

DENTAL CARIES: PERMANENT TEETH REFERRAL GUIDELINE

HIGH RISK

SUGGESTED EMERGENT CONSULTATION

SYMPTOMS

- Cavitation (advanced disease), including pain/swelling, and possible infection
- Family history or sibling with sign of decay
- Special health care needs



SUGGESTED PREVISIT WORKUP

- Head, Ears, Eyes, Neck and Throat Assessment, which includes oral cavity
- Urgent referral to a dentist
- Ongoing dietary counseling and hygiene instruction
- Ongoing oral health screening

MODERATE RISK

SUGGESTED CONSULTATION OR CO-MANAGEMENT

SYMPTOMS

- White spots or cavities (early stage of disease)
- Enamel defects, or other dental concerns
- Special health care needs



SUGGESTED WORKUP

- Head, Ears, Eyes, Neck and Throat Assessment, which includes oral cavity
- Referral to dental provider within 10-20 days
- Ongoing dietary counseling and hygiene instruction
- Ongoing oral health screening

LOW RISK

SUGGESTED ROUTINE CARE

SYMPTOMS

- Healthy teeth, no decay or other concerns
- No health concerns and following good dental home care
 - Daily brushing with fluoride toothpaste for at least 2 minutes each time
 - Limit juice/sweetened beverages
 - Avoid sticky and/or sugary foods



SUGGESTED WORKUP

- Verify and document last dental care appointment and fluoride varnish in medical record
- Document dental home in medical record
- Ongoing dietary counseling and hygiene instruction
- Ongoing oral health screening

CLINICAL PEARLS

Risk factors:

- Inadequate access to fluoride (including topical)
- Poor oral hygiene
- Frequent access to sugar sweetened beverages, candy and sticky snacks
- Previous caries experience
- Reduced salivary flow
- Infrequent professional dental care
- Other, including eating disorders and orthodontic appliances that make oral hygiene more difficult

These clinical practice guidelines describe generally recommended evidence-based interventions for the evaluation, diagnosis and treatment of specific diseases or conditions. The guidelines are: (i) not considered to be entirely inclusive or exclusive of all methods of reasonable care that can obtain or produce the same results, and are not a statement of the standard of medical care; (ii) based on information available at the time and may not reflect the most current evidenced-based literature available at subsequent times; and (iii) not intended to substitute for the independent professional judgment of the responsible clinician(s). No set of guidelines can address the individual variation among patients or their unique needs, nor the combination of resources available to a particular community, provider or healthcare professional. Deviations from clinical practice guidelines thus may be appropriate based upon the specific patient circumstances.