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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **ADL・口腔状況評価表**  様式　発達Ⅲ-2-① | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 学籍番号　　　　　　　　　　　　　　氏名 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ＊共通目標 | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 病名・障がい名 | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | 内服薬 | | | | | | | | |  | | | | | | | | | | | | | | | | | | | |
| 要介護認定 | | | | | 非該当 | | | | | | | | 要支援１ | | | | | | 要支援２ | | | | | | | 要介護１ | | | | | | | | | | 要介護2 | | | | | | | 要介護3 | | | | | | | | 要介護４ | | | | 要介護５ | | |
| 全身状況 | 障害高齢者日常生活自立度 | | | | | | | | | | | | | | | J1 | | | | | J2 | | | | | | A1 | | | | | A2 | | | | | | | | | | B1 | | | | | B2 | | | | | | C1 | | | | C2 |
| 認知症高齢者日常生活自立度 | | | | | | | | | | | | | | | Ⅰ | | | | | | Ⅱa | | | | | | | Ⅱb | | | | | | | | Ⅲa | | | | | | | | | Ⅲb | | | | | | Ⅳ | | | | M | |
| 口腔清掃  自立度 | | | | | | B | | | | | ａ1　ａ2 | | | | | | ｂ1　ｂ2 | | | | | | | ｃ1　ｃ2 | | | | | | | | 巧緻度 | | | | | | | | | | | | ａ | | | | | | | ｂ | | | | ｃ | |
| D | | | | | ａ | | | | | | ｂ | | | | | | | ｃ | | | | | | | | 自発性 | | | | | | | | | | | | ａ | | | | | | | ｂ | | | | ｃ | |
| R | | | | | ａ | | | | | | ｂ | | | | | | | ｃ | | | | | | | | 習慣性 | | | | | | | | | | | | ａ1　ａ2 | | | | | | | ｂ1　ｂ2 | | | | ｃ | |
| 歩行 | | | | | | 自立　・　杖　・　車いす　・　不可 | | | | | | | | | | | | | | | | | | | | | 姿勢の保持 | | | | | | | | | | | | | 座位保持可　・　時々崩れる　・　座れない | | | | | | | | | | | | | | | | |
| 麻痺 | | | | | | なし　・　右麻痺　・　左麻痺 | | | | | | | | | | | | | | | | | | | | | 食事の道具 | | | | | | | | | | | | | 箸　・　スプーン　・　手づかみ | | | | | | | | | | | | | | | | |
| BMI | | | | | | 身長：　　　　　　　　　　　　　　体重：　　　　　　　　　　　　　　　BMI： | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 備考・他職種の支援内容 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 摂食嚥下機能状況 | 水分・栄養摂取方法 | | | | | | | | | 経口摂取　　・　　経管栄養（　経鼻　　胃ろう　）　　・　　静脈栄養（　末梢静脈　　・　　中心静脈　） | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 姿勢 | | よい　・　少し悪い　・　大分悪い | | | | | | | | | | | | | | | | | 食欲 | | | | | | | | | | ある　・　ない | | | | | | | | | | 食事自立 | | | | | | | | 自立　・　一部介助　・　全介助 | | | | | | | | | |
| 食事形態 | | | | | 主食：　普通　・　粥　・　ペースト | | | | | | | | | | | | | | | | | | | | | | | | 副食：　普通　・　キザミ・軟食　・　ミキサー・流動食 | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 水分とろみ付け | | | | | | | | ない　・　ある | | | | | | | | 食事ペース | | | | | | | はやい　・　適度　・おそい | | | | | | | | | | | | | | | | 一口量 | | | | | | | | 多い　　・　　適量　　・　少ない | | | | | | | | | |
| 嚥下運動 | | | | | よい　・　弱い　・　悪い | | | | | | | | | | | | | | | | | | | | | | | | 咳運動 | | | | | | | | | できる　・　弱い　・　できない | | | | | | | | | | | | | | | | | | |
| 食事中のむせ | | | | | ない　・　少しある　・　多い | | | | | | | | | | | | | | | | | | | | | | | | むせるもの | | | | | | | | |  | | | | | | | | | | | | | | | | | | |
| 食べこぼし | | | | | ない　・　少しある　・　大分ある | | | | | | | | | | | | | | | | | １回毎の食物残留 | | | | | | | | | | | | ない　・　ある　・　大分ある | | | | | | | | | | | | | | | 食事時間 | | | | 分程度 | | | |
| 備考・他職種の支援内容 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 口腔機能状況 | 表情 | | | | | | | | | | | | | よい　・　乏しい　・　変化が激しい | | | | | | | | | | | | | | | | | | | | 会話 | | | | | | | | | | ある　・　ない | | | | | | | | | | | | | |
| 構音 | | | 不明瞭な音 | | | | | | | | | | パ　　・　　タ　　・　　カ　　・　　ラ　　・　　その他の音（　　　　　　　　　　　　　　　　　　　　　　　　　　　） | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 運動 | | | 舌：上下 | | | | | | | | | | できる　・　できるが問題あり　・　できない | | | | | | | | | | | | | | | | | | | | 舌：左右 | | | | | | | | | | できる　・　できるが問題あり　・　できない | | | | | | | | | | | | | |
| 分泌 | | | 口唇粘膜乾燥(　口唇　・　舌　・　粘膜　) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | ない　　・　　少しある　　・　　大分ある | | | | | | | | | | | | | | | | | | | | | | | |
| 備考・他職種の支援内容 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 口腔環境状況 | 口腔清掃 | 食物残渣 | | | | | | | | | ない　・　少しある　・　大分ある | | | | | | | | | | | | | | | | | | | | 歯垢付着 | | | | | | | | | | ない　・　歯面1/3　・　歯面2/3　・　歯面全体 | | | | | | | | | | | | | | | | |
| 口臭 | | | | | | | | | ない　・　少しある　・　強い | | | | | | | | | | | | | | | | | | | | 歯石 | | | | | | | | | | ない　・　歯面1/3　・　歯面2/3　・　歯面全体 | | | | | | | | | | | | | | | | |
| 舌苔 | | | | | | | | | ない　・　少しある　・　大分ある | | | | | | | | | | | | | | | | | | | | 清掃 | | | | | | | | | | 現状　　　　　　　　　　　　　　　　　　　回/日 | | | | | | | | | | | | | | | | |
| 歯ブラシ | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | 補助用具 | | | | | | | | | |  | | | | | | | | | | | | | | | | |
| 義歯 | 上顎義歯 | | | | | | 有　・　無 | | | | | | | 全部床義歯　・　部分床義歯 | | | | | | | | | | | | | | | | 下顎義歯 | | | | | | | | | | 有　・　無 | | | | | | | | 全部床義歯　・　部分床義歯 | | | | | | | | |
| 清掃 | | | | | | よい　・　少し悪い　・　大分悪い　・　食物残渣、歯垢付着　・　臭いあり | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 義歯の安定 | | | | | | | | 良　・　悪 |
| 備考・他職種の支援内容 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

※学生は口腔ケア実習を行った際にわかる範囲で記入する(見学及び介助も含む)。

※実習指導者の方へ：本記録に関しては、大学教員がチェックをします。可能な範囲でご確認いただけますと幸いです。

様式　発達Ⅲ-2-②

口腔ケア記録

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 年齢・性別 |  | | | | 呼吸 | | | | | 脈拍 | | | 血圧 | | SPO2 | |
| 実施体位 | 立位 | | 端座位 | | | | ファーラ位 | | | | セミファーラ位 | | 長座位 | 仰臥位 | | 側臥位 |
| 食物残渣 | ①ない | | ②少しある | | | | ③大分ある | | | | 所見 | | | | | |
| 粘膜付着物  (痰・剥離上皮・痂疲等) | ①ない | | ②少しある | | | | ③大分ある | | | | 所見 | | | | | |
| 歯垢（歯面） | ①ない | | ②1/3 | | | | ③2/3 | | | | ④全体 | | 所見 | | | |
| 舌苔 | ①ない | | ②少しある | | | | ③大分ある | | | | 所見 | | | | | |
| 義歯の汚れ | ①なし | | ②1/3 | | | | ③2/3 | | | | ④全体 | | 所見 | | | |
| 歯肉状況 | ①発赤・腫脹 | | | | | ②出血 | | | ③歯牙動揺 | | | | 所見 | | | |
| 粘膜疾患 | ①疑いなし | | | ②疑いあり | | | | 所見 | | | | | | | | |
| 口腔内乾燥 | ①ない | | | ②少しある | | | | ③大分ある | | | | 所見 | | | | |
| 口臭 | ①ない | | | ②少しある | | | | ③強い | | | | 所見 | | | | |
| 実習記録 | | | | | | | | | | | | | | | | |
| Ｓ:Subjective  （主観的情報） | |  | | | | | | | | | | | | | | |
| Ｏ:Objective  （客観的情報） | |  | | | | | | | | | | | | | | |
| Ａ:Assessment  （アセスメント） | |  | | | | | | | | | | | | | | |
| Ｐ:Plan（方針） | |  | | | | | | | | | | | | | | |
| I：Intervention  （介入） | |  | | | | | | | | | | | | | | |
| 口・イラスト.JPG | | ≪具体的内容・使用器具器材≫ | | | | | | | | | | | | | | |
| E：Evaluation  （評価・成果） | |  | | | | | | | | | | | | | | |
| 考察 | | | | | | | | | | | | | | | | |
| ※学生は口腔ケア実習を行った際に1症例選択し記入する(見学及び介助も含む)。  ※実習指導者の方へ：本記録に関しては、大学教員がチェックをします。可能な範囲でご確認いただけますと幸いです。 | | | | | | | | | | | | | | | | |

　　　　　　　　　　　　　　　　　　　　　　　　　日付　　　　　　　　　　学籍番号　　　　　　　　　　　名前