

CAREGIVER ORAL CARE ROUTINE & OBSERVATION LOG

Keep this sheet with oral-care supplies. Ten minutes is a flexible framework, not a deadline. Stop and try later if the person becomes distressed.

Person receiving care: _____

Week beginning: _____

Primary caregiver: _____

Dentist: _____

1. Personalized Care Plan

Preferred time: _____ Preferred place: _____

Best position: ☐ At sink ☐ Seated upright ☐ Caregiver beside ☐ Caregiver behind

What helps the person feel calm: _____

What may cause distress: _____

Level of help: ☐ Reminder ☐ Demonstration ☐ Guide hand ☐ Caregiver brushes

2. Supplies to Keep Together

☐ Soft toothbrush ☐ Fluoride toothpaste ☐ Towel ☐ Good lighting

☐ Floss holder ☐ Interdental brush ☐ Denture brush ☐ Denture container / cleanser

☐ Dry-mouth product ☐ Disposable gloves if preferred ☐ Other: _____

Special product or technique instructions: _____

3. Helpful One-Step Cues

Try one short cue at a time: "Time to clean your teeth." "Watch me." "Open a little."

"This side first." "Now the front." "Other side." "Almost finished."

Words, music or routine that work best: _____

4. The Flexible 10-Minute Routine

0-2 minutes - Prepare: Gather supplies, sit upright, protect clothing, offer one calm cue.

2-5 minutes - Brush: Use a soft brush and fluoride toothpaste; clean outer, inner and chewing surfaces gently.

5-7 minutes - Between teeth: Use the simplest safe tool the person tolerates; do not force the task.

7-9 minutes - Dentures and tissues: Remove and clean dentures; gently clean gums, tongue and remaining teeth.

9-10 minutes - Look: Check for swelling, bleeding, broken or loose teeth, sores, patches and denture irritation.

5. Daily Checklist

Morning: ☐ Brush natural teeth ☐ Clean between if tolerated ☐ Insert clean dentures

Evening: ☐ Brush natural teeth ☐ Clean between ☐ Remove / clean dentures ☐ Mouth check

If the person clamps down, pulls away or becomes frightened: do not pry the mouth open. Stop, give space, look for pain and try again later.

SEVEN-DAY CARE & OBSERVATION LOG

Use short notes. Changes in eating or behavior may be a sign of mouth pain, discomfort or illness.

Day / date	AM care	PM care	Comfort / cooperation	Mouth, denture, eating or behavior changes
Day 1 _____	☐ Done ☐ Partial	☐ Done ☐ Partial	☐ Calm ☐ Distressed ☐ Pain signs	
Day 2 _____	☐ Done ☐ Partial	☐ Done ☐ Partial	☐ Calm ☐ Distressed ☐ Pain signs	
Day 3 _____	☐ Done ☐ Partial	☐ Done ☐ Partial	☐ Calm ☐ Distressed ☐ Pain signs	
Day 4 _____	☐ Done ☐ Partial	☐ Done ☐ Partial	☐ Calm ☐ Distressed ☐ Pain signs	
Day 5 _____	☐ Done ☐ Partial	☐ Done ☐ Partial	☐ Calm ☐ Distressed ☐ Pain signs	
Day 6 _____	☐ Done ☐ Partial	☐ Done ☐ Partial	☐ Calm ☐ Distressed ☐ Pain signs	
Day 7 _____	☐ Done ☐ Partial	☐ Done ☐ Partial	☐ Calm ☐ Distressed ☐ Pain signs	

Weekly Mouth and Comfort Check

☐ Broken or loose tooth ☐ Swelling ☐ Repeated bleeding ☐ Red or white area
☐ Sore that has not healed ☐ Denture irritation / crack ☐ Dry or sticky mouth
☐ Refusing food or dentures ☐ Chewing one side ☐ Grimacing / pulling away
 What changed and when: _____

Contacts and Follow-Up

Dental office: _____ Phone: _____
 Primary care clinician: _____ Phone: _____
 Next dental visit: _____ Instructions: _____

When to Get Help

Call the dental office for persistent pain, swelling, repeated bleeding, broken or loose teeth, pus, a sore that does not heal, sudden refusal to wear dentures, repeated denture sores, difficulty chewing, or unexplained eating changes. Seek urgent medical care for significant mouth or facial swelling with trouble breathing or swallowing. New or worsening swallowing difficulty also needs medical evaluation.