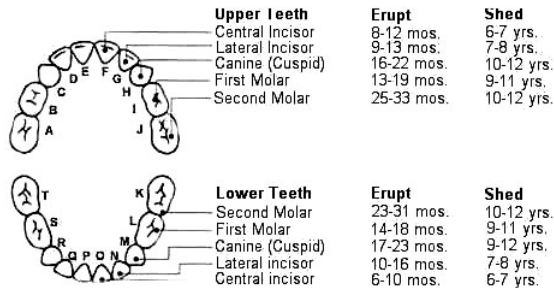


## CARIES RISK ASSESSMENT

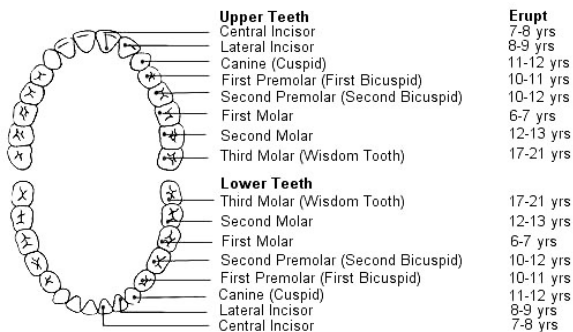
Increased caries risk associated with:

- 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
- High frequency of sugar containing foods
- Sleeping with bottle
- Inadequate fluoride
- Poor oral hygiene

## ERUPTION CHART – Primary teeth



## ERUPTION CHART – Permanent teeth



## FLUORIDE SUPPLEMENTATION

1. Consider supplementation for high risk children (see “Caries Risk Assessment”). *JADA 2010;141(12):1480-89.*
2. If on city water, determine if water is fluoridated.
3. If on well water, obtain test kit from local authority which may be local dental school, public health department, etc., or visit the American Dental Association website at [www.ada.org](http://www.ada.org) which has a list of communities with fluoridated water listed by state in the Public section under Oral Health topics A-Z.
4. Prescribe fluoride supplementation according to results.

## FLUORIDE SUPPLEMENTATION DOSAGE SCHEDULE:

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 mths 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

## 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.

## **CHILD ORAL HEALTH POCKET CARD**

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Smiles for Life Oral Health Curriculum  
www.smilesforlifeoralhealth.org      October 2011

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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 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