Oral Care Audit Tracker

Date: _____

Patient Info		AM				PM				Comments
Room	Pt Initial/Last 4	Supplies at bedside? Y / N	Documented oral care? Y / N	Nursing staff who documented providing oral care	How was oral care done? I – Independent A – Assisted T – Total R – Refused	Supplies at bedside? Y / N	Documented oral care? Y / N	Nursing staff who documented providing oral care	How was oral care done? I – Independent A – Assisted T – Total R – Refused	State if pt. has dentures, explain situation for patient refusal, etc.