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RISK ASSESSMENT (SIDE 1) • RISK ASSESSMENT (SIDE 2)

RISK FACTORS FOR ORAL DISEASE	FACTORS THAT PROMOTE ORAL HEALTH
ORAL HEALTH HISTORY	
<input type="checkbox"/> Active untreated dental decay <input type="checkbox"/> Previous dental decay experience <input type="checkbox"/> Deep pits & fissures in teeth <input type="checkbox"/> Severely crowded teeth <input type="checkbox"/> Poor oral hygiene <input type="checkbox"/> Reduced saliva flow / dry mouth <input type="checkbox"/> Inadequate fluoride <input type="checkbox"/> Poor family oral health <input type="checkbox"/> No family dentist <input type="checkbox"/> Last visit to dentist over one year	<input type="checkbox"/> No active decay / all teeth restored <input type="checkbox"/> No or minimal history of dental decay <input type="checkbox"/> Sealants on back teeth <input type="checkbox"/> Properly aligned and positioned teeth <input type="checkbox"/> Good oral hygiene <input type="checkbox"/> Mouth lining moist with clear saliva <input type="checkbox"/> Optimal fluoride <input type="checkbox"/> Good family oral health <input type="checkbox"/> Visits dentist for routine periodic exams <input type="checkbox"/> Visits dentist at least once a year
MEDICAL HISTORY	
<input type="checkbox"/> Poor diet <input type="checkbox"/> Metabolic disease (e.g., diabetes) <input type="checkbox"/> Infectious disease <input type="checkbox"/> Neoplastic disease (e.g., leukemia) <input type="checkbox"/> Medications that affect the mouth (e.g., Dilantin, sugary liquid medications) <input type="checkbox"/> Gastric reflux <input type="checkbox"/> Frequent snacks <input type="checkbox"/> Baby bottle at night for sleep, or at will	<input type="checkbox"/> Healthy balanced diet <input type="checkbox"/> Medical condition managed and stable <input type="checkbox"/> Medical condition managed and stable <input type="checkbox"/> Medical condition managed and stable <input type="checkbox"/> Alternative medication if possible <input type="checkbox"/> Medical condition managed and stable <input type="checkbox"/> Occasional snacks: fruits & vegetables <input type="checkbox"/> Bottles only for routine feeding
CULTURAL / SOCIAL / FINANCIAL STATUS	
<input type="checkbox"/> Poverty, low income <input type="checkbox"/> No or inadequate dental insurance <input type="checkbox"/> Parents' education up to 12th grade <input type="checkbox"/> Tobacco or alcohol use	<input type="checkbox"/> Income higher than 400% of poverty <input type="checkbox"/> Good dental insurance coverage <input type="checkbox"/> Parents' education beyond 12th grade <input type="checkbox"/> No tobacco or alcohol use

RISK ASSESSMENT (SIDE 2)

<p>Risk Level; Low</p> <p>Disease Status: None</p>	<p>Risk Level: High</p> <p>Disease Status: None</p>	<p>Risk Level: Low - High</p> <p>Disease Status: Early</p>	<p>Risk Level: Low - High</p> <p>Disease Status: Advanced</p>
			
<ul style="list-style-type: none"> ➤ Counseling to maintain low risk ➤ Anticipatory guidance ➤ Primary prevention (e.g., fluoride, sealants) ➤ Refer to dentist for periodic care. Identify a "Dental Home" as needed ➤ Record findings in medical record ➤ Monitor follow-up and compliance 	<ul style="list-style-type: none"> ➤ Counseling and risk management program ➤ Anticipatory guidance ➤ Primary prevention ➤ Refer to "Dental Home" for appropriate care ➤ Record findings in medical record ➤ Monitor follow-up and compliance ➤ Reassess in 6 months 	<ul style="list-style-type: none"> ➤ Counseling and risk management program ➤ Anticipatory guidance ➤ Initial disease management program ➤ Refer to dentist for diagnosis, preventive & restorative treatment plan ➤ Record findings in medical record ➤ Monitor follow-up and compliance ➤ Reassess in 6 months 	<ul style="list-style-type: none"> ➤ Counseling and risk management program ➤ Anticipatory Guidance ➤ Advanced disease management program ➤ Refer to dentist for diagnosis, preventive & restorative treatment plan ➤ Record findings in medical record ➤ Monitor follow-up and compliance ➤ Reassess in 3-6 months based on risk level

<p>BIRTH - 6 MONTHS</p>	<ul style="list-style-type: none"> ➤ Review nutrition and eating habits ➤ No napping or sleeping with the bottle ➤ Encourage introduction of “sippy” cup ➤ Begin tooth brushing as soon as first baby tooth erupts, with tiny pearl of fluoride toothpaste ➤ Help evaluate fluoride needs
<p>9 MONTHS</p>	<ul style="list-style-type: none"> ➤ Reinforce brushing with fluoride toothpaste
<p>12 MONTHS</p>	<ul style="list-style-type: none"> ➤ Check teeth and mouth ➤ Help identify a “dental home” ➤ Reinforce brushing with fluoride toothpaste ➤ Discuss mouth and tooth injury prevention ➤ Have dentists’ emergency numbers handy
<p>15 MONTHS</p>	<ul style="list-style-type: none"> ➤ Reinforce brushing with fluoride toothpaste
<p>18 MONTHS</p>	<ul style="list-style-type: none"> ➤ Check teeth and mouth ➤ Reinforce brushing with fluoride toothpaste
<p>24 MONTHS</p>	<ul style="list-style-type: none"> ➤ Refer all children to dentist ➤ Reinforce brushing with fluoride toothpaste ➤ Reinforce injury prevention and response
<p>36 MONTHS AND OLDER</p>	<ul style="list-style-type: none"> ➤ Reinforce brushing with fluoride toothpaste ➤ Reinforce injury prevention and response ➤ Help evaluate for change in fluoride needs

ANTICIPATORY GUIDANCE (SIDE 2)

BIRTH - 1 YEAR

HEALTH HISTORY

- Review health history
- Schedule preventive health care visit (e.g., pediatrician, dentist)
- Identify “dental home”
- Discuss effect of medications on oral health
- Maintain immunization schedule

DIET & NUTRITION

- Discuss early childhood caries
- Wean from bottle to cup by 1 yr of age
- Discuss role of carbohydrates

FLUORIDE ADEQUACY

- Evaluate fluoride needs at age 6 months
- Give fluoride safety instruction
- Consider topical needs (e.g., toothpaste)

ORAL HABITS

- Encourage breastfeeding and non-nutritive sucking (e.g., pacifier)
- Review pacifier safety
- Discuss oral exploration behaviors

INJURY PREVENTION

- Review signs of child abuse
- Discuss childproofing and car safety
- Have emergency numbers handy

ORAL DEVELOPMENT

- Discuss primary tooth eruption patterns
- Discuss teething
- Review oral anatomy and development

ORAL HYGIENE

- Review risk behaviors for dental decay
- Review child’s oral hygiene with caregiver

1- 2 YEARS

<p>HEALTH HISTORY</p>	<ul style="list-style-type: none"> ➤ Review health history ➤ Schedule dental visit ➤ Discuss effect of medications on oral health ➤ Maintain immunization schedule
<p>DIET & NUTRITION</p>	<ul style="list-style-type: none"> ➤ Discuss healthy diet and oral health ➤ Review diet outside home ➤ Review snack choices
<p>FLUORIDE ADEQUACY</p>	<ul style="list-style-type: none"> ➤ Re-evaluate fluoride status ➤ Review sources of fluoride ➤ Review need for topical fluorides
<p>ORAL HABITS</p>	<ul style="list-style-type: none"> ➤ Address breastfeeding
<p>INJURY PREVENTION</p>	<ul style="list-style-type: none"> ➤ Discuss electric cord safety ➤ Review emergency management
<p>ORAL DEVELOPMENT</p>	<ul style="list-style-type: none"> ➤ Review dental development and occlusion
<p>ORAL HYGIENE</p>	<ul style="list-style-type: none"> ➤ Review parent's / caregiver's role ➤ Discuss brush and toothpaste selection ➤ Problem solve on oral hygiene issues

ANTICIPATORY GUIDANCE (SIDE 2)

2 - 3 YEARS

HEALTH HISTORY

- Review health history
- Schedule dental visit
- Discuss effect of medications on oral health
- Maintain immunization schedule

DIET & NUTRITION

- Review diet outside home
- Discuss food rewards
- Review snacking choices

FLUORIDE ADEQUACY

- Re-evaluate fluoride status
- Review sources of fluoride
- Review need for topical or other fluorides

ORAL HABITS

- Discuss consequences of digit sucking and prolonged non-nutritive sucking (e.g., pacifier)

INJURY PREVENTION

- Encourage safety in play activities

ORAL DEVELOPMENT

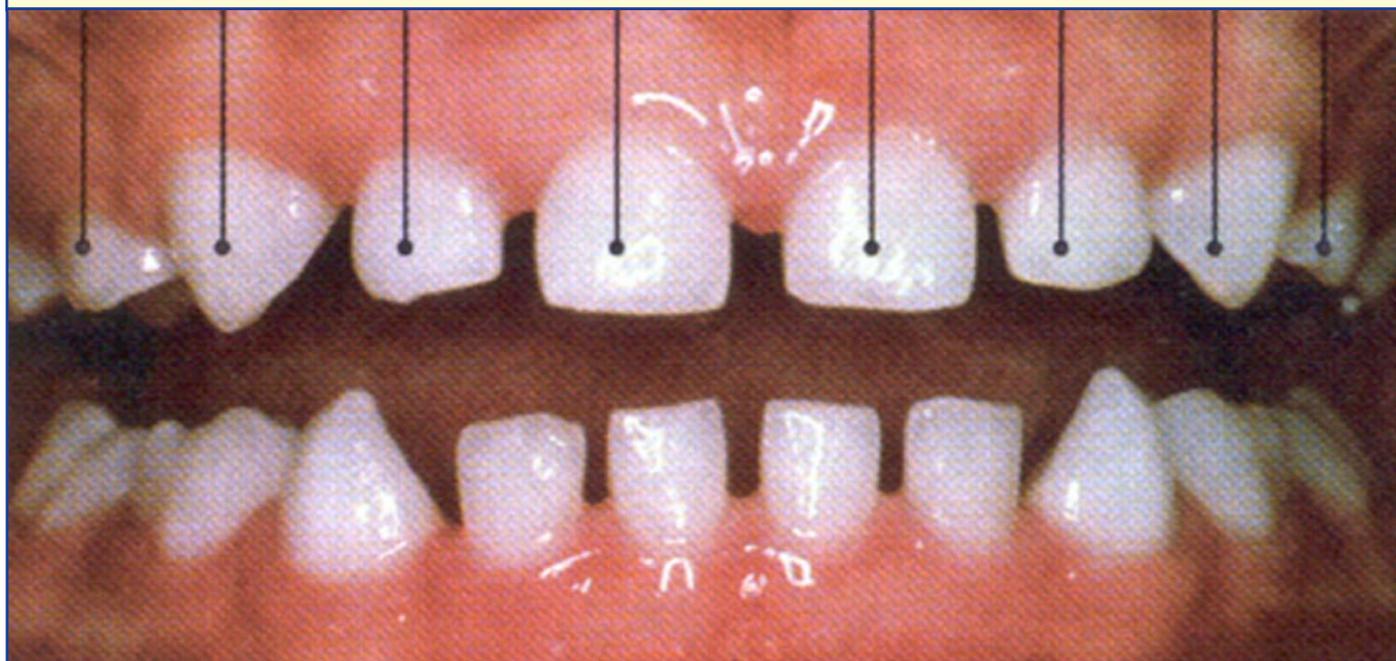
- Review the importance of healthy teeth, gums and bones

ORAL HYGIENE

- Discuss child's role in oral home care
- Discuss parent / caregiver separation at dental visits and anticipated behavior

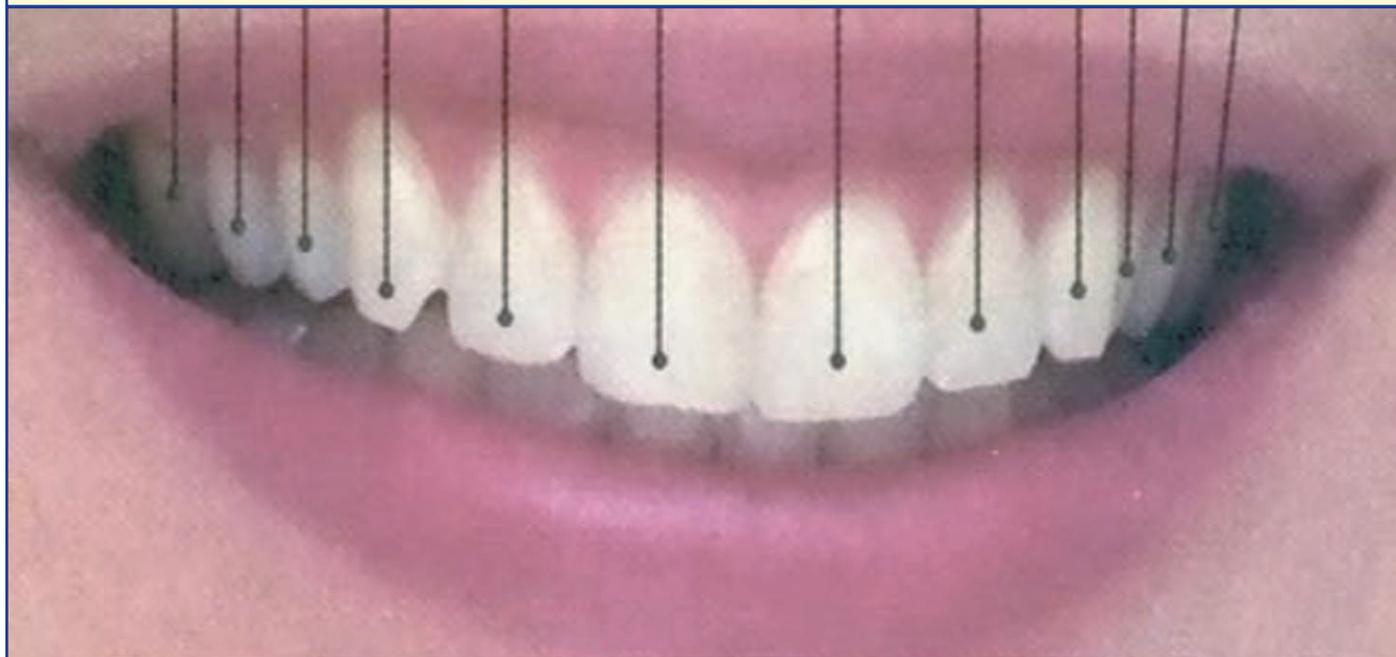
PRIMARY (BABY) TEETH

RIGHT	CANINE	LATERAL	CENTRAL	CENTRAL	LATERAL	CANINE	LEFT
1st Molar	(Cuspid)	Incisor	Incisor	Incisor	Incisor	(Cuspid)	1st Molar



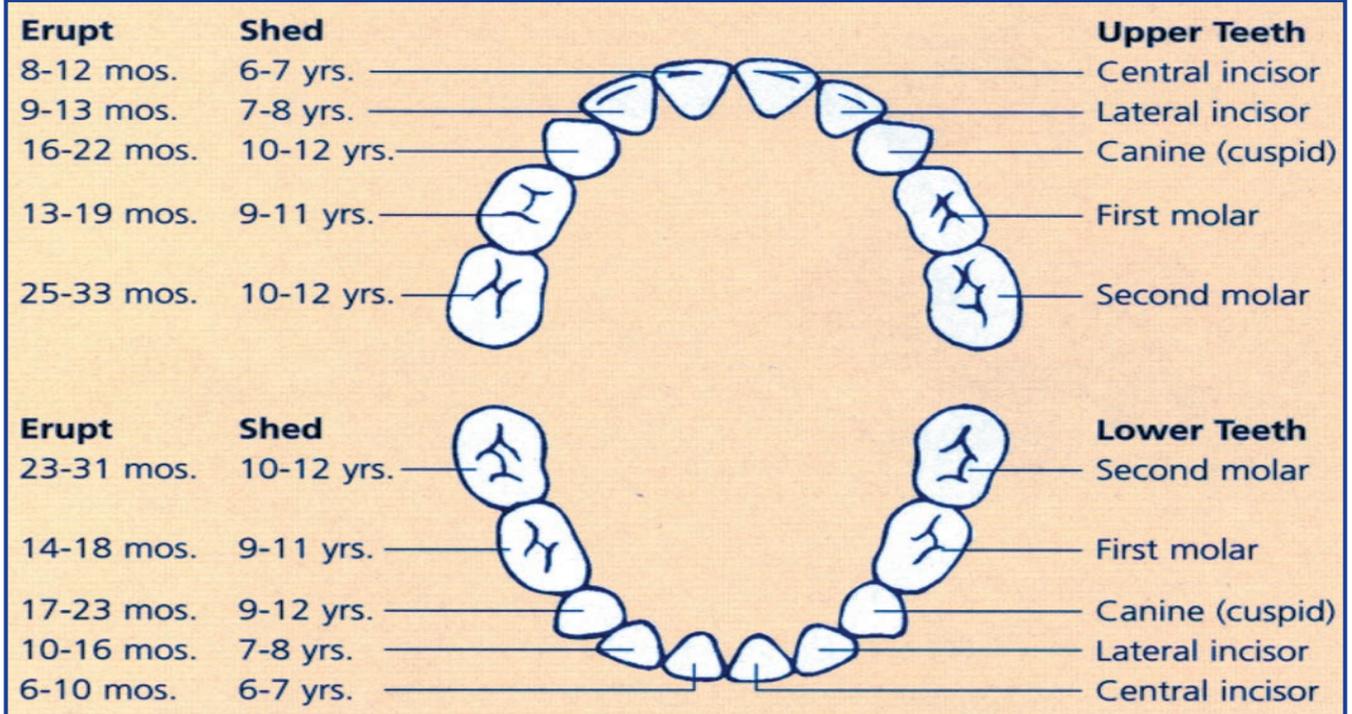
PERMANENT (ADULT) TEETH

RIGHT	PREMOLARS	CANINE	LATERAL	CENTRAL	CENTRAL	LATERAL	CANINE	PREMOLARS	LEFT
1st Molar	(Bicuspid)	(Cuspid)	Incisor	Incisor	Incisor	Incisor	(Cuspids)	(Bicuspid)	1st Molar

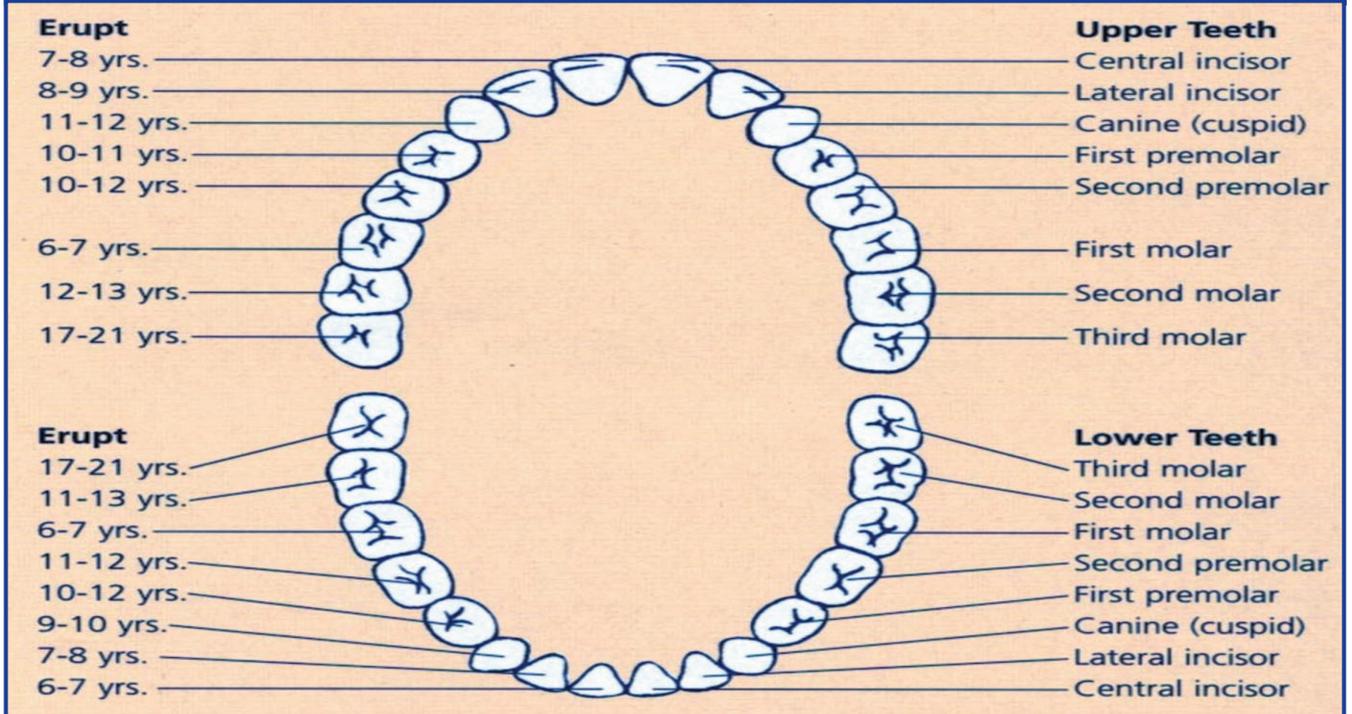


TOOTH ERUPTION AND SHEDDING

PRIMARY (BABY) TEETH



PERMANENT (ADULT) TEETH



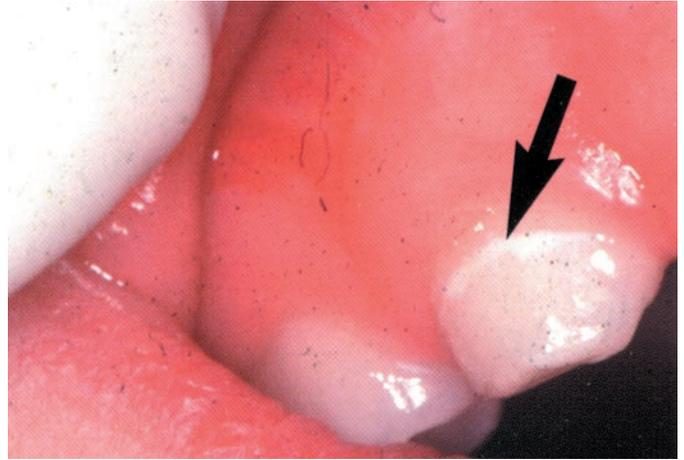
DO ANY TEETH HAVE UNTREATED DECAY?

CODES: 0 = Condition is **NOT** present 1 = Condition **IS** present



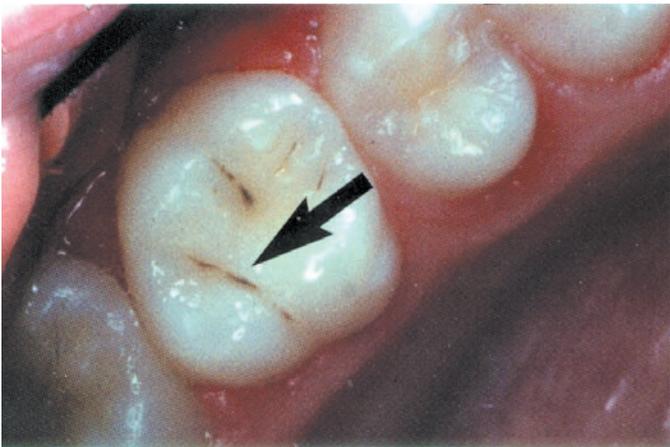
Sound tooth

Code = 0



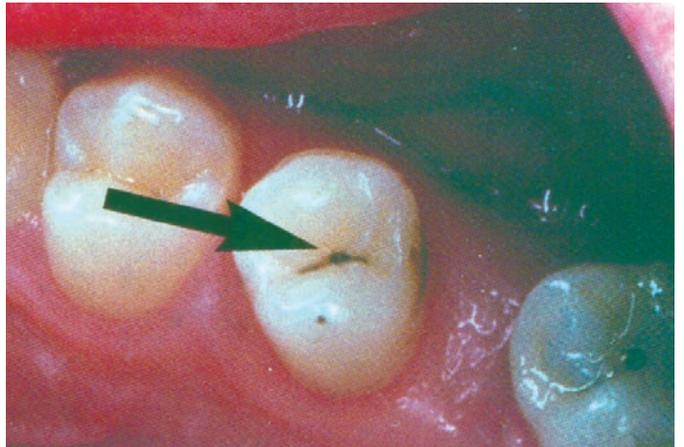
White spot, no decay

Code = 0



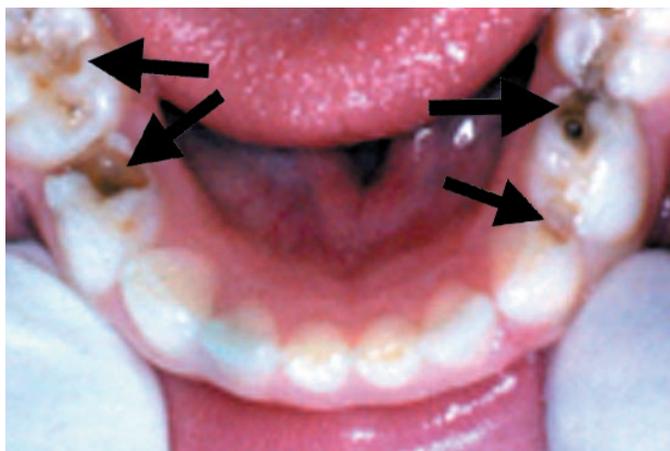
Stained groove, no decay

Code = 0



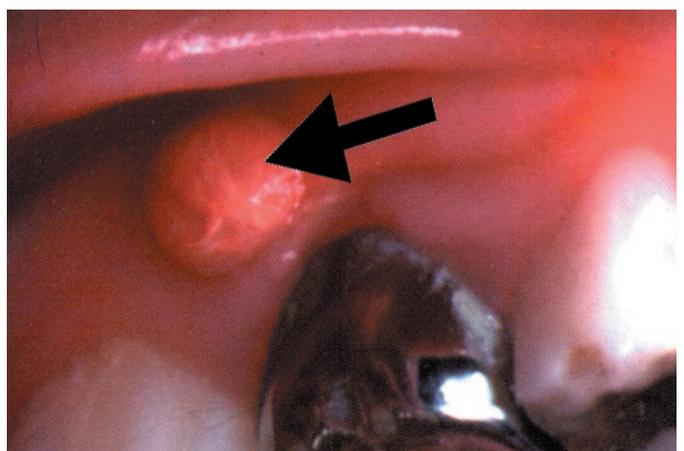
Small area of decay

Code = 1



Advanced decay

Code = 1



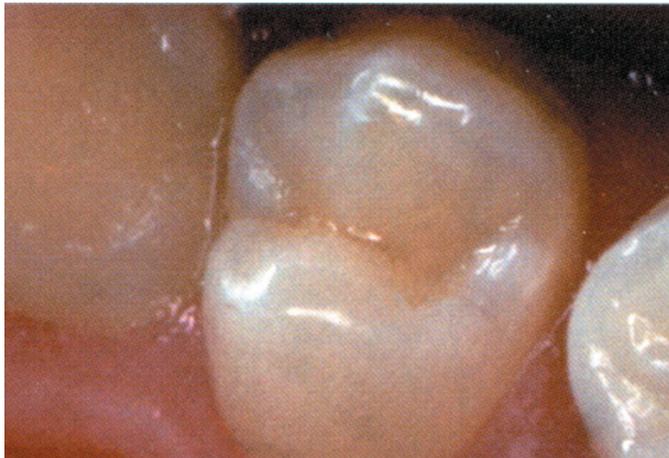
Abscess from advanced decay
beneath crown

Code = 1

HISTORY OF PAST DECAY (SIDE 2)

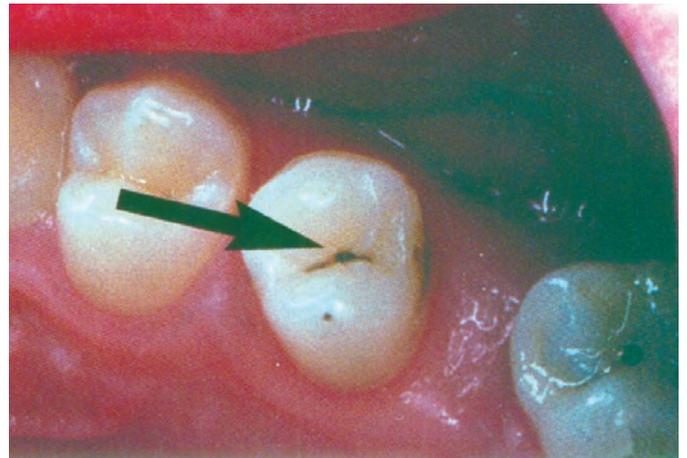
DO ANY TEETH HAVE ANY DENTAL RESTORATIONS OR FILLINGS?

CODES: 0 = Condition is **NOT** present 1 = Condition **IS** present



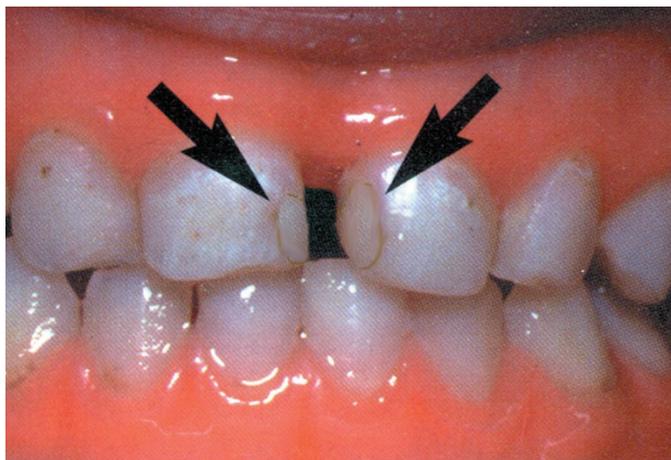
Sound tooth

Code = 0



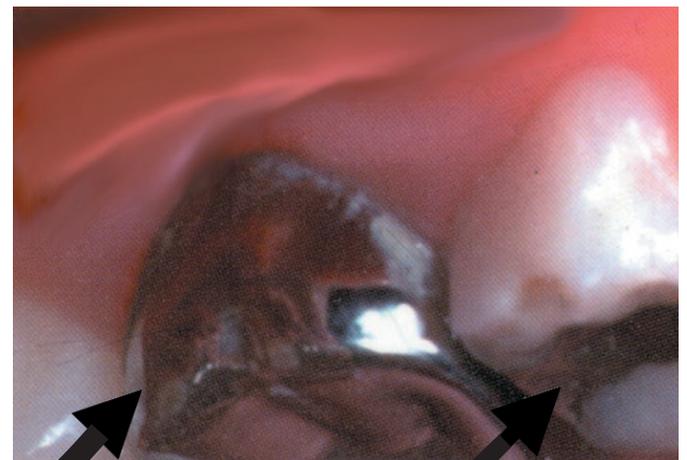
Small area of decay

Code = 0



Tooth-colored filling

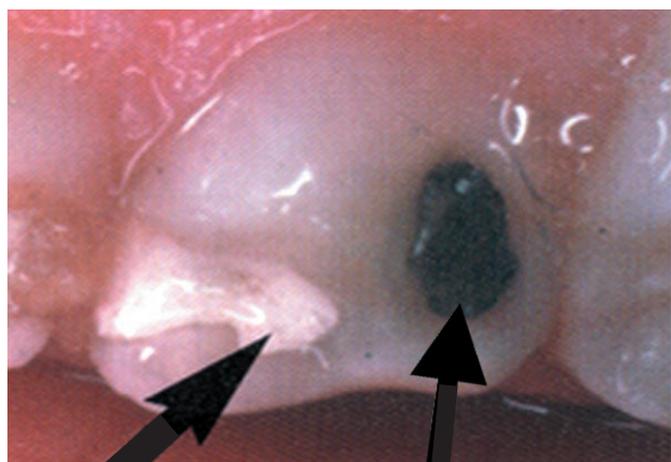
Code = 1



Crown

Silver filling

Code = 1



Temporary filling

Silver filling

Code = 1



Denture restoration

Code = 1

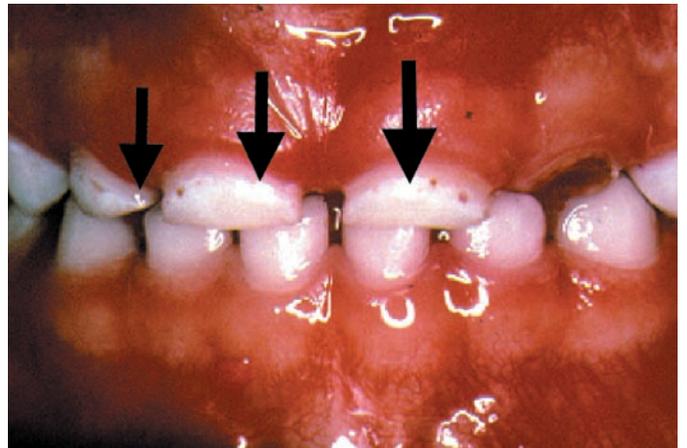
DOES THE CHILD, AGE THREE YEARS OR YOUNGER, HAVE AT LEAST ONE UPPER FRONT TOOTH THAT IS DECAYED, FILLED, OR MISSING DUE TO DECAY?

CODES: 0 = Condition is **NOT** present 1 = Condition **IS** present



Normal healthy teeth

Code = 0



Early ECC, white spots

Code = 1



Intermediate ECC, brown spots

Code = 1



ECC

Code = 1



Advanced ECC, molar pattern

Code = 1

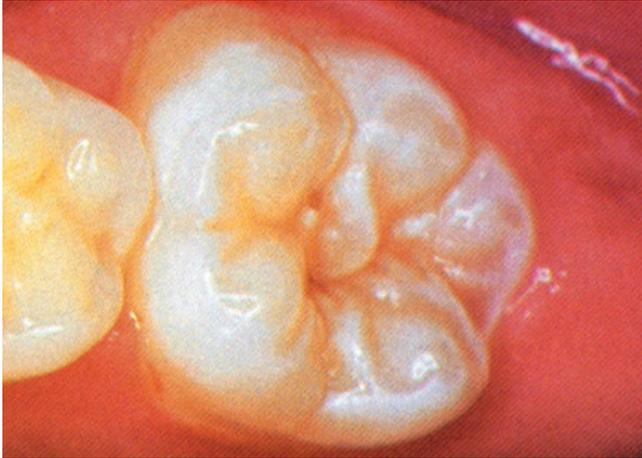


Severe advanced ECC

Code = 1

DOES THE CHILD, AGE FIFTEEN YEARS OR YOUNGER, HAVE A SEALANT ON THE CHEWING SURFACE OF AT LEAST ONE PERMANENT MOLAR TOOTH?

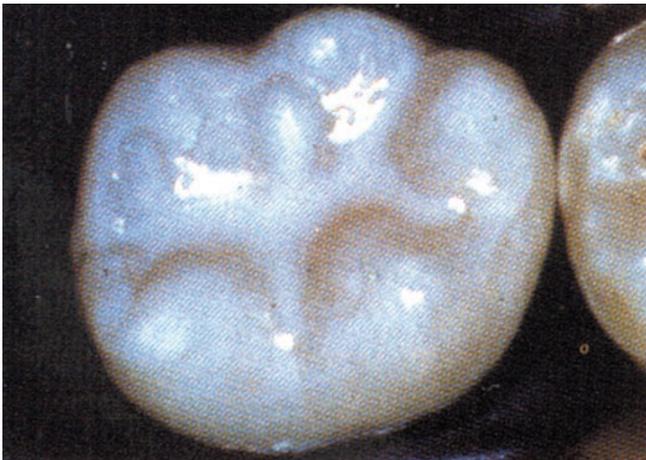
CODES: 0 = Condition is **NOT** present 1 = Condition **IS** present



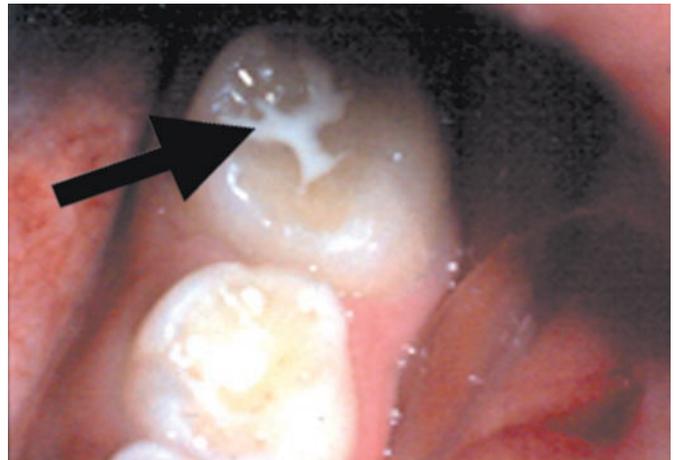
No sealant, deep pits and fissures Code = 0



Partial sealant, permanent molar Code = 1



Sealant, permanent molar Code = 1



Sealant, permanent molar Code = 1



Clear sealant, permanent molar Code = 1



DO THE TEETH APPEAR TO HAVE ANY DEVELOPMENTAL PROBLEMS?

CODES: 0 = Condition is **NOT** present

1 = Condition **IS** present



Normal healthy teeth

Code = 0



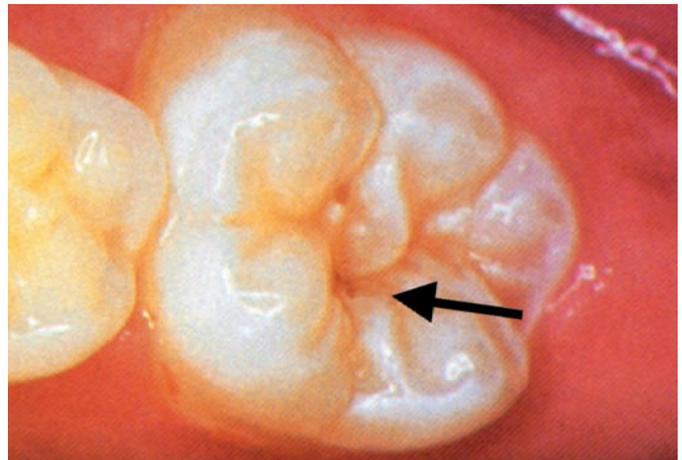
Normal healthy teeth

Code = 0



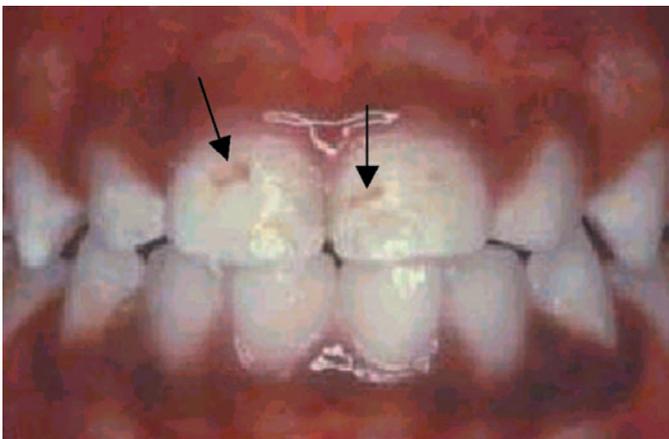
Normal healthy teeth

Code = 0



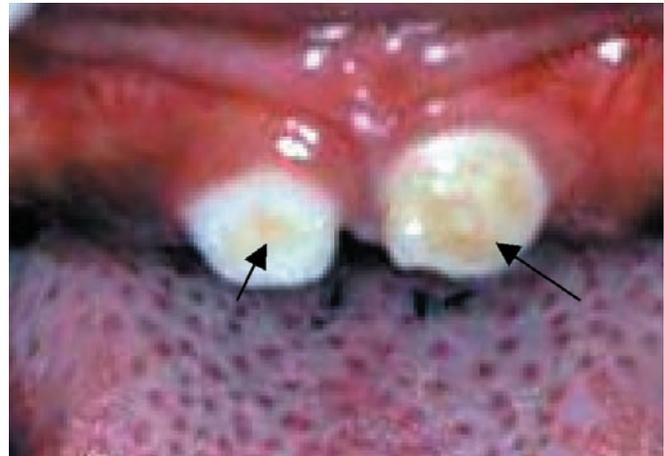
Developmental defects,
deep pits, and fissures

Code = 0



Developmental defects in
tooth enamel

Code = 1



Developmental defects in tooth
enamel, shape, and color

Code = 1

□ Dietary fluoride supplement schedule.

Age	Fluoride Supplement Fluoride ion level in drinking water (ppm) ¹		
	<0.3 ppm	0.3 – 0.6 ppm	>0.6 ppm
Birth – 6 months	None	None	None
6 months – 3 years	0.25 mg/day ²	None	None
3 – 6 years	0.50 mg/day	0.25 mg/day	None
6 – 16 years	1.0 mg/day	0.50 mg/day	None

¹ 0.1 part per million (ppm) = 1 milligram / liter

² 2.2 milligrams sodium fluoride contains 1 milligram fluoride ion.

□ Urgent treatment intervention for acute dental infection.

Signs and Symptoms	✓ Painful tooth	✓ Painful tooth or jaw
	✓ Tender tooth	✓ Tender gums
	✓ Red puffy gums	✓ Tender gum swelling over root of tooth
	✓ Red tender facial swelling	✓ Low grade fever
Treat Inflammation	Vigorous rinses 3 – 4 times / day with a small cup (approximately 6 ozs.) of warm water containing approximately: 1/4 tsp. table salt 1/4 tsp. baking soda 1 oz. 3% hydrogen peroxide	
Treat Pain	<ul style="list-style-type: none"> • Non-Steroidal Anti-inflammatory Drug (NSAID) – or – • Narcotic / Acetaminophen combination analgesic 	
Treat Infection	Adult (15 years old+)	Pediatric (2 – 14 years old)
Penicillin VK	500mg, 1 QID	25-50mg / kg / day, q6h
Penicillin Allergy: (1st choice): Erythromycin (2nd choice): Cephalexin	250mg QID 500mg QID	30-50mg / kg / day, q6h 25-50mg / kg / day, q6h