HAPPEN Oral Care Document Audit Tool

Date: _____

Patient Info		AM				РМ				Comments
Room	Patient Identifier	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 D- Declined	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	State if pt. has dentures, explain situation for patient decline etc.
									D- Declined	