

Virginia Department of Health

Oral Health Protocol

Procedure:

1. Perform an oral health assessment to determine the risk for early childhood caries. Those determined to be at moderate or high risk should be considered for semi-annual fluoride varnish application. Low-income status is an automatic indicator of high risk for decay.
2. Wearing a mask and gloves, apply the varnish to all accessible tooth surfaces. The teeth do not need to be dry; however, they should be wiped with a 2 x 2 gauze square as you apply the varnish. Saliva will help to set the varnish.
 - a. Apply a thin layer of fluoride varnish using the small disposable brush included in unit-dosed packages.
 - b. Dosage: 0.25 ml. 5% sodium fluoride varnish for children 6 months to 3 years of age.
3. Provide parent with screening report specifying:
 - a. Child has no obvious problems. Regular dental visits are recommended.
 - b. Child needs care by a dentist.
 - c. Child needs immediate care by a dentist.
4. Provide parent with the following post-application instructions:
 - a. Do not brush the child's teeth until tomorrow.
 - b. It is okay for the child to take a sip of water and eat soft foods immediately following procedure.
 - c. Avoid hard crunchy foods for the remainder of the day.
 - d. Varnish may leave a slight, temporary dull or yellowish appearance on the tooth surface. This will disappear after brushing.
5. Provide parent with anticipatory guidance based on assessment findings.
6. Make a direct referral to a dentist for follow-up if dental needs are identified or suspected.

Dental Referral Guidelines for Infants and Toddlers

1. The purpose of the dental screening of asymptomatic infants and toddlers is to classify them as likely or unlikely to have dental disease. Those who you believe are likely to have disease should be referred to a dentist for a definitive diagnosis and treatment as needed. *
2. Patients should be referred if you detect anything that is not normal, even if you are unsure.
3. Always refer for:
 - Dental caries (tooth decay) at any stage
 - Soft tissue pathology, such as dental abscesses or other infection
 - Pain
4. You might decide to refer a particular patient after your risk assessment because you determine the child to be at very high risk for dental problems from conditions such as extremely poor oral hygiene, defective enamel, frequent intake of sugared medications, or special health care needs.
5. Helpful hints:
 - Compile a list of Medicaid dental providers in your area who will treat very young children. Pediatric dentists are most likely to provide this treatment, but they are in short supply in the state.
 - For those patients who need to be seen immediately, such as those who have infection or severe decay, have someone from your office help the family member make the dental appointment. Caregivers for children with less severe conditions should be informed of your findings and that they should make a dental appointment as soon as possible.
 - Follow-up with the caregiver at the child's next visit to your office to determine if a dental visit has taken place.

** NOTE: The pilot work for North Carolina's "Into the Mouths of Babes" project indicates that screening for oral problems by medical professionals, particularly tooth decay, is useful in determining if a dental referral is needed. About three-quarters of patients screened by physicians and designated as needing a referral were determined on referral to a dentist to have tooth decay. This illustrates the importance of your assistance in getting these children to a dentist for needed care.*

DENTAL SCREENING REPORT

Dear Parents/Caretaker:

Thank you for allowing your child to participate in the dental screening and varnish program. The screening was done with a disposable mouth mirror and a light. **This does not take the place of the complete dental examination as done by your family dentist, and we encourage you to take your child regularly to the dentist.**

Child's Name _____

Our screening found that your child:

_____ Has no obvious problems. Regular visits to your dentist are recommended.

_____ Needs care by a dentist. Please make an appointment with your dentist as soon as possible.

_____ Needs immediate dental care due to toothache or infection. Please make an appointment with your dentist as soon as possible.

Check with your employer about dental insurance. If you are enrolled in or eligible for Medicaid, FAMIS, or FAMIS Plus, you and/or your child are eligible for dental care through Smiles for Children (1-888-912-3456).

Dentist's name

Dentist's phone number

INSTRUCTIONS FOR PARENTS

When your child leaves today, his/her teeth will have been coated with fluoride varnish and will not look as bright and shiny as usual. They will look as they usually do tomorrow when the varnish has had time to have its maximum effect and has worn off.

To keep the varnish on the teeth as long as possible and to achieve the best result:

- Your child should eat soft foods for the rest of the day.
- Teeth should not be cleaned until tomorrow morning.
- In the morning, clean the mouth and teeth as usual.

FLUORIDE VARNISH CONSENT FORM

Fluoride varnish painted on infants' and children's teeth as soon as they appear can be very helpful in preventing future tooth decay. A health professional applies a small amount directly to the teeth. Varnish "sticks" immediately to prevent swallowing. It will stay on the teeth until it is brushed off the next day. The teeth may look dull or yellow until the varnish is brushed off.

Child's name: _____ Date of birth: _____

Has your child ever had any allergies? YES _____ NO _____

If yes, please explain: _____

I give permission to have fluoride varnish placed on my child's teeth.

Parent's name: _____

Parent/guardian signature: _____ Date: _____

FOR OFFICE USE ONLY

Screening and Varnish Tracking Form

<p>Date: _____ Age: _____ Oral screening: Y___ N___ Referral provided: Y___ N___</p> <p>Findings/risk factors: _____</p> <p>_____</p> <p>_____</p> <p>Fluoride varnish: Y___ N___ Lot #: _____ Expiration Date: _____</p> <p>Fluoride varnish applied by: _____</p> <p style="text-align: center;">(signature)</p>
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REPORTE DEL EXAMEN DE SALUD DENTAL

Queridos Padres o Guardian:

Muchas gracias por permitir que su hijo/a participara en el examen de salud oral. El examen fué hecho con un espejo desechable y una lámpara. No se tomaron ningunas radiografías. **Este examen no reemplaza el examen dental completo hecho por su dentista familiar, por el contrario lo invitamos a que lleve a su hijo/a al dentista por lo menos dos veces al año. Por favor recuerde que el cepillado de dientes y el uso del hilo dental diariamente, así como comer alimentos saludables, juegan una parte importante en el mantenimiento de una buena salud dental.**

Nombre del Estudiante _____

Los resultados de nuestro examen fueron los siguientes:

_____ No hay ningún problema obvio. Le recomendamos visitar a su dentista regularmente.

_____ Es necesaria la atención dental por un dentista. Por favor haga una cita con su dentista lo antes posible.

_____ Su hijo necesita atención inmediata debido a dolor o infección en su boca. Por favor haga una cita con su dentista lo antes posible.

Pregunte a su jefe en el trabajo acerca de su seguro dental. Si usted tiene o califica para Medicaid, el servicio dental es proporcionado. También usted puede calificar para recibir atención dental a través del Smiles for Children (1-888-912-3456).

Nombre del dentista

Numero de telefono del dentista

Instrucciones para Padres

Cuando su niño/a se valla de aqui hoy, sus dientes de el o de ella habran sido bañados con esmalte de fluoruro y no se veran tan brillantes y resplandecientes como de costumbre. El día de mañana sus dientes se veran como de costumbre cuando el esmalte alla tenido tiempo de tener su maximo efecto y el efecto haya pasado.

Para mantener el esmalte en los dientes por el tiempo mayor posible y para conseguir el mejor resultado:

- Su niño/a debe de comer comidas blandas por el resto del día de hoy.
- Los dientes no se deben de limpiar hasta mañana en la mañana.
- En la mañana, limpie los dientes como de costumbre

CONSENTIMIENTO PARA EL BARNIZ DE FLUORURO

La aplicacion de barniz de fluoruro en los dientes de infantes y niños en cuanto estos aparecen puede ser muy provechoso para prevenir futuras caries en los dientes. El professional de salud aplica una pequeña cantidad directamente a los dientes. El barniz se “pega” inmediatamente, esto previene ser tragado. Este permanecerá en el diente hasta que sea cepillado al día siguiente. Los dientes aparecen opacos o amarillos hasta que el barniz es removido a través del cepillado de los dientes.

Nombre del niño(a) _____ Fecha de nacimiento: _____

El niño(a) tiene alergias? SI _____ NO _____

Si la respuesta es si, por favor explique: _____

Yo autorizo que se le apliqué el barniz de fluor en los dientes de mi hijo(a)

Nombre de los padres _____

Firma de los Padres/Tutor: _____ Fecha: _____

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