

Directions:

Review 20 or more charts of patients you have seen within the last 12 months. For an enriched measurement, pull charts of 10 patients who are 1 to < 6 years of age; and 10 who are \geq 6 years of age and review all documentation related to oral health. This review is a retrospective look at the oral health care as documented by the primary care office. Answer the questions based on actual documentation, not on information recall.

To begin, enter the total number of patient charts you will be entering data from		
From the total number of combined charts, enter:		
1a	Total # of patients ages 1year to <6 years:	
1b	Total # of patients ages \geq 6 years:	
2	Total # of patients with a dental home documented in the medical record	
3	Total # of patients with a dental home documented and at least 1 dental visit in the last 12 months	
4	Total # of patients referred to a dental home	
5	Total # of patients without a dental home that have record of why no dental home was established (ie, no access, no insurance, etc.)	
6	Total # of patients with an oral health risk assessment performed within the last 12 months	
7	Total # of patients with a clinical examination of the teeth and gums performed in the last 12 months	
8	Total # of patients with documentation of daily fluoridated water or fluoride supplement use (ie., systemic fluoride)	
9	Total # of patients with documentation that sources of topical fluoride were discussed (ie, fluoride toothpaste, mouth rinses, varnish)	
10	Total # of patients who received age-appropriate oral health education within the last 12 months	
From the total number of charts for ages 1year to <6 years, enter:		
11	Total # of patients who's mother or primary caregiver's active tooth decay was accessed within the last 12 months	
12	Total # of patients with eating / drinking risks for oral health assessed	
13	Total # of patients who received fluoride varnish in the office	
	13a. Total # of patients not eligible for fluoride varnish because of no teeth or older than 5	
From the total number of charts for ages \geq6 years, enter:		
14	Total # of patients with eating/drinking risks for oral health assessed (ie, sugar sweetened floods/beverages, soda, juice, sports drinks, etc.)	

Appendix

***Dental home** - The dental home is the “ongoing relationship between the dentist and the patient, inclusive of all aspects of oral health delivered in a comprehensive, continuously accessible coordinated and family-centered way.”⁸ The dental community (the American Dental Association, the Academy of General Dentistry, and the American Academy of Pediatric Dentistry [AAPD]) is united in encouraging families to establish a dental home by the time their child is 1 year old.⁹ Having a dental home is the ideal deterrence to the development of caries, from infancy through adolescence. Early preventive dental visits have been shown to reduce dental disease and reduce costs

⁸American Academy of Pediatric Dentistry. Definition of Dental Home. Chicago, IL: American Academy of Pediatric Dentistry; 2006 Available at: http://www.aapd.org/media/Policies_Guidelines/D_DentalHome.pdf. Accessed April 17, 2007

⁹Hagan JF, Shaw JS, Duncan PM, eds. Bright Futures: Guidelines for Health Supervision of Infants, Children, and Adolescents. 3rd ed. Elk Grove Village, IL: American Academy of Pediatrics; 2008; pg 156-57.

***Oral health risk assessment** - Bright Futures Guidelines recommends an oral health risk assessment be performed at the 6 and 9 month well child visits and until a dental home can be established for each child. This assessment consists of asking parents about their, and the child's, oral hygiene and looking at the child's mouth to assess the risk of caries. To help you to incorporate this recommendation into your practice, the American Academy of Pediatrics (AAP) has developed the Oral Health Risk Assessment Tool. This tool can help you begin oral health risk assessment, but does not necessarily mean you must use this or any other tool as long as all of the oral health risk assessment information is being documented in the medical record.

***Eating/drinking risks** - limiting juice, discontinuing the bottle, not drinking after brushing, infrequent snacking, and less-cariogenic food choices.

***Fluoride varnish application** - Bright Futures Guidelines recommend that fluoride varnish be applied every 3 – 6 months in the primary care or dental office from the ages of 6 months (once a tooth erupts) through 5 years (to the 6th birthday). Indications for fluoride use are noted in the 2014 AAP clinical report “Fluoride Use in Caries Prevention in the Primary Care Setting” (<http://pediatrics.aappublications.org/cgi/doi/10.1542/peds.2014-1699>). These recommendations are in line with the new United States Preventive Task Force Recommendations (<http://www.uspreventiveservicestaskforce.org/uspstf/uspsdnch.htm>).

***Age-appropriate oral health education** - See below for Bright Futures recommended anticipatory guidance topics by health supervision visit age:

4 Month Visit:

- Maternal oral health care, use of clean pacifier, teething/drooling, avoidance of bottle in bed.
- Don't share spoon or clean pacifier in your mouth; maintain good dental hygiene.
- Avoid bottle in bed, propping, “grazing.”
- Brush teeth twice daily with fluoridated toothpaste beginning with eruption of first tooth.

6 Month Visit:

- Fluoride, oral hygiene/soft toothbrush, avoidance of bottle in bed.
- Assess fluoride source.
- Brush with soft toothbrush/cloth and water.
- Avoid bottle in bed, propping, “grazing.”
- Brush teeth twice daily with smear of fluoridated toothpaste beginning with eruption of first tooth.
- Fluoride varnish applied at least 2 times per year (4 times per year for high risk children) in the medical or dental office.

12 Month Visit:

- Establishing a dental home. First dental checkup, dental hygiene.
- Visit the dentist by 12 months or after first tooth.
- Brush teeth twice a day with smear of fluoridated toothpaste, soft toothbrush.
- If still using bottle, offer only water.
- Fluoride varnish applied at least 2 times per year (4 times per year for high risk children) in the medical or dental office.

15 Month Visit:

- Healthy teeth. Brushing teeth, bottle usage.
- Schedule first dental visit if hasn't seen dentist yet.
- Prevent tooth decay by good family oral health habits (brushing, flossing), not sharing utensils or cup.
- If nighttime bottle, use water only.
- Brush teeth daily with fluoridated toothpaste.
- Fluoride varnish applied at least 2 times per year (4 times per year for high risk children) in the medical or dental office.

4 Year Visit:

- Daily routines that promote health.
- Tooth brushing twice a day with pea-sized toothpaste.
- Brush teeth daily with pea-sized amount of fluoridated toothpaste.
- Flossing once daily between teeth that touch
- Fluoride varnish applied at least 2 times per year (more for high risk) in medical or dental office.

5 Year Visit:

- Regular visits with dentist, daily brushing and flossing, adequate fluoride.
- Help child with brushing if needed.
- Visit dentist twice a year.
- Brush teeth daily with pea-sized amount of fluoridated toothpaste.
- Fluoride varnish applied at least 2 times per year (more for high risk) in medical or dental office.

7-8 Year Visit:

- Regular visits with dentist, daily brushing and flossing, adequate fluoride.
- Brush teeth daily with pea-sized amount of fluoridated toothpaste.
- Fluoride varnish applied at least 2 times per year (more for high risk) in medical or dental office.
- Discuss applying sealants to protect permanent teeth with dental provider.