

**Georgia
Oral Health
Prevention Program**

The
School Nurse's Role
in
Oral Health
Resources and Materials





School Nurse's Role in Oral Health

Introduction and Oral Health Facts.....	Page 02
Fluoridation	02
Bottled Water	03
Oral Fluoride Supplementation Table 1:.....	03
Topical Fluoride, Toothpastes, Gels, Rinses.....	03
Dental Sealants	04
Common Problems	04
Dental Caries	04
Periodontal Disease	05
Malocclusion	05
Oral Cancer	05
Oral Health Prevention and Control of Dental Disease Table 2:.....	06
Prevention and Treatment of Caries (Tooth Decay) Table 3:.....	06
Dental Development (Tooth Eruption). Table 4:.....	07
Dental and Oral Screening	08
Legal Responsibility of Schools.....	08
Suggested Method for Oral/Dental Screening	09
Dental Codes (Green, Yellow, Red).....	09
<i>Certificate of Ear, Eye and Dental Examination</i> (Form 3300)	
Dental First Aid For Children and Students	13
First Aid Kit For Use In Dental Emergencies	13
Dental/Oral Injuries	13
Toothache/Swelling	13
Inflamed or Irritated Gum Tissue	14
Lip, Cheek or Tongue Lacerations	14
Oral Ulcers With or Without Fever	15
Avulsion Permanent or Primary Tooth/Lost Cap	15
Broken, Chipped or Displaced Tooth	16
Prolonged/Recurrent Bleeding or Pain After a Tooth Extraction.....	16
Objects Wedged Between Teeth	16
Bleeding	17
Pain	17
Possible Jaw Dislocation or Fracture	17
Orthodontic or Other Appliance Emergencies	17
Tooth Eruption and Shedding Pain	18
Toothbrushing and Flossing	18
Tobacco Use	19
Cigarettes	19
Spit Tobacco.....	19
Quitting	20
Oral Health Web Sites	20
<i>Georgia Oral Health Prevention Program</i>	22
Anticipatory Guidance in Dentistry (Birth to 18 Years) Table 5:.....	24
Contacts: http://health.state.ga.us/pdfs/familyhealth/oral/oralhealthcontacts.pdf	

School Nurse's Role in Oral Health

Introduction and Oral Health Facts

Oral health is an important component of overall health and should be integrated into school health services. Because schools are where the majority of children and youth are, schools and school nurses in particular, have an important role to play in promoting oral health by serving as a significant source of information and participating in prevention programs such as providing dental health education, intervening in dental emergencies, and advocating the provision of well-balanced nutritious meals.

The goal of the school oral health program is to prevent oral disease and injury. The program should enable every child to maintain his or her own oral health. Dental health education combined with referral treatment programs, has been shown to be effective in improving oral health. In addition, the school nurse can serve as an advocate for safe practices in all school settings (physical education, team sports, etc.) to prevent dental injuries.

Dental disease is a significant preventable debilitating disease. Nationally, dental decay and oral infections are one of the most common health problems and affect about 98% of the entire U.S. population at some point in their lives. Health examination surveys conducted by the National Center for Health Statistics found that the most significant problems detected by an examination of children in the U.S. were dental problems in all age groups. Access to dental care is limited for a significant part of the population with 40% of Americans failing to receive any dental care each year. Dental disease still occurs in well over half the children in Georgia. Preventable oral disease is more common in children from underserved groups and in disabled children.

Health Promotion, Prevention, and Education

Dental caries are largely preventable through a variety of preventive measures. Good oral health can be accomplished through regular check-ups, good oral hygiene and nutrition, and preventive services such as fluoride applications and sealants.

Fluoridation

Fluoride is a naturally occurring trace element present in small but widely varying amounts in soil, water, plants, and animals. Fluoride may be used systemically or topically. Systemic fluoride is ingested, absorbed, and incorporated into developing bone and teeth. Usually, delivery of system fluoride is accomplished through community water fluoridation or through fluoride supplementation. Topical fluorides are applied to erupted teeth and are not incorporated within the developing tooth structure. It serves to strengthen the surface of the developed teeth. Many times, both systemic and topical fluorides may be applied in a complementary fashion providing more comprehensive protection for children and youth.

Fluoridation of community water supplies is the most cost effective and practical public health measure for prevention of tooth decay. Georgia ranks 7th among the states with more than 93% of citizens on fluoridated public water supplies. While it is estimated that up to \$147.00 is saved for every \$1.00 spent on fluoridation, fluoridation status of home water supplies varies by community.

93% of Georgians on public water supplies receive fluoridated water. For additional information visit the Oral Health Program Web Site: <http://health.state.ga.us/programs/oral/>. The Oral Health Program has been updated with information about the services it provides and how it is striving to meet the Healthy

People 2010 Oral Health Goals & Objectives, as well as information on the Georgia Oral Health Coalition

Georgia information about "My Water's Fluoride" and "Oral Health Maps," is linked to the CDC Web site, http://www.cdc.gov/oralhealth/data_systems/index.htm. "My Water's Fluoride" allows people in the Georgia to learn basic information about their water system, including the target fluoridation level and the number of people served. The "Oral Health Maps" feature provides state or county profiles with selected demographic and water fluoridation information.

Bottled Water - NO Fluoride:

It is important to note that almost all bottled water has NO fluoride. If all drinking and cooking is with bottled water, fluoride supplements should be considered. Most home filtration units (e.g. charcoal activated, etc.) do NOT take out a significant amount of fluoride if the water system is fluoridated.

The practice of giving children fluoride supplements has been developed for use in areas where optimally fluoridated water supplies are not available. It is important to note that fluoride recommendations for prescription of supplements varies by age of child and a table is included for specific recommendations. Before fluoride supplements are prescribed, it is important that the fluoride content of the home water supply be ascertained. Fluoride analysis can be done through the Medical College of Georgia. The cost for fluoride analysis is approximately \$7.50 for 1-4 vials or \$5.00 for 5 or more vials. You may contact Dr. Gary Whitford at for further information.

Gary Whitford, Ph.D., D.M.D.
(706)721-2034
Department of Oral Biology
Medical College of Georgia
Augusta, Georgia 30912-1129

Oral fluoride supplementation should begin at 6 months, only if the drinking water supply has fluoride levels less than 0.3 parts per million.

Table 2: Fluoride Supplementation: Concentration of fluoride in drinking water in parts per million (PPM) Table:

Age	<0.3 PPM	0.3-0.6 PPM	>0.6 PPM
Birth - 6 months	0	0	0
6 months-3 years	0.25	0	0
3 years-6 years	0.50	0.25	0
6 yrs-at least 16yrs	1.0	0.50	0

Topical Fluoride - Toothpastes, Gels, Rinses and Varnishes

Significant reduction of dental cavities can be achieved by the topical use of fluoride containing preparations such as toothpastes, gels, rinses and varnishes, especially in geographical areas lacking water fluoridation.

Topical fluoride containing products used at home should be used with caution in young children to prevent ingestion of excessive amounts of fluoride.

- Children under 2 years of age – parents should brush the child’s teeth with water, non-fluoridated toothpaste or a very small smear of fluoridated toothpaste.
- Monitored use of fluoride toothpaste with a pea-size amount on the toothbrush is recommended for children 2 to 6 years of age.
- Children under 6 years of age should not routinely use fluoride rinses since they often swallow a significant amount of the rinse that can cause fluorosis or mottling of the permanent teeth.

Dental Sealants:

Dental sealants are thin, clear or tinted plastic coatings which are easily and painlessly applied to the chewing surfaces of the molars (back teeth) to prevent cavities, especially the decay-prone chewing surfaces of permanent 6-year (first molar) and 12-year (second molar) molars soon after they erupt. Sealant applications require NO drilling or loss of tooth surface.

Sealants are safe and cost effective. One sealant application can last for as long as 5 to 10 years. Sealants should be CHECKED REGULARLY, and reapplied if they are no longer in place.

Sealants and fluorides work together to prevent tooth decay. Fluoride works best on the smooth surfaces of teeth. Sealants protect the grooves of the chewing surfaces on the back teeth, where most of the dental decay occurs.

Common Problems

The most common dental problems that children experience are dental caries, periodontal disease, and malocclusion. Most of these problems are preventable. Early diagnosis and prompt treatment can eliminate pain, infection, and progressive oral diseases.

Dental Caries

Dental caries or tooth decay is the destruction of enamel or root surfaces due to a soft, sticky, accumulation of bacteria, called dental plaque. The bacterial by-products live in the mouth and form on the teeth, combining with dietary sugars to form acids, which dissolve tooth enamel. This process initiates tooth decay. There are several types of dental caries. A short description of each follows.

There are four types of decay - pit and fissure, smooth surface, root caries, and Early Childhood Caries (baby bottle tooth decay). However, most dental decay is of the pit and fissure decay. Plaque accumulates in the pits and grooves of the tooth and, if not protected by dental sealants, the enamel dissolves and decay may progress into the dentin of the tooth. Pit and fissure caries are almost wholly preventable by the use of dental sealants. Other preventive measures include plaque control, education, fluoridation, and dietary control through nutrition education.

Periodontal Disease

Two types of periodontal disease include gingivitis and periodontitis. Warning signs for periodontal disease include:

- Gums bleed when brushed
- Gums are red, swollen, tender
- Gums pulled away from teeth
- Pus formation between teeth and gums
- Permanent teeth are loose/displaced
- Change(s) in the way teeth come together
- Halitosis

Gingivitis is reversible through plaque control. Preventive measures for periodontal disease include plaque control, good and consistent dental hygiene habits such as flossing of teeth and good brushing, prompt, professional dental care including replacement of ill fitting crowns and fillings, and halting the use of smokeless tobacco, and prevention of grinding of teeth.

Malocclusion

Malocclusion is an abnormality in the teeth or jaw position preventing the upper and lower teeth from biting together properly. Heredity and environmental factors such as tooth size, small jaw, incorrect alignment, premature loss of baby teeth, swallowing abnormalities, thumb and finger sucking and other habitual behaviors. Preventive measures include early screening for habitual behaviors, good oral hygiene and regular professional care to prevent premature loss of baby teeth, and preventive orthodontic appliances.

Oral Cancer

More Georgians die of oral cancer than all types of uterine cancer. School nurses can play a vital role in health education regarding the causes and warning signs of oral cancer. Risk factors include 1.) Age >46 to 65 years, 2.) Tobacco use, 3.) Alcohol use. Sites for oral cancer include the lips, gums, cheeks, throats, mouth floor, and hard or soft palate. Most frequently, symptoms of oral cancer are irritations in the mouth that persist over time. These irritations do not respond to treatment. Preventive measures include health education and cessation programs for the main causes of oral cancer, tobacco and alcohol.

Table2: Oral Health: Prevention and Control of Dental Diseases

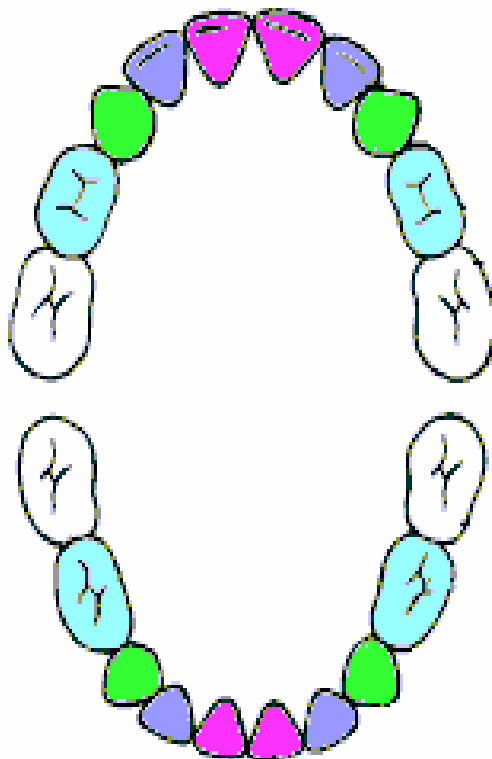
Oral Health Problem	Description of Signs and Symptoms	Caries and Risk Factors	Prevention and Treatment
<u>Abrasion</u> or <u>Recession</u>	! Gum receding ! Root exposure ! Sensitive root surfaces	! Excessive pressure when brushing ! Use of stiff-bristled toothbrush	! Use soft-bristled toothbrush ! Avoid excessive pressure when brushing
<u>Congenital Anomalies</u>	! Defects in newborns which include abnormalities of the lips, palate, face and structure of the mouth	! Heredity (genetic) factors ! Substance abuse during pregnancy (i.e. drugs and alcohol)	! Genetic counseling ! Early detection by physicians at birth, for referral to teams of health care providers

Table 3: Prevention and Treatment of Caries (Tooth Decay)

Types of Cavities	Use of fluorides (Dietary* and/or topical)	Application of dental sealants	Avoid excessive and frequent eating of sweets	Brush regularly with fluoride toothpaste (Under Age 2 brush with water, non-fluoride or smear of fluoridated toothpaste, Under Age 6 use pea-size amount of toothpaste)	Avoid milk, juice or sweetened liquids in bedtime bottle	Regular, professional dental care
<u>Smooth surface caries</u> (sides of teeth)	O		O	O		O
<u>Pit & Fissure caries</u> (chewing areas of back teeth)	O	O	O	O		O
<u>Root caries</u>	O		O	O		O
<u>Early Childhood Caries</u> (Baby Bottle Tooth Decay)	O		O	O (Wipe mouth with soft cloth)	O	O

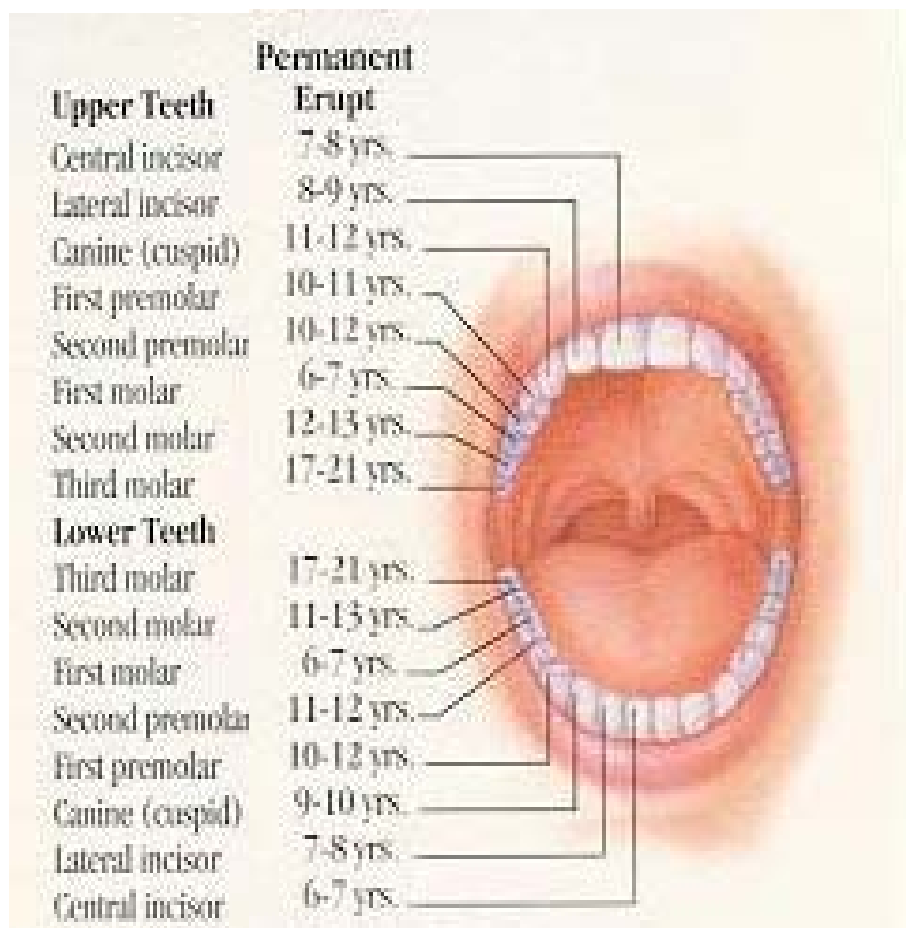
Table 4. Dental Development (Tooth Eruption) Primary and Permanent Teeth Eruption Schedule:

Dental or Oral Screening:



UPPER TEETH	Erupt	Shed
Central Incisor	8-12 mo	6-7 yr
Lateral Incisor	9-13 mo	7-8 yr
Canine (Cuspid)	16-22 mo	10-12 yr
First Molar	13-19 mo	9-11 yr
Second Molar	25-33 mo	10-12 yr

LOWER TEETH	Erupt	Shed
Second Molar	23-31 mo	10-12 yr
First Molar	14-18 mo	9-11 yr
Canine (Cuspid)	17-23 mo	9-12 yr
Lateral Incisor	10-16 mo	7-8 yr
Central Incisor	6-10 mo	6-7 yr



Legal Responsibility of Schools

A dental or oral screening survey is a collection of visual information of the pathology present in groups of people that help identify the needs of a population, from which their “treatment and prevention” services can then be planned. Measurement of oral health status and changes in that status over time requires the screening of samples of the population, and more than one screener usually participates. Standardization of the screeners on the basis of defined criteria reduces the human nature of bias, which exists in part as a result of clinical education and experience. It is the means by which we can help ensure that the results of the oral screening are valid (correctly categorizes persons into disease/no disease categories) and reliable (criteria have been applied consistently). Screening in an accurate, consistent way, will help in the accurate assessment of a population while still providing a valuable referral to the person for oral conditions that need follow up. The oral screening is not a substitute for a comprehensive diagnostic oral examination and or x-rays.

Screening for dental defects should be part of the total health screening as stated as part of “Rules and Regulations for Eye, Ear and Dental Examination of Children Entering Public Schools”, i.e., kindergarten and first grade. A high percentage of kindergarten and first grade children are in need of dental care, and each child referred for further dental care will require a dentist’s diagnosis/examination of his or her dental problems. Screening guidelines are presented later in this chapter. Georgia law (Chapter 290-5-31-02) states:

- (a) Every child being admitted initially to a public school operating in this State shall furnish to the school authorities a Certificate of Eye, Ear and Dental Examination signed by a private practitioner or qualified representative of a local department of health on forms provided by the Department of Human Resources, and approved by the Department of Education.
- (b) To be valid, the eye, ear and dental examination must have been received within the one year period prior to enrollment in school or the child must be eligible for Certificates of Eye, Ear and Dental Examinations because of some physical disability as provided for in Paragraph 290-5-31.06.
- (c) Any child admitted to school without a certificate shall present a Certificate of Eye, Ear and Dental Examinations within four months following entrance of school.

"..... a qualified representative of a local department of health....." is interpreted by the Georgia Department of Human Resources to include RNs, who are public health and school nurses (RNs), public health dental hygienists, as well as dentists and physicians either private or public providing dental screening. This, in the Department's opinion, in no way violates the Dental Practice Act of Georgia and is not to be construed as the practice of dentistry. The Georgia Board of Dentistry has agreed with this interpretation. Dental hygienists in private practice may provide dental screening for health departments and health fairs as long as no fees are exchanged, and an appropriate written notice explaining the screening does not take the place of an examination and is given to the person, parent or guardian. (HB 223: 2001). The Board has stated that dental assistants, licensed practical nurses (LPNs), or other health professionals **may not** perform dental screenings. A copy of the Certificate can be obtained from the Web:

<http://health.state.ga.us/programs/oral/publications.asp>

Screening for dental defects should be part of total health screening and the personnel should be those involved with the overall responsibility for health defects. Screening for dental disease should require relatively little time. A set routine should be followed so as not to omit necessary aspects of the screening process. If one defect is found, the screening procedure should be terminated and the child referred to the family dentist or to the local health department dentist where available. The law does not require that care be provided before a screening certificate can be issued.

The Family Health Section, Division of Public Health, DHR is in the process of developing screening standards and guidelines as part of the proposed changed certificate “Nutrition Eye, Ear and Dental Screening Certificate”, NEEDS Certificate.



DHR

Suggested Method for Oral/Dental Screening

Accomplishing the preventive health screening service takes time. It is important to begin with a comprehensive review of the medical/dental history and to indicate any changes. As always, you will need to utilize universal precautions (gloves, mask, protective eyewear, etc.) when coming into contact with bodily fluids.

A. History

1. Has pain or discomfort been present in or around the oral cavity?
2. When was the last dental visit?
3. What was the reason for the last dental visit (emergency or routine)?

B. Visual

Visual inspection is performed with adequate lighting (penlight, flashlight, window light), using a tongue blade. Dental personnel may use a mouth mirror, or use instruments furnished by the examiner.

1. General external appearance of the face, especially the lower one-third of the face (normal or swollen).
2. Soft tissue evaluation
 - a. Lips
 - b. Oral mucous membrane including cheeks and tongue
 - c. Dorsum of the tongue, frenum (freedom of movement or restricted)
 - d. Gingiva
3. Oral hygiene evaluation (debris).
4. Teeth
 - a. Caries (dental decay)
 - b. Missing teeth (premature loss).
 - c. Malocclusion: Crowding, crossbite, openbite, protrusion, and retrusion
5. Habits: Finger sucking, thumb sucking, lipsucking, lipbiting, swallowing, tongue thrusting.

C. Dental Classifications: (For confidentiality place the ***Dental Notice To Parent*** in an envelope. If there is a questions, round in favor of the patient referral – Green to Yellow, Yellow to Red) When examined each patient should be assigned to a dental class whose criteria are:

Pass GREEN (Normal Appearance, No Apparent Need)

- No apparent dental care is needed at this time. (Continue routine dental visits).
- Non-urgent preventive care needed (e.g. cleaning, dental sealants, severe malocclusion)

Needs Further Professional Attention:

Fail YELLOW (Needs Further Dentist Examination. Non-urgent care needed)

- Early dental care needed due to dental cavities, gum problems. (Dental visit within 3 months)

Fail RED (Emergency Observed Problem)¹

- Immediate dental care needed due to toothache / infection.(Dental treatment now).



DHR

¹**Emergency failures** (e.g. “Emergency Observed Problem RED”) require services to control bleeding, relieve pain, eliminate acute infection; operative procedures which are required to prevent pulpal death and the imminent loss of teeth; treatment of injuries to the teeth or supporting structures (e.g. bone or soft tissues contiguous to the teeth); and palliative therapy for pericoronitis associated with impacted teeth.

GO!!!

CONTINUE REGULAR DENTAL VISITS

DENTAL NOTICE TO PARENT

Dear Parent:

Thank you for allowing your child, _____,
to participate in the dental/oral health screening. The dental health professional performing the
oral screening indicated that your child has the following dental needs:

GREEN

___ Your child may benefit from dental sealants, which prevent cavities. Please check with your dentist.

___ Congratulations!! No apparent dental care is needed at this time.

This screening does not replace a complete dental examination by your family dentist. Help your child continue with good oral hygiene, brushing and flossing. Your child should visit your dentist at least once a year for a more complete examination including x-rays, if necessary.

Sincerely,

District/Regional Dental Director
Health District

If your child is **uninsured**, you may be interested in low-cost **PeachCare for Kids**, please call **toll-free 1-877-GA-PEACH (1-877-427-3224)**.

GO!! GREEN - Continue regular dental visits.



CAUTION!!!

DENTAL NOTICE TO PARENT

Dear Parent:

Thank you for allowing your child, _____, to participate in the dental/oral health screening. The dental health professional performing the oral screening indicated that your child requires additional care.

Please take your child to your dentist within the next 3 months for follow-up.

YELLOW

___ Further Dentist Examination needed for non-emergency check-up/exam, cleaning, fluoride treatment and/or dental sealants.

___ Further early dental care, including fillings, needed due to dental cavities.

___ Further Dentist Examination needed for _____

If you do not have a family dentist, contact your local health department for assistance. Your child should begin to take better care of his/her teeth. Help them brush and floss their teeth regularly. This screening does not replace a complete dental examination by your family dentist. Your child should visit your dentist at least once a year for a more complete examination including x-rays, if necessary.

Sincerely,

District/Regional Dental Director
Health District

If your child is **uninsured**, you may be interested in low-cost **PeachCare for Kids**, please call **toll-free 1-877-GA-PEACH (1-877-427-3224)**.

CAUTION!! YELLOW - See a dentist within the next 3 months.



STOP!!!

DENTAL NOTICE TO PARENT

Dear Parent:

Thank you for allowing your child, _____, to participate in the dental/oral health screening. The dental health professional performing the oral screening indicated that your child requires additional care.

Please take your child to your dentist immediately for follow-up.

RED

_____ **IMMEDIATE DENTAL CARE** is needed due to toothache or infection. Please contact a dentist immediately. If you do not have a dentist and need help in locating one, contact your local health department for assistance.

_____ IMMEDIATE DENTAL CARE is needed due to _____

This screening does not replace a complete dental examination by your family dentist. Your child should visit your dentist at least once a year for a more complete examination including x-rays, if necessary.

Sincerely,

District/Regional Dental Director
Health District

If your child is **uninsured**, you may be interested in low-cost **PeachCare for Kids**, please call **toll-free 1-877-GA-PEACH (1-877-427-3224)**.

STOP!!! RED-EMERGENCY: See a dentist immediately.

DENTAL FIRST AID FOR CHILDREN

First Aid Kit For Use In Dental Emergencies

- Gloves (should be worn when examining any dental/oral problem or injury)
- Mask (if expect blood splatter or splash)
- Eyewear (if expect blood splatter or splash)
- Cotton
- Cotton swabs
- Sterile gauze squares (2" x 2") or pads
- Toothbrushes
- Dental floss
- Ice pack or wet frozen washcloth
- Saline
- Flashlight
- Tongue Blade or Dental Mouth Mirror

Remember: *When Examining the mouth and surrounding structures, ALWAYS wash your hands (before and after) and wear gloves.*

Dental/Oral Injuries

Injuries to oral structures should prompt immediate assessment. Prompt intervention will help to minimize morbidity and reassure the student. Oral injuries cause great anxiety and occur most often in the adolescent population. Commonly, injuries are due to athletic competition, recreational events, automobile accidents, other unintentional injuries, violence and abuse. Emergent and urgent conditions include those conditions which may compromise the airway, major lacerations or those causing major blood loss, major infections, impaled objects, tooth fractures, bone fractures, displaced teeth, and permanent tooth avulsion. Pain, discomfort, or deviation upon opening or closing the mandible is a serious sign and could indicate a fracture, infection, or tumor. There should be no audible jaw sounds and any indication of crepitus or other sounds should be reported to the dentist.

Prevention of traumatic injury include the use of sports equipment such as mouth guards, helmets, masks, automobile restraints, and proper adult supervision in areas of the school where children may be at risk -- playgrounds, stairs, drinking fountains, etc. School nurses can provide health education and advocacy on these preventive measures.

Dental concerns that are most common to schools include toothaches, bitten lip or tongue, avulsed teeth, or chipped teeth.

Toothache/Swelling

- Clean the areas around the sore tooth thoroughly.
- Have child rinse mouth vigorously with warm salt water or dental floss to clean out any debris.
- Instruct student to repeat rinses every two hours and after eating or tooth brushing, and before retiring.
- Avoid any chewing pressure on aching tooth.
- Check temperature and observe for respiratory distress.
- Administer appropriate mild over the counter pain medication with parental consent and authorization.
- DO NOT PLACE ASPIRIN on the gum or aching tooth.
- If face is swollen, apply a cold compress or ice by alternating 10 minutes on and 5 minutes off.
- If a localized abscess or gum boil (with or without pain) is present, avoid any heat.
- Follow-up for children who have presented with a toothache is imperative.

- X Check with child regarding the outcome of toothache or swelling 24 hours after first contact.
- X If the child presents with a pulsating, spontaneous and persistent toothache and/or swelling, the child's parent/caregiver should be contacted for referral to a dentist as soon as possible.

Inflamed or Irritated Gum Tissue/Gingivitis

Gingivitis

- X Causes
 - X Usually the result of poor oral hygiene - Removal of plaque by daily toothbrushing (soft bristle) & flossing daily is recommended
 - X Puberty - hormones associated with adolescence
 - X Pregnancy - due to increased levels of hormones
 - X Smoking - gums are not as healthy
 - X Eruption of teeth - gums can be swollen around an erupting tooth
- X Sudden bleeding or swelling of the gums may be the result of food or foreign body impaction.
 - X Locate and, if possible, remove the cause
- X Red, swollen gums should be rinsed thoroughly with a warm salt water solution (1/4 - 2 teaspoon of salt in an 8 oz. Glass of warm water) for 15-30 seconds, and expectorated completely.
- X The child's parent/caregiver should be contacted for referral to a dentist if the bleeding cannot be controlled within three days.

Trauma

- X A blow (trauma) to the mouth can cause the gum tissue to swell and bleed.
 - X Evaluate the child for other injuries if trauma caused the bleeding.
- X A cold compress may be applied to the area from the outside of the cheek to help control swelling.
- X If applicable, and WEARING GLOVES, apply direct pressure with sterile 2" x 2" gauze to the injured gum or cheek to control the bleeding and contact the child's parent according to institutional policy.

Lip, Cheek or Tongue Lacerations

- X Have child rinse and expectorate repeatedly with warm water.
- X While following universal precautions, apply direct pressure to the bleeding area with a clean gauze (at least 5 minutes).
- X Remove foreign body if easily visible and accessible.
- X Check for broken/fractured or avulsed (knocked out) teeth and look for tooth fragments in ;mouth, lip/cheek.
- X If swelling or bruising is present, apply cold (ice) by alternating 10 minutes on and 5 minutes off (lip injury).
- X Notify parent of a lip, cheek or tongue injury.
- X IF BLEEDING STILL PERSISTS AFTER 15 MINUTES OR IT CANNOT BE CONTROLLED BY SIMPLE PRESSURE, OR THE INJURY IS SEVERE THE CHILD SHOULD BE TAKEN TO A HOSPITAL EMERGENCY ROOM.
- X In ALL occasions of oral or dental trauma, serious head injury should be ruled out. Signs and symptoms of concussion may include:
 - X Nausea/vomiting, Dizziness, Headache, Dilated pupils, Cold/clammy

Oral Ulcers With or Without Fever

- X Can be aphthous lesion, cold/canker sore, fever blister or traumatic lesion, or a disease such as herpes, german measles, measles, chickenpox, mumps, impetigo, streptococcal infection and others.
- X Observe location, type, severity (e.g., is it spreading rapidly) or lesions.
- X PLEASE AVOID TOUCHING LESIONS WITHOUT GLOVES

- X Remember to HANDWASH BEFORE and AFTER handling lesions.
- X Check child=s temperature.
- X Child can rinse with warm salt water; administer appropriate mild over the counter pain medication, if needed and possible.
- X Advise child to avoid spicy foods.
- X Ice may be applied to area to provide temporary relief.
- X Contact the parent/caregiver for referral of the child to a physician or dentist, if fever and/or lesions persist.

Avulsion (Loss of) Permanent or Primary (Baby) Tooth/Lost Cap

If a PERMANENT Tooth Is Knocked Out And Is Intact:

- X TIME IS CRITICAL! Contact the parent - arrange to have the child taken to a dentist IMMEDIATELY. Many times the tooth can be successfully reimplanted and saved, if accomplished within ONE HOUR.
- X Look in the accident area for the tooth that was knocked out.
- X If found and dirty (prior to going to a dentist):
 - X Gently rinse under tap water (remember to plug sink). DO NOT CLEAN, WIPE OR SCRUB TOOTH.
 - X Hold tooth by the crown (top part of tooth) and gently tease tooth back into tooth socket.
 - X Child and/or parent should hold tooth in socket while being transported to a dentist (the child may do this by biting on a clean gauze or cloth).
- X If CANNOT place tooth back into tooth socket:
 - X Place tooth in glass of milk or saline, if available.
 - X If this is not possible, have child hold tooth in buccal vestibule (area between gums and cheek) while being transported to a dentist. If there is the potential of swallowing the tooth or the child is physically unable to hold the booth in his/her mouth, place tooth in plastic wrap, glass of water, or wet towel.
- X If the wound site has been contaminated by dirt or soil, record this information and send with the injured child to aid the dentist in determining the necessity for tetanus toxoid.

If a PRIMARY Tooth (Baby Tooth) Is Knocked Out and Traumatologically Lost:

- X Do NOT attempt to replace primary tooth in child=s mouth.
 - X Control bleeding and check for other injury.
- X Notify parent.
- X Find tooth and send with parent to dentist.
- X Check records for need regarding tetanus toxoid if injury site has been contaminated with soil.

Lost Cap (Crown)

- X May simply be a lost primary tooth - check inside cap for tooth fragment - if so, NO action necessary.
- X If due to poor retention, contact parent for referral to a dentist - bring cap to dentist.
- X In ALL OCCASIONS of Oral or Dental Trauma, serious head injury should be ruled out. Signs and symptoms of concussion may include:
 - X Nausea/vomiting, Dizziness, Headache, Dilated pupils, Cold/clammy

Broken, Chipped or Displaced Tooth

Broken/Chipped Tooth

- X Control any bleeding.
- X Avoid further trauma to area if possible
- X Apply a cold compress on the cheek next to the injured tooth to reduce swelling.
- X Rinse dirt from injured area with warm water.
- X Observe broken end of tooth for bleeding
 - X Send someone to find broken tooth fragments, if applicable and possible. Keep tooth piece in gauze moistened with water.

Displaced Tooth

- X If tooth has been pushed up into the socket or gum by the blow, control bleeding and be supportive. DO NOT ATTEMPT TO PULL IT OUT INTO POSITION.
- X If tooth has just been loosened but has NOT been pushed up into the socket or gum gently place tooth back in original position with gloved fingers and avoid further trauma - TIME IS CRITICAL (should be repositioned within 1-2 hours).
- X The tooth MAY DISCOLOR long after the original trauma and will need attention by a dentist at that time.
- X In ALL occasions of oral or dental trauma, serious head injury should be ruled out. Signs and symptoms of concussion may include:
 - X Nausea/vomiting, Dizziness, Headache, Dilated pupils, Cold/clammy
- X Refer to dentist immediately as permanent damage to broken tooth may occur without care.

Objects Wedged Between Teeth

- X The child may use dental floss. Remember to assist or direct the child to guide the floss gently (again teeth) so as not to injure the gum tissue.
- X DO NOT TRY TO REMOVE THE OBJECT WITH A SHARP OR POINTED TOOL OR INSTRUMENT, AS INJURY MAY OCCUR.
- X If unsuccessful, please contact the parent/caregiver for referral of the child to a dentist.

Prolonged/Recurrent Bleeding or Pain After a Tooth Extraction

- X The child has been instructed by the treating dentist:
 - X Not to rinse or swish for 24 hours after an extraction (having a tooth pulled), as this could wash out the blood clot forming at the extraction site.
 - X That normal drinking is permissible; however, straws should not be used for 24 hours because the suction created in the mouth could dislodge the blood clot.
 - X Not to eat excessively cold or hot foods for 24 hours because this could dislodge the blood clot
 - X Not to smoke since smoking could delay tissue healing
 - X Not to spit or play with extraction site (especially with the tongue) since these actions could dislodge the blood clot

DO NOT BE ALARMED IF THERE SEEMS TO BE A LOT OF BLOOD OOZING FROM THE EXTRACTION SITE

BLEEDING

- X If the bleeding is determined to be MORE THAN OOZING (BRIGHT RED COLOR) OR IS ALARMING THE STUDENT, the following is recommended:
 - X Fold a 2" x 2" sterile gauze and place on the extraction site (WEARING GLOVES), having the student bite on it for about 30 minutes. Replace soaked 2" x 2" gauze pads as necessary.
 - X Question child regarding local trauma or bleeding of surrounding tissues.
 - X If bleeding cannot be controlled within an hour or is extensive, contact the parents and

recommend they consult the dentist who performed the extraction.

- X If dentist cannot be contacted and bleeding is excessive, advise parent to take child to physician or hospital emergency room.

PAIN

- X The child may experience occasional pain associated with the tooth extraction.
 - X Administer appropriate mild over the counter pain medication with parental consent and authorization.
- X The child may experience severe pain associated with dry socket, which usually occurs a minimum of several days after extraction.
 - X Administer appropriate mild over the counter pain medication with parental consent and authorization.
 - X The child=s parent/caregiver should be contacted for referral to a dentist as soon as possible.

Possible Jaw Dislocation or Fracture

- X Note time of injury and other injuries that may be present.
- X If a jaw fracture or dislocation is suspected:
CONTACT THE PARENT IMMEDIATELY AND ARRANGE FOR CHILD TO BE TAKEN TO AN ORAL SURGEON OR HOSPITAL EMERGENCY ROOM.
 - X Keep head elevated
 - X Apply cold compress to the area
 - X Try to keep jaws from moving by using a towel, tie, or handkerchief
 - X Monitor vital signs (e.g., breathing, pulse) and consciousness
 - X Record all observations
- X IF ANY LOSS OF CONSCIOUSNESS OR DIFFICULTY IN BREATHING OCCURS CALL YOUR INSTITUTIONAL EMERGENCY TELEPHONE NUMBER IMMEDIATELY!

Orthodontic (Braces) or Other Appliance Emergencies or Problems

- X IF A WIRE OR APPLIANCE BECOMES LOOSE OR BROKEN AND CANNOT BE REMOVED EASILY, CONTACT THE PARENT TO TAKE THE CHILD TO A DENTIST (Preferably the child=s orthodontist) IMMEDIATELY.
- X IF A BROKEN APPLIANCE CAN BE REMOVED EASILY. TAKE IT OUT:
 - X A blunt item (tongue depressor or pencil eraser) may be used to gently bend the wire so it is no longer irritating to the soft oral tissues.
 - X If cheek or gum is impaled, ease the tissue off the wire if possible. Cover wire with gauze or cotton balls and contact parents.
- X When the protruding wire cannot be bent, simply cover the end of it with a piece of gauze or cotton balls, so it is no longer causing irritation.
Note: Most children with braces may have orthodontic wax available and know how to apply it. In any case, DO NOT REMOVE THE WIRE and contact the parent for referral to the child=s orthodontist.
- X Do not attempt to remove the wire if it has broken off and is embedded in the cheeks, gum, or tongue.
- X The placement and adjustment of orthodontic bands/wires can cause some discomfort for a few days. Some relief can be achieved by holding warm salt water (2 teaspoon of salt in a 8 oz. glass of warm water) in the mouth.
- X Loose appliances, bands or wires of braces should be referred to the child=s orthodontist or dentist but if the condition is not bothering the child, there is usually no need for emergency attention.

Tooth Eruption and Shedding Pain

Teeth Pain - Shedding (Loose) Primary Teeth

- X Normal problem - reassure child and encourage home removal. Should determine if pain is due to incomplete shedding of primary tooth and, and if yes, refer to dentist. Avoid site when eating.

Teeth Pain - Erupting Primary Teeth-

- X Local discomfort is common with eruption and can be associated with cold, fever or diarrhea. Can use various treatments such as refrigerated teething rings or topical anesthetic.
- X Eruption site should be hard and blanched (white). If soft, may be an eruption cyst; refer to a pediatric dentist or physician when convenient.

Teeth Pain - Erupting Permanent Teeth-

- X Keep area clean with warm salt water.
- X No treatment necessary unless prolonged pain (over 24 hours) which is unusual; this may be caused by inflammation around an impacted or partially impacted tooth.
 - X A cold compress or ice wrapped in a 2" x 2" gauze square can be directly applied to the eruption site.
 - X The parent should be notified to refer the child to a dentist.

Neonatal Tooth

- X Normal primary tooth erupting early; rarely interferes with feeding or nursing.
 - X No treatment necessary unless tooth is extremely loose.

TOOTHBRUSHING AND FLOSSING

- X Toothbrushing (at least 3 minutes) helps to remove plaque (which is a leading cause of tooth decay and gum disease) from the surfaces of your teeth.
- X Daily toothbrushing with a SOFT toothbrush that is not worn out or frayed (replace your toothbrush usually every 3 - 4 months).
- X Use a toothpaste with FLUORIDE. (No fluoride toothpaste for child under 2, pea size fluoride toothpaste on toothbrush)
- X Eat balanced meals and limit foods high in sugar.

Proper brushing isn't difficult. Just follow these simple steps to get the most out of brushing. Brush after eating whenever you can. Brush .

- X It's easy to do. Place the brush against your gum line (where teeth and gums meet).
- X Move the brush back and forth gently with short strokes.
- X Brush the inner surfaces of your front teeth with the front part of your toothbrush.
- X Brush the inner and out surfaces of all teeth.
- X Brush the chewing surfaces of all your teeth.
- X Brush your tongue.

Flossing is just as easy as brushing once you know how. Floss your teeth at least 1 time a day.

- X Flossing is primarily for removing plaque from between your teeth and above and below the gum line - areas your toothbrush can't reach.
- X By combining toothbrushing and flossing at the same time every day, you can thoroughly remove plaque and prevent cavities and gum disease.

- X How to floss:
 - X Remove a length of floss about 18 inches long. Wrap most of the floss around the middle finger of one hand and just a few inches around the middle finger of the other hand.
 - X Hold the floss taut between thumb and forefinger (leaving about one inch between fingers) and guide it gently between the teeth. Do not snap it onto the gums.
 - X Curve the floss into a C shape against the sides of each tooth. Use an up-and-down scraping motion to remove plaque between teeth and just below the gum line. Do not floss with a back and forth sawing motion.
 - X As the floss becomes soiled, advance to a clean section of floss and continue.

Acknowledgment: A special thanks to the Office of Oral Health, Maryland Department of Health and Mental Hygiene for information concerning dental first aid for children.

TOBACCO USE IS HARMFUL. OFTEN IT IS DEADLY. HELPING STUDENTS STAY TOBACCO FREE IS ONE OF THE MOST IMPORTANT HEALTH SERVICES THAT A SCHOOL NURSE CAN PROVIDE.

Cigarettes:

Health Effects:

- Kills more Americans each year than alcohol, cocaine, crack, heroin, homicide, suicide, car accidents and AIDS combined.
- Causes cancer (mouth, throat, lung, and others), emphysema, high blood pressure, heart disease, premature birth and low birthweight babies.

Signs of Use:

- X Yellow stained teeth
- X Bad breath
- X Stained fingernails
- X Coughing
- X Smelly clothes

Spit Tobacco: (Chewing Tobacco and Snuff)

Health Effects:

- X Causes cancers of the mouth and throat, cardiovascular problems increased heart rate, receding gums, bad breath, dental cavities and stained teeth.
- X Highly addictive.
- X Half of all spit tobacco users develop oral lesions (sores) within 6 months of starting use.

Signs of Use:

- X Worn out circle (from snuff can) in back of pants
- X Stained teeth
- X Sores in mouth
- X Flecks of tobacco in mouth
- X Bad breath
- X White patches and lumps

Quitting Counts:

The best advice for students is to NEVER start using tobacco.

What A Nurse Can Do: Institute the 4 A's (Ask, Advise, Assist, Arrange)

- ASK** all students if they use tobacco.
- X If the answer is no, commend them and emphasize how important it is for their health development into adulthood.
- X **If the answer is yes:**
- ADVISE** the student to stop by discussing the risks, the health impacts and the benefits of quitting; provide the child with tips for quitting;
- ASSIST** the student by providing support and follow-up, especially those attempting to quit;
- ARRANGE** follow-up services for habitual users by referral to their health care provider.
- X Call 1 800 4 CANCER for educational materials and information
Contact local health department for additional information



Oral Health Web Sites

- [American Association of Public Health Dentistry \(AAPHD\)](#). Includes an extensive [list](#) of links to Web resources about many aspects of oral health. Also contains program information for accredited dental public health residencies, meeting information, and AAPHD's newsletter.
<http://www.aaphd.com>
- [American Academy of Pediatric Dentistry \(AAPD\)](#). Contains guidelines, serials, brochures, and other resources for health professionals and parents about improving oral health for infants, children, and adolescents, including those with special health care needs.
<http://www.aapd.org/>
- [American Dental Association \(ADA\)](#). Contains position statements, fact sheets, news releases, product information, and a dentist directory for health professionals and consumers. Children's oral health topics include early childhood caries, sealants, financing programs, fluoridation, and detection of child abuse. Some information is available only to ADA members. The ADA Health Foundation's [Harris Fund for Children's Dental Health](#) offers grants of up to \$5,000 for children's oral health promotion programs
<http://www.ada.org>
- [American Dental Hygienists' Association \(ADHA\)](#). Includes information for health professionals and consumers on the oral health of children and adolescents. Contains an oral health education section for kids
<http://www.adha.org/>
- [Association of State and Territorial Dental Directors \(ASTDD\)](#). Provides a listing of members by state; information about selected national, regional, and state meetings and courses; and project reports and program information for activities funded by the [Health Resources and Services Administration](#), the [Maternal and Child Health Bureau](#), and the [Centers for Disease Control and Prevention](#). ASTDD represents the directors and staff of state public health agency programs for oral health.
<http://www.astdd.org/>
- [Bright Futures in practice: Oral health](#). (1996). This book provides a broad set of oral health guidelines including risk assessing, measuring outcomes, making oral health supervision accessible, and highlighting the essentials of oral health
<http://www.brightfutures.org/oralhealth/about.html>
- Crest Dental Resource Net
 - o Hundreds of slides covering numerous topics of dentistry are available to download for FREE in either a

35 mm or PowerPoint format for your use within the professional dental community.

<http://www.dentalcare.com/soap/slidelib/slindex.htm>

- Crest Dental Resource Net Home Page

<http://www.dentalcare.com/drn.htm>

- Division of Oral Health, Centers for Disease Control and Prevention (CDC) Home Page. CDC is the federal agency with primary responsibility for supporting state- and community-based programs to prevent oral disease, promoting oral health nationwide, and fostering applied research to enhance oral disease prevention in community settings.

<http://www.cdc.gov/nccdphp/oh/index.htm>

- Georgia Dental Association Home Page:

<http://www.gadental.org/>

- Georgia Dental Hygienists' Association Home Page

<http://www.gdha.org/>

Georgia Division of Public Health: Oral Health Home Page

<http://health.state.ga.us/programs/oral/>

- Head Start Information and Publication Center (HSIPC), a service of the [Head Start Bureau](#), supports the Head Start community and other organizations working in the interest of children and families by providing information products and services; conference and meeting support; publication distribution; and marketing and outreach efforts.

<http://www.headstartinfo.org/>

- Maternal and Child Health (National Maternal and Child Oral Health Resource Center) Home Page The National Maternal and Child Oral Health Resource Center responds to the needs of states and communities in addressing current and emerging public oral health issues. The resource center supports and stimulates health professionals, program administrators, educators, policymakers, and others with the goal of improving oral health services for infants, children, adolescents, and their families.

<http://www.mchoralhealth.org>

- **Oral health and learning: When children's oral health suffers, so does their ability to learn.** (2001). This fact sheet provides data on lost school time and restricted activity days, and information on programs for improving oral health for children. Sheet under

<http://www.mchoralhealth.org/knwpathoralhealth.html>

- Medical College of Georgia School of Dentistry The School of Dentistry is committed to educating high quality dental health professionals for the state of Georgia and engaging in research and scholarly endeavors which promote oral health care for the citizens of our state and the nation.

<http://www.mcg.edu/SOD/Index.html>

- Rhode Island OH Education Tools and Resources

<http://www.health.state.ri.us/disease/primarycare/oralhealth/tools&resources.pdf>

- University of Michigan School of Dentistry Dental Caries Information This website describes protocols for caries diagnosis, risk assessment and management. The protocols were developed based upon current scientific evidence and input from faculty members of the Department of Cariology, Restorative Sciences, and Endodontics.

<http://oralhealth.dent.umich.edu/CDRAM/CariesHome.htm>

- University of Florida College of Dentistry Dental Caries Information *How To Heal Tooth Decay and Avoid Fillings*

<http://oralsurgery.dental.ufl.edu/WebCaries/>

For additional information: Elizabeth C. Lense D.D.S., M.H.A.; Director, Oral Health Section; GA Dept. of Human Resources; 2 Peachtree St. NW, Suite 11.106; Atlanta, GA 30303-3142; Tel: 404/657-2571; Fax: 404/657-7307; Email: elcense@dhr.state.ga.us; Georgia Division of Public Health: Oral Health Home Page: <http://health.state.ga.us/programs/oral/index.asp>



Georgia Oral Health Prevention Program:

(GOHPP-Outreach and School-based Prevention Program)



By using portable dental equipment (1-2 in each health district) or mobile dental trailers and vans (12 trailers in 11 health districts, 2 vans in Fulton) to provide prevention services on a regional basis, Public Health (PH) is more efficient and effective in reaching poor children statewide and throughout each district/region. In FY2007, 191,475 children were served through schools and other child facilities in the 18 health districts. More than 47,169 clinical treatment visits were provided to children, 12,737 children received fluoride varnish and 8,085 children received dental sealants.

- **School-based fluoride mouthrinse programs** - Once a week fluoride mouthrinse classroom program for children, who have high caries rate, no fluoridated water supply, or lack other adequate sources of fluoride.
- **Dental sealants** - Using portable equipment a plastic coating on biting surfaces seals out tooth decay on permanent molar (back) teeth. Children provided dental sealants do not have another source of dental care, and schools with high numbers of free and reduced meal participants located in areas that lack access to dental providers are offered services.
- **Dental health education** - 1) Public health nutritionists trained by Georgia Dental Public Health (GDPH) teach parents of preschool and HeadStart children, WIC and health department clients, 2) PH hygienists teach children how to take personal charge of their own dental health.
- **School-based dental screenings** - dental inspections of the mouth.
- **Dental referrals** - Priority to 1) private dentists, 2) five Community Health Centers with dentists, or as a safety net 3) mobile dental trailers or centrally located fixed dental public health facilities.
- The state funds district dental public health programs throughout the state. Fulton, DeKalb, Cobb-Douglas, Bibb, and Dougherty County are primarily county-funded.
- The Georgia Oral Health Prevention Program statewide expansion has helped improve access to dental prevention services for poor children. The program's focus is school-based dental prevention with emphasis on low-income children in preschools and elementary schools, who do not have dental insurance or access to a dentist.
- The public health dentist, as required by Georgia law, supervises the public health hygienist. The hygienist acts as District Dental Prevention Coordinator. The team of the public health dentist and hygienist use portable dental equipment or mobile dental trailers to provide preventive services primarily in rural elementary schools with large numbers of children eligible for the free and reduced meal program, who do not have a private dentist, have no dental insurance, and have little or no access to dental services. At the school, the hygienist provides dental health education and coordinates the school-based fluoride mouthrinse program for high-risk children. The hygienist prescreens the children for eligibility, priority, and need for services. The dentist examines the children for need of specific services and provides some services in the schools. There is outreach and referral for dental treatment, with emergency dental services having first priority.

Georgia Local and State Funded Districts and Public Health Departments: Local health departments provide some preventive dental services, but primarily provide dental treatment for indigent patients. State funded personnel focus on children who are at high risk for needing emergency dental services because of pain and/or infection.

- **Dental Treatment** Provide diagnostic, preventive and basic dental treatment for eligible children. Basic dental treatment services include: exams, cleanings, dental sealants, silver (amalgam) and tooth colored (composite) fillings, stainless steel crowns, minor nerve (endodontic) treatments, and extractions. Many facilities do not provide services that require a commercial dental lab.

Note: For additional information: Contact Elizabeth C. Lense DDS, MHA Director, Oral Health Section, Office of Birth Outcomes, Division of Public Health, GA Dept. of Human Resources, 2 Peachtree St. NW, Suite 11.106, Atlanta, GA 30303-3142, Tel: 404/657-2571, Fax: 404/657-7307, E-mail: eclense@dhr.state.ga.us or Linda L. Koskela RDH, MPH Director, GA Oral Health Prevention Program Tel: 404/463-2449, E-mail: llkoskela@dhr.state.ga.us; Georgia Division of Public Health; Oral Health Home Page Address: <http://www.health.state.ga.us/programs/oral/>



ANTICIPATORY GUIDANCE IN ORAL HEALTH

(Suggestions for anticipatory guidance for infants, children and adolescence.)

AGE	DEVELOPMENTAL MILESTONE	NUTRITION AND FEEDING INFORMATION	ORAL HYGIENE AND CARIES PREVENTION TECHNIQUES	FLUORIDE INFORMATION	TRAUMA PREVENTION INFORMATION	HABITS AND FUNCTION, BEHAVIORS AND PROBLEMS
Infancy: Newborn thru 3 months		Appropriate use of the nursing bottle; Danger of Early Childhood Caries (ECC i.e. Baby Bottle Tooth Decay); Bright Futures: <u>Don't put baby to bed with bottle.</u>	Bright Futures: <u>Practice good family oral health habits (Brush 2 x day; floss 1 X day)</u>		Bright Futures: <u>Use infant safety seat in back seat; Never place baby in front seat with a passenger air bag.</u>	S. Mutans transmission from parent (usually mother) to infant
Infancy: 4 months	Bright Futures: <u>Discuss teething.</u>	Bright Futures: <u>Don't put baby to bed with bottle.</u>	Bright Futures: <u>Practice good family oral health habits (Brush 2 x day; floss 1 X day)</u>		Bright Futures: <u>Use infant safety seat in back seat; Never place baby in front seat with a passenger air bag.</u>	
Infancy: 6 months 9 months	Eruption of first tooth; Patterns of eruption	Appropriate use of the nursing bottle; Danger of Early Childhood Caries (ECC i.e. Baby Bottle Tooth Decay); Bright Futures: <u>Avoid choke foods (nuts, popcorn, carrot sticks, raisins, hard candy, large pieces of fruit/veggies); Don't put baby to bed with bottle.</u>	Clean teeth daily with washcloth or soft brush; during bath or after feeding. Bright Futures: <u>Brush baby's teeth with soft toothbrush, water only</u>	Fluoride's role in caries prevention; Discuss supplements Birth to 3 years of age; Test home water supply; Most bottled water does not contain fluoride; Charcoal-based home filtration units do not remove most fluoride. Bright Futures: <u>Discuss fluoride.</u>	Bright Futures: <u>Use infant safety seat in back seat; Never place baby in front seat with a passenger air bag.</u>	Teething, mouthing objects, non-nutritive sucking; What happens at baby dental visits; S. mutans transmission from parent (usually mother) to infant
Early Childhood 1 year	Review pattern of eruption for next six months	Encourage discontinuation of the bottle and use of tippy cup; Inquire about sugar consumption; Cover food retention issues and caries development. Bright Futures: <u>Allow child to use cup; Discuss/begin weaning; Avoid choke foods, limit sugar; Don't put baby to bed with bottle.</u>	Cover use of toothbrush and water or non-fluoride dentifrice until 2 years of age; Demonstrate positioning for brushing. Bright Futures: <u>Brush baby's teeth with soft toothbrush, water only; Practice good family oral health habits (Brush 2 x day; floss 1 X day)</u>	Review and update fluoride dosage and vehicle and ask about compliance problems; Check for changes in diet related to fluoride; Discuss toxicity and storage issues Bright Futures: <u>Discuss fluoride.</u>	Trauma-proofing, signs & management of trauma; Confirm emergency access to dental provider Bright Futures: <u>Use safety seat in back seat of car; Never place baby in front seat with a passenger air bag.</u>	Oral signs of child abuse; Pediatric dentists recommend initial dental visit Bright Futures: <u>Schedule first dental exam;</u>

ANTICIPATORY GUIDANCE IN ORAL HEALTH

(Suggestions for anticipatory guidance for infants, children and adolescence.)

AGE	DEVELOPMENTAL MILESTONE	NUTRITION AND FEEDING INFORMATION	ORAL HYGIENE AND CARIES PREVENTION TECHNIQUES	FLUORIDE INFORMATION	TRAUMA PREVENTION INFORMATION	HABITS AND FUNCTION, BEHAVIORS AND PROBLEMS
Early Childhood 15 months 18 months	Review anticipated tooth eruption for next six months	Cover nutrition and snacking based on child's diet; Discuss snacking safely (aspiration) Bright Futures: Allow child to drink from cup; <u>Discuss/begin weaning;</u> <u>Avoid choke foods, limit sugar;</u> <u>Don't put baby to bed with bottle.</u>	Ask about problems with child's compliance with oral hygiene procedures Bright Futures: <u>Brush baby's teeth with soft toothbrush, water only;</u> <u>Practice good family oral health habits (Brush 2 x day; floss 1 X day)</u>	Review and update fluoride status	Discuss oral electrical burns and child proofing home Bright Futures: <u>Use safety seat in back seat of car; Never place baby in front seat with a passenger air bag.</u>	Child's normal reaction to a dental visit at this age
Early Childhood 2 years	Review occlusion & related concepts of crowding, spacing, and space loss, overbite and overjet		Cover use of toothbrush and dentifrice pea size amount ; Demonstrate positioning for brushing. Discuss need for parental assistance in oral hygiene; Ask about problems	Review fluoride adequacy		Day care instructions for dental emergencies Bright Futures: <u>Schedule dental appointment every 6 months or as the dentist indicates.</u>
Early Childhood 3 years	Point out the primary dentition is complete; Review occlusal wear and bruxing of teeth		Bright Futures: <u>Teach child to brush teeth. Discuss flossing.</u>	Review fluoride status Supplements Birth to 3; 3 to 5 years of age Bright Futures: <u>Discuss fluoride.</u>	Bright Futures: <u>Use safety sea. Switch to belt-positioning booster seat in back seat when child weighs 40 lbs. Never place baby in front seat with a passenger air bag.</u>	Separation anxiety at dental visits; Role of radiograph in caries diagnosis; Often EPSDT initial dental visit Bright Futures: <u>Schedule dental appointment every 6 months or as the dentist indicates.</u>
Early Childhood 4 years		Bright Futures: <u>Limit candy, chips, soft drinks.</u>	Bright Futures: <u>Be sure child brushes teeth. Discuss flossing.</u>	Bright Futures: <u>Discuss fluoride.</u>	Discuss bike safety. Bright Futures: <u>Use belt-positioning booster seat in back seat when child weighs 40 lbs. Learn dental emergency care.</u>	Thumb- and digit-sucking; Expected behavior at dental visit. Bright Futures: <u>Schedule dental appointment every 6 months or as the dentist indicates.</u>

ANTICIPATORY GUIDANCE IN ORAL HEALTH

(Suggestions for anticipatory guidance for infants, children and adolescence.)

AGE	DEVELOPMENTAL MILESTONE	NUTRITION AND FEEDING INFORMATION	ORAL HYGIENE AND CARIES PREVENTION TECHNIQUES	FLUORIDE INFORMATION	TRAUMA PREVENTION INFORMATION	HABITS AND FUNCTION, BEHAVIORS AND PROBLEMS
Middle Childhood 5 years	Exfoliation of teeth; Eruption pattern and problems which may occur	Snacking at school	Bright Futures: <u>Supervise tooth brushing. Ask about dental sealants.</u>	Review fluoride status; Supplements 3 to 5 years of age; 5 to 13 years of age Bright Futures: <u>Discuss fluoride.</u>	Be sure trauma management plan available at school Bright Futures: <u>Use belt-positioning booster seat in back seat when child weighs 40 lbs. Learn dental emergency care.</u>	Digit-sucking abatement, if a problem Bright Futures: <u>Schedule dental appointment every 6 months or as the dentist indicates.</u>
Middle Childhood 6 years	Pivotal nature of 6-year molars; Occlusion; Orthodontics Gingival & periodontal disease		Sealants for first permanent molars technique and methods of flossing. Bright Futures: <u>Supervise tooth brushing. Ask about dental sealants</u>	Be sure of fluoride availability at school; Ask about rinses if supplemental fluoride is needed Bright Futures: <u>Discuss fluoride.</u>	Sport safety and mouth guards; Review tooth transport media for avulsion Bright Futures: <u>Use belt-positioning booster seat in back seat when child weighs 40 lbs. Learn dental emergency care.</u>	Role of dental caries in school performance (pain, lost days to treatment and illness) Bright Futures: <u>Schedule dental appointment every 6 months or as the dentist indicates.</u>
Middle Childhood 8 years	"Ugly Duckling" stage of development	Bright Futures: <u>Limit high-fat high-sugar foods.</u>	Weaning child from direct parental supervision of oral hygiene; Moving into periodic intervention and assessment role Bright Futures: <u>Ensure tooth brushing., teach flossing; Ask about dental sealants</u>	Bright Futures: <u>Ask about fluoride.</u>	Bright Futures: <u>Ensure use belt-positioning booster seat until child can sit upright in back seat and bend legs over edge of seat. Learn dental emergency care.</u>	Bright Futures: <u>Schedule dental appointment every 6 months or as the dentist indicates.</u>
Middle Childhood 10 years	over remaining stages of dental development; Talk about facial growth and changes in appearance	Snacking and increased energy needs as they relate to dental and oral health Bright Futures: <u>Limit high-fat, high-sugar, low-nutrient foods and drinks.</u>	Sealants for the second permanent molars Bright Futures: <u>Ensure tooth brushing., flossing; Ask about dental sealants</u>	Review fluoride status; Need for systemic and topical fluorides Bright Futures: <u>Ask about fluoride</u>	Bright Futures: <u>Ensure use of lap/shoulder safety belt in back seat of car.</u>	Substance abuse and its effects on oral and general health; Talk about hormones and their effect on the oral cavity Bright Futures: <u>Schedule dental appointment every 6 months or as the dentist indicates.</u>

ANTICIPATORY GUIDANCE IN ORAL HEALTH

(Suggestions for anticipatory guidance for infants, children and adolescence.)

AGE	DEVELOPMENTAL MILESTONE	NUTRITION AND FEEDING INFORMATION	ORAL HYGIENE AND CARIES PREVENTION TECHNIQUES	FLUORIDE INFORMATION	TRAUMA PREVENTION INFORMATION	HABITS AND FUNCTION, BEHAVIORS AND PROBLEMS
Early Adolescence 11-14 years		Bright Futures: <u>Limit high-fat, high-sugar foods.</u>	Child becomes responsible for own oral hygiene Bright Futures: <u>Brush teeth; floss daily; Ask about dental sealants</u>	Review fluoride status needs for systemic up to 13 years of age Bright Futures: <u>Ask about fluoride.</u>	Bright Futures: <u>Use lap and shoulder safety belt in car; Use bike helmet, mouth guards, protective gear. Learn dental emergency care.</u>	Consider visits alone as a teen; Encourage knowledge of dental and general health history by the adolescent patient Bright Futures: <u>Schedule dental appointment every 6 months or as the dentist indicates. Don't smoke or chew tobacco.</u>
Middle Adolescence 15-17 years	Third molars, their development and function	Bright Futures: <u>Limit high-fat, high-sugar foods</u>	Bright Futures: <u>Brush teeth; floss daily; Ask about dental sealants</u>	Bright Futures: <u>Ask about fluoride</u>	Bright Futures: <u>Always wear safety belt in car, be sure passengers wear them; Wear helmet on bikes, motorcycles; Use protective sports gear. Learn dental emergency care.</u>	Adolescent's knowledge of oral health issues; Emphasis on his/her awareness of long-term consequences of diseases Bright Futures: <u>Schedule dental appointment every 6 months or as the dentist indicates. Don't smoke or chew tobacco.</u>
Late Adolescence 18-21 years	Generational changes in dentition; TMJ	Bright Futures: <u>Limit high-fat, high-sugar foods</u>	Bright Futures: <u>Brush teeth; floss daily</u>		Bright Futures: <u>Wear safety belt in car; use protective sports gear, helmet on bikes, motorcycles; Learn dental emergency care.</u>	Need for regular visits; Review irreversible periodontal disease; Eruption of third molars Bright Futures: <u>Schedule dental appointment every 6 months or as the dentist indicates. Ask dentist to check wisdom teeth; Don't smoke or chew tobacco.</u>

Note: Based upon Bright Futures: Guidelines for Health Supervision of Infants, Children, and Adolescents. National Center for Education in Maternal and Child Health, Georgetown University. 2001 Update. For additional information: Contact Elizabeth C. Lense DDS, MHA, Director, Oral Health Section Tel: 404-657-2571, Fax: 404/657-7307; Email: elense@dhr.state.ga.us; Office of Birth Outcomes, GA Dept. of Human Resources; 11th Floor, 2 Peachtree St. NW; Atlanta, GA 30303-3142; or Linda L. Koskela RDH, MPH Director, GA Oral Health Prevention Program, Tel: 404/463-2449; Fax: 404/657-7307; Email: llkoskela@dhr.state.ga.us Georgia Division of Public Health: Oral Health Home Page: <http://health.state.ga.us/programs/oral/index.asp>