

## Section L Oral / Dental Status

### Intent

To document the resident's oral and dental status as well as any problematic conditions.

### Care Area Triggers

L0200 – Dental Care

### Care Plans

Dental Care

Gum Problems

<b>L0200. Dental</b>	
Check all that apply:	
<input type="checkbox"/>	<b>A. Broken or loosely fitting full or partial denture</b> (chipped, cracked, uncleanable, or loose)
<input type="checkbox"/>	<b>B. No natural teeth or tooth fragments</b> (edentulous)
<input type="checkbox"/>	<b>C. Abnormal mouth tissue</b> (ulcers, masses, oral lesions, including under denture or partial if one is worn)
<input type="checkbox"/>	<b>D. Obvious or likely cavity or broken natural teeth</b>
<input type="checkbox"/>	<b>E. Inflamed or bleeding gums or loose natural teeth</b>
<input type="checkbox"/>	<b>F. Mouth or facial pain, discomfort or difficulty with chewing</b>
<input type="checkbox"/>	<b>G. Unable to Examine</b>
<input type="checkbox"/>	<b>Z. None of the above were present</b>

### L0200. Dental

Check all that apply.

**A. Broken or loosely fitting full or partial denture** Chipped, cracked, uncleanable, or loose

**B. No natural teeth or tooth fragments** (edentulous)

**C. Abnormal mouth tissue**

Ulcers, masses, oral lesions, including under denture or partial if one is worn

**D. Obvious or likely cavity or broken natural teeth**

**E. Inflamed or bleeding gums or loose natural teeth**

**F. Mouth or facial pain discomfort or difficulty with chewing**

**G. Unable to Examine**

**Z. None of the above were present**