

Oral Health Information and Fluoride Varnish Protocol



Kansas Department of Health & Environment
Bureau of Oral Health
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785-296-5116
www.kdheks.gov/ohi

Prevention of Dental Caries

- Why perform a Dental Assessment
 - Tooth decay is the most common chronic infectious disease in children that is not responsive to antibiotic treatment and does not heal itself.
 - If untreated, the decay progresses to cavitation and associated acute pain, cellulitis, tooth loss, dysfunctional speech patterns, space loss, and diminished facial appearance.
 - Physicians, Nurse Practitioners, Physicians Assistants, and Registered Nurses routinely see infants and young children for well-child visits. The potential for dental interventions is **EXCELLENT!**

Anticipatory Guidance

- Beginning with the first well-child visit, the medical provider should provide oral health education to the care giver.

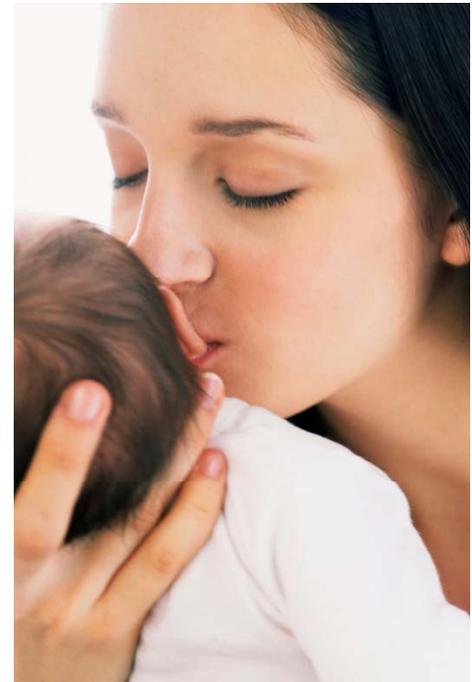


Caries is Infectious and Transmissible

- Primary bacteria- Streptococcus Mutans
 - Transmitted by primary care giver (72% of the time from the mother)
 - Can be transmitted by other family members and care givers

Transmission occurs by:

- Fingers in mouth and kissing on the lips
- Blowing on food
- Eating off same utensils
- Sharing drinks and food
- Cleaning pacifier by licking





Diet and Nutrition

- The greatest damage to teeth is done within the first twenty minutes after ingesting carbohydrates.



*The more often carbohydrates are eaten= the more often acid is formed=increased risk of enamel demineralization.

Diet and Nutrition

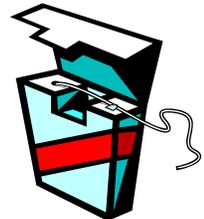
- Avoid use of “sippy cups”. If one must be used it should contain water only
- Never put child down for nap or bedtime with a bottle. If one must be used water only
- Discontinue the use of the bottle around the 1st birthday, the pacifier by age 2 and thumb-sucking by age 4





Cleaning a child's teeth

- Babies with no teeth-wipe with a soft terrycloth finger cot or washcloth.
- When teeth start erupting you can switch to a toothbrush.
 - Use a thin film (less than pea-sized amount) of toothpaste.
 - Brushing should be done by caregiver until age 4 or 5- continue supervision after that.
 - Floss primary teeth if they touch each other.



Dental Health Screening

- Predictors of Risk
- Oral Risk Assessment
- Oral Screening

“Lift the Lip” examination

- Decay frequently starts along the gum line

Application of Fluoride Varnish

- Establishing a Dental Home
 - By age one if possible



Early Childhood Caries (ECC)

Defined as the presence of one or more decayed teeth, missing teeth (resulting from decay), or filled tooth surfaces in any primary tooth in a child 6 years old or younger



Bacteria + tooth + foods (duration and frequency)
= **DECAY**

Fluoride Varnish is...

- A sticky resin containing 5% sodium fluoride (highest concentration available).
- Painted on teeth to provide a protective coating to help prevent decay (slow demineralization and encourage remineralization).
- Easy to apply, dries quickly, and has no known side effects (takes 3 minutes)

Does Fluoride Varnish make a difference?

- The Journal of Dental Research, February 2006
 - Children with no fluoride varnish treatments were more than twice as likely to have decay as those who had a yearly treatment, and almost four times as likely to have decay as those who had had varnish applied at six-month intervals (over a two year study period)



Varnish Application

Supplies needed:

- Gloves
- Fluoride Varnish
- 2x2 gauze sponges
- Paper towel for knee-to-knee position
- Mouth mirror (optional)



Varnish Application

Procedure:

- *Gather supplies
- *Position child (exam table or knee-to-knee position)
- *Gentle finger pressure to open mouth, if needed
- *Remove excess saliva from teeth with gauze sponge
- *Paint on **THIN** layer of varnish to all surfaces of teeth
- *Provide post-application instructions

Only contraindicated when ulcerative gingivitis/stomatitis is present and should not be applied to large open lesions

“ If you can paint your toenails-
You can paint on varnish!”
Dr. Pam Shaw



Varnish Application



- **Post-application instructions**
 - Do not brush or floss teeth until the next morning.
 - Child should eat a soft, non-abrasive diet for the rest of the day (child can eat and drink immediately after varnish application).
 - If using yellow varnish inform caregiver that discoloration of teeth is normal and will be removed when teeth are brushed.



Billing Medicaid

- Kansas Medicaid allows for three fluoride varnish applications by medical personal in addition to three varnish applications by dental personal (six total in one year)
- Medicaid eligible recipients from birth up to and including children not yet 20 years of age are eligible for varnish application.

On-Line Resources

- www.astdd.org Fluoride Varnish: an Evidence-Based Approach Research Brief
- <http://ks.train.org> Bright Smiles program **
- www.aapd.org The American Academy of Pediatric Dentist
- www.ada.org The American Dental Association



Check the teeth on the way to the tonsils

Your intervention can make a dramatic
difference in a child's oral health-for a life
time!

