

Overview of Oral Health Services

Oral Health Risk Assessment and Clinical Evaluation

The oral health risk assessment and clinical evaluation is recommended by the American Academy of Pediatrics (AAP) [Bright Future Initiative](#). The oral health risk assessment and evaluation is used to assess risk factors, clinical findings and to develop a treatment plan including the frequency of fluoride varnish application. The FTFT Oral Health Risk Assessment and clinical evaluation is based off the AAP oral health risk assessment and is utilized at well-child visits from birth through age 21 as part of the child's routine care. The information gathered from this tool should be integrated into the electronic medical record.

The oral health risk assessment questions (below) should be administered by clinical support staff and should be answered by a parent/caregiver who is familiar with the child's history. If an answer to any one of the questions indicates the presence of a risk factor, the child is at moderate to high risk for dental decay, and fluoride varnish application is recommended.

- Has the child seen a dentist in the past year? ["No" indicates risk factor](#).
- Does the child have his/her teeth brushed daily with toothpaste? ["No" indicates risk factor](#).
- Has the child ever had cavities or fillings? ["Yes" indicates risk factor](#).
- Has the mother/primary caregiver had active or untreated cavities in the past year? ["Yes" indicates risk factor](#).

The clinical evaluation is a visual assessment of the mouth and must be performed by the primary care provider.

- Is there visible plaque on the teeth? ["Yes" indicates risk factor](#).
- Are there signs of visible decay or white lesions on the teeth? ["Yes" indicates risk factor](#).
- Does the child have any other oral conditions of concern (abscess, broken tooth, pain)? ["Yes" indicates risk factor](#).

Fluoride Varnish Application

It is recommended that all children receive a fluoride varnish application every 6 months. Children with one or more dental caries risk factor should receive fluoride varnish every 3 months. Fluoride varnish can be applied by either the clinician or clinical support staff depending on what is most appropriate for the well-child workflow.

For more information on the use of fluoride in primary care, see the American Academy of Pediatrics ["Fluoride Use in Caries Prevention in the Primary Care Setting"](#) guide.

Parent/Caregiver Anticipatory Guidance and Education

Clinical staff should provide anticipatory guidance to parents and caregivers on behavioral risk factors and preventive measures that can impact the prevalence of Early Childhood Carries. Parent and caregiver education is based on a child's age and status of tooth eruption.

Referral to Dental Home

A dental home referral is completed by the provider or support staff by calling a dental office and initiating the referral. It's highly recommended that providers ask dental providers to send any relevant treatment information to the medical office.