Hygiene - Daily Chart

Write or attach label

HCR No:

CHI No:

Surname:



Forename: Sex:

Address:

.....

Date of Birth:

Month _____

| Day |  Please tick: | |  Please tick: | | Non-compliance code/notes | Initials |
|-----|---|----|---|----|---------------------------|----------|
| | AM | PM | AM | PM | | |
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Ensure natural teeth are brushed twice a day with a fluoride toothpaste



Ensure dentures are cleaned twice a day and left out and soaked in dilute sodium hypochlorite overnight (or chlorhexidine if metal based dentures)

| Comments: | Reasons for Non-Compliance Codes | |
|-----------|----------------------------------|-------------------------|
| | | Patient non-cooperative |
| | Patient asleep | B |
| | Staffing levels | C |
| | Other (please specify below) | D |
| | | |