

Preventive Pediatric Health Care Services

The Oral Health Section of the Periodicity Schedule is an expansion of the Physicians Preventive Pediatric Health Care Recommendations developed by the American Academy of Pediatric / Bright Futures. These recommendations are designed for the care of children who are receiving competent parenting, have no manifestations of any important health problems, and are growing and developing in a satisfactory fashion.

Oral Health Section																																					
Oral Health	INFANCY							EARLY CHILDHOOD							MIDDLE CHILDHOOD					ADOLESCENCE																	
Age	N	3-5d'	1M	2M	4M	6M	9M	12M	15M	18M	24M	30M	3Y	4Y	5Y	6Y	7Y	8Y	9Y	10Y	11Y	12Y	13Y	14Y	15Y	16Y	17Y	18Y	19Y	20Y	21Y						
Oral screening and referral ¹	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•						
Fluoride Varnish ²					*	←																					→										
Fluoride Supplements ³						*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*										
Anticipatory Guidance ⁴	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•						

• to be performed * assessing risk ← ● → Range during which a service may be performed

1. **Perform** an oral screening of child's gums and teeth at each EPSDT visit; **assess** whether child has a dental home and the risk for tooth decay/ dental diseases starting at 6 months of age or at the eruption of first tooth, whichever is earlier. Proper referral for treatment and follow up must occur for all children based on the findings of the oral screening. At each visit, refer **all** children for routine care, preventive services and examination at the eruption of first tooth and no later than 12 months of age to ensure establishment of a dental home. Providers may use standardized tools or questionnaires developed by AAP access at: https://www.aap.org/en-us/Documents/oralhealth_RiskAssessmentTool.pdf
2. Child may receive Fluoride Varnish during a well visit or sick visit starting at the **eruption of first tooth** through the month of the 21st birthday. Children ages 0 through 6 (up to the month of the 7th birthday) may receive a maximum of four (4) applications per year and children ages 7-21 may receive one application of Fluoride varnish per year.
3. If primary water source is deficient in fluoride and child does not have a dental home consider oral fluoride supplementation. To check on the levels of water fluoride by each Community Water System go to Centers for Disease Control and Prevention (CDC) website at: https://nccd.cdc.gov/DOH_MWF/Default/CountyList.aspx . For the appropriate dosage of fluoride supplements refer to American Academy of Pediatric Dentistry (AAPD) Dietary Fluoride Supplementation Schedule at: http://www.aapd.org/media/Policies_Guidelines/G_FluorideTherapy.pdf
4. At each visit provide anticipatory guidance focusing on child's risk factors identified during the oral screening/evaluation. The anticipatory guidance should include but not limited to: Oral Hygiene Education; Nutritional counseling; Non- nutritive habits; drinking water source; dental injury prevention; substance abuse counseling.