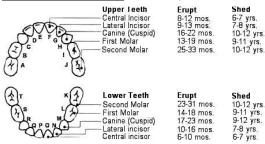
## CARIES RISK ASSESSMENT

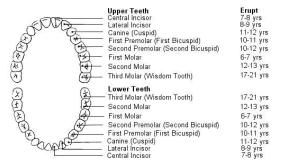
Increased caries risk associated with:

- 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



## **ERUPTION CHART - Permanent teeth**



### 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:

|                  | Level of fluoride found in water |            |         |
|------------------|----------------------------------|------------|---------|
| Patient's age    | < 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

Hugh Silk MD, Alan Douglass MD, Joanna Douglass BDS Smiles for Life Oral Health Curriculum www.smilesforlifeoralhealth.org October 2012

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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 <a href="mailto:smear">smear</a> 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