[Name of Dental Facility] [How to use templates](https://www.psm.sdcep.org.uk/templates/how-to-use-templates/)

# Domiciliary Oral Healthcare Risk Assessment Record

This form can be used to record a risk assessment for the provision of domiciliary oral healthcare for a named patient and to document any necessary risk mitigating actions, including whether medical emergency drugs and equipment are required.

## Patient details

Name: Date of birth/CHI no.:

Address:

Reason for domiciliary care provision: [e.g. mobility issue, learning disability etc.]

## Oral healthcare need

Oral healthcare required at domiciliary visit:

Potential risk: [Consider the nature of the oral healthcare and the experience of the practitioner. Some procedures such as examinations and the construction of dentures are essentially non-invasive and will carry a much lower risk than invasive treatments.]

## Medical History

Potential risk associated with patient’s medical history: [Consider the patient’s health and possible/likely causes of collapse or reaction to treatment (e.g. depending on severity - cardiac or respiratory disease, peripheral vascular disease, neurodegenerative conditions leading to impaired swallowing, epilepsy, extreme dental anxiety).]

The patient has a DNACPR: Yes  No  Not known

## Environmental factors

Potential risk associated with environment: [Consider where the domiciliary care will be provided and any possible risks related to this for the patient or provider (e.g. access, space, lighting, electrical/fire/trip hazards, patient behaviour, pets etc.).]

Emergency drugs and equipment already available: Yes  No

## Risk summary and recommended action\*

Overall risk: Low  Moderate  Significant

[Name of dental facility] to provide the specified oral healthcare at a domiciliary visit:

Yes  No

If yes, should emergency drugs & equipment be taken on visit:

Yes  No

\* [Emergency Drugs and Equipment in Primary Dental Care](https://www.gov.scot/publications/emergency-drugs-equipment-primary-dental-care/pages/6/) provides recommendations based on risk assessment outcomes.

Comments: [e.g. other requirements to mitigate risk such as additional equipment, chaperone etc; whether patient should be referred to PDS or secondary care for treatment]

Assessor name: Date of Assessment:

Assessor signature:

Additional information/instructions: [e.g. details of access requirements, such as key box code; carer details and contact information; patient mobility, communication and other support needs.]