

New Mexico Perinatal Oral Health Quality Improvement Project



Resource and Implementation Manual



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NEW MEXICO PERINATAL ORAL HEALTH QUALITY IMPROVEMENT PROJECT



January, 2018

Dear Colleagues:

Welcome to the second edition of the New Mexico Perinatal Oral Health Resource and Implementation Manual! The manual is a collection of tools and materials that have been developed and compiled as part of a project focusing on increasing oral health care in general medical and prenatal care settings.

The *New Mexico Perinatal and Infant Oral Health Quality Improvement Project* is part of a national initiative funded by the Health Resources and Services Administration focusing on improving the oral health of pregnant women and newborns.

Increased understanding of the impact of oral conditions on both pregnancy outcomes and infant oral health and disease have made action to integrate services and improve dental and medical collaboration a national health priority. In 2014, the Health Resources and Services Administration (HRSA) issued this guidance that supports the project:

Prevention, diagnosis, and treatment of oral diseases, including needed dental radiographs and use of local anesthesia, are highly beneficial and can be undertaken during pregnancy with no additional fetal or maternal risk when compared to the risk of not providing care. Good oral health and control of oral disease protects a woman's health and quality of life and has the potential to reduce the transmission of bacteria from mothers to their children.

The project has three primary components:

- Integrating oral clinical care services into prenatal and well child services, both in primary care settings as well as home visiting programs;
- Providing oral health care education for childbearing families; and
- Creating linkages between prenatal and well child primary care settings and dental care services to promote access to dental medicine services during pregnancy and infancy.



About This Manual

The Manual is

- A reference containing information and resources for conducting oral health risk assessment and management as well as patient education.
- A training and implementations support for participants in the project.
- A compilation of resources for other projects with similar aims.

The manual is a living document. We anticipate updates and revisions on an ongoing basis over the course of the project based on feedback from participating sites and out learning. The project website will house manual updates so participants can keep their materials current.

www.cdd.unm.edu/dhpd/oralhealth

We welcome your comments, questions and suggestions on the contents of the Manual. Our email addresses are below.



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OVERVIEW OF THIS MANUAL

■ **Tab One: Introduction And Overview Of Oral Care In Prenatal Care Services**

The section includes an introduction to the project and schematics about incorporating oral care into clinical prenatal primary care services.

■ **Tab Two: Conducting An Oral Health Screening Exam Using The “4L’s” Technique**

This section contains instructions for conducting a brief oral screening exam for adults and older infants using the “Four L’s” screening oral examination technique, followed by a series of visuals of common problems that may be found during the exam. There is also a visual presentation of the “knee to knee” positioning technique for infants.

■ **Tab Three: Primary Care Oral Health Assessment Using the Primary Care Oral Assessment Tool (PCOAT)**

This section introduces the use of a clinical decision support tool, the PCOAT (Primary Care Oral Assessment Tool) that has been adapted from the Caries Management by Risk Assessment (CAMBRA) for use in primary care settings. The PCOAT may be used to guide screening by history and oral exam, risk assignment, management, and referrals. The section also contains patient interview forms that may be used by a provider, or may be self-administered by the patient.

■ **Tab Four: Patient Self-Management Goal-Setting and Educational Materials**

This section contains two worksheets that can be used to assist patients set goals for themselves or for their children. Each is followed by instructions for primary care providers to be used during the interview process. The resources in this section support teaching/counseling sessions on achievable oral health improvement for adults and children and provide stand alone educational messages on oral health in pregnancy and infancy.

The section also contains four patient education brochures developed by project staff:

- Did You Know? Healthy Teeth and Gums in Pregnancy Keeps You and Your Baby Healthy (English and Spanish)
- How Should I Take Care of My Infant’s Teeth (English and Spanish)
- How Should I Take Care of My Teeth When I am Pregnant? (English)
- Information About Dental Services in New Mexico (English)

■ **Tab Five: Treatment Recommendations for Adults and Children**

The resources in this section are recommendations for treating commonly occurring conditions of adults and children that can be diagnosed and treated in primary care. These include both over the counter and prescription-based treatments. These recommendations have been compiled by the inter-professional clinical project team.

■ **Tab Six: Referring a Patient to the Dentist**

This section contains a sample referral form and strategies to create and maintain dental referral resource lists and facilitate referrals within communities.

■ **Tab Seven: American Academy of Pediatrics Oral Health Coding Fact Sheet For Primary Care Physicians and PCOATS With Billing Codes Included**

The resources in this section support coding and billing practices to document and bill for oral health care services. The **Oral Health Coding Fact Sheet** prepared by the American Academy of Pediatrics is included. Project staff are aware that while the codes listed in the document exist, they are not uniformly activated by states and payers. The section also contains the PCOAT forms with billing codes included.

New Mexico Perinatal Oral Health Project

Prenatal Care: Prenatal Major Themes by Trimester



First Prenatal Visit. Site may choose to split into 2 visits First Trimester About 6-12 gestational weeks

- Patient's History (medical includes oral health, psycho-social, and reproductive)
- Physical Exam with **Oral Health Exam**
- Education re: pregnancy changes, expected path of care, health behavior in pregnancy, and **Oral Health Self-Management Skills**
- Gestational Age/Due Date Determination
- Blood/Urine labs drawn; needed referrals

Oral Health Exam in Pregnancy

- Teeth, lips, gums
- "4 Ls" Assign Dental Risk
- Refer to Dentist as needed
- Flouride Varnish???

Second Trimester 13-27 Weeks

- Continuing follow-up from first trimester assessment (labs, exam findings and concerns)
- Baby movement is felt: Quickening!!!
- Mid-Pregnancy screens for genetic and anatomic results
- **Oral Health Goal Setting**
- Contraception planning.
- Breastfeeding planning.

Third Trimester 28 Weeks until Birth

- Education for labor and birth
- Hospital and birth center tours offered; preparation for planned home births.
- **Oral Health follow-up on referrals and infant oral health planning**
- Pediatric care plan.
- Car seat.

Postpartum

- Breastfeeding
- Screen for Depression
- Nutrition
- **Reinforce Mom and Baby oral health: xylitol gum, babe gum care, fluoride varnish with first tooth**
- Apply Flouride Varnish for infant

**Entry into Care:
Could be any
pregnancy week.**

OVERVIEW of PRENATAL CARE

Component	Entry to Care (Visit 6-8 and 10-12 Weeks)	Visit 2: 10-12 Weeks	Visit 3: 16-18 Weeks	Visit 4: 22 Weeks
Recommended Care 1 st Prenatal Visit (May be divided into two visits)	<ul style="list-style-type: none"> • History and physical, including oral exam (teeth and gums: “4L’s) • Height and weight/BMI • Full obstetric/pregnancy history • Confirm LMP and send for dating ultrasound as indicated • Screening: <ul style="list-style-type: none"> ○ Formal alcohol, drug and smoking ○ Intimate partner violence ○ Depression ○ Oral Health Risk Determination (PCOAT based) 	<ul style="list-style-type: none"> • Weight • Blood pressure • Offer fetal aneuploidy • Fetal heart tones • Assess fundal height • [Depression screening] 	<ul style="list-style-type: none"> • Weight • Blood pressure • Offer fetal aneuploidy screen prn • Schedule OB ultrasound for anatomy • [Depression screening] 	<ul style="list-style-type: none"> • Weight • Blood pressure • Fetal heart tones • Measure fundal height (start measurements)
	Labs: Refer to Specific Site Protocols or UNM document			
Counseling Education Intervention	<ul style="list-style-type: none"> • Trimester Specific Education • Patient specific resources (home visiting programs, community resources) • Discuss ethnic genetic disease carrier status screening • Discuss fetal aneuploidy screening/schedule as appropriate • Prenatal and lifestyle education <ul style="list-style-type: none"> ○ Physical activity ○ Nutrition, including folic acid review ○ Oral Health, including xylitol gum and review of dental hygiene, including: ○ Oral Health Self-management Goal Setting ○ Review patient specific modifiable risk factors ○ Nausea and vomiting • Warning signs • Course of care and resources (OB triage) • Screen and document for beliefs regarding blood transfusions • Give information about advanced directives 	<ul style="list-style-type: none"> • Trimester specific precautions • Prenatal and lifestyle education • Fetal growth • Review lab results from first visit • Breastfeeding • Nausea and vomiting • Physiology of Pregnancy • Follow-up of modifiable risk factors • Preterm delivery risk assessment follow-up as indicated 	<ul style="list-style-type: none"> • Trimester specific precautions • Prenatal and lifestyle education • Physiology of pregnancy • Quickening • Preterm delivery risk assessment follow-up as indicated 	<ul style="list-style-type: none"> • Trimester specific precautions • Prenatal and lifestyle education • Follow-up on Modifiable risk factors • Childbirth classes • Family Issues

Component	Entry to Care (Visit 6-8 and 10-12 Weeks)	Visit 2: 10-12 Weeks	Visit 3: 16-18 Weeks	Visit 4: 22 Weeks
Plan of Care	<ul style="list-style-type: none"> • Site specific protocols for UNM document for immunizations, nutritional supplements, including folic acid • Condition-specific treatments • Referrals, including dental 	<ul style="list-style-type: none"> • Follow-up referrals including dental 	<ul style="list-style-type: none"> • Possible US for anatomy • Check on dental referrals 	<ul style="list-style-type: none"> • Schedule GDM • Preterm labor precautions • Postpartum contraception (BTL sign)
Recommended Care	<ul style="list-style-type: none"> • Trimester specific precautions • Psychosocial risk factors • Prenatal and lifestyle education • Oral health goals and dental referral follow-up • Follow-up of modifiable risk factors • Work • Fetal Growth • Postpartum Contraception (sign BTL/PP IUD consents) 	<ul style="list-style-type: none"> • Weight • Blood pressure • Fetal Heart Tones • Fundal Height • Assess fetal position 	<ul style="list-style-type: none"> • Weight • Blood pressure • Fetal Heart Tones • Fundal Height • Culture for group B streptococcus • Lab follow-ups 	<ul style="list-style-type: none"> • Weight • Blood pressure • Fetal heart tones • Measure fundal height • Schedule NSST/BPP after 41 weeks • Pediatric opti...
Plan of Care	<ul style="list-style-type: none"> • AB Rh/AB [RhoGam] [Hepatitis B Ag] • Tetanus/pertussis booster • Tdap per CDC 2013, between 22-36 weeks ideal, ok> 20 weeks 	<ul style="list-style-type: none"> • Follow-up on referrals • Provide Dental referrals for dentists who see infants/young toddlers 		<ul style="list-style-type: none"> • Postpartum contraception (BTL sign)

For questions or comments, please contact:
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Please also take note of the many references in end notes, also accessible on the Wiki OB/GYN web page:
<http://unmobgyn.pbworks.com/w/page/83785075/FrontPage>. Last updated 10/2015.

This rubric is intended to provide a guide to assure high quality care delivery to each routine OB patient in the UNMH system receiving antenatal care and postpartum care. This guide is designed to delineate a standard of care that is up to date, evidence based, and both provider and patient friendly. The best effort will be made to incorporate recommendations into the Power Chart EMR for ease of use. In order to keep this document current, please inform the Prenatal Standardization of Care Collaborative lead Monica Slinkard Philipp, CNP mmlinkardphilipp@salud.unm.edu, of any evidence based updates that should be incorporated. In an attempt to represent the various services, the Prenatal Standardization of Care Collaborative core team consists of Dr. Emilie Sebesta (Pediatrics), Kelly Gallagher, CNM (Midwifery), Dr. Sarah Gopman (Family Practice), Dr. Jody Stonehocker (OB/GYN), and Monica Slinkard Philipp, CNP (M&FP).



CONDUCTING AN ORAL EXAM USING THE “4L’S”

Introduction

This section contains information on how to conduct a brief oral exam for adults and older infants using the “Four L’s” screening oral examination technique, followed by a series of visuals of common problems that may be found during the exam. There is also a visual presentation of the “knee to knee” positioning technique for infants.

Following this introduction, there are visual representations of common problems found during An oral screening exam. You might also want to read through the contents of Tab Five, which provides treatment recommendations for common problems found in adults and children during an oral screening exam. There are separate sections of Tab Five for adults and children.

Procedure for Brief Oral Exam: Adults and Older Infants

Oral assessment in the primary and prenatal care settings includes a screening oral exam. The purpose of the exam is to identify signs of white spot lesions, caries, gum disease, oral lesions or conditions in the mouth that increase risk of disease such as dry mouth or presence of appliances. The “**Four L’s**” screening oral exam recommended and taught in this program includes the four quick steps described below. We call the exam the “Four L’s”. (Note that the examiner will need a glove, a piece of gauze and good lighting). See the graphic illustrations which follow.

◆ **Lift and Lower the Lips**

Check the gum line for white spot lesions or caries that form at gum line, Look for signs of gum disease (edema, redness, recession or bleeding). Assess lips for mucus indications.

◆ **Look at the Teeth**

View teeth for:

- white spot lesions/caries
- missing or broken teeth
- fillings or crowns
- appliances (braces, partials, dentures)

◆ **Lasso the Tongue**

Loop the gauze around the tongue, gently raise it and move it laterally in both directions to see under the tongue for (a) bony or soft tissue lesions; (b) signs of adequate or inadequate saliva flow or (c) erythroplakia or leukoplakia (red or white plaques that cannot be wiped away).

◆ **Lap Around the Gums**

With gloved finger palpate the upper and lower gums for:

- masses (fluctuant, hard masses or other mucosal lesions)
- pain with palpation
- spongy, bleeding gums

Screening Oral Exam Demonstrated on an Adult

The Four "Ls" for Oral Screening Exam: Part of Every Physical Exam

- ✓ **L**ift/**L**ower the lips



- ✓ **L**ook at teeth



- ✓ **L**asso the tongue



- ✓ **L**ap around the gums
with your finger



Knee to Knee Positioning for Oral Exam in the Infant/Young Child

1. Parent and provider sit facing one another in a knee to knee position.
2. Place child's head in the health care provider's lap so that the child can see the parent.
3. The child's legs should wrap around the parent's waist.
4. The parent holds the child's hands away from the face.
5. In this manner, the health care provider can perform an oral/pharyngeal exam and apply fluoride varnish.
6. The fundamental maneuvers of performing the oral exam remain the same.



Visual Examples of Common Problems Found During an Oral Screening Exam

Christine Cogil, DNP, FNP-BC, MSN: Assistant Professor
College of Nursing

TOPICS

Oral Assessment: Lift and lower lips

- Actinic Cheilitis- Slide 1
- Angular Cheilitis- Slide 2
- Xerostomia- Slide 2
- Herpetic lesions –Slides 3 and 4
- Aphthous ulcer- Slides 5 and 6
- Mucocele- Slides 7 and 8
- Exostosis- Slide 9

Intra-oral assessment: Look at the teeth

- Dental caries- Slide 1
- Fluorosis- Slide 2
- Braces- Slide 3
- Dry socket- Slide 4

Lasso the tongue

- Candidiasis- Slide 1
- Geographic Tongue- Slide 2
- Syphilis- Slide 3
- Ankyloglossia (Tongue Tie)- Slide 4
- Leukoplakia/Erythroplakia- Slide 5
- Tori- Slide 6

Intra-oral assessment: Lap around the gums

- Pyogenic Granuloma- Slide 1
- Gingivitis- Slide 2
- Periodontitis- Slide 3
- Dental Abscess- Slide 4

DENTAL APPLIANCES



- Remove *unfixed appliances for oral exam*
- Partials, Dentures, Retainers
 - Risk for candidiasis, unobserved lesions

The Four "Ls" for Oral Screening Exam: Part of Every Physical Exam

✓ Lift/Lower the lips



✓ Look at teeth



✓ Lasso the tongue



✓ Lap around the gums
with your finger



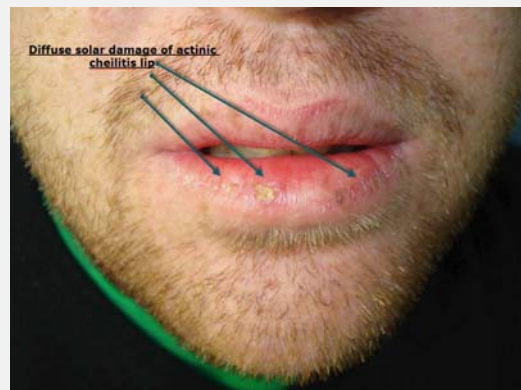
ORAL ASSESSMENT: LIFT AND LOWER LIPS

INTRA / EXTRA ORAL SKIN OF THE LIPS



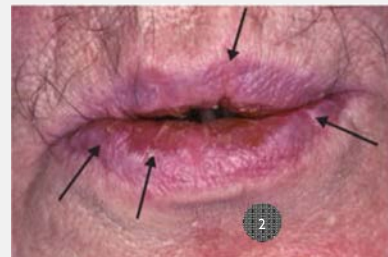
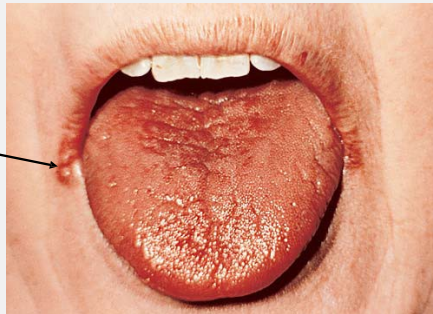
ACTINIC CHEILITIS

- Early Stage
 - Mild erythema
 - Swelling
 - Fine scaling on vermillion border
- Progressing
 - Skin thin and smooth
 - White-gray areas intermingled with red, scaly region
- Ulceration
 - Biopsy for malignancy



XEROSTOMIA (DRY MOUTH)

- Fissured tongue
- Ropy saliva
- Dry mucous membranes
- Halitosis
- Difficulty chewing, speaking, swallowing
- Angular cheilitis
- Increases risk for caries



HERPES SIMPLEX A.K.A. COLD SORE OR FEVER BLISTER

- Stimuli that trigger viral replication = clinical lesions:
 - Stress
 - Sunlight
 - Hormonal changes
 - Fatigue
 - Fever



HHV: PRIMARY HERPETIC GINGIVOSTOMATITIS

- Initial infection with herpes simplex virus
 - Herpes is found on Keratinized tissue
- Children between 6 mos. and 6 yrs.
- S/S:
 - Fever
 - Malaise
 - Cervical lymphadenopathy
 - Painful, erythematous swollen gingiva
 - Multiple tiny clusters of vesicles on perioral skin, vermilion border of lips, and oral mucosa
 - Vesicles progress to ulcers



HERPES VS. APHTHOUS ULCERS

LOCATION, LOCATION, LOCATION

Herpes: Keratinized Tissue

- Lips
- Hard Palate
- Tongue



Aphthous Ulcers: NON-Keratinized tissue

- Buccal and labial mucosa
- Soft palate



APHTHOUS ULCERS - A.K.A. CANKER SORES NON-KERATINIZED TISSUE

- Very common (20%)
- More prevalent in females
- S/S:
 - Yellow-white center
 - Red halo
 - Clusters or single lesion
 - Painful
- Associated with:
 - Trauma
 - Dental TX
 - Acidic, citrus foods
 - Hormonal changes
 - Stress



6

MUCOCELE



7

MUCOCELE

- **Causes**

- Severed minor salivary gland duct causing secretions to spill into adjacent connective tissue
- Inflammatory response causes granulation tissue to wall off mucus → Forms a cyst-like structure
- Most common location: Lower labial mucosa



EXOSTOSIS



- Genetic
- Exacerbated by bruxism

INTRA-ORAL ASSESSMENT: LOOK AT THE TEETH



FLUOROSIS



2

BRACES

Risk for white spot lesions/decay



3

DRY SOCKET

- Post operative complication of extractions when blood clot is lost before healing takes place

Clinically: tooth socket is empty and bone is exposed

- Very painful
- Foul odor
- Bad taste
- No infection
- Common location: 3rd molars



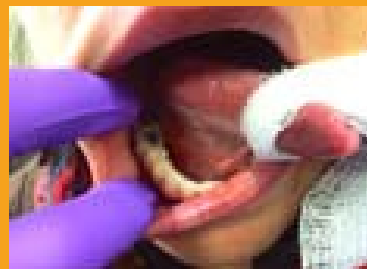
Blood clot forms after tooth extraction which leads to healing and new bone formation.



If a blood clot doesn't form or is lost too early, a painful "dry socket" occurs.



LASSO THE TONGUE



CANDIDIASIS



GEOGRAPHIC TONGUE

S/S:

- Erythematous patches surrounded by a white or yellow border
- Diffuse areas devoid of filiform papillae
- Distinct presence of fungiform papillae
- Remission and changes in the depapillated areas
- Sometimes burning sensation

TX:

- None



SYPHILIS

- Primary Stage chancre
 - Single or multiple lesions
 - Lasts 3-6 weeks without treatment
 - Regional lymphadenopathy

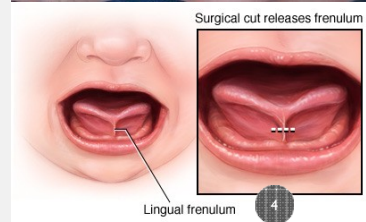


- Secondary Stage
 - Starts with rash – typically rough, red or reddish brown spots on palms of hands and soles of feet
 - Mucous patches - multiple, painless, grayish-white plaques covering ulcerated mucosa



ANKYLOGLOSSIA A.K.A. TONGUE TIE

- Congenital
- Lingual frenulum tethers the tongue's tip to the floor of mouth
- S/S
 - Difficulty sticking out the tongue past the lower front teeth
 - Inability to lift tongue to upper teeth and palate
 - Tongue appears notched or heart shaped when stuck out



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LEUKOPLAKIA/ERYTHROPLAKIA



5

TORI



- Genetic
- Not excised unless there is food trapping
- May reoccur after excision

INTRA-ORAL ASSESSMENT: LAP AROUND THE GUMS



PYOGENIC GRANULOMA



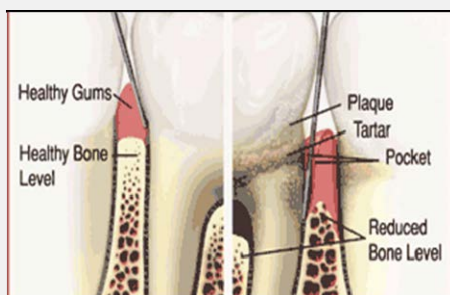
GINGIVITIS

- Local inflammation
 - Aggravated by plaque build up on teeth
 - Causes gingiva to swell and bleed
- Common in pregnancy
 - 60-75% of pregnant women



PERIODONTITIS

- Gingivitis progresses to periodontitis
- Gingivitis is reversible
- Bone loss due to Periodontitis is irreversible
- Severe periodontitis may result in tooth loss



Example of Severe Periodontitis



ABSCESS

- Palpable as a fluctuant mass
- May be purulent

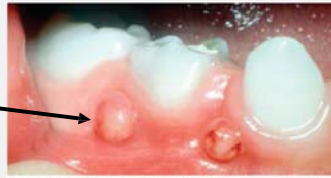


Figure - These periodontal abscesses developed in a child with untreated dental caries.





CONDUCTING AN ORAL EXAM AND SCORING THE PRIMARY CARE ASSESSMENT TOOL (PCOAT)

Introduction

This section contains information on how to conduct an oral health risk assessment using the Primary Care Oral Health Assessment Tool or PCOAT. PCOAT forms for people under and over six years old are included, as are English and Spanish interview protocols that may be used by patients to answer the questions on the PCOAT form. (Note that these questions may be asked by a staff member of the provider's office or completed by the patient and then entered onto the PCOAT form).

Primary Care Oral Health Assessment Using the Primary Care Oral Assessment Tool (PCOAT)

Introduction

The purpose of the Primary Care Oral Assessment Tool (PCOAT) is to document the oral health portion of prenatal and well child clinical visits. It includes key patient dental and medical history and a screening oral exam. Together, these determine the oral health *risk level*. The PCOAT documents specific elements of the patient's care plan including patient self-management goals (see Tab Four), treatment recommendations (see Tab Five), and dental care referrals (see Tab Six).

The (PCOAT) is a clinical decision support tool that provides a format to:

- Guide and document oral health screening (history and oral physical exam);
- Establish an oral disease risk level (Low, High, Extreme) from screening findings;
- Guide the patient oral health management plan based on risk level; and
- Document the oral health plan of care including patient self-management goals

How to Use the PCOAT

There are two PCOAT forms that follow these instructions - one for Primary (baby) teeth and a second for Permanent Teeth PCOAT.

- **If the patient is an adult** use the Permanent teeth PCOAT unless they have full dentures. Ask the adult patient if they have full or partial dentures. If the patient has dentures; ask if they have **any** of their own natural teeth. If patient has ANY natural teeth, use the Permanent teeth PCOAT.
- **If the patient is a child** use the Primary (baby) teeth PCOAT from the time their first baby tooth comes in until they get their first permanent (adult) tooth.

Ask the parent of a very young child patient if they have any teeth yet. If the young child has no teeth; use NO PCOAT. If the young child has any teeth, use the Primary (baby) teeth PCOAT

- **Ask the parent of pre-school and school age children (usually 6 and over) if they have gotten any adult teeth yet.** If the child has:
 - no permanent (adult) teeth use the Primary (baby) Teeth PCOAT
 - any permanent teeth (even just one) use the Permanent Teeth PCOAT
 - no teeth because they were pulled, use NO PCOAT
- **If parents do not know if their child has permanent (adult) teeth yet, provide both PCOAT forms** for the provider who will determine this by exam.

How to Fill Out the History and Oral Exam Parts of the PCOAT Form

There are two parts on the PCOAT form: the Patient Questions and Health Care Provider History and Oral Exam. Usually both parts are filled out in the same patient visit. However:

- Filling out the “Patient Questions” Section can be done in a couple of ways by a health worker.
 - **Interview:** a health care worker can ask the questions to the patient, parent or caregiver. The health care worker checks or circles the answers. (Depending on your site, it could be paper form, a computerized form, or part of an electronic health record).
 - **Patient Fills Out:** the patient, parent or caregiver answers the questions on the paper and pencil form. (A PCOAT Patient Questions Form is provided at the end of this section).
- Filling out the “Health Care Provider History and Oral Exam” is done by the health care provider. A provider checks the answers based on their findings based on history and oral exam.

How to Determine and Document the Oral Disease Risk Level on the PCOAT Form

After the Patient Questions and Health Care Provider History and Oral exam sections are completed, an overall oral disease risk level of Low, High, or Extreme is determined from the answers recorded on the form.

1. Look at the three columns that contain checked answer boxes.
2. Locate the checked answer box that is farthest to the right.
3. Look down the column that contains the farthest right checked box to find the RISK level (Low, High or Extreme).
4. Check the oral health risk level (Low, High or Extreme).

How to Determine and Order Referral to Dental Care Based on Patient Need on the PCOAT Form

1. Find the Referral to Dental Care Box on the top of the far right hand column.
2. Check **Not Indicated** if patient is low risk and has a dental provider.
3. Check **Routine** if patient is low risk but does not have an established dental provider or is at high risk.
4. Check **Expedited** if the patient is Extreme Risk OR is at any risk level and shows an urgent need for dental care determined by health care provider.

How to Locate and Apply Management Guidelines for Patient Risk Level on the PCOAT Form

1. Refer to Section Five of this Manual, Treatment Recommendations.
2. Find management guidelines for each risk level (Low, High, Extreme) in the far right hand column.
3. Find the management guideline for this patient's risk level.
4. Choose the parts of the management guideline suited to the individual patient need. Consult Section Five, *Treatment Recommendations, for additional specifics on patient care.*
5. Place a check before those parts of guidelines that were started with the patient today.

How to Record Self-Management Goals Agreed to by the Patient

1. Find Self-Management Goals box on bottom of the form.
2. Place a check before the diet and oral hygiene changes that patient is ready to try.

Patients with Dentures

1. Ask patient to remove full or partial dentures or other removable appliances.
2. Perform oral exam to observe for: (a) Oral lesions (malignancy, poor denture fit) and (b) Oral candidiasis.
3. Document oral exam results and plan, if needed.



Permanent Teeth PCOAT

(Primary Care Oral Assessment Tool – for patients age ≥ 6 years)

Date: _____ Patient Name: _____ Date of Birth: _____

Patient Questions:

Do you have a dentist where you go to get your teeth cleaned and taken care of? If yes, who/where: _____	<input type="checkbox"/> Yes– seen within the last six months	<input type="checkbox"/> No	<input type="checkbox"/> Yes–seen more than six months ago
Have you had any cavities or fillings in the last 12 months?	<input type="checkbox"/> No	<input type="checkbox"/> Yes	
Have you ever been told you have gum disease?	<input type="checkbox"/> No	<input type="checkbox"/> Yes	
Have you had any teeth removed in past 36 months?	<input type="checkbox"/> No	<input type="checkbox"/> Yes	
When do you eat sugary or starchy foods outside of meal time? (candy, pretzels, chips, bread, tortillas)	<input type="checkbox"/> Mostly at meal - times	<input type="checkbox"/> Outside of meal - times	
When do you drink sugary beverages outside of meal time? (sweet coffee/tea, juice, soda pop, energy/sport drinks, cocktails, wine, beer)	<input type="checkbox"/> Mostly at meal - times	<input type="checkbox"/> Outside of meal - times	
How often do you brush your teeth?	<input type="checkbox"/> Twice or more a day	<input type="checkbox"/> Once daily or less	

Management Guidelines: Applied Fluoride Varnish

Referral to Dental Care:

Not Indicated Routine Expedited

Low Risk

- Reinforce routine dental care
- Set diet and oral hygiene management goals
- Use OTC fluoride toothpaste twice daily
- Recommend gum with xylitol as first ingredient

High Risk

- Set diet and oral hygiene management goals
- Instruct on OTC or prescription fluoride tooth - paste
 - Prescribe high fluoride toothpaste for decay
- Gum with xylitol as the first ingredient
- Prescribe antibacterial mouth rinse to decrease oral bacteria

Extreme Risk

- Set diet and oral hygiene self-management goals
- Recommend (see guidelines)
 - Oral moisturizer for dry mouth
 - pH neutralizing rinse for vomiting
 - Fluoridated mouth rinse for decay
- Prescribe (see guidelines)
 - Anti-bacterial rinse to decrease oral bacteria
 - High fluoride toothpaste for decay
- Gum with xylitol as first ingredient
- Topical fluoride every 3 months
- Evaluate medications to modify xerostomia

Self Management Goals

<input type="checkbox"/> Regular dental visits	<input type="checkbox"/> Water between meals
<input type="checkbox"/> Brush twice daily	<input type="checkbox"/> Quit plan for tobacco
<input type="checkbox"/> Use Rx FI- toothpaste	<input type="checkbox"/> Less junk food/candy
<input type="checkbox"/> Fluoride mouth rinse	<input type="checkbox"/> No soda
<input type="checkbox"/> Less/no sweet drinks/alcohol	<input type="checkbox"/> Healthy snacks
<input type="checkbox"/> Drink water with flouride	<input type="checkbox"/> Floss daily

Health Care Provider History and Oral Exam:

Exposure to fluoride (toothpaste, rinse, Rx)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Physical, behavioral or cognitive factors interfering with oral care (special needs, drug/alcohol overuse, tobacco use)	<input type="checkbox"/> No	<input type="checkbox"/> Yes	
Frequent vomiting/acid reflux (daily)	<input type="checkbox"/> No		<input type="checkbox"/> Yes
EXAM: Dry mouth/Xerostomia (reported or observed OR risk from Rx/radiation treatments)	<input type="checkbox"/> No		<input type="checkbox"/> Yes
Visible, heavy plaque on teeth	<input type="checkbox"/> No	<input type="checkbox"/> Yes	
Visible cavities (including white spot lesions)	<input type="checkbox"/> No	<input type="checkbox"/> Yes	
Gingivitis	<input type="checkbox"/> No	<input type="checkbox"/> Yes	
Fillings, crowns, retainers, braces, removable appliances	<input type="checkbox"/> No	<input type="checkbox"/> Yes	
Suspicious lesion on buccal mucosa, gingiva, tongue	<input type="checkbox"/> No		<input type="checkbox"/> Yes
	<input type="checkbox"/> Low	<input type="checkbox"/> High	<input type="checkbox"/> Extreme

Permanent Teeth PCOAT
(Primary Care Oral Assessment Tool – for patients age > 6 years)
Patient Questions



Date: _____ Patient Name: _____ Date of Birth: _____

Do you have a dentist where you go to get your teeth cleaned and taken care of? If yes, who/where:	<input type="checkbox"/> Yes, within the last six months <input type="checkbox"/> Yes, seen more than six months ago <input type="checkbox"/> No	
Have you had any cavities or fillings in the last 12 months?	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Have you ever been told you have gum disease?	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Have you had any teeth removed in the past 36 months?	<input type="checkbox"/> No	<input type="checkbox"/> Yes
When do you eat sugary or starchy foods outside of meal time (candy, pretzels, chips, bread, tortillas)?	<input type="checkbox"/> Mostly at meal times	<input type="checkbox"/> Outside of meal Times
When do you drink sugary beverages outside of meal time (sweet coffee/tea, juice, soda pop, energy/sport drinks, cocktails, wine, beer)?	<input type="checkbox"/> Mostly at meal times	<input type="checkbox"/> Outside of meal Times
How often do you brush your teeth?	<input type="checkbox"/> Twice or more a day	<input type="checkbox"/> Once daily or less
Do you have vomiting or acid indigestion often?	<input type="checkbox"/> No	<input type="checkbox"/> Yes

Dientes Permanente PCOAT
(Herramienta de Evaluación Oral de la Atención Primaria para la Salud - para los pacientes de 6 años y más)
Preguntas para los Pacientes



Fecha: _____ Nombre del Paciente: _____ Fecha de Nacimiento: _____

<p>¿Tiene usted un dentista adonde va para que le limpien sus dientes y cuidado dental? Si respondió sí, quién y adónde:</p>	<p><input type="checkbox"/> Si, dentro de los últimos seis meses</p> <p><input type="checkbox"/> Si, me vieron hace más de seis meses</p> <p><input type="checkbox"/> No</p>	
<p>¿Ha tenido usted caries o rellenos en los dientes en los últimos 12 meses?</p>	<p><input type="checkbox"/> No</p>	<p><input type="checkbox"/> Si</p>
<p>¿Le han dicho que usted tiene enfermedad de las encías?</p>	<p><input type="checkbox"/> No</p>	<p><input type="checkbox"/> Si</p>
<p>¿Le han removido cualquier dientes en los pasados 36 meses?</p>	<p><input type="checkbox"/> No</p>	<p><input type="checkbox"/> Si</p>
<p>¿Cuando es que usted come comidas azucaradas o con almidón afuera de las comidas regulares (dulce, galletas saladas, papas, pan, tortillas)?</p>	<p><input type="checkbox"/> Mayormente durante las comidas regulares</p>	<p><input type="checkbox"/> Afuera de las comidas regulares</p>
<p>¿Cuando es que usted toma bebidas azucaradas afuera de las comidas regulares (café o té dulce, jugos, sodas, bebidas deportivas o para la energía, bebidas alcohólicas, vino, cerveza)?</p>	<p><input type="checkbox"/> Mayormente durante las comidas regulares</p>	<p><input type="checkbox"/> Afuera de las comidas regulares</p>
<p>¿Qué tan seguido usted se cepilla los dientes?</p>	<p><input type="checkbox"/> Dos veces o mas al dia</p>	<p><input type="checkbox"/> Una vez al día o menos</p>
<p>¿Usted sufre de vómito o acidez por la indigestión (agruras o reflujo) seguidamente?</p>	<p><input type="checkbox"/> No</p>	<p><input type="checkbox"/> Si</p>



Primary (baby) Teeth PCOAT

(Primary Care Oral Assessment Tool – for patients age ≤ 6 years)

Date: _____ Patient Name: _____ Date of Birth: _____

Mother or Caregiver Questions:

Does your family have a dentist where you go to get your teeth cleaned and taken care of? If yes, who/where: _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
When was the last time your child went to the dentist? <input type="checkbox"/> N/A due to age	<input type="checkbox"/> Within the last six months	<input type="checkbox"/> More than six months ago	
Do you (parent or caregiver) have a cavity now or have you had a filling in the past three years?	<input type="checkbox"/> No	<input type="checkbox"/> Yes	
Have brothers or sisters had cavities?	<input type="checkbox"/> No	<input type="checkbox"/> Yes	
When was your child's last cavity? <input type="checkbox"/> N/A due to age	<input type="checkbox"/> No cavities in last year	<input type="checkbox"/> Cavities in last year	
Does your child drink anything other than water in between meals?	<input type="checkbox"/> No	<input type="checkbox"/> Yes	
Does your child drink anything other than water while in bed?	<input type="checkbox"/> No	<input type="checkbox"/> Yes	
Does your child drink water with flouride? <input type="checkbox"/> Don't know <input type="checkbox"/> No water at all	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
How often are your child's teeth brushed with fluoride toothpaste?	<input type="checkbox"/> At least daily	<input type="checkbox"/> Less than daily	

Health Care Provider History and Oral Exam:

History of topical fluoride varnish application	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Physical, behavioral or cognitive factors interfering with oral care (special needs)	<input type="checkbox"/> No		<input type="checkbox"/> Yes
EXAM: Gingivitis (reported or observed OR risk from Rx/disease)	<input type="checkbox"/> No	<input type="checkbox"/> Yes	
Dry mouth/ Xerostomia (reported or observed OR risk from Rx/disease)	<input type="checkbox"/> No		<input type="checkbox"/> Yes
White spots lesions or tooth decay	<input type="checkbox"/> No	<input type="checkbox"/> Yes	
Fillings or crowns present	<input type="checkbox"/> No	<input type="checkbox"/> Yes	
Visible plaque on teeth	<input type="checkbox"/> No	<input type="checkbox"/> Yes	
Oral candidiasis	<input type="checkbox"/> No	<input type="checkbox"/> Yes	
	<input type="checkbox"/> Low	<input type="checkbox"/> High	<input type="checkbox"/> Extreme

Self Management Goals

- | | | |
|---|---|--|
| <input type="checkbox"/> Regular dental visits | <input type="checkbox"/> Water between meals | <input type="checkbox"/> Drink water with flouride |
| <input type="checkbox"/> Brush twice daily | <input type="checkbox"/> Xylitol gum/mints | <input type="checkbox"/> Less junk food/candy |
| <input type="checkbox"/> Use FI- toothpaste | <input type="checkbox"/> Less junk food/candy | <input type="checkbox"/> Wean off bottle |
| <input type="checkbox"/> Dental treatment for parents | <input type="checkbox"/> No soda | <input type="checkbox"/> Only water in nighttime bottle or cup |
| | <input type="checkbox"/> Healthy snacks | |

Management Guidelines:

Applied Fluoride Varnish:

Referral to Dental Care: Not Indicated Routine Expedited

0 - 2 Years	
Clinical Management	Oral Health Instructions
Low <input type="checkbox"/> Oral health assessment every 6 months by primary care provider <input type="checkbox"/> Dental care by 1 year	<input type="checkbox"/> Twice daily brushing with OTC fluoridated toothpaste the size of a grain of rice <input type="checkbox"/> Avoid saliva sharing activities <input type="checkbox"/> Healthy teeth for speech development and nutrition <input type="checkbox"/> Set diet and oral hygiene self-management goals
High <input type="checkbox"/> Oral health assessment every 6 months by primary care provider <input type="checkbox"/> Dental care by 1 year <input type="checkbox"/> Topical fluoride varnish every 6mos. <input type="checkbox"/> Family dental care referral	
Extreme <input type="checkbox"/> Oral health assessment every 3 months by primary care provider <input type="checkbox"/> Expedited dental referral <input type="checkbox"/> Family dental care referral <input type="checkbox"/> PCP/Dental co-management with care coordination	

3 - 6 Years	
Clinical Management	Oral Health Instructions
Low <input type="checkbox"/> Oral health assessment every 12 months by primary care provider <input type="checkbox"/> Assure dental home	<input type="checkbox"/> Twice daily supervised brushing with OTC fluoridated toothpaste the size of a pea <input type="checkbox"/> Limit carbohydrates to mealtimes <input type="checkbox"/> Healthy teeth for speech development and nutrition <input type="checkbox"/> Set diet and oral hygiene self-management goals
High <input type="checkbox"/> Oral health assessment every 6 mos. w/ dental and every 12 mos. w/ PCP <input type="checkbox"/> Topical fluoride varnish every 6 months <input type="checkbox"/> Fluoride rinse 2x/day for decay <input type="checkbox"/> Prescribe antibacterial rinse to decrease oral bacteria	
Extreme <input type="checkbox"/> Oral health assessment every 3 mos. w/ dental and every 12 mos. w/ PCP <input type="checkbox"/> Expedited dental referral <input type="checkbox"/> Topical fluoride varnish every 3 mos. (PCP or Dental) <input type="checkbox"/> Fluoride rinse 2x/day for decay <input type="checkbox"/> Prescribe antibacterial rinse to decrease oral bacteria <input type="checkbox"/> PCP/Dental co-management with care coordination.	

Primary (baby) Teeth PCOAT

(Primary Care Oral Assessment Tool- for patients age \leq 6 years)
 Mother or Caregiver Questions:



Date: _____ Patient Name: _____ Date of Birth: _____

Does your family have a dentist where you go to get your teeth cleaned and taken care of? If yes, who/where: _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
When was the last time your child went to the dentist? <input type="checkbox"/> N/A due to age	<input type="checkbox"/> Within the last six months	<input type="checkbox"/> More than six months ago	
Do you (parent or caregiver) have a cavity now or have you had a filling in the past three years?	<input type="checkbox"/> No	<input type="checkbox"/> Yes	
Have brothers or sisters had cavities?	<input type="checkbox"/> No	<input type="checkbox"/> Yes	
When was your child's last cavity? <input type="checkbox"/> N/A due to age	<input type="checkbox"/> No cavities in last year	<input type="checkbox"/> Cavities in last year	
Does your child drink anything other than water in between meals?	<input type="checkbox"/> No	<input type="checkbox"/> Yes	
Does your child drink anything other than water while in bed?	<input type="checkbox"/> No	<input type="checkbox"/> Yes	
Does your child drink water with fluoride?	<input type="checkbox"/> Don't know	<input type="checkbox"/> No water at all	<input type="checkbox"/> Yes
How often are your child's teeth brushed with fluoride toothpaste?	<input type="checkbox"/> At least daily	<input type="checkbox"/> Less than daily	



SETTING ORAL HEALTH SELF-MANAGEMENT GOALS

Introduction

The project has adapted and developed two sets of patient education self-management goal setting materials: one for when the patient is an adult, and a second one for when the patient is a child. In this second case, the process of setting self-management goals is targeted at parents and caregivers.

In both cases, the purpose of this process is to have the patient (or the patient's family member or caregiver) select oral health behavior change goals that:

- Are appealing and attainable for the patient or caregiver; and
- Have a chance of making a difference in their oral health.

The forms follow this introduction. The form for adults is first, followed by the form for parents and caregivers. Note that each form is intended as one two-sided sheet of paper. The picture tool is the "front" and is shown to the patient. The text that follows is the "back" and is intended for use by the patient educator.

This process may be facilitated by a number of people in the primary care setting, including the primary care provider, a Medical Assistant, a Community Health Worker or a Health Educator.

Here is a step-by-step guide to using the form. Note that the language below used the adult version of the form. Alterations for use in the parent/caregiver version are in red.

- 1) Select the age-appropriate form to support the patient encounter.
- 2) The patient educator:
 - shares the picture tool that has oral health behavior changes;
 - introduces each behavior change including the effect on a person's oral health; and
 - Asks the patient or parent/caregiver if they have any questions.

3. The patient health educator asks the patient to select two or three oral health goals using a question such as the following:

“Let’s talk about two or three goals you think you can work on. What do you think might work [for you] [for you and your child]?”

Give time for the patient to consider and ask questions. Respond to questions and help the patient weigh pros and cons of each prospective self-management goal that the patient raises.













3. Write down the patient-selected goals including follow up and time frame.
- 5) Ask the patient to self-rate their confidence on a 1 to 10 scale for each goal.
 - If a patient self-rates “5” or less the patient educator will state the patient’s rating back to them and ask them to describe why they feel more confident than 0. Following that discussion, ask them why they do not feel not as confident as a 10.
 - Discuss things that seem to be affecting their confidence and how they might be changed.
 - Make suggestions to bolster confidence and offer strategies/tips and tricks.

Following the two sets of patient goal-setting worksheets, there are a number of patient education materials that have been developed by the project. These may be found on the project website at www.cdd.unm.edu/dhpd/oralhealth

Oral Health Self-Management Goals

Patient Name: _____

Date: _____

 Schedule regular dental visits	 Brush twice a day	 Use prescription fluoride toothpaste	 Drink tap water
 Drink less or no sweet drinks or alcohol	 Use fluoride mouth rinse	 Drink water between meals	 Choose gum or candy with xylitol as the first ingredient
 Eat less junk food and candy	 Drink limited or no soda	 Choose healthy snacks	 Floss daily
Important: The last thing that touches your teeth before bedtime should be your toothbrush and water.			

- Self-Management Goals: 1) _____
- 2) _____
- 3) _____

On a scale from 1-10, how confident are you that you can accomplish these goals? (circle one)

(1= not confident at all; 10= very confident) **1 2 3 4 5 6 7 8 9 10**

Patient Signature: _____

Practitioner Signature: _____

If you suffer from dry mouth, ask your pharmacist for products that help with dry mouth, such as dry mouth gum, spray, toothpaste, or oral rinse.

Adapted from the Oral Health Self Management Goals for Parent/Caregivers developed by the American Academy of Pediatrics. This project is supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) under grant number #UD7HP25045-02-00. This information or content and conclusions are those of the authors and should not be construed as the official position or policy of, nor should any endorsements be inferred by HRSA, HHS or the U.S. Government. All rights reserved. Please contact ccogil@salud.unm.edu for information regarding the use of this tool.

Oral Health Self-Management Education with Goals for Adults

◆ **Schedule Regular Dental Visits**

1. See a dental provider every six months
2. Your clinic can assist with a dental referral

◆ **Brush Twice Every Day**

1. Brushing prevents buildup of plaque and bacteria that cause cavities and gum disease
2. Fluoride toothpaste the size of a grain of rice for children 3 and under or the size of a pea for everyone over 3 years of age

◆ **Use Prescription Fluoride Toothpaste**

1. High fluoride toothpaste or rinse builds tooth enamel for people who are at high risk for cavities
2. High fluoride toothpaste can help reduce cavities in people who have a lot of them

◆ **Drink Tap Water**

1. Most towns/cities add fluoride to the public water that strengthens dental enamel and prevent cavities
2. If you use bottled water, look for and purchase bottled water with fluoride

◆ **Drink Less or No Sweet Drinks or Alcohol**

1. Drink sweetened drinks or alcoholic beverages at mealtimes only
2. Sweetened beverages between meals increase the risk for cavities

◆ **Use Fluoride Mouth Rinse**

1. Use fluoride mouth rinse twice a day after brushing and at bedtime
2. Fluoride mouth rinse is recommended for people who have had problems with cavities or do not have fluoridated water

◆ **Drink Water Between Meals**

1. Water washes away the acids and bacteria that cause dental caries
2. Water or unsweetened beverages (coffee/tea) between meals decreases risk for dental caries

◆ **Chew Gum with Xylitol: (KEEP THE GUM AWAY FROM DOGS!)**

1. Xylitol protects teeth from getting cavities
2. Chew gum with xylitol as the first ingredient and chew it for at least 5 minutes, 4-5 times a day after meals or at bedtime.

◆ **Eat Less Junk Food and Candy**

1. Limit sweet food and candy to mealtimes
2. Junk food and candy between meals increases the risk for developing dental caries

◆ **Drink Limited or No Soda**

1. If you choose to drink sodas or sports drinks, do so with meals only
2. Diet and regular sodas have acids that break down the enamel covering of teeth

◆ **Choose Healthy Snacks**

1. Avoid juices and foods with sugar because they increase the risk of cavities
2. For in between meal snacks choose: meats, cheeses, nuts, seeds, vegetables or popcorn

◆ **Floss Daily**

1. Flossing disrupts the development of plaque and sticky bacteria that causes cavities or gum disease

Oral Health Self Management Goals for Parents/Caregivers

Patient Name _____ DOB _____

 Regular dental visits for child	 Dental treatment for family	 Brush twice a day	 Brush with fluoride toothpaste
 Wean off bottle (no bottles for sleeping)	 Less or no juice	 Only water in sippy cups	 Drink tap water
 Healthy snacks	 Less or no junk food and candy	 No soda	 Use xylitol gum, spray, gel, or dissolving tablets
Important: The last thing that touches your child's teeth before bedtime is the toothbrush.			

Self Management Goals: 1) _____
 2) _____
 3) _____

On a scale of 1-10, how confident are you that you can accomplish these goals? 1 2 3 4 5 6 7 8 9 10

Parent/Caregiver Signature: _____

Practitioner Signature: _____

Adapted from Ramos-Gomez F, Ng MW. Into the future: keeping healthy teeth caries free: pediatric CAMBRA protocols. *J Calif Dent Assoc.* 2011 Oct;39(10):723-33. Visit www.aap.org/oralhealth for more information on children's oral health.



Oral Health Self-Management Education with Goals for Parents/Caregivers

◆ **Regular Dental Visits for Child**

1. The first dental visit should be scheduled by age 1
2. Your clinic can assist with a dental referral to a dentist who sees young children

◆ **Dental Treatment for the Family**

1. Saliva sharing activities such as sharing utensils and cups can spread cavity-causing bacteria
2. Children are more likely to get cavities at an earlier age if their parents have untreated cavities

◆ **Brush Twice Each Day**

1. Brushing prevents buildup of plaque and bacteria that cause cavities and gum disease
2. Fluoride toothpaste the size of a grain of rice for children 3 and under or the size of a pea for everyone over 3 years of age

◆ **Brush With Fluoride Toothpaste**

1. Fluoride builds stronger tooth enamel which protects against development of cavities
2. Fluoride is important during early years when the enamel is forming on teeth that have not yet broken through the gums.

◆ **Wean Off Bottle (No Bottles For Sleeping)**

1. Toothbrush and water should be the last touch the teeth and gums at bedtime
2. Begin wiping gums with a soft cloth or brush after feedings when your child is an infant.

◆ **Less or No Juice**

1. If you choose to offer fruit juice to your child, limit fruit juices to 4-6 ounces a day and offer at mealtimes only

◆ **Only Water in Sippy Cups**

1. The natural sugar in milk, juice, soda pop or other flavored drinks between meals increases risk for cavities
2. Water washes away the bacteria that causes dental cavities

◆ **Drink Tap Water**

1. Most towns/cities add fluoride to the public water that strengthens dental enamel and prevent cavities
2. If you use bottled water, look for and purchase bottled water with fluoride

◆ **Healthy Snacks**

1. For in between meal snacks choose: meats, cheeses, nuts, seeds, vegetables or popcorn
2. Foods with sugar increase the risk for cavities

◆ **No Soda**

1. If you choose to drink sodas, do so with meals only
2. Diet and regular sodas have acids that break down the enamel covering of teeth

◆ **Use Xylitol Gum, Spray, Gel, Or Dissolving Tablets (KEEP THE FGUM AWAY FROM DOGS!)**

1. Choose a gum or candy with xylitol as the first ingredient
2. Xylitol is a sugar substitute that does not allow decay causing bacteria to create acid that causes dental caries
3. Best use for gum – chew for at least 5 minutes, 4-5 times a day, after meals and before bedtime



Did You Know? Healthy Teeth and Gums in Pregnancy Keeps You and Your Baby Healthy

...Do Every Day Care



- **Brush** your teeth morning and night
- Use toothpaste **with fluoride**
- **Floss** your teeth
- **Chew xylitol gum** after eating



...Eat Healthy



- Eat lots of greens and veggies
- Drink water!!!
- Snack on nuts and cheese

Eat treats only with your meals

If You Have Morning Sickness:



- **Rinse** your mouth after vomiting with baking soda and water
- **Wait 30 minutes then brush** with fluoride toothpaste

...See the Dentist



- Get your teeth cleaned
- Get an exam and have cavities fixed

...Learn to Keep Baby From Getting Cavities !!!



For more information contact Lyn Wilson-King, Program Manager, at 505/272-6751 or lwilson-king@salud.unm.edu

This project is supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS), Grant Number H47MC28481. Information, content and conclusions are those of the authors and should not be construed as the official position or policy of, nor should any endorsements be inferred by HRSA, HHS or the U.S. Government.





¿Sabía usted? Los Dientes y las Encías sanas durante el embarazo *mantienen a usted y a su bebé sanos*

... Haga el cuidado de todos los días



- Cepílese los dientes en las mañanas y las noches
- Use pasta de dientes con fluoruro
- Use hilo dental para los dientes
- Mastique goma de mascar xilitol después de comer



... Coma sano



- Coma muchas comidas verdes y verduras
- Beba agua!!!
- Para bocadillos coma nueces y queso

Coma dulces solamente con sus comidas

Si usted vomita en la mañanas:



- Enjuáguese la boca después de vomitar con bicarbonato de sodio y agua
- Espere 30 minutos y luego se cepilla con pasta dental con fluoruro

... Ver al dentista



- Consiga una limpieza dental
- Consiga un examen y que le arreglen las caries

... Aprenda a mantener al bebé sin cavidades !!!



Para más información comuníquese con Lyn Wilson-King, Gerente de Programa, al 505 / 272-6751 o lwilson-king@salud.unm.edu



How Should I Take Care of My Infant's Teeth ?

Before Teeth

After feeding

- Use a soft cloth to clean gums
- This trains the baby for a toothbrush when he has teeth



From the First Tooth

Brush tooth after meals

- Use a soft toothbrush and toothpaste with fluoride
- The amount of toothpaste is the size of a grain of rice



Bedtime care

- The last thing to touch teeth is toothpaste with water



Sharing Causes Cavities

- Only baby puts the pacifier/binky, nipples or spoons in mouth

Food and Drink

- Give sugary foods and juices at mealtime only
- Put water only in sippy cups or bottles
- No sodas or sports drinks

Stop Cavities

- Fluoride makes teeth stronger
- Tap water has minerals and fluoride and is better for baby
- See a Dentist by baby's first birthday



1 + 1 = ZERO 1 Dental visit when there is 1 tooth equals ZERO cavities

For more information contact Lyn Wilson-King, Program Manager, at 505/272-6751 or lwilson-king@salud.unm.edu

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¿Cómo Debo Cuidar Los Dientes de mi Bebé?

Antes que salgan los dientes

Después de la alimentación

- Utilice un paño suave para limpiar las encías
- Esto entrena al bebé para un cepillo de dientes cuando tenga dientes



Desde el primer diente

Cepille el diente después de las comidas

- Utilice un cepillo de dientes suave y pasta de dientes con fluoruro
- La cantidad de pasta de dientes es del tamaño de un grano de arroz



Cuidado a la Hora de dormir

- La última cosa que toque los dientes es la pasta de dientes y el agua

Compartir causan las caries

- Sólo el/la bebé puede tocar el chupete / chupón, los pezones de hule para la botella/"teta" o las cucharas en la boca



Comidas y bebidas

- Dar alimentos y jugos azucarados a la hora de comer solamente
- Ponga el agua sólo en vasos "sippy" para bebés o botellas
- No dar sodas o bebidas deportivas

Parar las caries

- El fluoruro hace los dientes más fuertes
- El agua del grifo tiene minerales y fluoruro y es mejor para el bebé
- Vea a un dentista para el primer cumpleaños del bebé



1 + 1 = CERO 1 visita dental cuando hay 1 diente es igual a cero caries

Para más información comuníquese con Lyn Wilson-King, Gerente de Programa, al 505 / 272-6751 o lwilson-king@salud.unm.edu

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How Should I Take Care of My Teeth When I am Pregnant?



Take Good Care of Your Teeth and Gums

- Brush your teeth for two minutes twice a day
- Use toothpaste *with fluoride*
- Floss your teeth every day

Gum With Xylitol Protects Teeth

- Chew for at least 5 minutes 4 times a day
- Xylitol should be the first ingredient listed

(Xylitol is NOT safe for dogs)



See a Dentist Right Away When You Find Out You are Pregnant

- It is ok to have x-rays of your teeth.
- If you need x-rays, the dentist will have you wear a special apron and collar to keep you and your baby safe.

What Foods are Good to Eat When I am Pregnant?

- Vegetables and cheese are good snacks between meals
- Drink water, coffee, or tea without sugar or milk between meals
- Eat starchy foods like potatoes, bread, pasta, and tortillas only with meals
- Eat sweet foods like juice, milk, sodas, candy, cakes, and cookies only with meals.



What should I do if I Have Morning Sickness?

- Mix 1 teaspoon of baking soda in 8 ounces of water
- Rinse your mouth and spit
- Wait 30 minutes then brush with fluoride

(Rinsing after vomiting stops acid that causes cavities)

For more information contact Lyn Wilson-King, Program Manager, at 505/272-6751 or lwilson-king@salud.unm.edu

This project is supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS), Grant Number H47MC28481. Information, content and conclusions are those of the authors and should not be construed as the official position or policy of, nor should any endorsements be inferred by HRSA, HHS or the U.S. Government.



Albuquerque Women's Health and Maternity Care providers!!

All women are encouraged to seek dental care and associated oral hygiene services as part of comprehensive prenatal care. Baby's first birthday should be celebrated with first dental visit, as well.

UNM Dental Medicine services is an excellent Albuquerque referral resource. Many in the community have asked for contact information and location of the UNM Dental Clinic. A flier on the reverse side, has the central phone number for appointments.

Patients should call 925-4031 to arrange services.

- Any patient insured by most Medicaid and Dental insurance plans can be seen at UNM dental medicine.
- ***Pregnant patients with Medicaid*** should tell the phone operator that they are pregnant and that their prenatal provider recommends a dentist visit as soon as possible.
- The UNM Dental Hygiene Education program provides very reasonable out of pocket pricing.
 - See attached fee schedule for cleanings, x-rays and treatments.

Sliding Fee Dental services are not available at UNM

Dental services by sliding scale *are* available at:

First Choice Dental Medicine **(505) 873-7423** (Albuquerque, Los Lunas and Edgewood)
2001 El Centro Familiar Blvd SW

Community Dental **(505) 843-7493**
2116 Hinkle St SE

La Familia Dental **(505) 474-1438**
2145 Caja Del Oro Grant Rd
Santa Fe



UNM Dental Medicine

Enhancing Smiles in New Mexico... One smile at a time!

Camino De Salud Clinic:

1801 Camino De Salud
Albuquerque, New Mexico 87102

Novitski Hall:

900 Yale Blvd.
Albuquerque, New Mexico 87131

Camino De Salud Clinic:

Family & General Dentistry Services

Dental Faculty, Residents and Hygienists, provide dental services in the Camino De Salud Clinic. Preventive, reconstructive, restorative and emergency dental care are available.

Offers comprehensive dental care including implant dentistry, medically complex patients, sedation dentistry, cosmetic dentistry, oral surgery services and teeth whitening.

Accepts most major insurance providers, including: Most Medicaid plans, Delta Dental, Cigna, United Concordia, Metlife, GEHA

Novitski Hall:

UNM Student Hygiene Clinic

Dental hygiene students are supervised by licensed dental hygiene faculty. Fees are greatly reduced from private offices and clinics and payment is due at time of service. Appointment days and times vary in spring and fall semester schedules. Patients should call the appointment desk to inquire about clinic schedule.

Medicaid and other major insurance providers are accepted.

*Appointments generally run 3 hours long and additional appointments may be needed to complete therapy.

Some of the services we provide include:

- Basic Cleaning (\$40.00)
- Deep Cleaning (\$50/quad)
- Dental sealants (\$15.00 each)
- Professional fluoride treatments (\$10.00)
- Mouth guards (\$50.00)
- Dental radiographs: Full mouth x-rays (\$40.00)
- Panoramic x-rays (\$20.00)

Call

505-925-4031

**for more
information
or to
schedule an
appointment!**



TREATMENT RECCOMENDATIONS FOR ADULTS

Christine Cogil, DNP, MSN, FNP-BC

Barbara, Overman, Ph.D., CNM

Peter Jensen, DDS

Charles Tatlock, DDS

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White Spot Lesions (Decalcifications) and Dental Caries



Indications	High Fluoride Toothpaste	Common Brand Names	Treatment	Instruction
Dental cavities or decalcifications (white spot lesions) visible on exam OR within past twelve months per history.	1.1% Sodium fluoride Toothpaste	Prevident 5000 Clinpro 5000	By RX only Supplied as 50 gm tube Spearmint or fruitastic <i>Pregnancy category B</i>	Brush once daily with thin ribbon of toothpaste Adults: expectorate after use and Children 6 to 16: Expectorate and rinse mouth thoroughly after use. Do not eat drink or rinse for 30 minutes after using Continue therapy until caries free X 12 months

Indications	Ingredients	High Fluoride Toothpaste	Treatment	Instruction
Dental cavities OR decalcifications (white spot lesions) visible on exam OR within past twelve months per history.	1.1% sodium fluoride <i>plus:</i> Xylitol pH control technology, hydroxyapatite crystallites (enamel-strengthening substance)	CTx4 gel	Web order by health professional http://carifree.com/dentist/shop/products/ctx4-gel-5000/ctx4-gel-5000.html Supplied as 60 gm tube <i>Pregnancy Category B</i>	Brush twice daily with thin ribbon of toothpaste Adults: expectorate after use, do not eat drink or rinse for 30 minutes after using Children 6 to 16: Expectorate and rinse mouth thoroughly after use. Do not eat drink or rinse for 30 minutes Continue therapy until caries free X 12 months

Indications	Ingredients	High Fluoride Rinse	Treatment	Instruction
Dental cavities OR decalcifications (white spot lesions) visible on exam OR within past twelve months per history.	0.2% sodium fluoride rinse 2% neutral sodium fluoride 0.044% sodium fluoride	PreviDent Rinse DentiCare Pro-Rinse Phos-Flur	By RX only Supplied as 16 oz. Cool Mint Supplied as 2 liter bottle Berry flavored OTC Supplied as 16 oz. Cool Mint Gushing grape Bubblegum <i>Pregnancy Category B</i>	Use the rinse once weekly (usually at bedtime). <i>Use instructions detailed below</i> Use the rinse once daily (usually at bedtime). After brushing teeth, use 10 ml of rinse and swish in mouth vigorously for 1 minute, then spit it out. Do not swallow. Do not eat or drink for 30 minutes after rinsing. <i>Same instructions for use as DentiCare Pro-Rinse</i> Supervise children under 12 years.

Multiple Dental Caries, Gingivitis and Periodontitis



PERIODONTITIS



Indications	Ingredients	Common Brand Names	Treatment	Instruction
<p>Multiple decalcifications (white spot lesions) or dental cavities visible on exam</p> <p>-OR-</p> <p><u>Inflammation of gums that appear swollen, inflamed, bleed easily and are beginning to pull away from the teeth.</u></p>	<p><u>Chlorhexidine gluconate</u></p>	<p>Peridex</p> <p>Periogard</p>	<p>By RX only</p> <p>Chlorhexidine gluconate oral rinse solution: 0.12% concentration .</p> <p>Disp: 16 fluid ounce (473 ml) with 15 ml dispensing cup</p> <p>Sig: Rinse mouth with 15 ml undiluted solution twice daily. Expectorate after rinsing.</p> <p>Primary care may initiate treatment while expedited referral to dentist is made.</p> <p><i>FDA pregnancy category B</i></p>	<p>Rinse mouth with 15 ml (1 Tbsp.) of undiluted chlorhexidine twice daily (morning and evening) for 30 seconds after brushing.</p> <p>Expectorate the chlorhexidine after rinsing. <i>Do not swallow.</i></p> <p>Do not rinse mouth with water or mouthwashes, brush teeth, or eat immediately after using.</p> <p>Teeth will turn brownish with use.</p>


Indications	Ingredients	Common Brand Names	Treatment	Instruction
Multiple decalcifications (white spot lesions) or dental cavities visible on exam	.05% sodium fluoride (rinse A) sodium hydroxide and sodium hypochlorite (rinse B).	CTx4 Treatment rinse	Web order http://carifree.com/patient/shop/ctx4-treatment-rinse.html <i>NO FDA pregnancy category data for sodium hypchlorite: avoid in pregnancy.</i>	Using provided measuring cup combine 5 ml of rinse A with 5 ml of rinse B. Swish the mixed rinse in mouth and between teeth vigorously for one minute. Expectorate rinse after one minute. DO NOT SWALLOW

Indications	Ingredients (Rinse)	Common Brand Names	Treatment	Instruction
<p>Tooth decay visible (white spot lesions, or dental cavities visible on exam</p> <p>Decay within the past 12 months;</p> <p>May be useful for those with braces or other appliances</p> <p>Teeth sensitivity to heat and cold.</p>	.05% sodium fluoride	<p>ACT Anticavity Fluoride Rinse</p> <p>Crest Pro-Health</p> <p>The Natural Dentist Healthy Teeth Anticavity Fluoride Rinse</p> <p>See ADA seal of approval products http://www.ada.org/en/science-research/ada-seal-of-acceptance/ada-seal-products/product-category</p>	Over the counter	<p>Rinse mouth with about 15 ml (1 TBS) of undiluted rinse twice daily after brushing.</p> <p>Expectorate after rinsing</p> <p>Do not eat or drink for 30 minutes after rinsing</p>

Xerostomia

XEROSTOMIA (DRY MOUTH)
(May have any combination of the following symptoms)

- Fissured tongue
- Ropy saliva
- Dry mucous membranes
- Halitosis
- Difficulty chewing, speaking, swallowing
- Angular cheilitis
- Increases risk for caries



Indications	Ingredients	Common Brand Names	Treatment	Instruction
<p>Dry mouth</p> <p>Especially those with decreased saliva flow from medications and head and neck radiation</p>	<p>Propylene Glycol, Xylitol,</p> <p>Hydrogenated Sodium Benzoate,</p> <p>Benzoic Acid, Lactoferrin</p> <p>Aloe VeraGel</p> <p>Calcium Lactate,...</p>	<p>Biotène® Moisturizing Mouth Spray,</p> <p>Biotène® Oral Balance Gel</p> <p>Products can be viewed at http://www.biotene.com/health-care-professional/dry-mouth-products</p>	<p>Over the counter</p> <p>These products are sprays and gels</p> <p><i>Pregnancy Category N (not rated)</i></p>	<p>Apply (spray or brush on) as needed for dry mouth</p> <p>or</p> <p>regularly two times per day</p>

Indications	Ingredients	Common Brand Names	Treatment	Instruction
<p>Dry mouth</p> <p>Especially those with decreased saliva flow from medications and head and neck radiation</p> <p>Neutralizes acidic oral conditions</p>	<p>Xylitol Glycerin, Sodium Benzoate, Calcium Hydroxide</p>	<p>Cari-free CTx2 spray</p>	<p>May be ordered by patient from the cari-free web site</p> <p>Supplied in package of four 0.4 ml spray bottles</p> <p>http://carifree.com/patient/shop/products/ctx2-spray-1/ctx2-spray.html</p> <p><i>Pregnancy Category B</i></p>	<p>Use 2-3 sprays in mouth as often as needed to relieve dry mouth and neutralize acids.</p> <p>(Between meals and before bedtime recommended).</p>

Frequent Emesis or Severe Acid Reflux

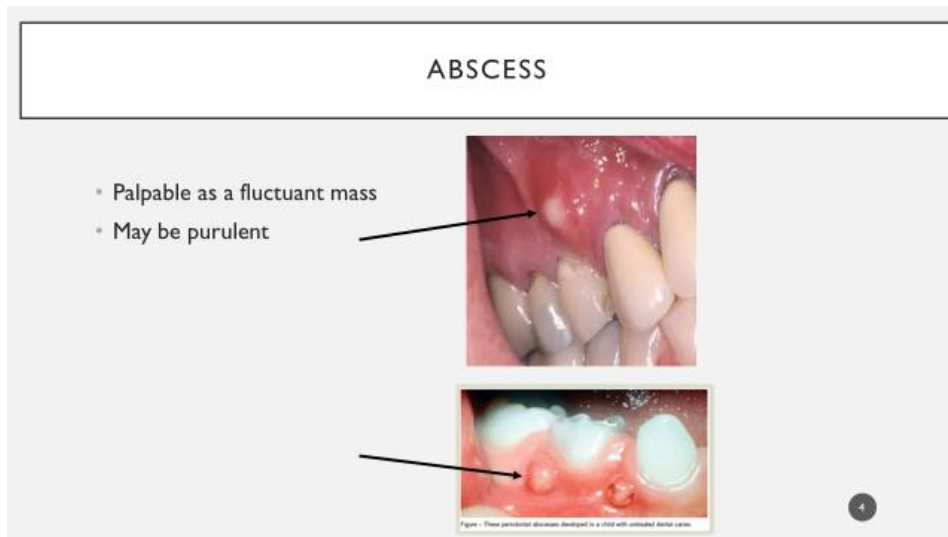


Indications	Ingredients	Common Brand Names	Treatment	Instruction
Frequent vomiting or Acid reflux	Sodium bicarbonate	"Arm and Hammer" Baking Soda	<i>Make at home</i> by mixing 1 tsp of baking soda in 8 ounces of water	Do not brush teeth immediately after vomiting Rinse mouth with baking soda rinse 30 minutes after vomiting, brush with fluoridated toothpaste on a soft toothbrush Fluoride anti-cavity mouthwash may be recommended following brushing.

Indications	Ingredients	Common Brand Names	Treatment	Instruction
Frequent vomiting or Acid reflux	Xylitol Glycerin, Sodium Benzoate, Calcium Hydroxide	CTx2 spray	<p><i>May be ordered by patient from the Cari-free web site</i></p> <p>Supplied in package of four 0.4 ml spray bottles</p> <p>http://carifree.com/patient/shop/products/ctx2-spray-1/ctx2-spray.html</p> <p><i>Pregnancy Category B</i></p>	<p>Do not brush teeth immediately after vomiting</p> <p>Use two to three sprays in mouth as often as needed: after emesis and/or to relieve dry mouth</p>

Indications	Ingredients	Common Brand Names	Treatment	Instruction
Frequent vomiting or Acid reflux	Xylitol, Glycerin, Gum Arabic, Soy Lecithin, Calcium Acetate, Beeswax	CTx2 Xylitol Gum	<p><i>May be ordered by patient from the cari-free web site</i></p> <p>http://carifree.com/patient/ctx2-xylitol-gum-1.html</p> <p>Gum comes in boxes of twenty ten-packs.</p> <p><i>Pregnancy Category B</i></p>	<p>Chew 2 pieces, 3-5 times daily. Recommended after vomiting. meals or when dry mouth/bad breath occurs</p>

Dental Abscess or Oral Infection

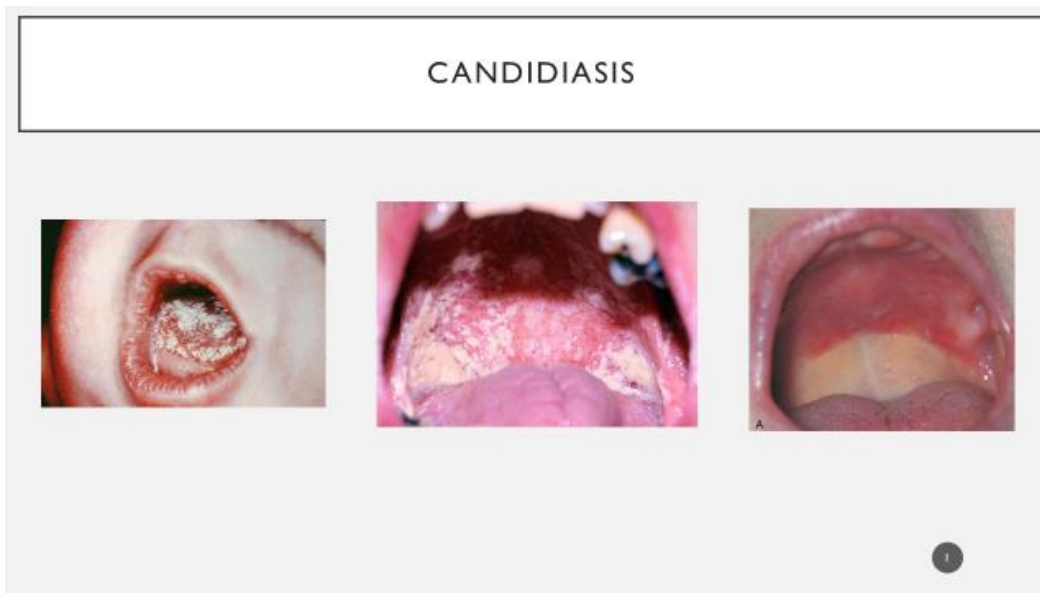


Indications	Ingredients	Common Brand Names	Treatment	Instruction
Dental abscess or other active oral infection.	Penicillin	Penicillin VK	<p>Rx only 500 mg tablets #40</p> <p>Sig: every six hours for ten days</p> <p><i>Treatment may be started in the primary care setting with expedited referral to dental care</i></p> <p><i>Pregnancy Category B</i></p>	<p>Take every six hours for ten days with a full glass of water.</p> <p>Best absorbed on an empty stomach</p> <p>Take all medication in bottle</p> <p>Attend dental appointment before medication is completely gone.</p>

Indications	Ingredients	Common Brand Names	Treatment	Instruction
Dental abscess or other active oral infection	Amoxicillin	Moxatag Amoxil	<p>Rx only</p> <p>500 mg capsules #20</p> <p>Sig: every twelve hours for ten days.</p> <p><i>Treatment may be started in the primary care setting with expedited referral to dental care</i></p> <p><i>Pregnancy Category B</i></p>	<p>Take every 12 hours for ten days with full glass of water</p> <p>Best absorbed on an empty stomach</p> <p>Take all medication in bottle</p> <p>Attend dental appointment before medication is completely gone.</p>

Indications	Ingredients	Common Brand Names	Treatment	Instruction
Dental abscess or other active oral infection <i>If allergic to penicillin</i>	Clinamycin	Cleocin	<p>Rx only - 300 mg #40</p> <p>Sig: every six hours for ten days</p> <p><i>Pregnancy category B</i></p>	<p>Take every six hours for ten days with a full glass of water.</p> <p>Best absorbed on empty stomach</p> <p>Take all medication in bottle</p> <p>Attend dental appointment before medication is completely gone</p>

Oral Candidiasis



Indications	Ingredients	Common Brand Names	Treatment	Instruction
Oral <i>Candida</i> infection	Clotrimazole	Mycelex	<p>Rx only</p> <p>Clotrimazole (10 mg) troches/lozenges</p> <p>Disp: # 70</p> <p>Sig: Suck one lozenge five times per day for fourteen days</p> <p>(see patient to evaluate response and need for refill; duration should be twice as long as it takes clinical signs and symptoms to resolve)</p> <p><i>Pregnancy category B</i></p>	<p>Suck on troche/lozenge five times per day.</p> <p>Suck on troche/lozenge until dissolved in mouth;</p> <p>Do not chew or swallow prior to dissolving.</p> <p>Continue taking until supply is finished.</p>

Indications	Ingredients	Common Brand Names	Treatment	Instruction
Oral <i>Candida</i> infection	Nystatin	Bio-statin	<p><i>Rx only</i></p> <p>Nystatin suspension (1:100,000 U/mL)</p> <p>Disp: 280 ml</p> <p>Sig: 5 mL oral solution four times per day X 14 days. Place half on the dose in each side of mouth; retain in mouth as long as possible before swallowing.</p> <p>See patient to evaluate response and need for refill; treatment duration should continue forty eight hours after oral symptoms resolve and cultures demonstrate eradication.</p> <p><i>Pregnancy Category A</i></p>	<p>Place half the dose in each side of mouth;</p> <p>Retain in the mouth as long as possible before swallowing</p>

Indications	Ingredients	Common Brand Names	Treatment	Instruction
<p>Severe Oral <i>Candida</i> infection</p> <p>OR</p> <p>Oral <i>Candida</i> unresolved by topical treatments above</p>	Fluconazole	Diflucan	<p><i>Rx only</i></p> <p>Fluconazole 100 mg</p> <p>Disp: #15</p> <p>Sig: 200 mg initial dose followed by 100 mg once daily by mouth for 2 weeks.</p> <p><i>Pregnancy Category D; no restriction on use during lactation</i></p>	Continue taking until full supply is finished

Angular Cheilitis



Red swollen patches and/or fissures in the corners of the mouth where upper and lower lips meet to make an angle. Common in people with Xerostomia.

Indications	Ingredients	Common Brand Names	Treatment	Instruction
Angular Cheilitis	Nystatin Triamcinolone	None	<p>RX only</p> <p>Topical: Nystatin and Triamcinolone Acetonide (100,000 u/g and 0.1% triamcinolone acetonide) Disp: 30 gm Sig: Apply locally QID X 10 – 14 days</p> <p><i>Pregnancy Category C; use with caution during breastfeeding</i></p>	Apply to affected are three or four times per day for ten to fourteen days
	Fluconazole	Diflucan	<p>Systemic: Fluconazole 100 mg tablets Disp: 100 mg Tablets # 14 Sig: 100 mg daily X 14 days or until resolved</p> <p><i>Pregnancy Category D; no restriction on use during lactation.</i></p>	Take orally once daily for at least fourteen days or until resolved.

Intra- and Extra- Oral Herpes Lesions

HERPES SIMPLEX
A.K.A.
COLD SORE OR FEVER BLISTER

- Stimuli that trigger viral replication = clinical lesions:
 - Stress
 - Sunlight
 - Hormonal changes
 - Fatigue
 - Fever



Herpes Labialis

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Indications	Ingredients	Common Brand Names	Treatment	Instruction
Herpes labialis	Docosanol 10% cream	Abreva	TOPICAL (Herpes labialis only) OTC – > 12 years	Apply a thin layer to lesions up to 5 times a day for up to 10 days
	Acyclovir cream 5%		Rx – > 12 years	Apply a thin layer to lesions up to 6 times a day for up to 7 days
	Acyclovir 5%/Hydrocortisone 1% cream		Rx – > 12 years	Apply a thin layer to lesions up to 6 times a day for up to 7 days
	Penciclovir 1% cream	Xerese	Rx – > 12 years	Apply a thin layer to lesions every 2 hours while awake for 4 days
	Viscous Lidocaine 2% Gel		RX SYSTEMIC (Herpes Labialis and Stomatitis)	

HHV: PRIMARY HERPETIC GINGIVOSTOMATITIS

- Initial infection with herpes simplex virus
 - Herpes is found on Keratinized tissue
- Children between 6 mos. and 6 yrs.
- S/S:
 - Fever
 - Malaise
 - Cervical lymphadenopathy
 - Painful, erythematous swollen gingiva
 - Multiple tiny clusters of vesicles on perioral skin, vermilion border of lips, and oral mucosa
 - Vesicles progress to ulcers



Indications	Ingredients	Common Brand Names	Treatment	Instruction
Herpetic gingivostomatitis	<p>A combination of Benadryl liquid 12.5/5ml/Kaopectate/Lidocaine 2% soln. (mix 1/3, 1/3, 1/3) Disp. 8oz. (This mix can vary among different pharmacies)</p> <p>Famcyclovir</p> <p>Valacyclovir</p> <p>Acyclovir</p>	“Magic Mouth solution”	<p>Topical (Herpes Gingivostomatitis) Apply to lesion with Q-tip ac and HS</p> <p>Rx - Rinse with 5-10 ml for 2 minutes every 2 hours and expectorate.</p> <p><u>Recurrent</u> 1500mg as a single dose at first sign or symptom of infection</p> <p>2gm/2 doses, 12 hours apart for 1 day</p> <p>Systemic Acyclovir (not FDA approved) 400mg tablets/3 x per day/5 days OR 800mg tablets/2 x per day/5 days</p> <p><i>Pregnancy - Category B; acceptable during lactation</i></p> <p><u>Chronic Suppressive Therapy</u> Acyclovir (not FDA approved) 400mg tablets/2 x per day Valacyclovir 500 mg once per day</p>	<p>Use until pain has resolved.</p> <p>Use until pain has resolved.</p> <p>Chronic suppressive therapy is indicated with at least four to six episodes within twelve months.</p>

Aphthous Ulcers

Aphthous Ulcers: NON-Keratinized tissue

- Buccal and labial mucosa
- Soft palate



Indications	Ingredients	Common Brand Names	Treatment	Instruction
Aphthous Ulcers	<p>Viscous Lidocaine 2% Gel – apply to lesion with Q-tip ac and HS</p> <p>A combination of Benadryl liquid 12.5/5ml/Kaopectate/ Lidocaine 2% soln. (mix 1/3, 1/3, 1/3) Disp. 8oz. (This mix can vary among different pharmacies)</p> <p>Betamethasone 0.1% ointment 45 g tube</p> <p>Decadron elixir 0.5mg/5ml Disp. 300 ml</p>	“Magic Mouth solution”	<p><u>For pain management</u> Rx – Apply to lesion with Q-tip ac and HS</p> <p>Rx - Rinse with 5-10 ml for 2 minutes every 2 hours and expectorate.</p> <p><u>For pain management and inflammation</u> Rx – > 12 years – Apply a small amount with a Q-tip to affected area 3-4 times/day</p> <p>Rx – > 12 years – Rinse with 5 ml for 2 minutes up to 4 times/day and expectorate</p>	<p>Use until pain has resolved.</p> <p>Use until pain has resolved.</p> <p>Use until pain has resolved.</p> <p>Use until pain has resolved.</p>

**APHTHOUS ULCERS - A.K.A. CANKER SORES
NON-KERATINIZED TISSUE**

- Very common (20%)
- More prevalent in females
- S/S:
 - Yellow-white center
 - Red halo
 - Clusters or single lesion
 - Painful
- Associated with:
 - Trauma
 - Dental TX
 - Acidic, citrus foods
 - Hormonal changes
 - Stress



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Indications	Ingredients	Common Brand Names	Treatment	Instruction
Major aphthous ulcers – multiple coalesced ulcerations	Prednisone		<p>Rx – > 12 years – 5mg, 5 tablets PO every morning x 5 days, then 5 tablets in the morning every other day until complete. #40 tabs</p> <p style="text-align: center;">-OR-</p> <p>Rx – > 12 years – 10 mg, 4 tablets PO every morning x 5 days, then decrease by 1 tablet on each successive series of 5 days. #50 tabs</p>	Complete medication



TREATMENT RECCOMENDATIONS FOR CHILDREN

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Fluoride Varnish



Indications	Ingredients	Common Brand Names <i>Not exhaustive nor particularly recommended</i>	Treatment	Instruction
Preventive application to strengthen tooth enamel and reduce tooth decay.	Fluoride Varnish - 5% Sodium fluoride in colophony resin base	Fluoridex Flor-Opal Fluorilac	Must be applied by a health professional; however does not require a prescription. Usually supplied for medical office as 0.25 ml unit dose with applicator.	Apply two to four times per year in children. (HCPs will get paid by Medicaid for 2 applications/year) Paint varnish on all teeth surfaces emphasizing gum line. Do not brush teeth until the next day. Avoid hot foods/fluids as they can melt the varnish.

White Spot Lesions (Decalcifications)

White Spot Lesions/ Decalcifications



Indications	Ingredients	Common Brand Names <i>Not exhaustive nor particularly recommended</i>	Treatment	Instruction
Preventive care White spot lesions or dental caries present or repaired.	Fluoride Rinse - 0.02 to 0.05% Sodium fluoride:	ACT Kids Anticavity Flouride Rinse (0.05%) Inspector Hector Tooth Protector Anticavity Fluoride Rinse (0.05%) Kids Crest Anticavity rinse (0.02%) Listerine Smart Rinse (0.022%)	Over the Counter	<i>Children must be able to spit product out and should be supervised to assure correct use.</i> Vigorously swish in mouth X 1 minute and then spit out. Do not swallow rinse. Do not eat or drink for 30 minutes after rinsing.

Indications	Ingredients	Common Brand Names <i>Not exhaustive nor particularly recommended</i>	Treatment	Instruction
<p>Fluoride Supplementation needed for 6 months of age and older</p> <p>For drinking water that is deficient in fluoride</p>	<p>Sodium Fluoride 0.55mg 1.1mg 2.2mg</p>	<p><u>Fluoride Drops for infants</u> Fluorabon drops Fluor-A- Day drops Flura-drops</p> <p>OR</p> <p><u>Fluoride Chewables for children</u> Fluor-A-Day Fluoritab Kardium</p>	<p>Dietary oral fluoride supplement dosage based on child's age and water fluoride concentration</p> <p>Fluoride Drops 1mg fluoride/8 drops</p> <p><u>6 months – 3 years</u> Water Fluoride Concentration/Dosage of Fluoride <0.3 ppm / 0.25mg (2 drops) 0.3-0.6 ppm / None >0.6 ppm / None</p> <p><u>3 years – 6 years</u> Water Fluoride Concentration/Dosage <0.3 ppm / 0.50 mg (4 drops OR 1 – 1.1 mg tab) 0.3-0.6 ppm / 0.25mg (2 drops) >0.6 ppm / None</p> <p><u>>6 years</u> Water Fluoride Concentration/Dosage <0.3 ppm / 1.00 mg (8 drops OR 1- 2.2mg tab) 0.3-0.6 ppm / 0.50 mg (4 drops OR 1 – 1.1 mg tab) >0.6 ppm / None</p> <p>OR</p> <p>Fluoride Chewables 1.1mg=0.5mg/fluoride 2.2 mg =1.0mg fluoride</p>	<p>Dairy products should be avoided within 1 hour of administration.</p> <p>May mix drops in water or non-dairy food.</p> <p>Do NOT exceed recommended doses. Keep out of reach of children. Excessive doses can result in dental fluorosis.</p>

Dental Abscesses or Localized Cellulitis

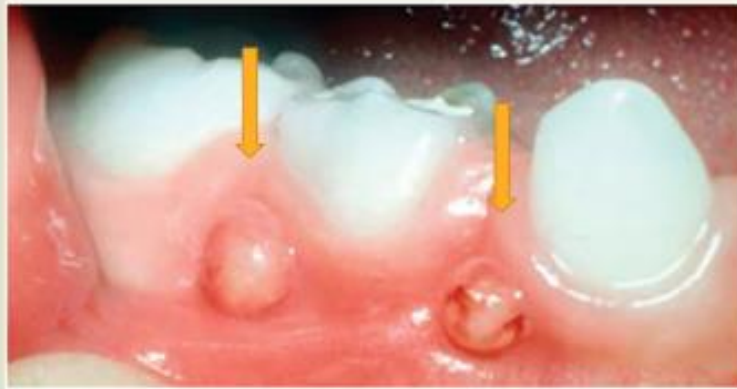
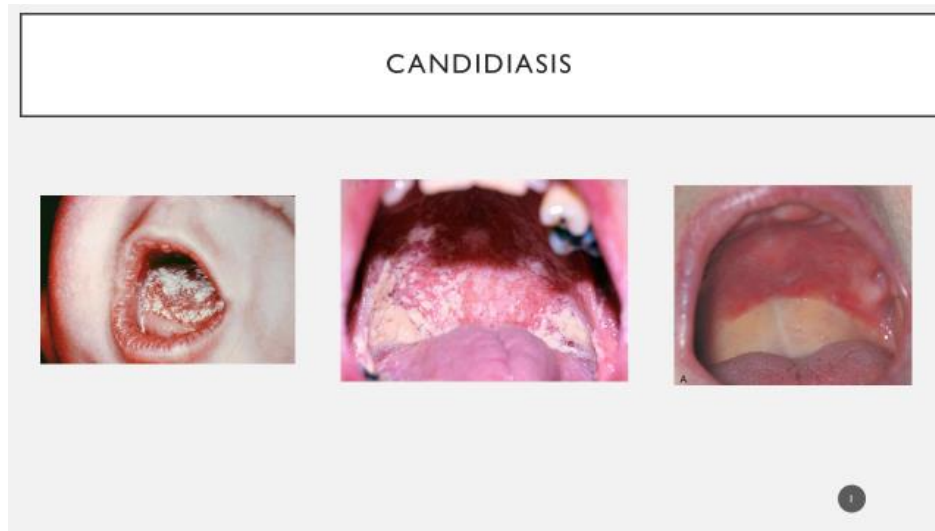


Figure – These periodontal abscesses developed in a child with untreated dental caries.

Indications	Ingredients	Common Brand Names <i>Not exhaustive nor particularly recommended</i>	Treatment	Instruction
Dental Abscesses Localized cellulitis		Penicillin VK Amoxicillin	Penicillin VK, 25-50mg/kg/day, QID x 10 Amoxicillin, 35-50mg/kg/day, TID x 10 For those with Penicillin allergy: Clindamycin, 10-25mg/kg/day, TID x 10	Complete the antibiotic and see a dentist within 14 days
	Acetaminophen	Tylenol	10-15mg/kg/dose every 4-6 hours PRN/pain Max. dose 90mg/kg/24 hours ≥ 12 years old – use adult dosing	Supplied as liquid, tablet, oral disintegrating tabs or rectal suppositories.
	Ibuprofen	Advil	4-10 mg/kg/dose every 6-8 hours PRN/pain Max. dose 40mg/kg/24 hours ≥ 12 years old – use adult dosing Max. dose 1.2g/24 hour	

Oral Candidiasis



Indications	Ingredients	Common Brand Names <i>Not exhaustive nor particularly recommended</i>	Treatment	Instruction
Oral Candidiasis		Nystatin (100,000u/ml) Nystatin (100,000u/ml) Oral miconazole topical gel <u>Recalcitrant cases</u> Fluconazole (oral)	Neonates up to 1 month of age - 0.5ml to each side of the mouth, QID Infants – 1 ml to each side of the mouth, QID Children able to swish/swallow – 4-6ml, QID >14 days, initial dose 6mg/kg x 1 day, then 3mg/kg, once daily x 7-14 days	May use 4 times a day between feeds Swish and swallow, continue 48 hours after symptoms resolve

Intra- and Extraoral Herpes Lesions

HHV: PRIMARY HERPETIC GINGIVOSTOMATITIS

- Initial infection with herpes simplex virus
 - Herpes is found on Keratinized tissue
- Children between 6 mos. and 6 yrs.
- S/S:
 - Fever
 - Malaise
 - Cervical lymphadenopathy
 - Painful, erythematous swollen gingiva
 - Multiple tiny clusters of vesicles on perioral skin, vermillion border of lips, and oral mucosa
 - Vesicles progress to ulcers



HERPES SIMPLEX A.K.A. COLD SORE OR FEVER BLISTER

- Stimuli that trigger viral replication = clinical lesions:
 - Stress
 - Sunlight
 - Hormonal changes
 - Fatigue
 - Fever



Indications	Ingredients	Common Brand Names <i>Not exhaustive nor particularly recommended</i>	Treatment	Instruction
Herpes labialis and Herpetic gingivostomatitis	Viscous Lidocaine 2% Gel –preferred treatment for ages 2 and above Acyclovir		Rx – TOPICAL Apply to lesion with Q-tip ac and HS Rx - SYSTEMIC (Systemic agents are not FDA approved for use.) Suspension 200mg/5ml, 15mg/kg 5 times a day for 7 days; Max. 200mg per dose <u>Immunocompromised children</u> 1000mg/day in 3-5 divided doses for 7-14 days Max. 80mg/kg/day	Use until pain has resolved. Maintain adequate hydration to prevent renal impairment. Use with caution in patients with impaired renal function.
Recurrent Herpes labialis in Children \geq 12 years	Valacyclovir		SYSTEMIC <u>Recurrent</u> 2gm/2 doses, 12 hours apart for 1 day <i>Pregnancy - Category B</i>	

Aphthous Ulcers

Aphthous Ulcers: NON-Keratinized tissue

- Buccal and labial mucosa
- Soft palate



Indications	Ingredients	Common Brand Names <i>Not exhaustive nor particularly recommended</i>	Treatment	Instruction
Aphthous Ulcers	Viscous Lidocaine 2% Gel – preferred treatment for ages 2 and above A combination of Benadryl liquid 12.5/5ml/Kaopectate/Lidocaine viscous (mix 1/3, 1/3, 1/3) Disp. 8oz. (Pharmacies have different combinations of “magic mouth”)	“Magic Mouth solution”	<u>For pain management</u> Apply to lesion with Q-tip ac and HS Rx - Rinse with 5-10 ml every 2 hours and expectorate.	Use until pain has resolved. Use PRN or until pain has resolved with children who can expectorate.



REFERRING A PATIENT TO THE DENTIST

The referral process between primary care and dental services will be unique to each site. The project strongly recommends and strives to support formalized referrals between primary care and dental services. For cases in which a primary care practice does not have direct access to dental care services, an example referral form is provided here as a template from which to work.

As each practice joins the Project, project staff will work with Dentaquest and other organizations to assess the availability of dental resources in the community. Factors to be examined in this assessment include finding dental care sites that accept specific Centennial Care Medicaid Managed Care plans, the availability of discounted fees, and the willingness and capacity to see patients who are pregnant or under three years old.

Primary Care Clinic Name/Logo
Address/Phone/Fax

DATE: _____

SAMPLE DENTAL REFERRAL FORM

PATIENT NAME: _____ MRN# _____

REFERRED TO: _____ Phone _____ Fax _____

REFERRED BY: _____ Phone _____ Fax _____

WEEKS GESTATION (IF APPLICABLE): _____

REASON FOR REFERRAL (be specific please):

Primary Care Oral Assessment Risk Category: Moderate High Extreme

Current Oral Therapies/Management (i.e. antibiotic, analgesia, etc.):

Attached:

- Patient demographics (Name, DOB, address, phone #, insurance)
- Patient clinical information (allergies, medications, medical diagnosis, chief complaint)

Statewide Resources

Resources for complex dental care in New Mexico are scarce. Complex care for individuals with special healthcare needs or care requiring anesthesia necessitate advance scheduling and consultation. Both UNM and Lovelace currently provide some of these services. The project will continue to provide updates as more resources become available.

UNM

- **Dental Residency and Ambulatory Surgery Center**

The UNM ambulatory surgery center conducts dental procedures that require anesthesia for adults and children. It is a statewide resource. At the present time, Centennial Care insurance - except Presbyterian - is accepted. Call the Residency to discuss insurance or any special payment programs.

1801 Camino de Salud
Albuquerque, NM 87102
(505) 925-4031

- **Special Needs Dental Services**

Dentistry for individuals with special healthcare needs that increase the complexity of their dental care and oral health problems. Faculty and residents of the UNM Department of Dental Medicine provide services. It is a statewide resource. Call to discuss insurance and inquire regarding any special payment programs.

Novitski Hall Special Needs Dental Clinic
900 Yale Boulevard NE, ABQ, 87131
(505) 272-4495

LOVELACE

- **Lovelace Westside Hospital**

Lovelace Westside Hospital Special Dentistry Program is the clinical site where certain private community dentists schedule their own patients for procedures that require anesthesia and more support. All Centennial Care (MC)) insurance is accepted at this site except Cigna, United, and Presbyterian. Blue Cross-Blue Shield is a preferred MCO.

10501 Golf Course Road NW
Albuquerque, NM 87114
(505) 727-2000



Oral Health Coding Fact Sheet for Primary Care Physicians

CPT Codes: Current Procedural Terminology (CPT) codes are developed and maintained by the American Medical Association. The codes consist of 5 numbers (00100 - 99999). These codes are developed for physicians and other health care professionals to report medical procedures to insurance carriers for payment.

CDT Codes: Code on Dental Procedures and Nomenclature (CDT) codes are developed and maintained by the American Dental Association. These codes provide a way to accurately record and report dental treatment. The codes have a consistent format (Letter D followed by 4 numbers) and are at the appropriate level of specificity to adequately encompass commonly accepted dental procedures. These needs are supported by the *CDT codes*.

Prophylaxis and Fluoride Varnish

99188 Application of topical fluoride varnish by a physician or other qualified health care professional

- This code was approved to begin January 1, 2015. It only includes varnish application, not risk assessment, education, or referral to a dentist.
- The USPSTF recommended this for children up to 6 years of age. Therefore Code **99188** must be covered by commercial insurance by May 2015 for children up to age 6. Check with your insurers for specifics.
- No RVU have been set by CMS because Medicare does not cover dental related services.
- The Section on Oral Health tracks [payment](#) for services.

D1206 Topical application of fluoride varnish

D1208 Topical application of fluoride

99429 Unlisted preventive medicine service

99499 Unlisted evaluation and management service

Other Preventive Oral Health Services

D1310 Nutritional counseling for the control of dental disease

D1330 Oral hygiene instruction

Clinical Oral Evaluation

D0140 Limited oral evaluation, problem focused

D0145 Oral evaluation for patient under 3 years of age and counseling with primary caregiver

Oral Procedures

D7140 Extraction, erupted tooth or exposed root (elevation and/or forceps removal)

Alternate coding: CPT code **41899** Unlisted Procedure, dentoalveolar structures

While use of a more specific code (ie, **D7140**) is preferable to a nonspecific code (ie, **41899**), reporting the CPT code may increase a pediatrician's likelihood of getting paid. As an unlisted service, chart notes may need to accompany the claim.

Modifiers

For those carriers (particularly Medicaid plans under EPSDT), that cover oral health care, some will require a modifier (See "Private Payers and Medicaid" below)

SC – Medically necessary service or supply

EP – Services provided as part of Medicaid early periodic screening diagnosis and treatment program (EPSDT)

U5 – Medicaid Level of Care 5, as defined by each state

Other (Referral Codes)

YD – Dental Referral

- This referral code is used in the state of Pennsylvania for EPSDT services and may be used by other payers

ICD-10-CM Codes

- For use on or after October 1, 2015

E08.630 Diabetes Due to Underlying Condition with Periodontal Disease

E09.630 Drug/chem Diabetes Mellitus w/Periodontal Disease

E10.630 Type 1 Diabetes Mellitus with Periodontal Disease

E11.630 Type 2 Diabetes Mellitus with Periodontal Disease

K00.3 Mottled teeth

K00.81 Newborn Affected by Periodontal Disease in Mother

K02.3 Arrested dental caries

K02.51 Dental caries on pit and fissure surface limited to enamel

K02.52 Dental caries on pit and fissure surface penetrating into dentin

K02.53 Dental caries on pit and fissure surface penetrating into pulp

K02.61 Dental caries on smooth surface limited to enamel

K02.62 Dental caries on smooth surface penetrating into dentin

K02.63 Dental caries on smooth surface penetrating into pulp

K02.9 Dental caries, unspecified

K05.00 Acute gingivitis, plaque induced (Acute gingivitis NOS)

K05.01 Acute gingivitis, non-plaque induced

K05.10 Chronic gingivitis, plaque induced (Gingivitis NOS)

K05.11 Chronic gingivitis, non-plaque induced

K05.5 Other Periodontal Diseases

K05.6 Periodontal Disease, Unspecified

K06.0 Gingival Recession

K06.1 Gingival Enlargement

K06.2 Gingival & Edentulous Alveolar Ridge Lesions Associated with Trauma

K08.121 Complete Loss of Teeth Due to Periodontal Diseases, Class 1

K08.122 Complete Loss of Teeth Due to Periodontal Diseases, Class II

K08.123 Complete Loss of Teeth Due to Periodontal Disease, Class III

K08.124 Complete Loss of Teeth Due to Periodontal Diseases, Class IV

K08.129 Complete Loss of Teeth Due to Periodontal Disease, Unspecified Class

K08.421 Partial Loss of Teeth Due to Periodontal Diseases, Class I

K08.422 Partial Loss of Teeth Due to Periodontal Diseases, Class II

K08.423 Partial Loss of Teeth Due to Periodontal Diseases, Class III

K08.424 Partial Loss of Teeth Due to Periodontal Diseases, Class IV

K08.8 Other specified disorders of teeth and supporting structures

R19.6 Halitosis

S02.5XX- Fracture of tooth (traumatic)

S03.2XX- Dislocation of tooth

- - A 7th character is required for both **S02** and **S03** to show the encounter. 7th character "A" would show that the encounter is for initial or active treatment
- Also include other codes that relate to the payer how the injury happened, including location and activity. Some states require the reporting of this information.

Z00.121 Encounter for routine child health examination with abnormal findings (Use additional code to identify abnormal findings, such as dental caries)

Z00.129 Encounter for routine child health examination without abnormal findings

Z13.84 Encounter for screening for dental disorders

Z41.8 Encounter for other procedures for purposes other than remedying health state (topical fluoride application)

Z71.89 Other Specified Counseling

Z72.4 Inappropriate diet and eating habits

Z92.89 Personal history of other medical treatment

Private Payers and Medicaid

Most private/commercial payers must pay for **99188** under the health or medical plans for children up to age 6 by May, 2015 because the US Preventive Services Task Force recommended it as a Level B recommendation. They are not mandated to cover older children. The primary reasons why medical health plans do not cover the fluoride varnish, risk assessment, education, and referral to a dentist are that the health plan does not include dental services, or if there is limited coverage for certain dental services, the provider network is limited to dentists or oral surgeons. Since most carriers' claims systems do not recognize the dental service codes (D codes) on their medical claims platforms, CPT code 99188 was developed in 2015. Starting in 2014, the Affordable Care Act requires that individual and small-group health plans sold both on the state-based health insurance exchanges and outside them on the private market cover pediatric dental services performed by dental professionals. However, health plans that have grandfathered status under the law, or employers whose plans are covered under ERISA by Third Party Administrators, are not required to offer this coverage.

At the following link you can find a chart about Medicaid reimbursement and which codes to use by state <http://www2.aap.org/oralhealth/docs/OHReimbursementChart.pdf> . However, please check with your individual state as their procedures change frequently without uniformity!

FAQ

Q. When was the new CPT code (**99188**) effective?

A. The *CPT* Editorial Panel approved the new CPT code 99188 for implementation on January 1, 2015.

Q. May I still bill the CDT code for topical fluoride application to my Medicaid plan or must I use the new *CPT* code?

A. If your Medicaid plan still requires and will pay on the CDT codes, you should continue to report the CDT codes as defined by your Medicaid plan. This will vary from state to state.

Q. Our practice was happy to see the new *CPT* code; however, what does it mean “by a physician or other qualified health care professional”?

A. In order to obtain approval by the *CPT* Editorial Panel, we had to include this language as part of the code descriptor. Inclusion of this language does limit who may perform and report the service. The *CPT* definition “other qualified health care professionals” excludes clinical staff such as RNs and LPNs. Basically, an “other qualified health care professional” is one who can independently practice and bill under her own name. In practice, this means that *CPT* requires a physician or other qualified health care professional perform the topical fluoride application. While state scope of practice and Medicaid qualifications may allow clinical staff (eg, RN) to perform this service, *CPT* guidelines do not allow the reporting of code 99188 in those instances. However, if you are able to work with your payers and get it in writing that they will allow clinical staff to perform the service based on state scope of practice, and report incident to the supervising provider, then you would be able to use the code. Note that the CDT codes do not have this restriction. Also there is a caveat in the “*CPT* Changes” manual that alludes to the application of topical fluoride varnish to those patients with “high risk” for dental caries.

Q. What is the value for this new code?

A. When the AAP brought the code to the valuation committee, our recommended relative value units (RVUs) were accepted by the committee and submitted to CMS for consideration on the Medicare physician fee schedule. However, CMS decided not to publish the recommended RVUs. Instead, the code was published with zero RVUs. While this is the Medicare fee schedule, many private payers follow this. The AAP is currently advocating for CMS to publish the recommended RVUs for code **99188**.

Q. Should we advocate for coverage by payers and if so, for how much?

A. Yes. The AAP encourages working with your AAP State Chapter. Because there are no RVUs published, if your Medicaid sets a payment rate for this service, you should advocate for that rate at minimum. However, it will be important to determine with your payers if they will require physicians or other qualified health care professionals to perform the service, or if they will base the requirements on state scope of practice or Medicaid qualifications.

Q. If this new CPT code (**99188**) is to be used for “high risk caries” – how do you identify that? Is a formal screen required?

A. At this moment in time there is not a validated risk assessment tool for dental caries and the application for the CPT code was submitted prior to the publication of the new USPSTF guidelines so it contains information regarding risk. Even so, the state of "high risk" is at the discretion of the examining physician. The AAP does have a risk assessment tool (<http://www2.aap.org/oralhealth/riskassessmenttool.html>) that can be used as a guide, but ultimately it is deferred to the clinician's judgment and may be provided to all children under the age of six as a preventive service if that is the approach the clinician wishes to take. The USPSTF recommendations (<http://www.uspreventiveservicestaskforce.org/Page/Document/RecommendationStatementFinal/dental-caries-in-children-from-birth-through-age-5-years-screening>) and more recent AAP policy (<http://pediatrics.aappublications.org/content/134/3/626.abstract>) certainly back this approach should someone need information to present to a payer.

So to answer your questions, yes, we would agree that a child who is without a dental home is high risk and should have varnish applied in the medical home, and no, I don't think there is something more discernible that can only be used by dental professionals to assess risk and therefore would leave a pediatrician without the opportunity for payment. There are no validated tools being used in dentistry currently either.

While this may seem a little confusing, this is an evolving area and we are doing our best to keep up!



Permanent Teeth PCOAT With Billing Codes

(Primary Care Oral Assessment Tool – for patients age ≥ 6 years)

Date: _____ Patient Name: _____ Date of Birth: _____

Patient Questions:

Do you have a dentist where you go to get your teeth cleaned and taken care of? If yes, who/where: _____	<input type="checkbox"/> Yes— seen within the last six months	<input type="checkbox"/> No <input type="checkbox"/> Yes—seen more than six months ago	
Have you had any cavities or fillings in the last 12 months?	<input type="checkbox"/> No	<input type="checkbox"/> Yes	
Have you ever been told you have gum disease?	<input type="checkbox"/> No	<input type="checkbox"/> Yes	
Have you had any teeth removed in past 36 months?	<input type="checkbox"/> No	<input type="checkbox"/> Yes	
How often do you eat sugary or starchy foods outside of meal time? (candy, pretzels, chips, bread, tortillas)	<input type="checkbox"/> Mostly at meal-times	<input type="checkbox"/> Outside of meal-times	
How often do you drink sugary beverages outside of meal time? (sweet coffee/tea, juice, soda pop, energy/sport drinks, cocktails, wine, beer)	<input type="checkbox"/> Mostly at meal-times	<input type="checkbox"/> Outside of meal-times	
How often do you brush your teeth?	<input type="checkbox"/> Twice or more a day	<input type="checkbox"/> Once daily or less	

Health Care Provider History and Oral Exam:

Exposure to fluoride (toothpaste, rinse, Rx)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Physical, behavioral or cognitive factors interfering with oral care (special needs, drug/alcohol overuse, tobacco use)	<input type="checkbox"/> No	<input type="checkbox"/> Yes	
Frequent vomiting/acid reflux (daily)	<input type="checkbox"/> No		<input type="checkbox"/> Yes
EXAM: Dry mouth/Xerostomia (reported or observed OR risk from Rx/radiation treatments) R68.2	<input type="checkbox"/> No		<input type="checkbox"/> Yes
Visible, heavy plaque on teeth K03.6	<input type="checkbox"/> No	<input type="checkbox"/> Yes	
Visible cavities (including white spot lesions) K02.9	<input type="checkbox"/> No	<input type="checkbox"/> Yes	
Gingivitis K05.10	<input type="checkbox"/> No	<input type="checkbox"/> Yes	
Fillings, crowns, retainers, braces, removable appliances Z98.811	<input type="checkbox"/> No	<input type="checkbox"/> Yes	
Suspicious lesion on buccal mucosa, gingiva, tongue K13.70	<input type="checkbox"/> No		<input type="checkbox"/> Yes
	<input type="checkbox"/> Low	<input type="checkbox"/> High	<input type="checkbox"/> Extreme

Management Guidelines:

Applied Fluoride Varnish

Referral to Dental Care:
 Not Indicated Routine Expedited

Low Risk

- Reinforce routine dental care
- Set diet and oral hygiene management goals
- Use OTC fluoride toothpaste twice daily
- Recommend gum with xylitol as first ingredient

High Risk

- Set diet and oral hygiene management goals
- Instruct on OTC or prescription fluoride toothpaste
 - Prescribe high fluoride toothpaste for decay
- Gum with xylitol as the first ingredient
- Prescribe antibacterial mouth rinse to decrease oral bacteria

Extreme Risk

- Set diet and oral hygiene self-management goals
- Recommend (see guidelines)**
 - Oral moisturizer for dry mouth
 - pH neutralizing rinse for vomiting
 - Fluoridated mouth rinse for decay
- Prescribe (see guidelines)**
 - Anti-bacterial rinse to decrease oral bacteria
 - High fluoride toothpaste for decay
- Gum with xylitol as first ingredient
- Topical fluoride every 3 months
- Evaluate medications to modify xerostomia

Self Management Goals

<input type="checkbox"/> Regular dental visits	<input type="checkbox"/> Water between meals
<input type="checkbox"/> Brush twice daily	<input type="checkbox"/> Quit plan for tobacco
<input type="checkbox"/> Use Rx FL- toothpaste	<input type="checkbox"/> Less junk food/candy
<input type="checkbox"/> Fluoride mouth rinse	<input type="checkbox"/> No soda
<input type="checkbox"/> Less/no sweet drinks/alcohol	<input type="checkbox"/> Healthy snacks
<input type="checkbox"/> Drink water with fluoride	<input type="checkbox"/> Floss daily

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Primary (Baby) Teeth PCOAT With Billing Codes

(Primary Care Oral Assessment Tool – for patients age ≤ 6 years)

Date: _____ Patient Name: _____ Date of Birth: _____

Mother or Caregiver Questions:

Does your family have a dentist where you go to get your teeth cleaned and taken care of? If yes, who/where: _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
When was the last time your child went to the dentist? <input type="checkbox"/> N/A due to age	<input type="checkbox"/> Within the last six months	<input type="checkbox"/> More than six months ago	
Do you (parent or caregiver) have a cavity now or have you had a filling in the past three years?	<input type="checkbox"/> No	<input type="checkbox"/> Yes	
Have brothers or sisters had cavities?	<input type="checkbox"/> No	<input type="checkbox"/> Yes	
When was your child's last cavity? <input type="checkbox"/> N/A due to age	<input type="checkbox"/> No cavities in last year	<input type="checkbox"/> Cavities in last year	
Does your child drink anything other than water in between meals?	<input type="checkbox"/> No	<input type="checkbox"/> Yes	
Does your child drink anything other than water while in bed?	<input type="checkbox"/> No	<input type="checkbox"/> Yes	
Does your child drink water with flouride? <input type="checkbox"/> Don't know <input type="checkbox"/> No water at all	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
How often are your child's teeth brushed with fluoride toothpaste?	<input type="checkbox"/> At least daily	<input type="checkbox"/> Less than daily	

Health Care Provider History and Oral Exam:

History of topical fluoride varnish application	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Physical, behavioral or cognitive factors interfering with oral care (special needs)	<input type="checkbox"/> No		<input type="checkbox"/> Yes
EXAM: Gingivitis (reported or observed OR risk from Rx/disease) K05.10	<input type="checkbox"/> No	<input type="checkbox"/> Yes	
Dry mouth/ Xerostomia (reported or observed OR risk from Rx/disease) R68.2	<input type="checkbox"/> No		<input type="checkbox"/> Yes
White spots lesions or tooth decay K02.9	<input type="checkbox"/> No	<input type="checkbox"/> Yes	
Fillings or crowns present Z98.811	<input type="checkbox"/> No	<input type="checkbox"/> Yes	
Visible plaque on teeth	<input type="checkbox"/> No	<input type="checkbox"/> Yes	
Oral candidiasis B37.0	<input type="checkbox"/> No	<input type="checkbox"/> Yes	
	<input type="checkbox"/> Low	<input type="checkbox"/> High	<input type="checkbox"/> Extreme

Self Management Goals

- | | | |
|---|---|--|
| <input type="checkbox"/> Regular dental visits | <input type="checkbox"/> Water between meals | <input type="checkbox"/> Drink water with flouride |
| <input type="checkbox"/> Brush twice daily | <input type="checkbox"/> Xylitol gum/mints | <input type="checkbox"/> Less junk food/candy |
| <input type="checkbox"/> Use FI- toothpaste | <input type="checkbox"/> Less junk food/candy | <input type="checkbox"/> Wean off bottle |
| <input type="checkbox"/> Dental treatment for parents | <input type="checkbox"/> No soda | <input type="checkbox"/> Only water in nighttime bottle or cup |
| | <input type="checkbox"/> Healthy snacks | |

Management Guidelines:

Applied Fluoride Varnish

Referral to Dental Care: Not Indicated Routine Expedited

0 - 2 Years	
Clinical Management	Oral Health Instructions
Low <input type="checkbox"/> Oral health assessment every 6 months by primary care provider <input type="checkbox"/> Dental care by 1 year	<input type="checkbox"/> Twice daily brushing with OTC fluoridated toothpaste the size of a grain of rice <input type="checkbox"/> Avoid saliva sharing and pacifier cleaning <input type="checkbox"/> Healthy teeth for speech development and nutrition <input type="checkbox"/> Set diet and oral hygiene self-management goals
High <input type="checkbox"/> Oral health assessment every 6 months by primary care provider <input type="checkbox"/> Dental care by 1 year <input type="checkbox"/> Topical fluoride varnish every 6mos. <input type="checkbox"/> Family dental care referral	
Extreme <input type="checkbox"/> Oral health assessment every 3 months by primary care provider <input type="checkbox"/> Expedited dental referral <input type="checkbox"/> Family dental care referral <input type="checkbox"/> PCP/Dental co-management with care coordination	

3 - 6 Years	
Clinical Management	Oral Health Instructions
Low <input type="checkbox"/> Oral health assessment every 12 months by primary care provider <input type="checkbox"/> Assure dental home	<input type="checkbox"/> Twice daily supervised brushing with OTC fluoridated toothpaste the size of a pea <input type="checkbox"/> Limit carbohydrates to mealtimes <input type="checkbox"/> Healthy teeth for speech development and nutrition <input type="checkbox"/> Set diet and oral hygiene self-management goals
High <input type="checkbox"/> Oral health assessment every 6 mos. w/ dental and every 12 mos. w/ PCP <input type="checkbox"/> Topical fluoride varnish every 6 months <input type="checkbox"/> Fluoride rinse 2x/day for decay <input type="checkbox"/> Prescribe antibacterial rinse to decrease oral bacteria	
Extreme <input type="checkbox"/> Oral health assessment every 3 mos. w/ dental and every 12 mos. w/ PCP <input type="checkbox"/> Expedited dental referral <input type="checkbox"/> Topical fluoride varnish every 3 mos. (PCP or Dental) <input type="checkbox"/> Fluoride rinse 2x/day for decay <input type="checkbox"/> Prescribe antibacterial rinse to decrease oral bacteria <input type="checkbox"/> PCP/Dental co-management with care coordination.	