

Cite as

Casamassimo P. 1997. ***Bright Futures in Practice: Oral Health Quick Reference Cards***. Arlington, VA: National Center for Education in Maternal and Child Health.

Bright Futures in Practice: Oral Health Quick Reference Cards are not copyrighted. Readers are free to duplicate and use all or part of the information contained in this publication. In accordance with accepted publishing standards, the National Center for Education in Maternal and Child Health (NCEMCH) requests acknowledgment, in print, of any information reproduced in another publication. The publisher also requests acknowledgment that the Bright Futures publications were supported by the Maternal and Child Health Bureau, Health Resources and Services Administration, Public Health Service, U.S. Department of Health and Human Services.

The mission of the National Center for Education in Maternal and Child Health is to promote and improve the health, education, and well-being of children and families by leading a national effort to collect, develop, and disseminate information and educational materials on maternal and child health; and by collaborating with public health agencies, voluntary and professional organizations, research and training programs, policy centers, and others to advance knowledge in programs, service delivery, and policy development. Established in 1982 at Georgetown University, NCEMCH is part of the Graduate Public Policy Institute. NCEMCH is funded primarily by the U.S. Department of Health and Human Services through its Maternal and Child Health Bureau.

Published by:

National Center for Education in Maternal and Child Health
2000 15th Street North, Suite 701
Arlington, VA 22201-2617
(703) 524-7802 • (703) 524-9335 fax

For more information about the Bright Futures project at NCEMCH, please contact Pamela B. Mangu, M.A., Project Director, by phone at (703) 524-7802, or e-mail at Brightfutures@ncemch.org.
Bright Futures World Wide Web: <http://www.brightfutures.org>

Single additional copies of *Bright Futures in Practice: Oral Health* (\$12.50) and *Bright Futures in Practice: Oral Health Quick Reference Cards* (\$3.50) are available from

National Maternal and Child Health Clearinghouse
2070 Chain Bridge Road, Suite 450
Vienna, VA 22182-2536
(703) 356-1964 • (703) 821-2098 fax
Discounts are available for bulk orders.

This publication has been produced by the National Center for Education in Maternal and Child Health under its cooperative agreement (MCU-119301) with the Maternal and Child Health Bureau, Health Resources and Services Administration, Public Health Service, U.S. Department of Health and Human Services.



Bright Futures in Practice



ORAL HEALTH

Quick Reference Cards

Family Preparation for Health Supervision

Be prepared to give updates on the following at all visits to a health or dental professional:

Supplemental fluoride and vitamins

Changes in the source of the water used for drinking, cooking, or formula preparation (bottled water, etc.)

Use of bottle, cup by younger children

Eating habits

Oral hygiene procedures (frequency, problems)

Injuries to or infections in the mouth or teeth

Medications, illnesses

Changes in teeth present in the mouth

Use of substances (tobacco, other drugs) by older children, adolescents

Periodicity and Services

Dental Professional

Every 6 months (after 1 year) or as indicated by the child's needs and/or susceptibility to disease, as determined by a primary care dentist:

- Examination
- Oral health risk assessment
- Recognition and reporting of suspected child abuse/neglect
- Education and anticipatory guidance for parents and child concerning fluoride supplementation, oral development, teething/tooth eruption, tooth cleaning, injury prevention, dietary habits
- Guidance of developing occlusion
- Preventive dental procedures
- Periodontal health assessment
- Treatment for injury/dental disease
- Referral, as needed, to other health professionals

Health Professional

Health professionals can provide oral health supervision within the context of other health supervision visits during infancy, and can reinforce oral health supervision during early childhood, middle childhood, and adolescence:

- Screening
- Oral health risk assessment
- Recognition and reporting of suspected child abuse/neglect
- Education and anticipatory guidance for parents and child concerning fluoride supplementation, oral development, teething/tooth eruption, tooth cleaning, injury prevention, dietary habits
- Referral, as needed, to the dental professional

Most infants will receive their oral health supervision from health professionals. If screening indicates a problem, the infant should be referred to a dental professional.

INFANCY

Interview

Trigger Questions

To be used selectively by the health or dental professional. Discuss any issues or concerns of the family.

How is feeding going? How often and for how long do you breastfeed?

How well does Julia fall asleep? Do you give her a bottle in bed?

Is Hannah easy or difficult to console?

What drinking water do you give to Ana?

Does Nikita use a pacifier? Does she suck her thumb or finger?

Do you put Celeste in a safety seat when she rides in a car?

Are you brushing Alexander's teeth? How has this been going?

How much toothpaste do you use?

Do you have a family dentist?

Have you made an appointment for Carlos' one year dental visit?

Outcomes

- 🎯 Parents are informed of oral development and teething issues
- 🎯 Parents are informed of and practice preventive oral health care, including brushing infant's teeth with pea-size amount of fluoridated toothpaste
- 🎯 Infant rides in car safety seat in back
- 🎯 Infant's environment is safeguarded to protect against oral/facial injuries
- 🎯 Infant is not put to bed with bottle
- 🎯 Infant receives appropriate fluoride supplementation
- 🎯 Infant has no active carious lesions
- 🎯 Infant has healthy oral soft tissues



Anticipatory Guidance

Throughout infancy:

Use an infant safety seat in the back that is properly secured at all times.

To avoid developing a habit that will harm the child's teeth, do not put the baby to bed with a bottle, prop it in the baby's mouth, or allow the baby to feed "at will."

Most infants do not get their first teeth until after six months. Teethers may be irritable.

Familiarize yourself with the normal appearance of baby's gums and teeth so that you can identify problems if they occur.

Many babies need extra sucking. Sucking a thumb or pacifier may help calm the infant and will not harm the teeth during infancy.

Recognize that the infant may not always be consolable, regardless of your efforts. Accept support from your partner, family members, and friends.

Always keep one hand on the baby on high places such as changing tables, beds, sofas, or chairs.

Keep all poisonous substances, medicines, cleaning agents, health and beauty aids, and paints and paint solvents locked in a safe place.

Install gates at the top and bottom of stairs, and place safety devices on windows.

Lower the crib mattress. Do not use an infant walker at any age.

Use a safety belt or infant seat when the infant is in a shopping cart.

At six months:

Begin to offer a cup for water or juice.

Clean the infant's teeth with a soft brush, beginning with the eruption of the first tooth.

Give the infant fluoride supplements only as recommended by the health professional, based on the level of fluoride in the infant's drinking water.

At nine months:

Encourage the infant to drink from a cup. If bottlefeeding, begin weaning from the bottle.

EARLY CHILDHOOD

Interview

Trigger Questions

To be used selectively by the dental or health professional. Discuss any issues or concerns of the family.

Do you help Lynne with brushing her teeth? How has this been going?

Does Brittany's brother have fillings? Have you had any problems with your own teeth?

Are you using fluoridated toothpaste on Bassam's teeth?

Do you know about dental sealants?

What would you do if JoAnne knocked out one of her teeth?

Does Benita drink from a cup? Does she take a bottle?

How often does Marie snack? What does she usually eat?

Does Marcos use a pacifier? Does he suck his thumb or finger?

Have you taken Michael for regular dental checkups?

When did Lee have his last checkup with a nurse or doctor? When did he last get immunizations?

Outcomes

- 👤 Parents are informed of oral development issues
- 👤 Parents and child are informed of and practice preventive oral health care
- 👤 Child receives appropriate fluoride supplementation
- 👤 Child uses car safety seat or safety belt in the back
- 👤 Child wears appropriate play and athletic protective gear
- 👤 Child is under the care of a dentist
- 👤 Child has no active carious lesions
- 👤 Child has healthy oral soft tissues
- 👤 Child has functional occlusion



Anticipatory Guidance

Throughout early childhood:

Use a car safety seat in the back that is properly secured at all times.

Give the child fluoride supplements only as recommended by the health professional, based on the level of fluoride in the child's drinking water.

After the one year visit, schedule the next dental appointment for the child according to the schedule recommended by the dental professional, based on the child's individual needs and/or susceptibility to disease.

Familiarize yourself with the normal appearance of the child's gums and teeth so that you can identify problems if they occur.

Use a safety belt when the child is in a shopping cart.

Continue to use gates at the top and bottom of stairs and safety devices on windows.

Ensure that the child wears a bicycle helmet, even on a tricycle.

Ask any questions you have about how to prevent dental injuries and how to handle dental emergencies, especially the loss or fracture of a tooth.

Provide the child's caregivers with the dentist's emergency phone contacts.

At 12 months through three years:

Make an appointment for the toddler's first dental examination and risk assessment at 12 months.

Brush the toddler's teeth with a pea-size amount of fluoridated toothpaste. Children under four to five years of age will continue to need help.

Do not put the child to bed with a bottle, and continue to encourage the toddler to drink from a cup. Wean the toddler from the bottle.

At four years:

Ensure that the child brushes her teeth twice a day with a pea-size amount of fluoridated toothpaste. Regularly supervise the toothbrushing.

If the child regularly sucks a pacifier or fingers or thumb, begin to intervene to help the child break the habit.

MIDDLE CHILDHOOD

Interview

Trigger Questions

To be used selectively by the dental professional. Discuss any issues or concerns of the family. As the child grows, ask the child questions directly.

To parent:

Are you familiar with dental sealants? Do you have any questions about them?

Do you understand what to do if Elisa knocks out one of her teeth?

Is Jee brushing and flossing his teeth without being reminded?

Do you have any special problems with brushing because of Perry's other medical issues?

Do you and your family members wear safety belts in the car?

Does Selena ever comment about her teeth and how they look?

To child:

How often do you brush your teeth? Floss? Do you think it helps?

Do you always wear a safety belt in the car?

What sports do you play? Do you wear a mouth guard? Other protective gear?

Are you familiar with dental sealants?

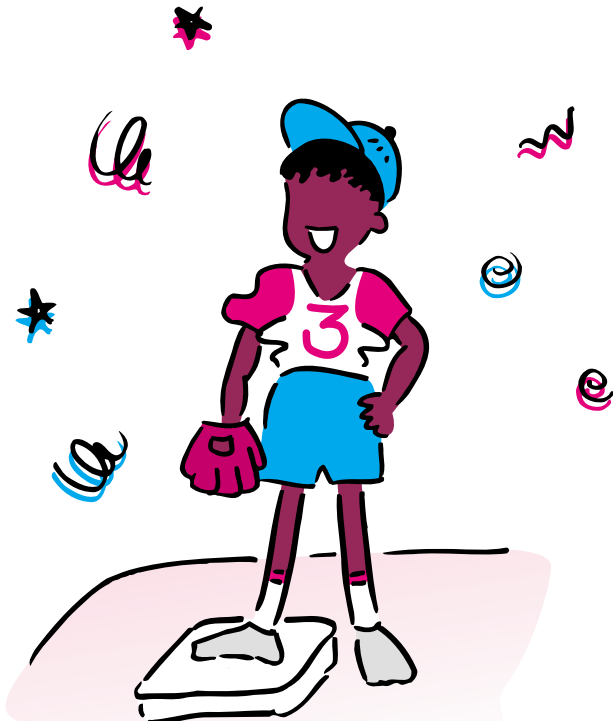
Do you have any questions about them?

Do you think your teeth look okay?

Do you snack at school? After school? What do you eat?

Outcomes

- Parents and child are informed of oral development issues
- Parents and child are informed of and practice preventive oral health care
- Child wears safety belt in back
- Child wears appropriate play and athletic protective gear
- Child does not suck fingers or thumb
- Child does not use tobacco or other drugs
- Child receives appropriate fluoride supplementation
- Child has been assessed for dental sealants
- Child is under the care of a dentist
- Child has no active carious lesions
- Child has healthy oral soft tissues
- Child has functional occlusion



Anticipatory Guidance

Throughout middle childhood

Ensure that the child wears a safety belt in the back seat of the car at all times.

Ensure that the child brushes her teeth twice a day with a pea-size amount of fluoridated toothpaste. Regularly supervise the toothbrushing.

Give the child fluoride supplements as recommended by the health professional, based on the level of fluoride in the child's drinking water.

Ensure that the child wears a helmet when riding a bicycle.

Ask any questions you have about how to prevent dental injuries and handle dental emergencies, especially the loss or fracture of a tooth.

Provide the child's caregivers with the dentist's emergency phone contacts and ensure that the caregivers know how to handle oral health emergencies.

Familiarize yourself with the normal appearance of your child's gums and teeth so that you can identify problems if they occur.

Schedule the next dental appointment for the child according to the schedule recommended by the dental professional, based on the child's individual needs and/or susceptibility to disease.

At six years:

Teach the child about sports safety, including the need to wear protective sports gear such as a mouth guard and a face protector.

If the child regularly sucks fingers or thumb, begin to intervene gently to help the child stop. *[Health or dental professional can recommend strategies.]*

At eight years:

Teach the child how to floss.

Teach the child how to handle dental emergencies, especially the loss or fracture of a tooth.

Teach the child not to smoke or use spit tobacco.

At 10 years:

Help the child understand the dangers of smoking, and of using spit tobacco and other drugs.

ADOLESCENCE

Interview

Trigger Questions

To be used selectively by the dental professional. Discuss any issues or concerns of the family.

When do you eat ... at home? At school?

When was the last time you went to the dentist?

How often do you brush your teeth?

How often do you floss your teeth?

Do you think brushing and flossing are helping your teeth?

How do you feel your teeth look?

Do you wear protective mouth gear when you participate in contact sports or in-line skating?

What have you learned about smoking or spit tobacco?

Did you smoke any cigarettes in the last month? Use spit tobacco? How often?
What do you think about smoking? Spit tobacco?

Do you wear a safety belt while driving or riding in motor vehicles?

Do you wear a helmet when riding on a motorcycle? On a bicycle?

Outcomes

- Adolescent is informed of oral development issues
- Adolescent is informed of and practices preventive oral health care
- Adolescent wears safety belt
- Adolescent wears appropriate play and athletic protective gear
- Adolescent does not use tobacco or other drugs
- Adolescent receives appropriate fluoride supplementation
- Adolescent has been assessed for dental sealants
- Adolescent is under the care of a dentist
- Adolescent has no active carious lesions
- Adolescent has healthy oral soft tissues
- Adolescent has functional occlusion
- Adolescent's third molars have been evaluated



Anticipatory Guidance

Throughout adolescence:

- Wear a safety belt while driving or riding in the car. If you are driving, insist that your passengers also wear safety belts. Follow the speed limit.
- Always wear a helmet when riding a motorcycle, all-terrain vehicle (ATV), or bicycle. Even with a helmet, motorcycles and ATVs are very dangerous.
- Wear protective sports gear such as a mouth guard or face protector.
- Brush your teeth twice a day with a pea-size amount of fluoridated toothpaste, and floss daily.
- Take fluoride supplements only as recommended by a health or dental professional, based on the level of fluoride in your drinking water.
- Familiarize yourself with the normal appearance of your gums and teeth so that you can identify problems if they occur.
- Ask any questions you have about how to handle dental emergencies, especially the loss or fracture of a tooth.
- Schedule a dental appointment at an interval that your dentist has decided is appropriate, based on your needs and/or susceptibility to disease.
- Ask any questions you have about dental sealants for your permanent molars.
- Do not smoke or use spit tobacco or other drugs.

RISK ASSESSMENT

Dental Caries

RISK FACTORS

PROTECTIVE FACTORS

Physical: Examples

Variations in tooth enamel; deep pits and fissures; anatomically susceptible areas

Sealants (if possible) or observation

Gastric reflux

Management of condition

High mutans streptococci count

Reduction of mutans streptococci

Special health needs

Preventive intervention to minimize effects

Previous caries experience

Increased frequency of supervision visits

History of baby bottle tooth decay

Increased frequency of supervision visits

Behavioral: Examples

Bottle used at night for sleep or “at will” while awake

Prevention of bottle habit and weaning from bottle by 12 months

Frequent snacking

Reduction in snacking frequency

Inadequate oral hygiene

Good oral hygiene

Eating disorders, including self-induced vomiting (bulimia)

Referral for counseling

Socioenvironmental: Examples

Inadequate fluoride

Optimal systemic and/or topical fluoride

Poor family oral health

Access to care and good oral hygiene

Poverty

Access to care

High parental levels of bacteria (mutans streptococci)

Good parental oral health and hygiene

Disease or Treatment Related: Examples

Special carbohydrate diet

Preventive intervention to minimize effects

Frequent intake of sugared medications

Alternate medications or preventive intervention to minimize effects

Reduced saliva flow from medication or irradiation

Saliva substitutes

Orthodontic appliances

Good oral hygiene for appliances

RISK ASSESSMENT

Periodontal Disease

RISK FACTORS	PROTECTIVE FACTORS
<i>Physical: Examples</i>	
Anatomical variations (e.g., frenum)	Surgical correction
Malpositioned and crowded teeth	Orthodontic care
Gingivitis	Treatment of disease
Puberty	Preventive measures to address oral effects
Pregnancy	Preventive measures to address oral effects
Mouthbreathing	Management of mouthbreathing
Genetic predisposition (e.g., Down or Papillon Lefevre syndrome)	Preventive intervention to minimize effects
<i>Behavioral: Examples</i>	
Inadequate oral hygiene	Good oral hygiene
Tobacco use	Tobacco cessation
Birth control pills	Preventive measures to minimize effects
<i>Socioenvironmental: Examples</i>	
Poor family oral health	Access to care and good oral hygiene
Poverty	Access to care
<i>Disease or Treatment Related: Examples</i>	
Injury	Use of age-appropriate safety measures and treatment of injury
Nutritional deficiencies (e.g., vitamin C)	Healthy eating habits
Metabolic disease (e.g., diabetes, hypophosphatasia)	Treatment of disease
Neoplastic disease (e.g., leukemia or its treatment)	Treatment of disease and preventive intervention to minimize effects
Infectious disease (e.g., HIV/AIDS)	Treatment of disease and preventive intervention to minimize effects
Medications (e.g., Dilantin)	Preventive intervention to minimize effects
Poor-quality restorations	Restoration of carious lesions
Unrestored carious lesions	Properly contoured and finished restorations



RISK ASSESSMENT

Malocclusion

RISK FACTORS

PROTECTIVE FACTORS

Physical: Examples

Congenital absence of teeth

Early intervention

Mouthbreathing

Management of mouthbreathing

Variations in development (e.g., tooth eruption delays and malpositioned teeth)

Early intervention

Muscular imbalances

Early therapy

Familial tendency for malocclusion

Early intervention

Conditions associated with malocclusion (e.g., cleft lip/palate)

Early intervention

Behavioral: Examples

Nonnutritive sucking habits

Elimination of habit

Disease or Treatment Related: Examples

Injury

Use of age-appropriate safety measures (e.g., car safety seats, safety belts, stair gates, mouth guards) and treatment of injury

Acquired problem from systemic condition or its therapy

Dental intervention as a part of medical care

Loss of space due to caries

Early intervention for caries

Musculoskeletal conditions (e.g., cerebral palsy)

Dental intervention as a part of medical care

Skeletal growth disorders (e.g., renal disease)

Dental intervention as a part of medical care

RISK ASSESSMENT

Injury

RISK FACTORS	PROTECTIVE FACTORS
<i>Physical: Examples</i>	
Lack of protective reflexes	Referral for appropriate therapy
Poor coordination	Referral for appropriate therapy
Protruding front teeth	Orthodontic care
<i>Behavioral: Examples</i>	
Failure to use safety measures appropriate for infant/child/adolescent (e.g., car safety seats, stair gates, mouth guards, safety belts)	Use of age-appropriate safety measures
Participation in contact sports	Use of protective gear
<i>Socioenvironmental: Examples</i>	
Substance abuse in family	Referral for counseling
Substance use by child or adolescent	Referral for counseling
Child abuse or neglect	Referral for counseling
Multiple family problems	Referral for counseling
<i>Disease or Treatment Related: Examples</i>	
Overmedication	Adjustment of medications
Hyperactivity	Management of condition



The information contained in the *Bright Futures in Practice: Oral Health Quick Reference Cards* is excerpted from *Bright Futures in Practice: Oral Health* and *Bright Futures: Guidelines for Health Supervision of Infants, Children, and Adolescents*.

Bright Futures provides comprehensive, culturally competent, family-centered, community-based child health supervision guidelines consistent with the needs of families and health professionals today. The *Bright Futures* guidelines represent the consensus of more than 100 multidisciplinary experts who, under the leadership of Morris Green, M.D., drafted the guidelines based on their review of the science and their expert opinions. The guidelines were then reviewed by over 1,000 professionals nationwide.

Recognizing the critical need for implementing *Bright Futures*, in 1995 the Maternal and Child Health Bureau initiated a multiyear project: Building Bright Futures. This project is chaired by Judith S. Palfrey, M.D. Over the next few years, the Building Bright Futures project will provide Bright Futures partners with the implementation tools they need to broaden the movement for a new health supervision.

The first of these implementation materials is *Bright Futures in Practice: Oral Health*. Under the leadership of Paul Casamassimo, D.D.S., M.P.H., a panel of dental professionals including clinicians, dental health educators, and public health officials has developed a practical tool for pediatric oral health supervision. Designed to be useful for a wide array of health and education professionals, *Bright Futures in Practice: Oral Health* presents guidelines, strategies, and tools that dentists, physicians, school nurses, dental hygienists, educators, and child care providers can apply in their work. This guide can also serve as an information resource for families, though material may need to be condensed and adapted to be useful in a family's busy life. We hope this guide will serve as a bridge across specialties and as a tool for creating partnerships with families in an effort to improve the oral health of our nation's children.



Maternal and Child Health Bureau



National Center for Education
in Maternal and Child Health