Oral Health Best Practices

Data Collection Tool

Directions:

1. Pull **20** or more active charts* of patients over 6 months of age. Ideally, for an enriched measurement, pull 10 charts each of patients who are aged:
   - **Six months to 6 years old**
   - **Over 6 years old**
2. Answer the following questions based on actual chart documentation, not on information recall.

* Active charts indicate that the patient was seen at least once in the last 12 months.

For patients <12 months of age:

1. Has the importance of establishing a dental home been discussed with the patient/family?

   O Yes
   O No

2. Was an oral health risk assessment completed using a formal assessment tool at the 6- and 9-month health supervision visits?

   O Yes
   O No

Skip to Question #5

For patients ≥12 months of age:

3. Has a dental home been established for this patient?

   O Yes
   O No

If no to Question 3:

3a. Was the patient referred to a dental home?

O Yes
O No

3b. Is there a documented reason why a dental home was not established (ie, no access, no insurance, etc)?

O Yes
O No

4. Was an oral health risk assessment completed per AAP recommendations (ie, at health supervision visits for patients ≤6 years or within the last 12 months for patients >6 years old)?

   O Yes
   O No

If yes to Question 4:

4a. Was a formal assessment tool used to assess risks for patients ≤6 years of age?

O Yes
O No
O N/A, patient over 6 years of age

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For patients of all ages:

5. Was fluoride varnish applied in the pediatric office?
   - O Yes
   - O No
   - O N/A, no teeth have erupted, patient is over 6 years of age, or service declined by the family

6. Was a clinical examination of the teeth and gums performed at the last health supervision visit?
   - O Yes
   - O No

7. Were the patient's eating/drinking habits that put them at risk (ie, sippy cups, bottle to bed, sugar-sweetened foods and beverages, soda, juice, sport drinks, etc) assessed at the last health supervision visit?
   - O Yes
   - O No

8. Was the patient's daily oral health care routine (ie, clean infant gums after feeding, number of brushings, flossing when age appropriate, etc) assessed at the last health supervision visit?
   - O Yes
   - O No

9. Was the patient's access to systemic fluoride (ie, fluoridated water or fluoride supplement if no access to fluoridated water) assessed?
   - O Yes
   - O No

10. Were the patient's sources of topical fluoride (ie, fluoride toothpaste, mouth rinses, varnish, etc) assessed?
    - O Yes
    - O No
    - O N/A, no teeth have erupted

11. Was age-appropriate oral health anticipatory guidance offered at the last health supervision visit?
    - O Yes
    - O No

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Appendix

Dental Home

The dental home is the ongoing relationship between the dentist and the patient, inclusive of all aspects of oral health care delivered in a comprehensive, continuously accessible, coordinated, and family-centered way. The dental home should be established no later than 12 months of age to help children and their families institute a lifetime of good oral health. A dental home addresses anticipatory guidance and preventive, acute, and comprehensive oral health care and includes referral to dental specialists when appropriate.

This definition was developed by the Council on Clinical Affairs and adopted in 2006. This document is an update of the previous version, revised in 2015. American Academy of Pediatric Dentistry. Definition of Dental Home. Chicago, IL: American Academy of Pediatric Dentistry; 2019-2020;15. **Latest Revision** 2018. Accessed May 28, 2020.

Oral Health Risk Assessment

The Bright Futures/AAP "Recommendations for Preventive Pediatric Health Care, (ie, Periodicity Schedule) recommends all children receive a risk assessment at the 6- and 9-month visits. For the 12-, 18-, 24-, 30-month, and the 3- and 6-year visits, risk assessment should continue if a dental home has not been established. View the Bright Futures/AAP Periodicity Schedule.

Note: Patients who comply with annual visits to the dental home may have the risk assessment completed by the dental professional. If such records have not been retrieved from the dental home, the PPHP should complete the risk assessment at the health supervision visit.

Formal Assessment Tool

It is recommended that a formal tool is used to conduct the oral health risk assessment for patients under age 6 years, such as the AAP Oral Risk Assessment Tools located on the AAP Oral Health Practice Tools Web page:

- Oral Health Risk Assessment Tool Guidance – English
- Oral Health Risk Assessment Tool Guidance – Spanish

Fluoride Varnish Applied

Children from Birth Through Age 5 Years:

- The USPSTF recommends that PPHPs apply fluoride varnish to the primary teeth of all infants and children starting at the age of primary tooth eruption.

For more information, see: Prevention of Dental Caries in Children Younger Than Age 5 Years: Screening and Interventions.

Eating/Drinking Habits

Encourage positive eating/drinking habits, including limiting juice, discontinuing the bottle, not drinking after brushing, infrequent snacking, and less-cariogenic food choices.

Avoid these habits:

- **Continual Bottle/Sippy Cup Use:** Children who drink juice, soda, and other liquids that are not water, from a bottle or sippy cup continually throughout the day or at night are at an increased risk of caries.

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The frequent intake of sugar does not allow for the acid it produces to be neutralized or washed away by saliva. Parents of children with this risk factor need to be counseled on how to reduce the frequency of sugar containing beverages in the child's diet.

- **Frequent Snacking:** Children who snack frequently are at an increased risk of caries. The frequent intake of sugar/refined carbohydrates does not allow for the acid it produces to be neutralized or washed away by saliva. Parents of children with this risk factor need to be counseled on how to reduce frequent snacking and choose healthy snacks such as cheese, vegetables, and fruit.

Age-appropriate Oral Health Anticipatory Guidance

Stage	Summary of Anticipatory Guidance
Infancy (Prenatal to 11 months)	• Health care professionals ask questions about maternal diet, good oral health hygiene, and attendance at regular dental checkups to set the stage for optimal child oral health. • In the early months of infancy, guidance focuses on – Holding the infant while feeding – Never putting an infant to bed with a bottle – Using a cloth or soft toothbrush with tap water and a small smear of toothpaste to gently clean gums and new teeth • As an infant reaches 6 months, guidance expands to include – Introducing fluoride varnish and fluoridated water or fluoride supplements – Minimizing exposure to natural or refined sugars in the infant's mouth – Weaning off bottles as the infant approaches 12 months – Discussing the recommendation of no juice until age 1 year – Finding a dental home
Early Childhood (1 to 4 years)	• Routines are a critical component of early childhood. Health care professionals support families by reinforcing tooth brushing as a routine conducted twice daily. • At the 12-month health supervision visit, health care professionals focus on the importance of a dental home, providing information about what families can expect. • Health care professionals continue to emphasize – Eating a healthy diet – Avoiding sweetened food and beverages – Keeping bottles out of cribs or beds – Avoiding sippy cups with juice – Using fluoride varnish and fluoridated water or fluoride supplements
Middle Childhood (5 to 10 years)	• Oral health is integrated into larger discussions of children's physical growth and development, which are priority areas in health supervision visits. • Health care professionals continue to focus on – Oral health hygiene (daily tooth brushing and flossing) – Connections to a dental home – The importance of caring for permanent teeth – Limiting sweetened beverages and snacks – The importance of dental sealants • As children become engaged in contact sports, health care professionals emphasize the importance of using a mouth guard.

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Adolescence (11 to 21 years)	• Similar to the middle childhood years, oral health is integrated into the priority areas of physical health and development. • Health care professionals shift conversations during adolescent years to help them understand the importance of – Routine oral health hygiene (daily tooth brushing and flossing) – Limiting soda and sweetened beverages – Reducing in-between meal snacks – Chewing sugarless gum – Using a mouth guard during contact sports • In later adolescence health supervision visits, health care professionals begin conversations about smoking and drug use that can impact oral health.

Hagan JF, Shaw JS, Duncan PM, eds. Bright Futures: Guidelines for Health Supervision of Infants, Children, and Adolescents. 4th ed. Elk Grove Village, IL: American Academy of Pediatrics; 2017