

Suggested Oral Health Best Practices

As measured in this EQIPP quality improvement course, following are some suggested best practices for oral health promotion and disease and injury prevention:

1.	<p>Discuss the importance of the dental home at the 6- and 9-month visit and recommend that every child establish a dental home by 1 year of age.</p> <ul style="list-style-type: none"> Once established, recommend that the patient see the dental professional at least annually and more often if the child has increased risk or special abilities and healthcare needs. If not established, uncover the reason for the lack of a dental home and recommend resources to overcome obstacles.
2.	<p>Build and maintain interprofessional collaborative relationships with local dentists with whom you can refer patients and families.</p>
3.	<p>Perform an oral health risk assessment periodically to all children, starting at 6 months of age.</p> <ul style="list-style-type: none"> Use a formal assessment tool for patients under 6 years of age. Include an evaluation of the patient’s eating/drinking habits, daily oral healthcare routine, and access to systemic and topical fluoride. (Refer to the AAP 2020 clinical report, Fluoride Use in Caries Prevention in the Primary Care Setting, for fluoride administration and supplementation decisions.) Reassess at each well check to identify opportunities for reducing risk.
4.	<p>Examine patients’ teeth and gums at all health supervision visits.</p>
5.	<p>Include age-appropriate oral health anticipatory guidance as an integral part of comprehensive patient counseling. Include in discussions (among other points):</p> <ul style="list-style-type: none"> Counsel parents/caregivers and patients to reduce the frequency of exposure to sugars in foods and drinks. Encourage parents/caregivers to brush a child’s teeth as soon as teeth erupt, using a tiny smear or a grain-of-rice–sized amount of fluoride toothpaste, increasing slightly to a pea-sized amount after 3 years of age. Advise parents/caregivers to monitor brushing until 8 years of age or the child has adequate coordination (eg, can tie their own shoes). Emphasize the importance of injury prevention and provide anticipatory guidance. Have a plan in place for emergency dental trauma that includes interprofessional collaborative relationships with local dentists with whom you can refer patients and families.
6.	<p>Apply fluoride varnish in the pediatric office for patients ≤6 years. Consider applying it to children >6 years who do not receive regular dental visits. (Check your state’s guidance regarding insurance reimbursement.) Remember that fluoride varnish can be applied to arrest early childhood caries and prevent progression of caries already present until the child can be seen by a dentist.</p>