NDIS LWB 5514 Oral Health Care Plan

- Staff and the person we support complete Section 1 before the appointment
- The Dentist or Oral Health Care practitioner completes all other sections

Name:		**CIRTS ID:**	
Date of Plan:		**Review Due:**	

Section 1. My Oral Health Care Needs/Preferences – LWB staff member to complete with the person we support			
Support to attend an appointment			
I require PRN to visit the dentist: **Note:** Ensure the use of PRN has been approved via the RPA authorisation process, and usage is recorded as per LWB requirements. Administer PRN via instructions in Medication Chart.			☐ Yes ☐ No
I require General Anaesthetic to visit the dentist: **Note:** There is no expectation that the person should undergo General Anaesthetic annually for a dental review. The Anaesthetist and Dentist should identify a suitable review schedule for this person. The Dentist should state the timeframe this Oral Health Plan will span. The Plan will be valid until that time unless the person's dental requirements change and they require a further review.			☐ Yes ☐ No
Information about my teeth			
I have teeth?	☐ Yes ☐ No	I have dentures?	☐ Yes ☐ No
What support do I need with my oral health?	☐ None ☐ Verbal prompting	☐ Some help ☐ Physical help	☐ Other:
Location I prefer to have my teeth / mouth cleaned is:			
The best way to communicate with me about my oral health needs:			
Special oral hygiene requirements (if any), e.g. how do I use mouthwash or floss my teeth?			

Section 2a. Daily Oral Health Care Plan – *To be completed by Dentist or Oral Health Care Practitioner*	☐ N/A the person has no teeth
When to clean teeth – (times per day)	
Instructions for cleaning my teeth and gums:	
Toothbrush	☐ Soft and regular ☐ Electric ☐ Modified toothbrush Describe:
Toothpaste	☐ Use toothpaste ☐ Don't use toothpaste
	Recommended product:
Mouthwash	☐ Use mouthwash ☐ Don't use mouthwash
	Recommended product:
Floss	☐ Use floss ☐ Don't use floss
	Recommended product:
Dentures	☐ N/A ☐ Scrub with a brush ☐ Soak overnight
Does the person's medication cause dry mouth?	☐ Yes ☐ N/A
Recommended product for dry mouth:	
Other information	

Section 2b. Daily Oral Health Care Plan – *To be completed by Dentist or Oral Health Care Practitioner*	☐ N/A the person has teeth
Instructions for cleaning my gums and mouth:	
Recommended product(s) / equipment:	
Does the person's medication cause dry mouth?	☐ Yes ☐ N/A
Recommended product for dry mouth:	

Section 3. Plan Development – *To be completed by Dentist or Oral Health Care Practitioner*			
NOTE: The Oral Health Review should be completed at least annually. If the person requires General Anaesthetic or sedation to attend, the dentist or Oral Health Care practitioner should determine the review cycle to suit the person's needs.			
Date Oral Health Reviewed		Next Review Due:	
Actions arising / Outcome following Oral Health Review (record or attach report):			
Signs a review of this plan should occur immediately:			
Oral Health Care Plan Development – *to be completed and signed by relevant Health Professional*			
Name:	**Title:**	**Signature:**	**Date:**

Section 4. Plan Approval					
Person (if informed consent)					
Name:		**Signature:**		**Date:**	
Authorised Decision Maker (if applicable)					
Name:		**Signature:**		**Date:**	

Section 5. LWB Staff Declaration (*All staff who work with this person to sign)*					
I have read and understood this person's Oral Health Care Plan and agree to implement the recommendations whilst supporting this person.					
Name:		Signature:		Date:	
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Upload to CIRTS as follows:
Plans & Assessments > New Plan > Plan name – [select from drop down] Oral Health Care Plan > relevant dates > Add New Attachment > SURNAME, First Name. YYYY.MM.DD

Section 6. Review – *To be completed by Dentist or GP*

- A Health Professional must review Plans at least annually or as often as determined by the Health Professional. The Health Professional should also include signs that, if observed by staff, indicate an immediate review should take place. LWB Disability Support Staff must also monitor the person's health in the context of the STOP AND WATCH principles outlines in the NDIS LWB 5501 Health and Wellbeing - Procedure
- Plan Reviews can only be completed by the health professional who originally developed the plan or another health professional with equivalent qualifications. If the health professional has changed since the original plan was developed, they may wish to develop a new plan.
- If the current plan no longer meets the needs of the person, a new plan is required.

Treating Health Professional Declaration

I have today reviewed this plan and confirm that it remains appropriate to meeting the needs of the person.

Health Professional Name and Title	Health Professional Signature	Date