

Oral Health Assessment Tool (OHAT)

Part 1: Preparation and mouth examination | page 1 of 3

Resident / patient name		Date of birth	
Room / unit		ID / NHS no.	
Date of assessment		Completed by	

BEFORE YOU START

- Explain what you are going to do and ask for the person's consent. Use their name and a calm, reassuring approach.
- Wash your hands and wear clean gloves. Use good natural light or a small torch. No dental equipment is needed.
- Ask the person to remove dentures if they wear them, and look at the dentures as well as the mouth.
- Look and feel gently for sore, swollen or bleeding areas. Stop if the person is distressed.

SCORING - tick ONE option in each row, then enter the score (0, 1 or 2)

Category	0 = Healthy	1 = Changes *	2 = Unhealthy *	Score
Lips	☐ Smooth, pink, moist	☐ Dry, chapped, or red at corners	☐ Swelling or lump, white, red or ulcerated patch; bleeding or ulcerated at corners	
Tongue	☐ Normal, moist, roughness, pink	☐ Patchy, fissured, red, coated	☐ Patch that is red and/or white, ulcerated, swollen	
Gums and tissues	☐ Moist, pink, smooth, no bleeding	☐ Dry, shiny, rough, red, swollen, sore; one ulcer or sore spot under dentures	☐ Swollen, bleeding, ulcers, white or red patches; generalised redness under dentures	
Saliva	☐ Moist tissues, watery and free-flowing saliva	☐ Dry, sticky tissues, little saliva present; person thinks they have a dry mouth	☐ Tissues parched and red, very little or no saliva, saliva is thick; person thinks they have a dry mouth	

* A score of 1 or 2 in any category means the person should be referred for a dental examination. Continue on page 2.

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Part 1 continued: teeth, dentures, cleanliness and pain | page 2 of 3

SCORING (continued)

Category	0 = Healthy	1 = Changes *	2 = Unhealthy *	Score
Natural teeth Present? ☐ Yes ☐ No	☐ No decayed or broken teeth or roots	☐ 1-3 decayed or broken teeth or roots, or very worn-down teeth	☐ 4 or more decayed or broken teeth or roots, or very worn-down teeth, or fewer than 4 teeth	
Dentures Present? ☐ Yes ☐ No	☐ No broken areas or teeth; dentures regularly worn and named	☐ 1 broken area or tooth; or dentures worn only 1-2 hours a day; or not named; or loose	☐ More than 1 broken area or tooth; or denture missing or not worn; or needs denture adhesive; or not named	
Oral cleanliness	☐ Clean, with no food particles or tartar in the mouth or on dentures	☐ Food particles, tartar or plaque in 1-2 areas of the mouth or on a small area of dentures; or bad breath	☐ Food particles, tartar or plaque in most areas of the mouth or on most of the dentures; or severe bad breath	
Dental pain	☐ No behavioural, verbal or physical signs of dental pain	☐ Verbal and/or behavioural signs of pain, such as pulling at the face, chewing lips, not eating, aggression	☐ Physical signs of pain (swelling of cheek or gum, broken teeth, ulcers) as well as verbal and/or behavioural signs	

TOTAL SCORE / 16

Add the eight category scores. A lower score means better oral health. Any category scored 1 or 2 (marked *) needs action: use page 3.

Notes on what you saw (for example sore areas, loose teeth, how the person tolerated the check)

Can the person tell you if they have mouth pain or discomfort?

☐ Yes

☐ Partly

☐ No

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Part 2: Actions, oral hygiene care plan and review | page 3 of 3

ACTIONS - tick all that apply

- ☐ Organise a dental examination by a dentist (any score of 1 or 2)
- ☐ Person and/or family or guardian refuses dental treatment
- ☐ Complete the oral hygiene care plan below and start oral hygiene care for the person

Dentist / practice and appointment date

Review this person's oral health again on

ORAL HYGIENE CARE PLAN

Area	Care needed	Who	How often
Natural teeth and gums			
Dentures			
Tongue and mouth			
Lips and dry mouth			
Pain or difficulty eating			

Prompt ideas for the care plan

- Brush natural teeth and gums twice a day with fluoride toothpaste; give help or prompts where needed.
- Clean dentures daily, take them out at night, and make sure they are named and fit well.
- Offer sips of water and mouth care for a dry mouth; protect lips from drying.

REVIEW RECORD

Date	Total score	Changes since last time / action	Initials

Assessed by (name / role)

Signature

About this tool: Based on the Oral Health Assessment Tool (OHAT), Chalmers JM et al., modified from Kayser-Jones et al. (1995) by Chalmers (2004), with kind permission of the Australian Institute of Health and Welfare (AIHW), *Caring for oral health in Australian residential care* (2009). This is a screening aid and does not replace a dental examination.