

## CARIES RISK ASSESSMENT

Increased caries risk associated with:

- Previous caries
- Developmental defects of teeth
- High parental or sibling caries levels
- Low socioeconomic and education status
- Poor access to health care
- Special health care needs
- Frequent consumption of sugary foods
- Sleeping with bottle
- Inadequate fluoride
- Poor oral hygiene

## ERUPTION CHART – Primary teeth

Upper teeth	Erupt	Shed
Central Incisor	8-12 mos.	6-7 yrs.
Lateral Incisor	9-13 mos.	7-8 yrs.
Canine (Cuspid)	16-22 mos.	10-12 yrs.
First Molar	13-19 mos.	9-11 yrs.
Second Molar	25-33 mos.	10-12 yrs.

  

Lower Teeth	Erupt	Shed
Second Molar	23-31 mos.	10-12 yrs.
First Molar	14-18 mos.	9-11 yrs.
Canine (Cuspid)	17-23 mos.	9-12 yrs.
Lateral incisor	10-16 mos.	7-8 yrs.
Central incisor	6-10 mos.	6-7 yrs.

## ERUPTION CHART – Permanent teeth

Upper Teeth	Erupt
Central Incisor	7-8 yrs
Lateral Incisor	8-9 yrs
Canine (Cuspid)	11-12 yrs
First Premolar (First Bicuspid)	10-11 yrs
Second Premolar (Second Bicuspid)	10-12 yrs
First Molar	6-7 yrs
Second Molar	12-13 yrs
Third Molar (Wisdom Tooth)	17-21 yrs

  

Lower Teeth	Erupt
Third Molar (Wisdom Tooth)	17-21 yrs
Second Molar	12-13 yrs
First Molar	6-7 yrs
Second Premolar (Second Bicuspid)	10-12 yrs
First Premolar (First Bicuspid)	10-11 yrs
Canine (Cuspid)	11-12 yrs
Lateral Incisor	8-9 yrs
Central Incisor	7-8 yrs

## DIET

- Hold infant when feeding
- No bottle propping or bottle to bed
- No ad lib bottles or sippy cups
- Only breast milk/formula in bottle
- Limited number of snacks – no grazing  
low sugar or sugar-free examples: fresh fruit/veg, plain cheerios, cheese, crackers
- Only plain milk or water between meals

## TEETHING

### Signs and Symptoms

- Loose stools are associated with teething.
- Fever, drooling, sleep disturbance, tugging on ears have not been associated with teething and may be physiologic, behavioral or another organic cause.
- A fever of >100.6 should be evaluated for other causes.

### Treatment Advice

- Teething rings or cold wash cloths to suck/chew
- Acetaminophen or ibuprofen as needed
- Teething gels are less helpful, taste bad, and at high doses can be dangerous

## INFANT/CHILD ORAL EXAM TIPS

### Lap to lap method

- Position child on parent's lap facing parent.
- Position your chair so that you are knee to knee with parent.
- Lower child back onto your lap (so that child is still in contact with parent).

### Exam table method

- Place child on exam table and have parent hold hands
- Examine child from behind head with the child's head tilted back and mouth opened wide.

### What to look for

- Good oral hygiene including pink gums and shiny teeth.
- Closely examine high risk areas, such as gum lines, molar surfaces, and behind the upper central incisors for white or brown spots, cavities and/or defects.
- Any deviation from normal or the presence of plaque indicates increased caries risk and the child should be referred for dental care.

## FLUORIDE SUPPLEMENTATION

Consider supplementation for high risk children (see “Caries Risk Assessment”). *JADA 2010;141(12):1480-89.*

- If on city water, determine if water is fluoridated.
- Visit CDC My Waters Fluoride website for a list of communities with fluoridated water

<http://apps.nccd.cdc.gov/MWF/Index.asp>

If on well water, obtain test kit from local authority, which may be local dental school, public health department, etc. Prescribe fluoride supplementation according to results.

## FLUORIDE SUPPLEMENTATION DOSAGE SCHEDULE FOR CHILDREN AT HIGH CARIES RISK:

Patient's age	Level of fluoride found in water		
	< 0.3ppm	0.3-0.6ppm	>0.6ppm
0-6 mths	0	0	0
6 mths – 3 yrs	0.25	0	0
3 yrs - 6 yrs	0.50	0.25	0
6 yrs – 16 yrs	1.00	0.50	0

## FLUORIDE PRESCRIPTION EXAMPLES

### **Infant age 6 mos to 3 yrs in an area with <0.3ppm:**

Fluoride 0.25mg/0.5ml solution

Give 0.5 ml daily

Swish and swallow, do not give with milk or formula

Dispense 50 ml. Refill for 1 year

### **Child age 3-6 yrs in an area with <0.3ppm:**

Fluoride 0.5 mg chewable tab

1 tab daily

Chew and swallow, do not give with milk

Dispense 100 tabs. Refill for 1 year

### **Fluoride w/ iron & multivitamin for child age 6 mths to 3 yrs in an area with <0.3ppm:**

Multi-vit w/ iron and fluoride 0.25mg/ml

Give 1 ml daily

Chew and swallow, do not give with milk or formula

Dispense 50 ml. Refill for 1 year

## **CHILD ORAL HEALTH POCKET CARD**

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Smiles for Life Oral Health Curriculum  
www.smilesforlifeoralhealth.org October 2012

Creation of this product was funded by:  
National Interprofessional Initiative on Oral Health

*The information contained in this card should not substitute for  
consultation with an oral health expert.*

## DENTAL TOPICS FOR WELL CHILD CARE VISITS

### **0-2 months**

- Diet: Infant feeding (no bottle propping)

### **4 months**

- Caries risk assessment
- If high risk, assess need for fluoride supplementation
- Diet: Infant feeding (no bottle propping, no bottle to bed)

### **6-9 months**

- Fluoride: Prescribe systemic fluoride if needed
- Diet: Introduce cup; remove bottle by 1 yr.; no ad lib bottle or bottle to bed
- Oral hygiene: Start brushing as teeth erupt, use smear of fluoride toothpaste
- Dental screening: assess caries, defects, oral hygiene

### **12+ months**

- Ensure regular dental visits from age one year
- Fluoride: Prescribe systemic fluoride for high risk until age 16; provide fluoride varnish for moderate and high risk q. 6 months
- Diet: Limit sugar-free snacks & drinks; no bottles; no ad lib sippy cups
- Oral hygiene: parental supervision, fluoride toothpaste, pea size amount at age two
- Exam: assess caries, defects, oral hygiene