**Pediatric Oral Health Case**

**Learner Version**

**Learning Outcomes:**

Following completion of this case, the learner will be able to:

* Describe components of an oral health risk assessment for a pediatric patient
* Identify factors that contribute to increased risk of early childhood caries (ECC) in a pediatric patient
* Describe findings on an oral examination of a child
* Identify appropriate interventions to address the oral health needs of a pediatric patient
* Provide targeted patient education about the importance of good oral health and appropriate oral health behaviors
* Identify opportunities for collaborative practice among members of the health care team

**Patient Population:** Children

**Case Presentation:**

Oscar is a 3-year-old boy, brought to the clinic by his mother for well care and immunizations. His mother has no concerns about him, but mentions that her sister (Oscar’s aunt) is concerned about his teeth, saying that he has cavities and should be seen by a dentist. She states that Oscar’s grandmother informed her cavities are normal at this age in his baby teeth and those teeth will just fall out anyway.

**Past Medical History**: Healthy, active three-year-old. No significant health problems. Uncomplicated pregnancy and delivery. Growth and Development are appropriate.

**Social and Family History**: Lives with mother and 5-year-old sister. Mother is fluent in English and Spanish. Oscar is a picky eater and drinks juice, water, or whole milk from a bottle. He eats several sugary snacks between meals each day. Mother has had cavities filled in the past 6 months and has had three teeth pulled in the past several years. She does not have a regular dentist. Oscar’s sister has had fillings in her teeth. Oscar has never seen a dentist. He brushes his teeth sporadically and mom if his toothpaste contains fluoride or not. The family has Medicaid health insurance.

**Physical Examination**:

Vitals: Temp 37.6; HR 94; RR 24; BP 84/57; Wt 18.0 Kg (95%); Ht 96 cm (60%)

#### General: Alert healthy-appearing toddler, in no apparent distress.

Skin: No lesions, well-perfused, well-hydrated.

HEENT: Ears: Normal TM landmarks, no erythema. Throat: Moist mucous membranes, no erythema. Teeth: See photo below. No gingival inflammation.

Neck: No lymphadenopathy

Respiratory: Clear to auscultation in all lung fields, no wheezes.

Cardiac: Regular rate, rhythm, no murmurs. Pulses 2+, radial and femoral.

Abdomen: Soft, non-tender, non-distended. Normal bowel sounds, no masses or organomegaly.

Genitourinary: Normal appearing circumcised male genitalia, testes descended x2.

Musculoskeletal: Normal strength and tone in all extremities, gait normal.

Neurologic: DTRs intact, 2+, symmetrical. Balance is appropriate for age.

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Photo Credit: Joanna Douglass BDS, DDS

**Questions:**

1. What are Oscar’s primary health concerns and medical needs?
2. What are the oral-systemic health issues?
3. What factors contribute to increased oral and general health risk for this patient?
4. Describe the findings on the oral examination.

**Discussion Questions:**

1. What are some appropriate interventions for this patient to address his oral health needs?
2. What are possible self-management goals for this patient and his family?
3. What other members of the interprofessional team should be involved in this patient’s care?

**Management:**

**Assessment**:

**Plan**:

**Background**

**Risk Assessment**

**Prevention**

**Outcome:**

Oscar’s mother received counseling about simple dietary changes that could help limit progression of the dental caries. Oscar received fluoride varnish and it was determined that his municipal water supply is appropriately fluoridated. A patient navigator helped to set up a dental visit and establish a dental home for Oscar and his family. He will continue to receive dental care for his early advanced caries.

**Discussion**:

1. How did the interdisciplinary team contribute to improving the patient’s experience of care?
2. How did the interdisciplinary team contribute to improving the patient’s clinical outcomes?
3. Discuss the importance of the interdisciplinary team in addressing the unique oral and systemic health care needs of this patient population.

**References:**

1. American Academy of Pediatric Dentistry: Council on Clinical Affairs. Guideline on Caries-risk assessment and Management for Infants, Children, and Adolescents. Revised 2013. REFERENCE MANUAL V 35 (6): 124-130.
2. American Academy of Pediatrics. Oral Health Initiative. Oral health risk assessment: training for pediatricians and other child health professionals. <http://www2.aap.org/commpeds/dochs/oralhealth/EducationAndTraining.html>.
3. Clark MB, Slayton RL; AAP Section on Oral Health. Fluoride use in caries prevention in the primary care setting. Pediatrics. 2014 Sep;134(3):626-33.
4. Krol D. Maintaining and Improving the Oral Health of Young Children. Section on Oral Health Policy Statement. Pediatrics. 2014;134:1224-1229.
5. U.S. Preventive Services Task Force Recommendation Statement. Prevention of Dental Caries in Children from Birth Through Age 5 Years. May 2014. [www.uspreventiveservicestaskforce.org/uspstf/uspsdnch.htm](http://www.uspreventiveservicestaskforce.org/uspstf/uspsdnch.htm)

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