

Assessing Oral Health Risk

- ### What counts as assessing oral health risk when you do your chart audits
- Bright Futures Oral Health Risk Form would count
 - QTIP Risk assessment counts
 - On Medicaid?
 - Child with Special Health Care?
 - Caries or dental pathology present in patient or family?
 - Fluoride varnish administered counts (If you applied the varnish you must have assessed risk)
 - If you want to start fluoride varnish administration, ask QTIP staff for help in arranging a training
 - Recorded dental exam could count
 - Other criteria of your own choosing can count

Using the AAP Oral Health Risk Assessment Tool

RISK FACTORS	PROTECTIVE FACTORS	CLINICAL FINDINGS
<ul style="list-style-type: none"> Mother or primary caregiver had active decay in the past 12 months <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Mother or primary caregiver does not have a dental <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Continue bottle/teething cup use with fluid other than water <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Frequent snacking <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Special health care needs <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Medicaid eligible <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 	<ul style="list-style-type: none"> Leading dental home <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Childs fluoridated water or takes fluoride supplements <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Fluoride varnish in the last 6 months <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Has teeth brushed twice daily <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 	<ul style="list-style-type: none"> White spots or visible carious lesions in the past 12 months <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Obvious decay <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Decay at one (18m) or present <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Visible plaque accumulation <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Gingivitis (swollen/bleeding gums) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Teeth present <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Healthy teeth <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

The child is at an absolute high risk for caries if a risk factors or clinical findings, marked with a are documented yes. In the absence of a risk factors or clinical findings, the clinician may determine the child is at high risk of caries based on one or more positive responses to other risk factors or clinical findings.


Answering yes to protective factors should be taken into account with risk factors/clinical findings in determining low versus high risk.

15 Month History (Precompleted note)

Well Child History <Show Structure> <Use Free Text>
Here for 15 month check up.
 Concerns:
 Developmental:
 PEDS screen:
 Nutrition: off bottle, eats varied diet of table foods.
 Sleep:
 Behavior: starting to tantrum some.
 Elimination:
 oral health:

High Risk on exam

- One or more of the following:
 - Presence of white spots and/or cavities
 - History of cavities and/or fillings in last 3 years
 - Presence of plaque/tartar
 - Family members have cavities
 - particularly mother
 - No dental visit in last year

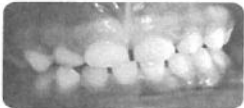


12 month visit precompleted note (A/P):

Impression and Plan <Show Structure> <Use Free Text>
Anticipatory Guidance
 Discussed Feeding Issues: Encourage use of cup (water), introduce whole milk.
 Discussed infant development: Encouraged to maintain regular feeding and sleep routines including putting infant to bed drowsy but awake, Engage in interactive, reciprocal play.
 Discussed oral health: Advised to use water and soft toothbrush or cloth.
 Discussed family support: Screened for domestic violence and address if needed. Discussed the use of discipline.
 Discussed child safety: Discussed car safety (All passengers should wear seatbelts), Discussed second hand smoke exposure, Discussed home safety check (Use stair gates, Cover electrical outlets, Place poison control number by each phone).
 We discussed oral health prevention measures such as only putting water in sippy cup and avoiding sugary drinks, getting rid of sippy cup by 24 months, not allowing the toddler to go to bed with cup or bottle, and finding a dental home if he has not already.
Education and Follow up Counseled Family, Regarding diagnosis, Regarding treatment.
 Discussed need to find a dental home at 12 months. Discussed need to drink fluoridated water and limit sugary drinks to zero if possible.
 Dental Varnish
 Routine 12 month vaccines include MMR, Varicella, Hep A, Prevnar.

Low Risk on exam

- No history of fillings
- No white spots or cavities present
- No plaque or tartar present
- No family history of untreated cavities
 - particularly **mother**
- Had dental visit in past year



Where are you today on performing oral health risk assessments?

- Thoughts for later
 - Do you have a standard format that you use?
 - Is it in your EMR?
 - Do you use a standard intake form that parent/caregiver completes in waiting room?
 - Is your office protocol for the OH Risk Assessment working?

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