

CHILD ORAL HEALTH POCKET CARD

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The information on this card should not substitute for consultation with an oral health expert

DENTAL TOPICS FOR WELL CHILD CARE VISITS

0-2 months

- Diet: Infant feeding (no bottle propping)

4 months

- Fluoride: Assess need for fluoride supplementation
- Caries risk assessment
- Diet: Infant feeding (no bottle propping, no bottle to bed)

6-9 months

- Fluoride: Prescribe systemic fluoride if needed
- Diet: Introduce cup; remove bottle by 1 yr.; no ad lib bottle or bottle to bed
- Oral hygiene: Start brushing as teeth erupt, use smear of fluoride toothpaste
- Dental screening: assess caries, defects, oral hygiene

12+ months

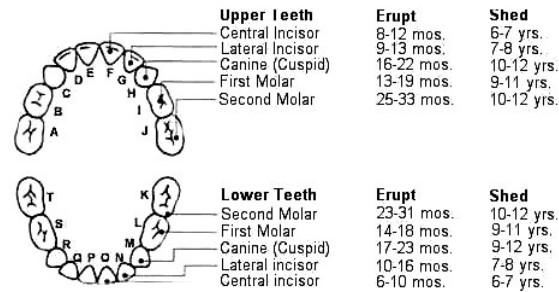
- Ensure regular dental visits from age one year
- Fluoride: Prescribe systemic fluoride if needed
- Diet: Limited sugar-free snacks & drinks; no bottles; no ad lib sippy cups
- Oral hygiene: parental supervision, fluoride toothpaste
- Dental screening: assess caries, defects, oral hygiene

CARIES RISK ASSESSMENT

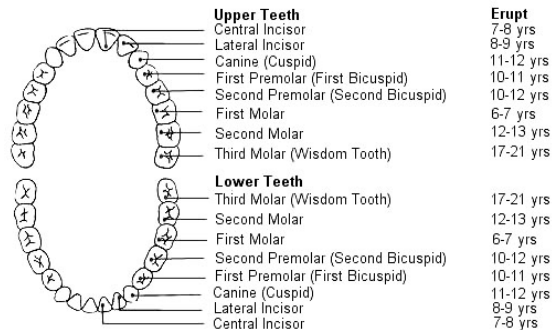
Elevated caries risk associated with:

- Previous caries
- High parental caries levels
- Low socioeconomic and education status
- Poor access to health care
- Special health care needs
- High frequency of sugar containing foods
- Inadequate fluoride
- Poor oral hygiene

ERUPTION CHART – Primary teeth



ERUPTION CHART – Permanent teeth



FLUORIDE SUPPLEMENTATION

1. If low risk (see “Caries Risk Assessment”), consider no supplementation.
2. If on city water, determine if water is fluoridated.
3. If on well water, obtain test kit from local authority which may be local dental school, public health department, etc., or visit the American Dental Association website at www.ada.org which has a list of communities with fluoridated water listed by state in the Public section under Oral Health topics A-Z.
4. Prescribe fluoride supplementation according to results.

FLUORIDE SUPPLEMENTATION DOSAGE SCHEDULE:

Patient's age	Level of fluoride found in water		
	<0.3ppm	0.3-0.6ppm	>0.6ppm
0-6 mths	0	0	0
6 mths – 3 yrs	0.25	0	0
3 yrs - 6 yrs	0.50	0.25	0
6 yrs – 16 yrs	1.00	0.50	0

FLUORIDE PRESCRIPTION EXAMPLES

Infant age 6 mths to 3 yrs in an area with <0.3ppm:

Fluoride 0.25mg/0.5ml solution

Give 0.5 ml daily

Swish and swallow, do not give with milk or formula

Dispense 50 ml. Refill for 1 year

Child age 3-6 yrs in an area with <0.3ppm:

Fluoride 0.5 mg chewable tab

1 tab daily

Chew and swallow, do not give with milk

Dispense 100 tabs. Refill for 1 year

Fluoride w/ iron & multivitamin for child age 6 mths to 3 yrs in an area with <0.3ppm:

Multi-vit w/ iron and fluoride 0.25mg/ml

Give 1 ml daily

Chew and swallow, do not give with milk or formula

Dispense 50 ml. Refill for 1 year

DIET

- Hold infant when feeding
- No bottle propping or bottle to bed
- No ad lib bottles or sippy cups
- Only breast milk/formula in bottle
- Limited number sugar-free snacks
e.g. fresh fruit/veg, plain cheerios, cheese, crackers
- Only plain milk or water between meals

TEETHING

Signs and Symptoms

- Loose stools is the only symptom associated with teething.
- Fever, irritability, drooling, sleep disturbance, tugging on ears have not been associated with teething and may be physiologic, behavioral or another organic cause.
- A fever of >100.6 should be evaluated for other causes.

Treatment Advice

- Teething rings or cold wash cloths to suck/chew on
- Acetaminophen or ibuprofen as needed
- Teething gels are less helpful, taste bad, and at high doses can be dangerous

INFANT/CHILD ORAL EXAM TIPS

Lap to lap method

- Position child on parent's lap facing parent.
- Position your chair so that you are knee to knee with parent.
- Lower child back onto your lap (so that child is still in contact with parent).

Exam table method

- Place child on exam table and have parent hold hands
- Examine child from behind head with the child's head tilted back and mouth opened wide.

What to look for

- Good oral hygiene including pink gums and shiny teeth.
- Closely examine high risk areas, such as gum lines, molar surfaces, and behind the upper central incisors for white or brown spots, cavities and/or defects.
- Any deviation from normal or the presence of plaque indicates increased caries risk and the child should be referred for dental care.