




















Oral Health Risk Assessment Tool

The American Academy of Pediatrics (AAP) has developed this tool to aid in the implementation of oral health risk assessment during health supervision visits. This tool has been subsequently reviewed and endorsed by the National Interprofessional Initiative on Oral Health.

Instructions for Use

This tool is intended for documenting caries risk of the child, however, two risk factors are based on the mother or primary caregiver's oral health. All other factors and findings should be documented based on the child.

The child is at an absolute high risk for caries if any risk factors or clinical findings, marked with a  sign, are documented yes. In the absence of  risk factors or clinical findings, the clinician may determine the child is at high risk of caries based on one or more positive responses to other risk factors or clinical findings. Answering yes to protective factors should be taken into account with risk factors/clinical findings in determining low versus high risk.

Patient Name: _____ Date of Birth: _____ Date: _____		
Visit: <input type="checkbox"/> 6 month <input type="checkbox"/> 9 month <input type="checkbox"/> 12 month <input type="checkbox"/> 15 month <input type="checkbox"/> 18 month <input type="checkbox"/> 24 month <input type="checkbox"/> 30 month <input type="checkbox"/> 3 years <input type="checkbox"/> 4 years <input type="checkbox"/> 5 years <input type="checkbox"/> 6 years <input type="checkbox"/> Other _____		
RISK FACTORS	PROTECTIVE FACTORS	CLINICAL FINDINGS
<ul style="list-style-type: none">  Mother or primary caregiver had active decay in the past 12 months <input type="checkbox"/> Yes <input type="checkbox"/> No  Mother or primary caregiver does not have a dentist <input type="checkbox"/> Yes <input type="checkbox"/> No  Continual bottle/sippy cup use with fluid other than water <input type="checkbox"/> Yes <input type="checkbox"/> No  Frequent snacking <input type="checkbox"/> Yes <input type="checkbox"/> No  Special health care needs <input type="checkbox"/> Yes <input type="checkbox"/> No  Medicaid eligible <input type="checkbox"/> Yes <input type="checkbox"/> No 	<ul style="list-style-type: none">  Existing dental home <input type="checkbox"/> Yes <input type="checkbox"/> No  Drinks fluoridated water or takes fluoride supplements <input type="checkbox"/> Yes <input type="checkbox"/> No  Fluoride varnish in the last 6 months <input type="checkbox"/> Yes <input type="checkbox"/> No  Has teeth brushed twice daily <input type="checkbox"/> Yes <input type="checkbox"/> No 	<ul style="list-style-type: none">  White spots or visible decalcifications in the past 12 months <input type="checkbox"/> Yes <input type="checkbox"/> No  Obvious decay <input type="checkbox"/> Yes <input type="checkbox"/> No  Restorations (fillings) present <input type="checkbox"/> Yes <input type="checkbox"/> No  Visible plaque accumulation <input type="checkbox"/> Yes <input type="checkbox"/> No  Gingivitis (swollen/bleeding gums) <input type="checkbox"/> Yes <input type="checkbox"/> No  Teeth present <input type="checkbox"/> Yes <input type="checkbox"/> No  Healthy teeth <input type="checkbox"/> Yes <input type="checkbox"/> No
ASSESSMENT/PLAN		
Caries Risk: <input type="checkbox"/> Low <input type="checkbox"/> High Completed: <input type="checkbox"/> Anticipatory Guidance <input type="checkbox"/> Fluoride Varnish <input type="checkbox"/> Dental Referral	Self Management Goals: <input type="checkbox"/> Regular dental visits <input type="checkbox"/> Dental treatment for parents <input type="checkbox"/> Brush twice daily <input type="checkbox"/> Use fluoride toothpaste <input type="checkbox"/> Wean off bottle <input type="checkbox"/> Less/No juice <input type="checkbox"/> Only water in sippy cup <input type="checkbox"/> Drink tap water <input type="checkbox"/> Healthy snacks <input type="checkbox"/> Less/No junk food or candy <input type="checkbox"/> No soda <input type="checkbox"/> Xylitol	

Treatment of High Risk Children

If appropriate, high-risk children should receive professionally applied fluoride varnish and have their teeth brushed twice daily with an age-appropriate amount of fluoridated toothpaste. Referral to a pediatric dentist or a dentist comfortable caring for children should be made with follow-up to ensure that the child is being cared for in the dental home.

Adapted from Ramos-Gomez FJ, Crystal YO, Ng MW, Crall JJ, Featherstone JD. Pediatric dental care: prevention and management protocols based on caries risk assessment. *J Calif Dent Assoc.* 2010;38(10):746-761; American Academy of Pediatrics Section on Pediatric Dentistry and Oral Health. Preventive oral health intervention for pediatricians. *Pediatrics.* 2003; 122(6):1387-1394; and American Academy of Pediatrics Section of Pediatric Dentistry. Oral health risk assessment timing and establishment of the dental home. *Pediatrics.* 2003;111(5):1113-1116.

The recommendations in this publication do not indicate an exclusive course of treatment or serve as a standard of medical care. Variations, taking into account individual circumstances, may be appropriate. Copyright © 2011 American Academy of Pediatrics. All Rights Reserved. The American Academy of Pediatrics does not review or endorse any modifications made to this document and in no event shall the AAP be liable for any such changes.



Oral Health Risk Assessment Tool Guidance

Timing of Risk Assessment

The Bright Futures/AAP “Recommendations for Preventive Pediatric Health Care,” (ie, Periodicity Schedule) recommends all children receive a risk assessment at the 6- and 9-month visits. For the 12-, 18-, 24-, 30-month, and the 3- and 6-year visits, risk assessment should continue if a dental home has not been established. View the Bright Futures/AAP Periodicity Schedule—http://brightfutures.aap.org/clinical_practice.html.

Risk Factors

Maternal Oral Health

Studies have shown that children with mothers or primary caregivers who have had active decay in the past 12 months are at greater risk to develop caries. **This child is high risk.**

Maternal Access to Dental Care

Studies have shown that children with mothers or primary caregivers who do not have a regular source of dental care are at a greater risk to develop caries. A follow-up question may be if the child has a dentist.

Continual Bottle/Sippy Cup Use

Children who drink juice, soda, and other liquids that are not water, from a bottle or sippy cup continually throughout the day or at night are at an increased risk of caries. The frequent intake of sugar does not allow for the acid it produces to be neutralized or washed away by saliva. Parents of children with this risk factor need to be counseled on how to reduce the frequency of sugar-containing beverages in the child's diet.

Frequent Snacking

Children who snack frequently are at an increased risk of caries. The frequent intake of sugar/refined carbohydrates does not allow for the acid it produces to be neutralized or washed away by saliva. Parents of children with this risk factor need to be counseled on how to reduce frequent snacking and choose healthy snacks such as cheese, vegetables, and fruit.

Special Health Care Needs

Children with special health care needs are at an increased risk for caries due to their diet, xerostomia (dryness of the mouth, sometimes due to asthma or allergy medication use), difficulty performing oral hygiene, seizures, gastroesophageal reflux disease and vomiting, attention deficit hyperactivity disorder, and gingival hyperplasia or overcrowding of teeth. Premature babies also may experience enamel hypoplasia.

Protective Factors

Dental Home

According to the American Academy of Pediatric Dentistry (AAPD), the dental home is oral health care for the child that is delivered in a comprehensive, continuously accessible, coordinated and family-centered way by a licensed dentist. The AAP and the AAPD recommend that a dental home be established by age 1. Communication between the dental and medical homes should be ongoing to appropriately coordinate care for the child. If a dental home is not available, the primary care clinician should continue to do oral health risk assessment at every well-child visit.

Fluoridated Water/Supplements

Drinking fluoridated water provides a child with systemic and topical fluoride exposure, a proven caries reduction intervention. Fluoride supplements may be prescribed by the primary care clinician or dentist if needed. View fluoride resources on the Oral Health Practice Tools Web Page <http://aap.org/oralhealth/PracticeTools.html>.

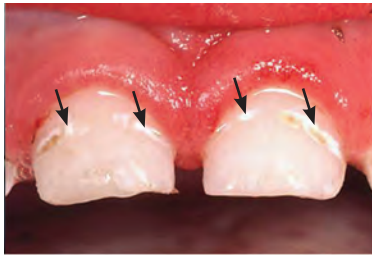
Fluoride Varnish in the Last 6 Months

Applying fluoride varnish provides a child with highly concentrated fluoride to protect against caries. Fluoride varnish may be professionally applied. For online fluoride varnish training, access the Child Oral Health and Fluoride Varnish Modules in the Smiles for Life National Oral Health Curriculum, www.smilesforlifeoralhealth.org.

Tooth Brushing and Oral Hygiene

Primary care clinicians can reinforce good oral hygiene by teaching parents and children simple practices. Infants should have their mouths cleaned after feedings with a wet soft washcloth. Once teeth erupt it is recommended that children have their teeth brushed twice a day. For children under the age of 2 determined to be at moderate or high risk for caries, it is appropriate to recommend a smear of fluoridated toothpaste twice per day. Children older than 2 years old should use a pea-sized amount of fluoridated toothpaste twice a day. View fluoride resources in the AAP Protecting All Children's Teeth Curriculum Fluoride Module <http://www.aap.org/oralhealth/pact/ppt/Fluoride.ppt>.

Clinical Findings



⚠️ **White Spots/Decalcifications**

This child is high risk.

White spot decalcifications present—immediately place the child in the high-risk category.



⚠️ **Obvious Decay**

This child is high risk.

Obvious decay present—immediately place the child in the high-risk category.



⚠️ **Restorations (Fillings) Present**

This child is high risk.

Restorations (Fillings) present—immediately place the child in the high-risk category.



Visible Plaque Accumulation

Plaque is the soft and sticky substance that accumulates on the teeth from food debris and bacteria. Primary care clinicians can teach parents how to remove plaque from the child's teeth by brushing and flossing.



Gingivitis

Gingivitis is the inflammation of the gums. Primary care clinicians can teach parents good oral hygiene skills to reduce the inflammation.



Healthy Teeth

Children with healthy teeth have no signs of early childhood caries and no other clinical findings. They are also experiencing normal tooth and mouth development and spacing.

For more information about the AAP's oral health activities email oralhealth@aap.org or visit www.aap.org/oralhealth.

The recommendations in this publication do not indicate an exclusive course of treatment or serve as a standard of medical care. Variations, taking into account individual circumstances, may be appropriate. Copyright © 2011 American Academy of Pediatrics. All Rights Reserved. The American Academy of Pediatrics does not review or endorse any modifications made to this document and in no event shall the AAP be liable for any such changes.