

# LESSON 5: WHAT TO DO & HOW TO DO IT

**Overview:** Other lessons have focused on developing a knowledge base and awareness of oral health and disease. This lesson will provide steps to integrate oral health into your everyday health and human service practices.

**Goals:** The trainee will be able to describe the following:

- How to promote the importance of oral health and the importance of teeth, including baby teeth
- How to do a risk assessment for dental decay
- Examples of appropriate anticipatory guidance for oral health
- How to do a dental screening
- When to refer to the dentist.

**Activity:** Break into small groups (5 to 6 people). Each group should assign a group leader. Refer to case studies from selections provided. Assign 2 case studies to each group for a 15-minute discussion of possible counseling strategies. Reconvene all groups and have each breakout group report their strategy for at least one of the case studies. After all of the groups have reported, ask if there are any other case studies that they want to discuss.

1. Grandmother, who provides day care, overindulges the 2 year old with frequent sweet and starchy snacks like candy and potato chips.
2. A mother tells you that she props up the baby with a bottle during the day so that she can get her housework done. This works just great for her!

Key Terms:

**Risk Assessment**  
**Anticipatory Guidance**



## WHAT TO DO & HOW TO DO IT

### ❖ What are the steps to take to improve oral health and prevent disease?

- Children and their parents or caregivers visit medical providers about six times in the first year of life and childcare workers with even greater frequency; yet they rarely visit dental professionals during this period. Therefore, it is critical that non-dental health and human services providers recognize dental disease and its risk factors, and engage in counseling and guidance for parents and caregivers.
- The non-dental health and human services provider should take the following steps toward improving oral health:
  1. Raise awareness, educate, promote
  2. Do a risk assessment for dental disease
  3. Check the mouth for the presence and severity of dental disease
  4. Provide appropriate and needed intervention based on risk and disease assessment
  5. Document findings and follow-up, including referral to the dentist.

### ❖ **1. Raise awareness, educate, promote.** When providing general health promotion and disease prevention for children and their families, be sure to include oral health promotion and dental disease prevention. The following are examples that should get you started. More detailed and more specific involvement will depend on the individual patient or client. Discussion points may be drawn from previous lessons.

- Discuss the importance of teeth, including baby teeth.
- Remind parents and caregivers to clean their infant's teeth with a soft nylon brush and a small pearl of toothpaste or moist cloth as soon as the teeth begin to enter the mouth.
- Distribute oral health promotional materials in a variety of languages and reading levels. Samples of recommended materials are included as part of this training.
- Play the oral health educational video, "Baby Teeth: Love `em and Lose `em," provided as part of this training, for your patients and their families in the waiting room or other common area.
- Dietitians, nutritionists, childcare providers and others can provide education about the relationship between feeding practices and good oral health and recommend foods, beverages and snacking behaviors.



- ❖ **2. Do a risk assessment for dental disease.** During medical and other assessments for behaviors and attitudes that may increase the risk for disease, be sure to include an oral health risk assessment.
  - Risk assessment is a diagnostic tool used by professionals to individualize health supervision and intervention. Risk assessment enables one to make specific preventive and treatment recommendations to reduce a child’s risk and improve health. Unnecessary interventions are also eliminated which contributes to greater efficiency and cost effectiveness in delivery of care.
  - Through the process of risk assessment, we attempt to identify children who are at greater risk for a high level of dental decay and will need more oral health supervision. We look at risk factors that may impact negatively on a child’s oral health, and protective factors that promote oral health.
  - Risk assessment for dental decay is particularly useful, enabling early intervention and treatment specific to the level of disease.

NOTE: The following checklist can be used to help assess risk for dental disease. Oral health risk assessment is further simplified by using the laminated table provided in the manual.

Don’t attempt to precisely score the checklist risk assessment that follows. Instead, use this table as a general guide. Ask yourself, “Are most of the checked boxes in the ‘Risk Factors for Oral Disease’ column or the ‘Factors that Promote Oral Health’ column?” If the former, consider the individual at high risk for dental disease. If the latter, consider the individual at low risk for dental disease. If a mixed group of responses, consider the individual at low-to-high risk.



RISK FACTORS FOR ORAL DISEASE	FACTORS THAT PROMOTE ORAL HEALTH
<b>ORAL HEALTH HISTORY</b>	
<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
<b>MEDICAL HISTORY</b>	
<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
<b>CULTURAL / SOCIAL / FINANCIAL STATUS</b>	
<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



❖ **3. Check the mouth for the presence and severity of dental disease.**

- **Do an oral health screening.** Be sure to include the mouth during any routine health check-up. A health screening or examination is incomplete unless it includes a screening of the lips, tongue, teeth, gums and related structures.

Remember that “screenings” are not the same as clinical examinations and do not involve making diagnoses that lead to a treatment plan. Examinations that lead to diagnoses and treatment planning should be left to the dentist. The purpose of dental screenings is simply to identify grossly normal versus abnormal dental and other oral findings.

- Look at all sides of the teeth and throughout the mouth using the screening technique described below.
- “Lift the lip” to view the entire tooth right down to the gum line.
- Instruct parents and caregivers in the “lift the lip” procedure to check their children’s teeth. This can be done with a toothbrush.
- Refer children and their families to dentists and other health professionals as needed.



➤ **How to do an oral health screening: Setting up.**

In conducting an oral screening consider the following:

- **Lighting.** Virtually any lighting for an oral health screening will be adequate, including: flashlight, portable dental light, non-dental exam light or headlamp.
- **Instrumentation.** Minimal instrumentation is needed. A tongue depressor can be used to successfully move the lips to view the teeth. A dental mirror can provide better visibility and a dental explorer may enable a more thorough examination but are not required. A simple “smile check” or “lift the lip” may suffice if no instruments are available.
- **Infection control.** The level of precautions should be based on the level of anticipated contact. In any case, it is recommended that the screener wear a filter mask that covers the mouth and nose, and disposable examination gloves that are changed for each new screening.



- **Positioning the child.** The head of the infant or toddler needs to be securely supported to ensure safety, cooperation and a successful screening. Suggested techniques for the infant include: Parent and screener sit knee-to-knee with the infant placed in the screener's lap, or the parent's lap, head nestled securely against the abdomen. Alternatively, the parent may choose to nestle the infant in the crook of the arm, held securely against her chest. The toddler should sit in front of the parent, both facing the screener, so that the parent can help position and steady the child.



- **How to do an oral health screening: knowing what to look for.** The objective is simply to determine if the condition is present or if it is not present and, in the case of dental decay, to gain a sense of the severity of the disease and the level of urgency for dental treatment. A dental screening need not take more than 2 or 3 minutes each to complete.

- It is necessary to look primarily for only three things, the presence or absence of 1) dental decay, 2) fillings and 3) sealants. It is not necessary to note how many teeth are decayed, or have fillings or sealants; just whether any of these are observed as being present in the mouth.

It is important to remember: When in doubt, be conservative. If you're not sure if a condition is present...Assume it is not!

- Other observations you may include:
  - Does the child have the appropriate teeth in the mouth for his or her age?
  - Do the teeth look unusual or have defects that may increase risk for decay or suggest other developmental problems that need follow-up?
- Determination of the presence or absence of the above findings is simplified by using the following charts:

**NOTE:** The following as well as additional charts are provided in the manual as laminated pages for quick reference and to simplify identifying the naming and eruption patterns of teeth, and the presence of dental decay, fillings, sealants, and developmental defects.



## Dental Decay

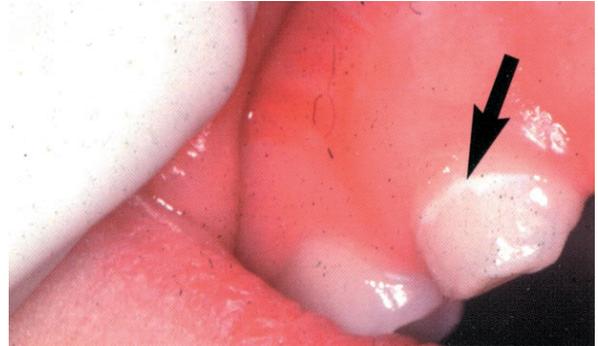
### Do *any* teeth have untreated decay?

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



Sound tooth

Code = 0



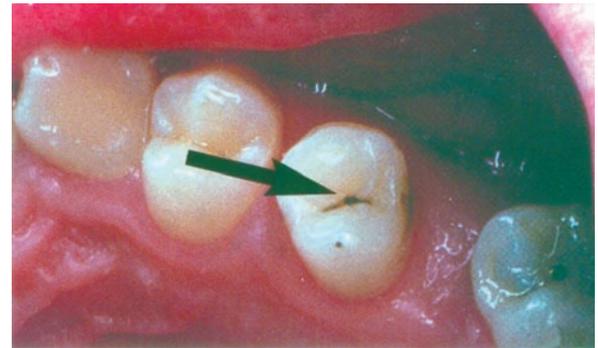
White spot, no decay

Code = 0



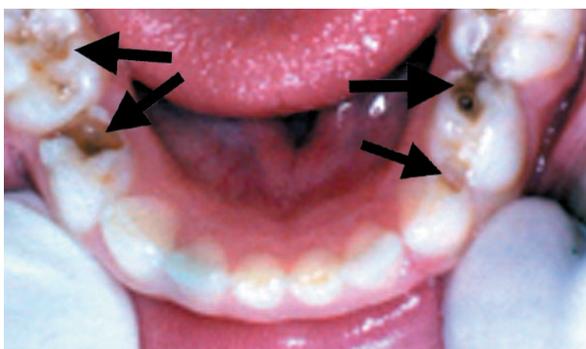
Stained groove, no decay

Code = 0



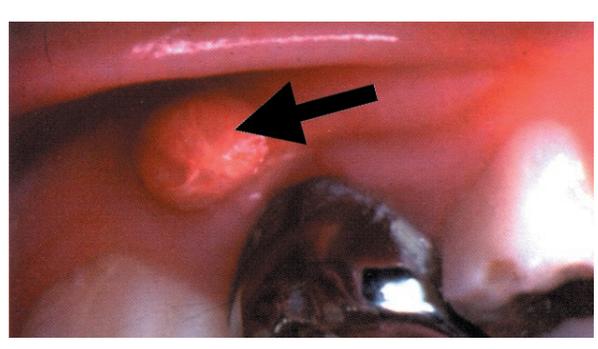
Small area of decay

Code = 1



Advanced decay

Code = 1



Abscess from advanced decay  
beneath crown

Code = 1



## Past History of Dental Decay

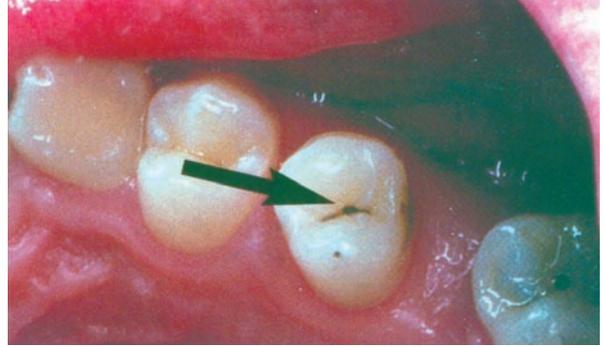
### Do any teeth have any dental restorations or fillings?

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



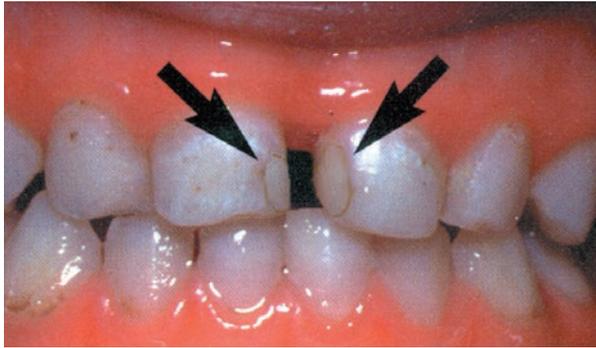
Sound tooth

Code = 0



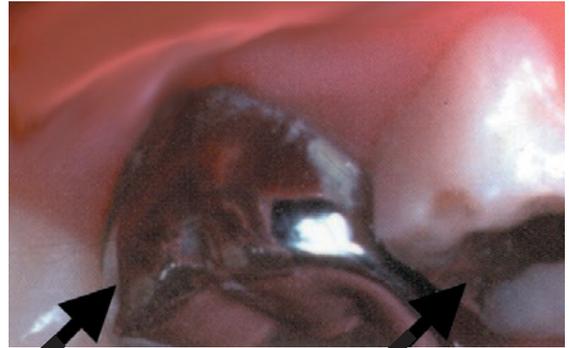
Small area of decay, no filling

Code = 0



Tooth-colored filling

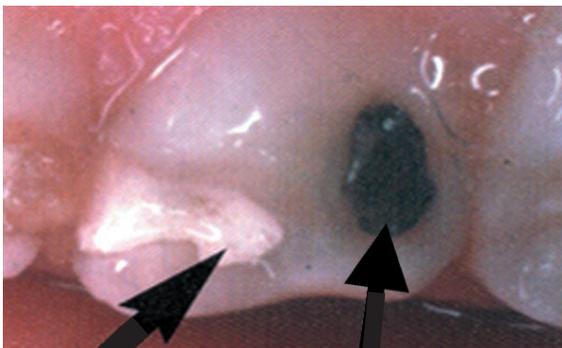
Code = 1



Crown

Silver filling

Code = 1



Temporary filling

Silver filling

Code = 1



Denture restoration

Code = 1



## Early Childhood Caries (ECC)

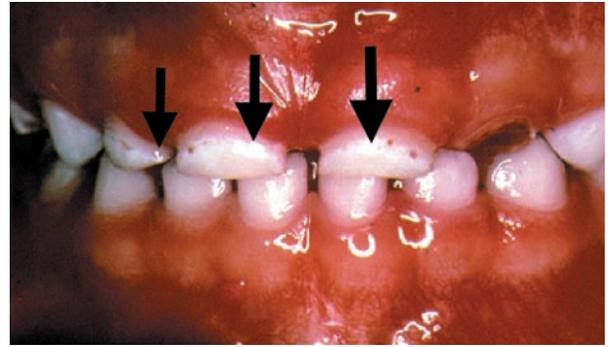
Does the child, age three years or younger, have at least one upper front tooth that is decayed, filled, or missing due to decay?

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

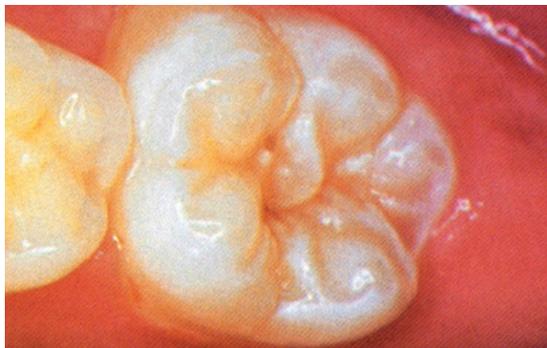
Code = 1



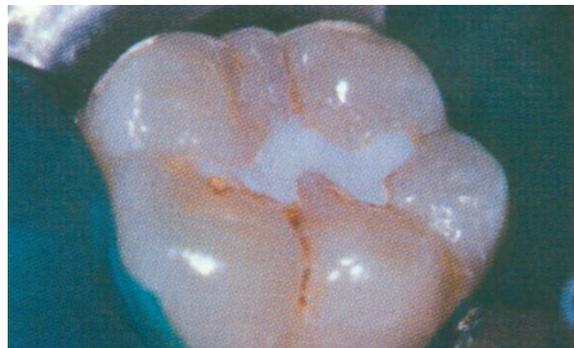
## Dental Sealants

Does the child, age fifteen years old 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



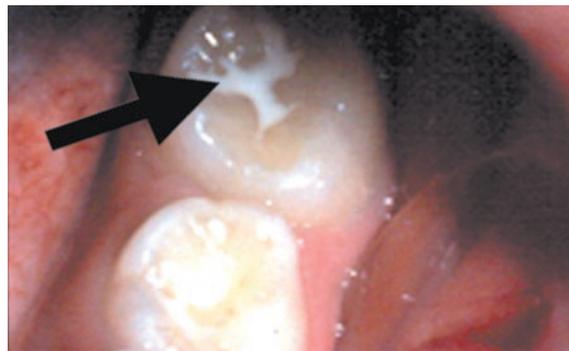
No sealant, deep pits and fissures      Code = 0



Partial sealant, permanent molar      Code = 1



Sealant, permanent molar      Code = 1



Sealant, permanent molar      Code = 1



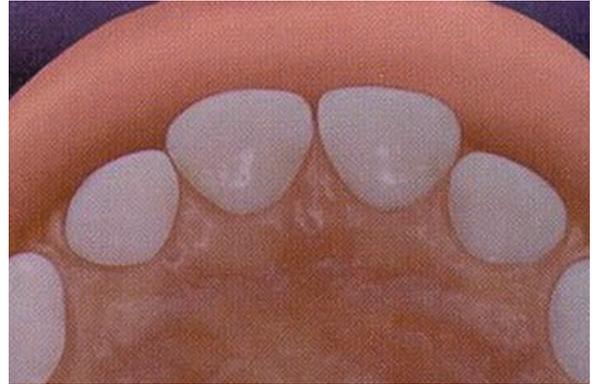
Clear sealant, permanent molar      Code = 1



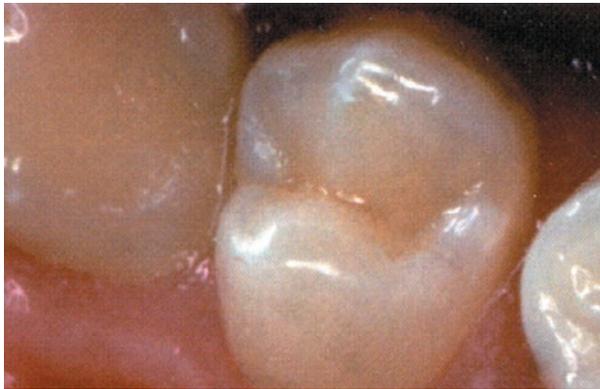
**Tooth Development**  
**Do teeth appear to have any developmental problems?**



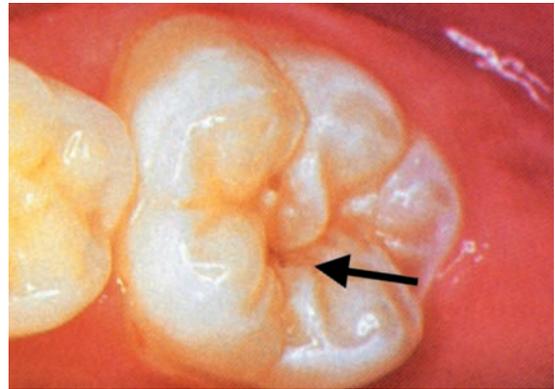
Normal healthy teeth



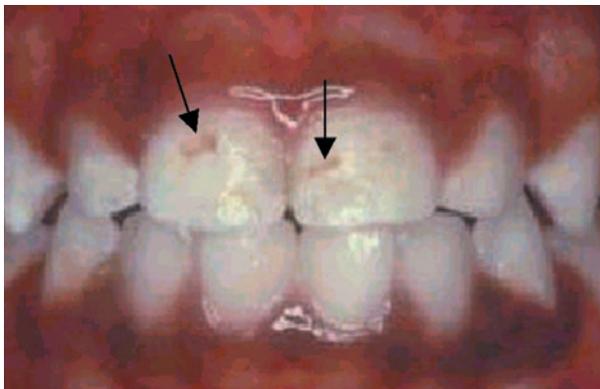
Normal healthy teeth



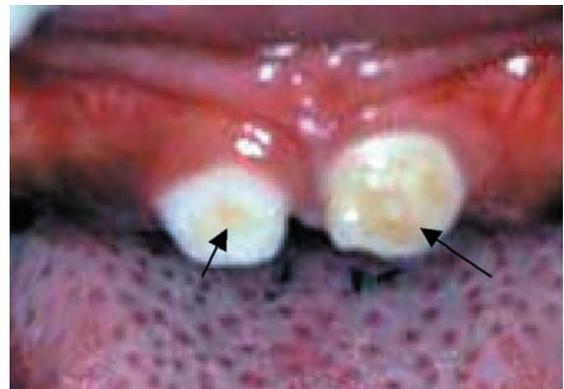
Normal healthy teeth



Developmental defects, deep pits, and fissures



Developmental defects in tooth enamel



Developmental defects in tooth enamel, shape, and color



❖ **4. Provide appropriate and needed interventions based on risk and disease assessment.**

- Risk and disease assessment determines what level of counseling, guidance, and follow-up is necessary. **Anticipatory guidance** is a key oral health intervention for the non-dental health and human services professional to provide, and is discussed in greater detail, below.
- Use the following guidelines to determine what level of counseling, guidance, and follow-up is appropriate and necessary:

<ul style="list-style-type: none"> <li>▪ <b>No disease, low risk</b></li> </ul>	<p>If no disease is apparent and risk for disease is determined to be low, the primary focus should be to provide anticipatory guidance and discuss appropriate, age-specific, prevention procedures.</p>
<ul style="list-style-type: none"> <li>▪ <b>No disease, high risk</b></li> </ul>	<p>If no disease is apparent but there are indications the individual is at high risk for developing disease, it is important to implement a risk management program to reduce risk, as well as to provide anticipatory guidance and primary prevention. This individual should be reassessed in 6 months.</p>
<ul style="list-style-type: none"> <li>▪ <b>Early disease</b></li> </ul>	<p>An individual whose teeth reveal only early dental decay, should be referred to a dentist to verify the diagnosis and implement an appropriate disease and risk management program. Anticipatory guidance is also given at this time. Reassessment should be in 3 months or sooner, based on risk level.</p>
<ul style="list-style-type: none"> <li>▪ <b>Advanced disease</b></li> </ul>	<p>An individual, with advanced disease, should be referred to a dentist as soon as possible to develop and implement a restorative treatment plan. Extra effort should be made to assure that dental appointments are actually made and kept within a few days. The dentist will work with the family to develop an advanced disease and risk management program.</p>

NOTE: Laminated quick-reference charts are provided in the manual to simplify matching findings to follow-up.



- **Anticipatory guidance in oral health.** Anticipatory guidance refers to the information that is given to the child and family to promote health, prevent disease and increase awareness about what to expect as the child enters the next developmental phase. With this knowledge, parents can help prevent dental decay, oral diseases and disorders in their children.
  - It is important to customize and modify anticipatory guidance based on individual risk assessment (see previous page), the family's questions and concerns, and cultural appropriateness.
  - The health professional may provide education and anticipatory guidance to adults and children regarding: dental visits, sealants, fluoride supplementation, non-nutritive sucking habits (thumb or pacifier), facial (jaw) development, tooth eruption, teeth cleaning, injury prevention, feeding practices, use of tobacco and other harmful habits, dental visits, and much more.

As an example:

Inform the parent or caregiver that the first dental visit is recommended by age one, allowing the dental professional to intervene early and provide appropriate counseling before the decay process develops. It is important, therefore, to encourage the family to establish a relationship with a dentist during early infancy, so that the child will be more comfortable and cooperative if dental treatment should become necessary in the future.

- Use the following chart to help determine appropriate anticipatory guidance based on age and issues of concern:

**NOTE:** The following chart is also provided in the manual, with additional charts, as laminated pages for quick reference and to simplify anticipatory guidance.



## Anticipatory Guidance

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



- **Treatment interventions.** In most cases, oral health treatment should be provided by a dentist or dental hygienist. It may be necessary, however, for a physician to prescribe fluoride for an infant, or to provide urgent treatment for an acute infection if a dentist is not immediately available.

- **Dietary fluoride supplement schedule.**

Age	Fluoride Supplement Fluoride ion level in drinking water (ppm) <sup>1</sup>		
	<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 <sup>2</sup>	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

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

<sup>2</sup> 2.2 milligrams sodium fluoride contains 1 milligram fluoride ion.

- **Urgent treatment intervention for acute dental infection.**

<b>Signs and Symptoms</b>	✓ Painful tooth	✓ Painful jaw
	✓ Tender tooth	✓ Tender gums
	✓ Red puffy gums	✓ Tender gum swelling over root of tooth
	✓ Red tender facial swelling	✓ Low-grade fever
<b>Treat Inflammation</b>	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	
<b>Treat Pain</b>	<ul style="list-style-type: none"> <li>• Non-Steroidal Anti-inflammatory Drug (NSAID) – or –</li> <li>• Narcotic / Acetaminophen combination analgesic</li> </ul>	
<b>Treat Infection</b>	<b>Adult</b> (15 years old +)	<b>Pediatric</b> (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



❖ **5. Document findings and follow-up.**

- Oral health data should be written down in the permanent record as you would for any medical health finding. Documentation of the oral health history, clinical findings, and recommended follow-up requires very little time and effort to enter into the permanent record.
- If there is more than one individual conducting oral health screenings at any given location, it is important that all screeners collect and record the same data and information in the same way.
- The following format is recommended for documenting oral health findings:



Name: \_\_\_\_\_

DOB: \_\_\_/\_\_\_/\_\_\_ Date: \_\_\_\_\_

- Dental Findings:** 0 = not present 1 = present  
\_\_\_ Decay \_\_\_ Tooth defects \_\_\_ Fillings \_\_\_ Sealants  
\_\_\_ Risk factors for dental decay (list): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_ History of severe mouth pain or infection past 2 years
- Dentist of Record?**  Yes  No  
Dentist's Name \_\_\_\_\_ Phone \_\_\_\_\_  
Last Visit to Dentist \_\_\_/\_\_\_/\_\_\_
- Need for Dental Care:** 0 1 2 (circle one)  
0 = No problems, routine care 1 = Early need for care  
2 = Urgent/emergency need for care

Referred to: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_

NOTE: Simple-to-use stick-on labels for entering the oral health findings in the permanent record are provided in the manual.

