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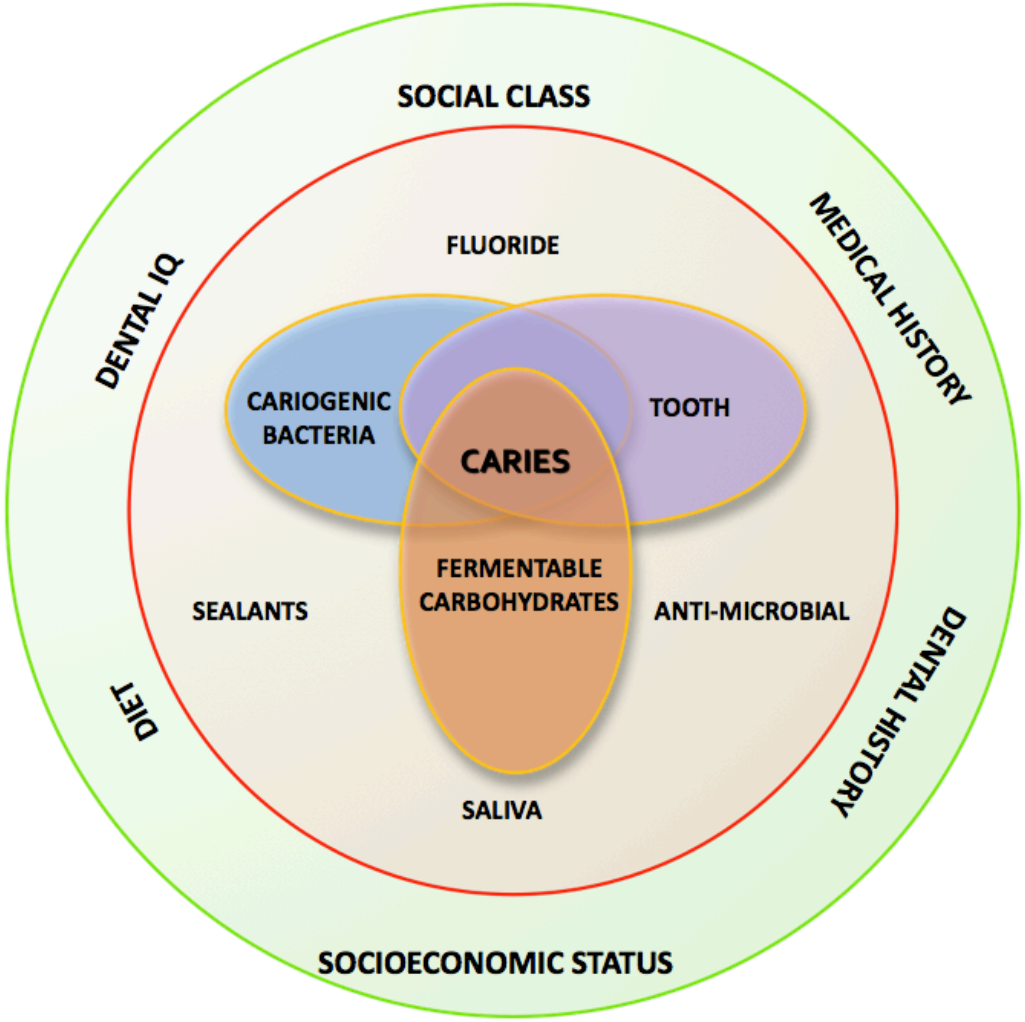

Modified from: Ten Cate, JM The Need for Antibacterial Approaches to Improve Caries Control Adv Dent Res 21:8 – 12, August 2009

Previstat™
Dental Health Risk Assessment

RISK FACTORS		LOW RISK	MODERATE RISK	HIGH RISK
DIET: 0-6 years	Sugary or Starch food or drinks: including pop, juice, energy drinks or cough syrups/drops	Primarily at Mealtimes	Prolonged/ Frequent between meals	Bottle or Sippy cup other than water at bedtime
DIET: +6 years	Sugary or Starch food or drinks: including pop, juice, energy drinks or cough syrups/drops	Primarily at Mealtimes		Frequent or prolonged between meals
BACTERIA	Visible Plaque	NO	YES	
	Visible Gingivitis	NO	YES	
Socio-Economic	Eligibility for Government Programs	NO		YES
	Patient has a regular dental home	YES		NO
SALIVA	Saliva Flow	Clinically present		Clinically not present
	Low pH test	Hi pH		Low pH
Family History	Decay present in mother, caregiver, siblings or late order offspring	24 months cavity free	12 months cavity free	Cavities in the last 12 months
Medical History	Mental or Physical Disability	NO		YES
Dental History	Hypoplasia, Deep pits & fissures, Severe crowding / Orthodontic Appliances	NO	YES	
FLUORIDE	Fluoride through drinking water, supplements, toothpaste, dental office applications	YES	NO	
Anti-bacterials	Chlorhexidine prescribed/used one week each of last 6 months Xylitol gum 4-5x daily last 6 months	YES		
OTHER	Diet Survey			≥24
	Dental Survey			≤5
Disease Indicators				
Caries Experience	❑ Visible cavities or radiographic penetration of the dentin ❑ Radiographic approximal enamel lesions (not in dentin) ❑ Obvious white spots on smooth surfaces ❑ Decalcification/demineralization ❑ Missing teeth from decay	No cavities or fillings in the last 24 months, or teeth extracted		Cavities, fillings or extractions from decay in the last 24 months
	Risk Score	**Low Risk**	**Moderate Risk**	**High Risk**

Recommendations for Pediatric Oral Health Assessment, Preventive Services, and Anticipatory Guidance/ Counseling

Since each child is unique, these recommendations are designed for the care of children who have no contributing medical conditions and are developing normally. These recommendations will need to be modified for children with special health care needs or if disease or trauma manifests variations from normal. The American Academy of Pediatric Dentistry (AAPD) emphasizes the importance of very early professional intervention and the continuity of care based on the individualized needs of the child. Refer to the text of this guideline for supporting information and references.

American Academy of Pediatric Dentistry	AGE				
	6 TO 12 MONTHS	12 TO 24 MONTHS	2 TO 6 YEARS	6 TO 12 YEARS	12 YEARS AND OLDER
Clinical oral examination [1]	•	•	•	•	•
Assess oral growth and development [2]	•	•	•	•	•
Caries-risk assessment [3]	•	•	•	•	•
Radiographic assessment [4]	•	•	•	•	•
Prophylaxis and topical fluoride [3,4]	•	•	•	•	•
Fluoride supplementation [5]	•	•	•	•	•
Anticipatory guidance/counseling [6]	•	•	•	•	•
Oral hygiene counseling [7]	Parent	Parent	Patient/parent	Patient/parent	Patient
Dietary counseling [8]	•	•	•	•	•
Injury prevention counseling [9]	•	•	•	•	•
Counseling for nonnutritive habits [10]	•	•	•	•	•
Counseling for speech/language development	•	•	•		
Substance abuse counseling				•	•
Counseling for intraoral/perioral piercing				•	•
Assessment and treatment of developing malocclusion			•	•	•
Assessment for pit and fissure sealants [11]			•	•	•
Assessment and/or removal of third molars					•
Transition to adult dental care					•

1 First examination at the eruption of the first tooth and no later than 12 months. Repeat every 6 months or as indicated by child's risk status/susceptibility to disease. Includes assessment of pathology and injuries.

2 By clinical examination.

3 Must be repeated regularly and frequently to maximize effectiveness.

4 Timing, selection, and frequency determined by child's history, clinical findings, and susceptibility to oral disease.

5 Consider when systemic fluoride exposure is suboptimal. Up to at least 16 years.

6 Appropriate discussion and counseling should be an integral part of each visit for care.

7 Initially, responsibility of parent; as child matures, jointly with parent; then, when indicated, only child.

8 At every appointment; initially discuss appropriate feeding practices, then the role of refined carbohydrates and frequency of snacking in caries development and childhood obesity.

9 Initially play objects, pacifiers, car seats; when learning to walk; then with sports and routine playing, including the importance of mouthguards.

10 At first, discuss the need for additional sucking: digits vs pacifiers; then the need to wean from the habit before malocclusion or skeletal dysplasia occurs. For school-aged children and adolescent patients, counsel regarding any existing habits such as fingernail biting, clenching, or bruxism.

11 For caries-susceptible primary molars, permanent molars, premolars, and anterior teeth with deep pits and fissures; placed as soon as possible after eruption.

RESIN SEALANTS

Armamentarium

Mirror
Explorer
Air Water Syringe Tip
Suction Tips
Gauze
Q Tip, topical anesthetic
Rubber Dam set up (includes rubber dam, forceps, clamp, floss and frame)
Dry angles
Cotton rolls
High speed hand piece
FG burs 330 (pear shaped)
Slow speed hand piece
LA burs # 2 (smallest round)
T3
Etch
Bond (bond dish, micro brush)
Sealant or Flowable composite
Curing light

Procedure

Apply topical anaesthetic to gingiva surrounding tooth to be sealed.
Isolate tooth, rubber dam is preferable, although dry angles / cotton is acceptable.
Prepare fissures with high or slow speed only if stained and / or sticky.
Do not seal in decay!!!
Wash and dry thoroughly.
Etch 10 seconds.
Wash and dry thoroughly.
Bond, scrub the surface of the tooth with a micro brush dipped in bond.
Apply a thin layer of sealant or flowable composite and "scratch" into the grooves.
Light cure 40 seconds.

GLASS IONOMER SEALANTS

Armamentarium

Mirror
Explorer
Air Water Syringe Tip
Suction Tips
Gauze
Q Tip, topical anaesthetic
Rubber Dam set up (includes rubber dam, forceps, clamp, floss and frame)
Ball or anatomical burnisher
Dry angles
Cotton rolls
High speed hand piece
FG burs 330 (pear shaped)
Slow speed hand piece
LA burs # 2 (smallest round)
Etch or Cavity Conditioner
Glass Ionomer Sealant
Glass Ionomer applicator
Triturator
Curing light

Procedure

Apply topical anaesthetic to gingiva surrounding tooth to be clamped.
Isolate tooth, rubber dam is preferable, although dry angles / cotton is acceptable.
Wash and dry thoroughly.
Etch 5 seconds with PO_4 etch OR 10 seconds with cavity conditioner.
Wash and dry. Leave tooth slightly moist
Activate and triturate GI capsule for 10 seconds.
Apply GI sealant.
Wet surface of sealant with coat.
Burnish or pack into place. Light cure 40 seconds.

GLASS IONOMER

Armamentarium

Mirror
Explorer
Air Water Syringe Tip
Suction Tips
Gauze
Q Tip topical anaesthetic
Syringe, needle, anaesthetic - if necessary
Rubber Dam set up (includes rubber dam, forceps, clamp, floss and frame)
Dry angles
Cotton rolls
High speed hand piece
FG burs 330 (pear shaped)
Slow speed hand piece
LA burs # 2 (smallest round)
Condenser
Ball or anatomical burnisher
T3
Etch or Cavity Conditioner
Glass Ionomer
Glass Ionomer applicator
Bond
Flowable
Triturator
Curing light

Procedure

Apply anaesthetic as required.
Isolate tooth, rubber dam is preferable, although dry angles / cotton is acceptable.
Prepare tooth as required.
Etch 10 seconds with cavity conditioner.
Wash and dry. Leave tooth slightly moist.
Activate and triturate GI capsule for 10 seconds.
Apply GI or RMGI as indicated in a single increment.
Wet surface of instrument with coat.
Burnish or pack into place. Light cure 40 seconds.
If possible, self etch and apply flowable (as a sealant).
Light cure 40 seconds.