

# Oral mucositis/stomatitis assessment tool

Oral mucositis and/or ulcerative lesions to the oral cavity can be secondary to anti-cancer drugs and radiation therapy. Stomatitis (an inflammation of the oral cavity) can be secondary to targeted therapies and can include ulceration, xerostomia, altered/loss of taste, and oral pain with or without lesions. It is important patients are assessed for their risk of developing mucositis/stomatitis prior to treatment as well as ongoing assessments throughout the course of treatment.

Hospital ID: \_\_\_\_\_ MRN: \_\_\_\_\_

Surname: \_\_\_\_\_

Given names: \_\_\_\_\_

Date of birth: \_\_\_\_\_ Sex: \_\_\_\_\_ AMO: \_\_\_\_\_

Pronouns: \_\_\_\_\_

Preferred names: \_\_\_\_\_

Treatment protocol: \_\_\_\_\_ Date: \_\_\_\_\_ Cycle: \_\_\_\_\_ Day: \_\_\_\_\_

Mucositis/stomatitis screening	Yes	No
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History of mucositis, stomatitis, or dental problems?

Details:

**Pre-existing conditions that may contribute to oral mucositis/stomatitis**  
(e.g. poor oral hygiene, smoking/tobacco use, alcohol consumption, poor nutrition, poorly fitting dentures, dehydration, concurrent chemotherapy/radiation therapy for head and neck cancer, blood and marrow transplant)

Details:

Assess the patient for signs and symptom of oral mucositis/stomatitis, performing a visual assessment of the oral cavity and grade the following according to the CTCAE grading: 0 – nil, 1 – mild, 2 – moderate, 3 – severe, 4 – life-threatening.

Date:							
Cycle/Day:							
Radiotherapy fraction:							
Signs							
Pain to oral cavity/throat							
Erythema (redness) of oral cavity/throat							
Ulceration of oral cavity/throat							
Dysphagia (difficulty swallowing)							
Xerostomia (dry mouth)							
Thick ropery saliva							
Oral candidiasis (white coating or lesions to tongue/cheeks)							
Signs of infection (viral/bacterial) e.g. inflammation, fevers, hypotension							
Bleeding from oral cavity							
Dysgeusia (altered taste)							
Oral sensitivity to hot and cold food/drink							
Alterations to nutritional intake e.g. reduced/modified diet							
Alterations to hydration							
Altered speech or voice changes e.g. hoarseness, raspy, deeper, difficulty articulating words							
Plaque or debris in oral cavity							
Problems with ill-fitting dentures/ oral piercings							
Assessor signature:							

Where toxicity is suspected, medical review should be organised and appropriate escalation procedures undertaken as per local policy. Patients should be educated on oral mucositis/stomatitis and oral care procedures and provided with [patient information sheet – mouth problems during cancer treatment](#).

**Patients should also be assessed for**

Analgesic requirements for oral/throat pain:	nil	topical	systemic
Ability to perform oral care:	self-caring	requires encouragement/assistance	unable to self-care

Date	Comments/Action	Initials

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