New Mexico Perinatal Oral Health
Quality Improvement Project

Resource and Implementation Manual

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• 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)
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Oral Health Coding Fact Sheet for Primary Care Physicians
Primary Care Oral Assessment Tools with Codes
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 our learning. The project website will house manual updates so participants can keep their materials current.

www.cdd.unm.edu/dhpdp/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/counselling 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.

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Tab One: Introduction
# OVERVIEW of PRENATAL CARE

<table>
<thead>
<tr>
<th>Component</th>
<th>Entry to Care (Visit 6-8 and 10-12 Weeks)</th>
<th>Visit 2: 10-12 Weeks</th>
<th>Visit 3: 16-18 Weeks</th>
<th>Visit 4: 22 Weeks</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Recommended Care</strong></td>
<td>• History and physical, <strong>including oral exam (teeth and gums: “4L’s)</strong></td>
<td>• Weight</td>
<td>• Weight</td>
<td>• Weight</td>
</tr>
<tr>
<td>1st Prenatal Visit (May be divided into two visits)</td>
<td>• Height and weight/BMI</td>
<td>• Blood pressure</td>
<td>• Blood pressure</td>
<td>• Blood pressure</td>
</tr>
<tr>
<td></td>
<td>• Full obstetric/pregnancy history</td>
<td>• Offer fetal aneuploidy</td>
<td>• Offer fetal aneuploidy</td>
<td>• Fetal heart tones</td>
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<tr>
<td></td>
<td>• Confirm LMP and send for dating ultrasound as indicated</td>
<td>• Fetal heart tones</td>
<td>• Schedule OB ultrasound for anatomy</td>
<td>• Measure fundal height (start measurements)</td>
</tr>
<tr>
<td></td>
<td>• Screening:</td>
<td>• Assess fundal height</td>
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<td></td>
<td>o Formal alcohol, drug and smoking</td>
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<td></td>
<td>o Intimate partner violence</td>
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<td>o Depression</td>
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<td></td>
<td>o <strong>Oral Health Risk Determination (PCOAT based)</strong></td>
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<tr>
<td>Labs: Refer to Specific Site Protocols or UNM document</td>
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<tr>
<td>Counseling Education Intervention</td>
<td>• Trimester Specific Education</td>
<td>Trimester specific precautions</td>
<td>Trimester specific precautions</td>
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<tr>
<td></td>
<td>• Patient specific resources (home visiting programs, community resources)</td>
<td>Prenatal and lifestyle education</td>
<td>Prenatal and lifestyle education</td>
<td>Prenatal and lifestyle education</td>
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<tr>
<td></td>
<td>• Discuss ethnic genetic disease carrier status screening</td>
<td>Fetal growth</td>
<td>Physiology of pregnancy</td>
<td>Follow-up on Modifiable risk factors</td>
</tr>
<tr>
<td></td>
<td>• Discuss fetal aneuploidy screening/schedule as appropriate</td>
<td>Review lab results from first visit</td>
<td>Quickening</td>
<td>Childbirth classes</td>
</tr>
<tr>
<td></td>
<td>• Prenatal and lifestyle education</td>
<td>Breastfeeding</td>
<td>Preterm delivery risk assessment follow-up as indicated</td>
<td>Family Issues</td>
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<td></td>
<td>o Physical activity</td>
<td>Nausea and vomiting</td>
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<td></td>
<td>o Nutrition, including folic acid review</td>
<td>Physiology of Pregnancy</td>
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<td></td>
<td>o <strong>Oral Health, including xylitol gum and review of dental hygiene, including:</strong></td>
<td>Follow-up of modifiable risk factors</td>
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<tr>
<td></td>
<td>o <strong>Oral Health Self-management Goal Setting</strong></td>
<td>Preterm delivery risk assessment follow-up as indicated</td>
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<td></td>
<td>o Review patient specific modifiable risk factors</td>
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<td></td>
<td>o Nausea and vomiting</td>
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<td></td>
<td>• Warning signs</td>
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<td>• Course of care and resources (OB triage)</td>
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<td>• Screen and document for beliefs regarding blood transfusions</td>
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<td>• Give information about advanced directives</td>
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</tbody>
</table>
| Plan of Care | • Site specific protocols for UNM document for immunizations, nutritional supplements, including folic acid  
• Condition-specific treatments  
• **Referrals, including dental** | • Follow-up referrals including dental | • Possible US for anatomy  
• Check on dental referrals | • Schedule GDM  
• Preterm labor precautions  
• Postpartum contraception (BTL sign) |
| Recommended Care | • 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) | • Weight  
• Blood pressure  
• Fetal Heart Tones  
• Fundal Height  
• Assess fetal position | • Weight  
• Blood pressure  
• Fetal Heart Tones  
• Fundal Height  
• Culture for group B streptococcus  
• Lab follow-ups | • Weight  
• Blood pressure  
• Fetal heart tones  
• Measure fundal height  
• Schedule NSST/BPP after 41 weeks  
• Pediatric opti... |
| Plan of Care | • AB Rh/AB [RhoGam] [Hepatitis B Ag]  
• Tetanus/pertussis booster  
• Tdap per CDC 2013, between 227-36 weeks ideal, ok>20 weeks | • Follow-up on referrals  
• Provide Dental referrals for dentists who see infants/young toddlers | | • Postpartum contraception (BTL sign) |

For questions or comments, please contact:  
Elaine Brightwater, DNP, ebrightwater@gmail.com

Please also take note of the many references in end notes, also accessible on the Wiki OB/GYN web page:  

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  
mslinkardphilipp@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

<table>
<thead>
<tr>
<th>TOPICS</th>
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<tbody>
<tr>
<td><strong>Oral Assessment: Lift and lower lips</strong></td>
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<tr>
<td>- Actinic Cheilitis- Slide 1</td>
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<td>- Angular Cheilitis- Slide 2</td>
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<tr>
<td>- Xerostomia- Slide 2</td>
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<tr>
<td>- Herpetic lesions –Slides 3 and 4</td>
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<tr>
<td>- Aphthous ulcer- Slides 5 and 6</td>
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<tr>
<td>- Mucocele- Slides 7 and 8</td>
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<tr>
<td>- Exostosis- Slide 9</td>
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<tr>
<td><strong>Intra-oral assessment: Look at the teeth</strong></td>
</tr>
<tr>
<td>- Dental caries- Slide 1</td>
</tr>
<tr>
<td>- Fluorosis- Slide 2</td>
</tr>
<tr>
<td>- Braces- Slide 3</td>
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<tr>
<td>- Dry socket- Slide 4</td>
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<tr>
<td><strong>Lasso the tongue</strong></td>
</tr>
<tr>
<td>- Candidiasis- Slide 1</td>
</tr>
<tr>
<td>- Geographic Tongue- Slide 2</td>
</tr>
<tr>
<td>- Syphilis- Slide 3</td>
</tr>
<tr>
<td>- Ankyloglossia (Tongue Tie)- Slide 4</td>
</tr>
<tr>
<td>- Leukoplakia/Erythroplakia- Slide 5</td>
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<tr>
<td>- Tori- Slide 6</td>
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<tr>
<td><strong>Intra-oral assessment: Lap around the gums</strong></td>
</tr>
<tr>
<td>- Pyogenic Granuloma- Slide 1</td>
</tr>
<tr>
<td>- Gingivitis- Slide 2</td>
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<tr>
<td>- Periodontitis- Slide 3</td>
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<tr>
<td>- Dental Abscess- Slide 4</td>
</tr>
</tbody>
</table>
Tab Two: Conducting an Oral Screening Exam Using the “4L’s”

**DENTAL APPLIANCES**

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

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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
Tab Two: Conducting an Oral Screening Exam Using the “4L’s”

### ACTINIC CHEILITIS

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

**Diffuse solar damage of actinic cheilitis**
Tab Two: Conducting an Oral Screening Exam Using the “4L’s”

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

**MUOCOCELE**
EXOSTOSIS

• Genetic
• Exacerbated by bruxism
INTRA-ORAL ASSESSMENT: LOOK AT THE TEETH
### FLUOROSIS

<table>
<thead>
<tr>
<th>Normal</th>
<th>Mild</th>
</tr>
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<tbody>
<tr>
<td>Moderate</td>
<td>Severe</td>
</tr>
</tbody>
</table>

### BRACES

Risk for white spot lesions/decay
**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

---

**LASSO THE TONGUE**
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

![SYPHILIS Images]

### ANKYLOGLOSSIA A.K.A. TONGUE TIE

- Congenital
- Lingual frenulum tethers the tongue’s tip to the floor 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
LEUKOPLAKIA/ERYTHROPLAKIA

TORI

- Genetic
- Not excised unless there is food trapping
- May reoccur after excision
INTRA-ORAL ASSESSMENT: LAP AROUND THE GUMS

PYOGENIC GRANULOMA
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: Periodontal abscess developed in 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.
[72x52]Tab Three: Primary Care Oral Health Assessment Using the 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)

**Patient Questions:**

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

**Health Care Provider History and Oral Exam:**

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

**Management Guidelines:**

- **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
    - 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**

- Regular dental visits
- Brush twice daily
- Use Rx F1 toothpaste
- Fluoride mouth rinse
- Less/no sweet drinks/alcohol
- Drink water with fluoride
- Water between meals
- Quit plan for tobacco
- Less junk food/candy
- No soda
- Healthy snacks
- Floss daily
# Permanent Teeth PCOAT
*(Primary Care Oral Assessment Tool – for patients age > 6 years)*

**Patient Questions**

Date: ____________  Patient Name: __________________________________________________  Date of Birth: ________________

<table>
<thead>
<tr>
<th>Question</th>
<th>Option 1</th>
<th>Option 2</th>
</tr>
</thead>
<tbody>
<tr>
<td>Do you have a dentist where you go to get your teeth cleaned and taken</td>
<td>☐ Yes, within the last six months</td>
<td>☐ Yes, seen more than six months ago</td>
</tr>
<tr>
<td>care of? If yes, who/where:</td>
<td>☐ No</td>
<td>☐ No</td>
</tr>
<tr>
<td>Have you had any cavities or fillings in the last 12 months?</td>
<td>☐ No</td>
<td>☐ Yes</td>
</tr>
<tr>
<td>Have you ever been told you have gum disease?</td>
<td>☐ No</td>
<td>☐ Yes</td>
</tr>
<tr>
<td>Have you had any teeth removed in the past 36 months?</td>
<td>☐ No</td>
<td>☐ Yes</td>
</tr>
<tr>
<td>When do you eat sugary or starchy foods outside of meal time (candy,</td>
<td>☐ Mostly at meal times</td>
<td>☐ Outside of meal Times</td>
</tr>
<tr>
<td>pretzels, chips, bread, tortillas)?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>When do you drink sugary beverages outside of meal time (sweet coffee/</td>
<td>☐ Mostly at meal times</td>
<td>☐ Outside of meal Times</td>
</tr>
<tr>
<td>tea, juice, soda pop, energy/sport drinks, cocktails, wine, beer)?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>How often do you brush your teeth?</td>
<td>☐ Twice or more a day</td>
<td>☐ Once daily or less</td>
</tr>
<tr>
<td>Do you have vomiting or acid indigestion often?</td>
<td>☐ No</td>
<td>☐ Yes</td>
</tr>
<tr>
<td>Pregunta</td>
<td>Opciones</td>
<td></td>
</tr>
<tr>
<td>-------------------------------------------------------------------------</td>
<td>--------------------------------------------------------------------------</td>
<td></td>
</tr>
<tr>
<td>¿Tiene usted un dentista adonde va para que le limpien sus dientes y</td>
<td>☐ Sí, dentro de los últimos seis meses</td>
<td></td>
</tr>
<tr>
<td>cuidado dental? Si respondió sí, quién y adónde:</td>
<td>☐ Sí, me vieron hace más de seis meses</td>
<td></td>
</tr>
<tr>
<td></td>
<td>☐ No</td>
<td></td>
</tr>
<tr>
<td>¿Ha tenido usted caries o rellenos en los dientes en los últimos 12 meses?</td>
<td>☐ No</td>
<td>☐ Sí</td>
</tr>
<tr>
<td>¿Le han dicho que usted tiene enfermedad de las encías?</td>
<td>☐ No</td>
<td>☐ Sí</td>
</tr>
<tr>
<td>¿Le han removido cualquier dientes en los pasados 36 meses?</td>
<td>☐ No</td>
<td>☐ Sí</td>
</tr>
<tr>
<td>¿Cuando es que usted come comidas azucaradas o con almidón afuera de</td>
<td>☐ Mayormente durante las comidas regulares</td>
<td></td>
</tr>
<tr>
<td>las comidas regulares (dulce, galletas saladas, papas, pan, tortillas)?</td>
<td>☐ Afuera de las comidas regulares</td>
<td></td>
</tr>
<tr>
<td>¿Cuando es que usted toma bebidas azucaradas afuera de las comidas</td>
<td>☐ Mayormente durante las comidas regulares</td>
<td></td>
</tr>
<tr>
<td>regulares (café o té dulce, jugos, sodas, bebidas deportivas o para la</td>
<td>☐ Afuera de las comidas regulares</td>
<td></td>
</tr>
<tr>
<td>energía, bebidas alcohólicas, vino, cerveza)?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>¿Qué tan seguido usted se cepilla los dientes?</td>
<td>☐ Dos veces o más al día</td>
<td>☐ Una vez al día o menos</td>
</tr>
<tr>
<td>¿Usted sufre de vómito o acidez por la indigestión (agruras o reflujo)</td>
<td>☐ No</td>
<td>☐ Sí</td>
</tr>
<tr>
<td>seguidamente?</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
### Mother or Caregiver Questions:

- **Does your family have a dentist where you go to get your teeth cleaned and taken care of?**
  - Yes
  - No

- **When was the last time your child went to the dentist?**
  - N/A due to age
  - Within the last six months
  - 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?**
  - No
  - Yes

- **Have brothers or sisters had cavities?**
  - No
  - Yes

- **When was your child’s last cavity?**
  - N/A due to age
  - No cavities in last year
  - Cavities in last year

- **Does your child drink anything other than water in between meals?**
  - No
  - Yes

- **Does your child drink anything other than water while in bed?**
  - No
  - Yes

- **Does your child drink water with fluoride?**
  - Don’t know
  - No water at all
  - Yes
  - No

- **How often are your child’s teeth brushed with fluoride toothpaste?**
  - At least daily
  - Less than daily

### Health Care Provider History and Oral Exam:

<table>
<thead>
<tr>
<th>Health Care Provider History and Oral Exam</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>History of topical fluoride varnish application</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Physical, behavioral or cognitive factors interfering with oral care (special needs)</td>
<td>No</td>
<td>Yes</td>
</tr>
<tr>
<td><strong>EXAM:</strong> Gingivitis (reported or observed OR risk from Rx/disease)</td>
<td>No</td>
<td>Yes</td>
</tr>
<tr>
<td>Dry mouth/ Xerostomia (reported or observed OR risk from Rx/disease)</td>
<td>No</td>
<td>Yes</td>
</tr>
<tr>
<td>White spots lesions or tooth decay</td>
<td>No</td>
<td>Yes</td>
</tr>
<tr>
<td>Fillings or crowns present</td>
<td>No</td>
<td>Yes</td>
</tr>
<tr>
<td>Visible plaque on teeth</td>
<td>No</td>
<td>Yes</td>
</tr>
<tr>
<td>Oral candidiasis</td>
<td>No</td>
<td>Yes</td>
</tr>
</tbody>
</table>

### Applied Fluoride Varnish:

- [ ]

### Management Guidelines:

#### Referral to Dental Care:

- Not Indicated
- Routine
- Expedited

#### Clinical Management

- Low
- Moderate
- High
- Extreme

#### Oral Health Instructions

- Twice daily brushing with OTC fluoridated toothpaste the size of a grain of rice
- Avoid saliva sharing activities
- Healthy teeth for speech development and nutrition
- Set diet and oral hygiene self-management goals

#### 0 - 2 Years

<table>
<thead>
<tr>
<th>Management Guidelines</th>
<th>Clinical Management</th>
<th>Oral Health Instructions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Oral health assessment every 6 months by primary care provider</td>
<td>Twice daily brushing with OTC fluoridated toothpaste the size of a grain of rice</td>
<td>Avoid saliva sharing activities</td>
</tr>
<tr>
<td>Dental care by 1 year</td>
<td>Healthy teeth for speech development and nutrition</td>
<td>Set diet and oral hygiene self-management goals</td>
</tr>
<tr>
<td>Oral health assessment every 6 months by primary care provider</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dental care by 1 year</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Topical fluoride varnish every 6mos.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Family dental care referral</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### 3 - 6 Years

<table>
<thead>
<tr>
<th>Management Guidelines</th>
<th>Clinical Management</th>
<th>Oral Health Instructions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Oral health assessment every 12 months by primary care provider</td>
<td>Twice daily supervised brushing with OTC fluoridated toothpaste the size of a pea</td>
<td>Limit carbohydrates to mealtimes</td>
</tr>
<tr>
<td>Assure dental home</td>
<td>Healthy teeth for speech development and nutrition</td>
<td>Set diet and oral hygiene self-management goals</td>
</tr>
<tr>
<td>Oral health assessment every 6 mos. w/ dental and every 12 mos. w/ PCP</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Topical fluoride varnish every 6 months</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Fluoride rinse 2x/day for decay</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Prescribe antibacterial rinse to decrease oral bacteria</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### Self Management Goals

- Regular dental visits
- Brush twice daily
- Use Fl- toothpaste
- Dental treatment for parents
- Water between meals
- Xylitol gum/mints
- Less junk food/candy
- Wean off bottle
- No soda
- Only water in nighttime bottle or cup
- Drink water with fluoride
- Less junk food/candy
- Wean off bottle
- Only water in nighttime bottle or cup

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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 #U57HP25045-02-00. 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.

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**Primary PCOAT Rev. 5-6-2016**

**Date: ____________**  **Patient Name: ________________________________________  Date of Birth: ________________**
<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Does your family have a dentist where you go to get your teeth cleaned and taken care of? If yes, who/where:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>When was the last time your child went to the dentist?</td>
<td>N/A due to age</td>
<td>Within the last six months</td>
</tr>
<tr>
<td>Do you (parent or caregiver) have a cavity now or have you had a filling in the past three years?</td>
<td>No</td>
<td>Yes</td>
</tr>
<tr>
<td>Have brothers or sisters had cavities?</td>
<td>No</td>
<td>Yes</td>
</tr>
<tr>
<td>When was your child’s last cavity?</td>
<td>N/A due to age</td>
<td>No cavities in last year</td>
</tr>
<tr>
<td>Does your child drink anything other than water in between meals?</td>
<td>No</td>
<td>Yes</td>
</tr>
<tr>
<td>Does your child drink anything other than water while in bed?</td>
<td>No</td>
<td>Yes</td>
</tr>
<tr>
<td>Does your child drink water with fluoride?</td>
<td>Don’t know</td>
<td>No water at all</td>
</tr>
<tr>
<td>How often are your child’s teeth brushed with fluoride toothpaste?</td>
<td>At least daily</td>
<td>Less than daily</td>
</tr>
</tbody>
</table>
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

<table>
<thead>
<tr>
<th>Schedule regular dental visits</th>
<th>Brush twice a day</th>
<th>Use prescription fluoride toothpaste</th>
<th>Drink tap water</th>
</tr>
</thead>
<tbody>
<tr>
<td>Drink less or no sweet drinks or alcohol</td>
<td>Use fluoride mouth rinse</td>
<td>Drink water between meals</td>
<td>Choose gum or candy with xylitol as the first ingredient</td>
</tr>
<tr>
<td>Eat less junk food and candy</td>
<td>Drink limited or no soda</td>
<td>Choose healthy snacks</td>
<td>Floss daily</td>
</tr>
</tbody>
</table>

**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 H67HP25245-G2-00. 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 cco@ralud.umn.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 ___________________________

<table>
<thead>
<tr>
<th>Regular dental visits for child</th>
<th>Dental treatment for family</th>
<th>Brush twice a day</th>
<th>Brush with fluoride toothpaste</th>
</tr>
</thead>
<tbody>
<tr>
<td>Wean off bottle (no bottles for sleeping)</td>
<td>Less or no juice</td>
<td>Only water in sippy cups</td>
<td>Drink tap water</td>
</tr>
<tr>
<td>Healthy snacks</td>
<td>Less or no junk food and candy</td>
<td>No soda</td>
<td>Use xylitol gum, spray, gel, or dissolving tablets</td>
</tr>
</tbody>
</table>

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: ____________________________


American Academy of Pediatrics
Bright Futures
National Interprofessional Initiative on Oral Health

DEPIATED TO THE HEALTH OF ALL CHILDREN™
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

...See the Dentist

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

If You Have Morning Sickness:

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

...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 from 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

- Cepillese 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

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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

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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

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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)

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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 RECOMMENDATIONS 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**

<table>
<thead>
<tr>
<th>Indications</th>
<th>High Fluoride Toothpaste</th>
<th>Common Brand Names</th>
<th>Treatment</th>
<th>Instruction</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dental cavities or decalcifications (white spot lesions) visible on exam OR within past twelve months per history.</td>
<td>1.1% Sodium fluoride Toothpaste</td>
<td>Prevident 5000, Clinpro 5000</td>
<td>By RX only Supplied as 50 gm tube Spearmint or fruitastic Pregnancy category B</td>
<td>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</td>
</tr>
<tr>
<td>Indications</td>
<td>Ingredients</td>
<td>High Fluoride Toothpaste</td>
<td>Treatment</td>
<td>Instruction</td>
</tr>
<tr>
<td>-------------</td>
<td>-------------</td>
<td>--------------------------</td>
<td>-----------</td>
<td>-------------</td>
</tr>
</tbody>
</table>
| Dental cavities OR decalcifications (white spot lesions) visible on exam OR within past twelve months per history. | 1.1% sodium fluoride plus:  
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) | Use the rinse once weekly (usually at bedtime). Use instructions detailed below |
| | | | Supplied as 60 gm tube | 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 |

---

<table>
<thead>
<tr>
<th>Indications</th>
<th>Ingredients</th>
<th>High Fluoride Rinse</th>
<th>Treatment</th>
<th>Instruction</th>
</tr>
</thead>
</table>
| 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](http://carifree.com/dentist/shop/products/ctx4-gel-5000/ctx4-gel-5000.html)  
Supplied as 60 gm tube | Use the rinse once weekly (usually at bedtime). Use instructions detailed below |
| | | | [OTC](http://carifree.com/dentist/shop/products/ctx4-gel-5000/ctx4-gel-5000.html)  
Supplied as 16 oz. Cool Mint Gushing grape Bubblegum | Use the rinse once daily (usually at bedtime). Use instructions detailed below |
| | | | | 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. |
| | | | | Same instructions for use as DentiCare Pro-Rinse |
| | | | | Supervise children under 12 years. |
### Multiple Dental Caries, Gingivitis and Periodontitis

<table>
<thead>
<tr>
<th>Indications</th>
<th>Ingredients</th>
<th>Common Brand Names</th>
<th>Treatment</th>
<th>Instruction</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Multiple decalcifications</strong> (white spot lesions) or dental cavities visible on exam**</td>
<td>Chlorhexidine gluconate</td>
<td>Peridex, Periogard</td>
<td><strong>By RX only</strong>&lt;br&gt;Chlorhexidine gluconate oral rinse solution: 0.12% concentration.&lt;br&gt;Disp: 16 fluid ounce (473 ml) with 15 ml dispensing cup&lt;br&gt;Sig: Rinse mouth with 15 ml undiluted solution twice daily. Expectorate after rinsing.&lt;br&gt;Primary care may initiate treatment while expedited referral to dentist is made.&lt;br&gt;<em>FDA pregnancy category B</em></td>
<td>Rinse mouth with 15 ml (1 Tbsp.) of undiluted chlorhexidine twice daily (morning and evening) for 30 seconds after brushing.&lt;br&gt;Expectorate the chlorhexidine after rinsing. <em>Do not swallow.</em>&lt;br&gt;Do not rinse mouth with water or mouthwashes, brush teeth, or eat immediately after using.&lt;br&gt;Teeth will turn brownish with use.</td>
</tr>
<tr>
<td><strong>Inflammation of gums that appear swollen, inflamed, bleed easily and are beginning to pull away from the teeth.</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Indications</td>
<td>Ingredients</td>
<td>Common Brand Names</td>
<td>Treatment</td>
<td>Instruction</td>
</tr>
<tr>
<td>---------------------------------------------------------------------------</td>
<td>------------------------------------------------------------------------------</td>
<td>-----------------------------------</td>
<td>------------------------------------------------</td>
<td>-----------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Multiple decalcifications (white spot lesions) or dental cavities visible</td>
<td>.05% sodium fluoride (rinse A)</td>
<td>CTx4 Treatment rinse</td>
<td>Web order</td>
<td>Using provided measuring cup combine 5 ml of rinse A with 5 ml of rinse B.</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Expectorate rinse after one minute. DO NOT SWALLOW</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Indications</th>
<th>Ingredients</th>
<th>Common Brand Names</th>
<th>Treatment</th>
<th>Instruction</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tooth decay visible (white spot lesions, or dental cavities visible on</td>
<td>.05% sodium fluoride</td>
<td>ACT Anticavity Fluoride Rinse</td>
<td>Over the counter</td>
<td>Rinse mouth with about 15 ml (1 TBS) of undiluted rinse twice daily</td>
</tr>
<tr>
<td>exam</td>
<td></td>
<td>Crest Pro-Health</td>
<td></td>
<td>after brushing.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>The Natural Dentist Healthy Teeth</td>
<td></td>
<td>Expectorate after rinsing</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Anticavity Fluoride Rinse</td>
<td></td>
<td>Do not eat or drink for 30 minutes after rinsing.</td>
</tr>
<tr>
<td>Decay within the past 12 months;</td>
<td></td>
<td>See ADA seal of approval products</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
# 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

<table>
<thead>
<tr>
<th>Indications</th>
<th>Ingredients</th>
<th>Common Brand Names</th>
<th>Treatment</th>
<th>Instruction</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dry mouth</td>
<td>Propylene Glycol, Xylitol, Hydrogenated Sodium Benzoate, Benzoic Acid, Aloe VeraGel Calcium Lactate,...</td>
<td>Biotène ® Moisturizing Mouth Spray, Biotène ® Oral Balance Gel</td>
<td>Over the counter These products are sprays and gels</td>
<td></td>
</tr>
</tbody>
</table>

*Pregnancy Category N (not rated)*

Products can be viewed at [http://www.biotene.com/health-care-professional/dry-mouth-products](http://www.biotene.com/health-care-professional/dry-mouth-products)

Apply (spray or brush on) as needed for dry mouth or regularly two times per day
<table>
<thead>
<tr>
<th>Indications</th>
<th>Ingredients</th>
<th>Common Brand Names</th>
<th>Treatment</th>
<th>Instruction</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dry mouth</td>
<td>Xylitol, Glycerin, Sodium Benzoate, Calcium Hydroxide</td>
<td>Cari-free CTx2 spray</td>
<td>May be ordered by patient from the cari-free web site</td>
<td>Use 2-3 sprays in mouth as often as needed to relieve dry mouth and neutralize acids.</td>
</tr>
<tr>
<td>Especially those with decreased saliva flow from medications and head and neck radiation</td>
<td></td>
<td></td>
<td>Supplied in package of four 0.4 ml spray bottles</td>
<td>(Between meals and before bedtime recommended).</td>
</tr>
</tbody>
</table>
## Frequent Emesis or Severe Acid Reflux

<table>
<thead>
<tr>
<th>Indications</th>
<th>Ingredients</th>
<th>Common Brand Names</th>
<th>Treatment</th>
<th>Instruction</th>
</tr>
</thead>
<tbody>
<tr>
<td>Frequent vomiting or Acid reflux</td>
<td>Sodium bicarbonate</td>
<td>“Arm and Hammer” Baking Soda</td>
<td>Make at home by mixing 1 tsp of baking soda in 8 ounces of water</td>
<td>Do not brush teeth immediately after vomiting</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Rinse mouth with baking soda rinse</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>30 minutes after vomiting, brush with fluoridated toothpaste on a soft toothbrush</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Fluoride anti-cavity mouthwash may be recommended following brushing.</td>
</tr>
<tr>
<td>Indications</td>
<td>Ingredients</td>
<td>Common Brand Names</td>
<td>Treatment</td>
<td>Instruction</td>
</tr>
<tr>
<td>-----------------------------------</td>
<td>------------------------------------------------</td>
<td>--------------------</td>
<td>------------------------------------------------------------------</td>
<td>-----------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Frequent vomiting or Acid reflux</td>
<td>Xylitol, Glycerin, Sodium Benzoate, Calcium Hydroxide</td>
<td>CTx2 spray</td>
<td><em>May be ordered by patient from the Cari-free web site</em></td>
<td>Do not brush teeth immediately after vomiting</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Supplied in package of four 0.4 ml spray bottles</td>
<td>Use two to three sprays in mouth as often as needed: after emesis and/or to relieve dry mouth</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td><em>Pregnancy Category B</em></td>
<td></td>
</tr>
<tr>
<td>Frequent vomiting or Acid reflux</td>
<td>Xylitol, Glycerin, Gum Arabic, Soy Lecithin, Calcium Acetate, Beeswax</td>
<td>CTx2 Xylitol Gum</td>
<td><em>May be ordered by patient from the cari-free web site</em></td>
<td>Chew 2 pieces, 3-5 times daily. Recommended after vomiting. Meals or when dry mouth/bad breath occurs</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Gum comes in boxes of twenty ten-packs.</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td><em>Pregnancy Category B</em></td>
<td></td>
</tr>
</tbody>
</table>
# Dental Abscess or Oral Infection

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

- Palpable as a fluctuant mass
- May be purulent
<table>
<thead>
<tr>
<th>Indications</th>
<th>Ingredients</th>
<th>Common Brand Names</th>
<th>Treatment</th>
<th>Instruction</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dental abscess or other active oral infection</td>
<td>Amoxicillin</td>
<td>Moxatag, Amoxil</td>
<td><strong>Rx only</strong></td>
<td>Take every 12 hours for ten days with full glass of water</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>500 mg capsules #20</td>
<td>Best absorbed on an empty stomach</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Sig: every twelve hours for ten days.</td>
<td>Take all medication in bottle</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Treatment may be started in the primary care setting with expedited referral to dental care</td>
<td>Attend dental appointment before medication is completely gone.</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Pregnancy category B</td>
<td></td>
</tr>
</tbody>
</table>

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

### Indications
- Oral *Candida* infection

### Ingredients
- Clotrimazole

### Common Brand Names
- Mycelex

### Treatment
**Rx only**
- Clotrimazole (10 mg) troches/lozenges

**Disp:**
- # 70

**Sig:**
- Suck one lozenge five times per day for fourteen days

(see patient to evaluate response and need for refill; duration should be twice as long as it takes clinical signs and symptoms to resolve)

*Pregnancy category B*

### Instruction
- Suck on troche/lozenge five times per day.
- Suck on troche/lozenge until dissolved in mouth;
- Do not chew or swallow prior to dissolving.
- Continue taking until supply is finished.
<table>
<thead>
<tr>
<th>Indications</th>
<th>Ingredients</th>
<th>Common Brand Names</th>
<th>Treatment</th>
<th>Instruction</th>
</tr>
</thead>
<tbody>
<tr>
<td>Oral <em>Candida</em> infection</td>
<td>Nystatin</td>
<td>Bio-statin</td>
<td><em>Rx only</em></td>
<td>Place half the dose in each side of mouth; Retain in the mouth as long as possible before swallowing.</td>
</tr>
<tr>
<td>Nystatin suspension (1:100,000 U/mL)</td>
<td>Disp: 280 ml</td>
<td>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.</td>
<td>See patient to evaluate response and need for refill; treatment duration should continue forty eight hours after oral symptoms resolve and cultures demonstrate eradication.</td>
<td></td>
</tr>
<tr>
<td>Pregnancy Category A</td>
<td></td>
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<td></td>
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</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Indications</th>
<th>Ingredients</th>
<th>Common Brand Names</th>
<th>Treatment</th>
<th>Instruction</th>
</tr>
</thead>
<tbody>
<tr>
<td>Angular Cheilitis</td>
<td>Nystatin Triamcinolone</td>
<td>None</td>
<td>RX only</td>
<td>Apply to affected are three or four times per day for ten to fourteen days</td>
</tr>
<tr>
<td></td>
<td>Fluconazole</td>
<td>Diflucan</td>
<td>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</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Pregnancy Category C; use with caution during breastfeeding</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Systemic: Fluconazole 100 mg tablets Disp: 100 mg Tablets # 14 Sig: 100 mg daily X 14 days or until resolved</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Pregnancy Category D; no restriction on use during lactation.</td>
<td>Take orally once daily for at least fourteen days or until resolved.</td>
</tr>
</tbody>
</table>
Intra- and Extra- Oral Herpes Lesions

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

Stimuli that trigger viral replication = clinical lesions:
- Stress
- Sunlight
- Hormonal changes
- Fatigue
- Fever
<table>
<thead>
<tr>
<th>Indications</th>
<th>Ingredients</th>
<th>Common Brand Names</th>
<th>Treatment</th>
<th>Instruction</th>
</tr>
</thead>
<tbody>
<tr>
<td>Herpetic gingivostomatitis</td>
<td>A combination of Benadryl liquid 12.5/5ml/Kaopectate/Lidocaine 2% soln.</td>
<td>“Magic Mouth solution”</td>
<td>Topical (Herpes Gingivostomatitis) Apply to lesion with Q-tip ac and HS</td>
<td>Use until pain has resolved.</td>
</tr>
<tr>
<td></td>
<td>(mix 1/3, 1/3, 1/3) Disp. 8oz. (This mix can vary among different pharmacies)</td>
<td></td>
<td>Rx - Rinse with 5-10 ml for 2 minutes every 2 hours and expectorate.</td>
<td>Use until pain has resolved.</td>
</tr>
<tr>
<td></td>
<td>Famcyclovir</td>
<td></td>
<td>Recurrent 1500mg as a single dose at first sign or symptom of infection</td>
<td>Chronic suppressive therapy is indicated with at least four to six episodes within twelve months.</td>
</tr>
<tr>
<td></td>
<td>Valacyclovir</td>
<td></td>
<td>Systemic Acyclovir (not FDA approved) 400mg tablets/3x per day/5 days</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Acyclovir</td>
<td></td>
<td>OR 800mg tablets/2x per day/5 days</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Pregnancy - Category B; acceptable during lactation</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Chronic Suppressive Therapy Acyclovir (not FDA approved) 400mg tablets/2x per day Valacyclovir 500 my once per day</td>
<td></td>
</tr>
</tbody>
</table>
### Aphthous Ulcers

**Aphthous Ulcers: NON-Keratinized tissue**
- Buccal and labial mucosa
- Soft palate

<table>
<thead>
<tr>
<th>Indications</th>
<th>Ingredients</th>
<th>Common Brand Names</th>
<th>Treatment</th>
<th>Instruction</th>
</tr>
</thead>
<tbody>
<tr>
<td>Aphthous Ulcers</td>
<td>Viscous Lidocaine 2% Gel – apply to lesion with Q-tip ac and HS</td>
<td></td>
<td><strong>For pain management</strong>&lt;br&gt;<strong>Rx</strong> – Apply to lesion with Q-tip ac and HS</td>
<td>Use until pain has resolved.</td>
</tr>
<tr>
<td></td>
<td>A combination of Benadryl liquid 12.5/5ml/Kaopectate/Lidocaine 2% soln.</td>
<td>“Magic Mouth solution”</td>
<td><strong>Rx</strong> - Rinse with 5-10 ml for 2 minutes every 2 hours and expectorate.</td>
<td>Use until pain has resolved.</td>
</tr>
<tr>
<td></td>
<td>(mix 1/3, 1/3, 1/3) Disp. 8oz. (This mix can vary among different pharmacies)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Betamethasone 0.1% ointment 45 g tube</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Decadron elixir 0.5mg/5ml Disp. 300 ml</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Rx** – > 12 years – Apply a small amount with a Q-tip to affected area 3-4 times/day

Rx – > 12 years – Rinse with 5 ml for 2 minutes up to 4 times/day and expectorate

Use until pain has resolved.
## 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

<table>
<thead>
<tr>
<th>Indications</th>
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<th>Treatment</th>
<th>Instruction</th>
</tr>
</thead>
<tbody>
<tr>
<td>Major aphthous ulcers – multiple coalesced ulcerations</td>
<td>Prednisone</td>
<td></td>
<td><strong>Rx</strong> – &gt; 12 years – 5mg, 5 tablets PO every morning x 5 days, then 5 tablets in the morning every other day until complete. #40 tabs OR <strong>Rx</strong> – &gt; 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</td>
<td>Complete medication</td>
</tr>
</tbody>
</table>
TREATMENT RECOMMENDATIONS FOR CHILDREN

Christine Cogil, DNP, MSN, FNP-BC
Barbara Overman, Ph.D., CNM
Peter Jensen, DDS
Charles Tatlock, DDS

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## Fluoride Varnish

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<tr>
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<th>Common Brand Names</th>
<th>Treatment</th>
<th>Instruction</th>
</tr>
</thead>
<tbody>
<tr>
<td>Preventive application to strengthen tooth enamel and reduce tooth decay.</td>
<td><strong>Fluoride Varnish</strong> - 5% Sodium fluoride in colophony resin base</td>
<td>Fluoridex, Flor-Opal, Fluorilaq</td>
<td>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.</td>
<td>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.</td>
</tr>
</tbody>
</table>
## White Spot Lesions (Decalcifications)

<table>
<thead>
<tr>
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</table>
| 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 | *Children must be able to spit product out and should be supervised to assure correct use.*  
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. |
<table>
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<th>Treatment</th>
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</tr>
</thead>
<tbody>
<tr>
<td>Fluoride Supplementation needed for 6 months of age and older</td>
<td>Sodium Fluoride</td>
<td>Fluoride Drops for infants, Fluorabon drops, Fluor-A-Day drops, Flura-drops</td>
<td>Dietary oral fluoride supplement dosage based on child’s age and water fluoride concentration</td>
<td>Dairy products should be avoided within 1 hour of administration. May mix drops in water or non-dairy food. Do NOT exceed recommended doses. Keep out of reach of children. Excessive doses can result in dental fluorosis.</td>
</tr>
<tr>
<td>For drinking water that is deficient in fluoride</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
| | Sodium Fluoride | 0.55mg | 1.1mg | 2.2mg | **Fluoride Drops**
| | | **Fluoride Drops** for infants | Fluorabon drops | Fluor-A-Day drops | Flura-drops |
| | | **Dietary oral fluoride supplement dosage based on child’s age and water fluoride concentration** | | | |
| | | 6 months – 3 years | Water Fluoride Concentration/Dosage of Fluoride | | |
| | | <0.3 ppm / 0.25mg (2 drops) | 0.3-0.6 ppm / None | >0.6 ppm / None | |
| | | 3 years – 6 years | 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 | |
| | | >6 years | 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 | **Fluoride Chewables**
| | | | 1.1mg=0.5mg/fluoride | 2.2 mg =1.0mg fluoride | |
## Dental Abscesses or Localized Cellulitis

![Image of periodontal abscesses](image)

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

<table>
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<th>Common Brand Names</th>
<th>Treatment</th>
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</tr>
</thead>
<tbody>
<tr>
<td>Dental Abscesses</td>
<td>Penicillan VK</td>
<td>Penicillin VK, 25-50mg/kg/day, QID x 10</td>
<td>Complete the antibiotic and see a dentist within 14 days</td>
<td></td>
</tr>
<tr>
<td>Localized cellulitis</td>
<td>Amoxicillin</td>
<td>Amoxicillin, 35-50mg/kg/day, TID x 10</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>For those with Penicillin allergy: Clindamycin, 10-25mg/kg/day, TID x 10</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Acetaminophen</td>
<td>Tylenol</td>
<td>10-15mg/kg/dose every 4-6 hours PRN/pain</td>
<td>Supplied as liquid, tablet, oral disintegrating tabs or rectal suppositories.</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Max. dose 90mg/kg/24 hours</td>
<td></td>
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</tr>
<tr>
<td></td>
<td></td>
<td>≥ 12 years old – use adult dosing</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ibuprofen</td>
<td>Advil</td>
<td>4-10 mg/kg/dose every 6-8 hours PRN/pain</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Max. dose 40mg/kg/24 hours</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>≥ 12 years old – use adult dosing</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Max. dose 1.2g/24 hour</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
## Oral Candidiasis

<table>
<thead>
<tr>
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<th>Common Brand Names</th>
<th>Treatment</th>
<th>Instruction</th>
</tr>
</thead>
<tbody>
<tr>
<td>Oral Candidiasis</td>
<td>Nystatin (100,000u/ml)</td>
<td><strong>Not exhaustive nor particularly recommended</strong></td>
<td>Neonates up to 1 month of age - 0.5ml to each side of the mouth, QID</td>
<td>May use 4 times a day between feeds</td>
</tr>
<tr>
<td></td>
<td>Nystatin (100,000u/ml)</td>
<td></td>
<td>Infants – 1 ml to each side of the mouth, QID</td>
<td>Swish and swallow, continue 48 hours after symptoms resolve</td>
</tr>
<tr>
<td></td>
<td>Oral miconazole topical gel</td>
<td></td>
<td>Children able to swish/swallow – 4-6ml, QID</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Recalcitrant cases</td>
<td></td>
<td>&gt;14 days, initial dose 6mg/kg x 1 day, then 3mg/kg, once daily x 7-14 days</td>
<td></td>
</tr>
</tbody>
</table>
# 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 vesicles gingiva
    - Multiple tiny clusters of vesicles on perioral skin, vermilion border of lip, 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

<table>
<thead>
<tr>
<th>Indications</th>
<th>Ingredients</th>
<th>Common Brand Names Not exhaustive nor particularly recommended</th>
<th>Treatment</th>
<th>Instruction</th>
</tr>
</thead>
<tbody>
<tr>
<td>Herpes labialis and Herpetic gingivostomatitis</td>
<td>Viscous Lidocaine 2% Gel –preferred treatment for ages 2 and above</td>
<td>Acyclovir</td>
<td>Rx – TOPICAL Apply to lesion with Q-tip ac and HS</td>
<td>Use until pain has resolved. Maintain adequate hydration to prevent renal impairment. Use with caution in patients with impaired renal function.</td>
</tr>
<tr>
<td>Recurrent Herpes labialis in Children &gt; 12 years</td>
<td>Valacyclovir</td>
<td></td>
<td>SYSTEMIC Recurrent 2gm/2 doses, 12 hours apart for 1 day</td>
<td>Pregnancy - Category B</td>
</tr>
</tbody>
</table>
## Aphthous Ulcers

**Aphthous Ulcers:** NON-Keratinized tissue  
- Buccal and labial mucosa  
- Soft palate

<table>
<thead>
<tr>
<th>Indications</th>
<th>Ingredients</th>
<th>Common Brand Names</th>
<th>Treatment</th>
<th>Instruction</th>
</tr>
</thead>
</table>
| 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”                                   | For pain management  
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.
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 I
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/OHRReimbursementChart.pdf](http://www2.aap.org/oralhealth/docs/OHRReimbursementChart.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)

### Patient Questions:

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

### Management Guidelines:

**Referral to Dental Care:**

- **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
  - Anti-bacterial rinse to decrease oral bacteria
  - Gum with xylitol as first ingredient
  - Topical fluoride every 3 months
  - Evaluate medications to modify xerostomia

**Self Management Goals**

- **Low Risk**
  - Regular dental visits
  - Brush twice daily
  - Use Rx Fl- toothpaste
  - Fluoride mouth rinse
  - Less/no sweet drinks/alcohol
  - Drink water with fluoride
  - Water between meals
  - Quit plan for tobacco
  - Less junk food/candy
  - No soda
  - Healthy snacks
  - Floss daily
### Mother or Caregiver Questions:

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
<th>N/A due to age</th>
</tr>
</thead>
<tbody>
<tr>
<td>Does your family have a dentist where you go to get your teeth cleaned and taken care of? If yes, who/where:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>When was the last time your child went to the dentist?</td>
<td></td>
<td></td>
<td>Within the last six months</td>
</tr>
<tr>
<td>Do you (parent or caregiver) have a cavity now or have you had a filling in the past three years?</td>
<td>No</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>Have brothers or sisters had cavities?</td>
<td>No</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>When was your child's last cavity?</td>
<td></td>
<td></td>
<td>N/A due to age</td>
</tr>
<tr>
<td>Does your child drink anything other than water in between meals?</td>
<td>No</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>Does your child drink anything other than water while in bed?</td>
<td>No</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>Does your child drink water with fluoridate?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>How often are your child's teeth brushed with fluoride toothpaste?</td>
<td>At least daily</td>
<td>Less than daily</td>
<td></td>
</tr>
</tbody>
</table>

### Health Care Provider History and Oral Exam:

<table>
<thead>
<tr>
<th>Condition</th>
<th>Yes</th>
<th>No</th>
<th>N/A due to age</th>
</tr>
</thead>
<tbody>
<tr>
<td>History of topical fluoride varnish application</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Physical, behavioral or cognitive factors interfering with oral care (special needs)</td>
<td>No</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td><strong>EXAM:</strong> Gingivitis (reported or observed OR risk from Rx/disease)</td>
<td>No</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td><strong>K05.10</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dry mouth/ Xerostomia (reported or observed OR risk from Rx/disease)</td>
<td>No</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td><strong>R68.2</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>White spots lesions or tooth decay</td>
<td>No</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td><strong>K02.9</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Fillings or crowns present</td>
<td>No</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td><strong>Z98.811</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Visible plaque on teeth</td>
<td>No</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>Oral candidiasis</td>
<td>No</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td><strong>B37.0</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Self Management Goals

<table>
<thead>
<tr>
<th>Low</th>
<th>High</th>
<th>Extreme</th>
</tr>
</thead>
<tbody>
<tr>
<td>Regular dental visits</td>
<td>Brush twice daily</td>
<td>Use Fl- toothpaste</td>
</tr>
</tbody>
</table>

### Management Guidelines:

<table>
<thead>
<tr>
<th>Referral to Dental Care</th>
<th>Applied Fluoride Varnish</th>
</tr>
</thead>
<tbody>
<tr>
<td>Not Indicated</td>
<td></td>
</tr>
<tr>
<td>Routine</td>
<td></td>
</tr>
<tr>
<td>Expedited</td>
<td></td>
</tr>
</tbody>
</table>

#### 0 - 2 Years

- **Clinical Management**
  - Oral health assessment every 6 months by primary care provider
  - Dental care by 1 year

- **Oral Health Instructions**
  - Twice daily brushing with OTC fluoridated toothpaste the size of a grain of rice
  - Avoid saliva sharing and pacifier cleaning
  - Healthy teeth for speech development and nutrition
  - Set diet and oral hygiene self-management goals

#### 3 - 6 Years

- **Clinical Management**
  - Oral health assessment every 12 months by primary care provider
  - Assure dental home

- **Oral Health Instructions**
  - Twice daily supervised brushing with OTC fluoridated toothpaste the size of a pea
  - Limit carbohydrates to mealtimes
  - Healthy teeth for speech development and nutrition
  - Set diet and oral hygiene self-management goals