Assess Patient Risk

- **Policy on Use of a Caries-risk Assessment Tool (CAT) for Infants, Children, and Adolescents"**

Table 2. Caries-risk Assessment Form for 0-5 Year Olds[59,60]

(For Dental Providers)

Factors	High Risk	Moderate Risk	Protective
Biological			
Mother/primary caregiver has active caries	Yes		
Parent/caregiver has low socioeconomic status	Yes		
Child has >3 between meal sugar-containing snacks or beverages per day	Yes		
Child is put to bed with a bottle containing natural or added sugar	Yes		
Child has special health care needs		Yes	
Child is a recent immigrant		Yes	
Protective			
Child receives optimally-fluoridated drinking water or fluoride supplements			Yes
Child has teeth brushed daily with fluoridated toothpaste			Yes
Child receives topical fluoride from health professional			Yes
Child has dental home/regular dental care			Yes
Clinical Findings			
Child has >1 decayed/missing/filled surfaces (dmfs)	Yes		
Child has active white spot lesions or enamel defects	Yes		
Child has elevated mutans streptococci levels	Yes		
Child has plaque on teeth		Yes	

Circling those conditions that apply to a specific patient helps the practitioner and parent understand the factors that contribute to or protect from caries. Risk assessment categorization of low, moderate, or high is based on preponderance of factors for the individual. However, clinical judgment may justify the use of one factor (eg, frequent exposure to sugar-containing snacks or beverages, more than one dmfs) in determining overall risk.

Overall assessment of the child's dental caries risk: High ❒ Moderate ❒ Low ❒

http://www.aapd.org/media/Policies_Guidelines/P_CariesRiskAssess.pdf

Caries Management Protocol

Table 4. Example of a Caries Management Protocol for 1-2 Year Olds

Risk Category	Diagnostics	Interventions		Restorative
		Fluoride	Diet	
Low risk	– Recall every six to12 months – Baseline MS[α]	– Twice daily brushing	Counseling	– Surveillance[χ]
Moderate risk parent engaged	– Recall every six months – Baseline MS[α]	– Twice daily brushing with fluoridated toothpaste[β] – Fluoride supplements[δ] – Professional topical treatment every six months	Counseling	– Active surveillance[ε] of incipient lesions
Moderate risk parent not engaged	– Recall every six months – Baseline MS[α]	– Twice daily brushing with fluoridated toothpaste[β] – Professional topical treatment every six months	Counseling, with limited expectations	– Active surveillance[ε] of incipient lesions
High risk parent engaged	– Recall every three months – Baseline and follow up MS[α]	– Twice daily brushing with fluoridated toothpaste[β] – Fluoride supplements[δ] – Professional topical treatment every three months	Counseling	– Active surveillance[ε] of incipient lesions – Restore cavitated lesions with ITR[ϕ] or definitive restorations
High risk parent not engaged	– Recall every three months – Baseline and follow up MS[α]	– Twice daily brushing with fluoridated toothpaste[β] – Professional topical treatment every three months	Counseling, with limited expectations	– Active surveillance[ε] of incipient lesions – Restore cavitated lesions with ITR[ϕ] or definitive restorations

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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.

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.

Visit: ☐ 6 month, ☐ 9 month, ☐ 12 month, ☐ 15 month, ☐ 18 month, ☐ 24 month, ☐ 30 month, ☐ 3 years, ☐ 4 years, ☐ 5 years, ☐ 6 years, ☐ other_____

RISK FACTORS	PROTECTIVE FACTORS	CLINICAL FINDINGS
⚠ Mother or primary caregiver had active decay in the past 12 months Yes ☐ No ☐	• Existing dental home Yes ☐ No ☐	⚠ White spots or visible decalcifications in the past 12 months Yes ☐ No ☐
• Mother or primary caregiver does not have a dentist Yes ☐ No ☐	• Drinks fluoridated water or takes fluoride supplements Yes ☐ No ☐	⚠ Obvious decay Yes ☐ No ☐
• Continual bottle/sippy cup use with fluid other than water Yes ☐ No ☐	• Fluoride varnish in the last 6 months Yes ☐ No ☐	⚠ Restorations (fillings) present Yes ☐ No ☐
• Frequent snacking Yes ☐ No ☐	• Has teeth brushed daily Yes ☐ No ☐	• Visible plaque accumulation Yes ☐ No ☐
• Special health care needs Yes ☐ No ☐		• Gingivitis (swollen/bleeding gums) Yes ☐ No ☐
• Medicaid eligible Yes ☐ No ☐		• Teeth present Yes ☐ No ☐
		• Healthy teeth Yes ☐ No ☐

Caries Risk: ☐ Low ☐ High

Completed: ☐ Anticipatory Guidance ☐ Fluoride Varnish ☐ Dental Referral

Treatment of High Risk Children

If appropriate, high-risk children should receive professionally applied fluoride varnish and have their teeth brushed 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.

http://www2.aap.org/commpeds/dochs/oralhealth/RiskAssessmentTool.html

Sim Lab Time

Case 1

Table 2. Caries-risk Assessment Form for 0-5 Year Olds [59,60]

(For Dental Providers)

Factors	High Risk	Moderate Risk	Protective
Biological			
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Parent/caregiver has low socioeconomic status	Yes		
Child has >3 between meal sugar-containing snacks or beverages per day	Yes		
Child is put to bed with a bottle containing natural or added sugar	Yes		
Child has special health care needs		Yes	
Child is a recent immigrant		Yes	
Protective			
Child receives optimally-fluoridated drinking water or fluoride supplements			Yes
Child has teeth brushed daily with fluoridated toothpaste			Yes
Child receives topical fluoride from health professional			Yes
Child has dental home/regular dental care			Yes
Clinical Findings			
Child has >1 decayed/missing/filled surfaces (dmfs)	Yes		
Child has active white spot lesions or enamel defects	Yes		
Child has elevated mutans streptococci levels	Yes		
Child has plaque on teeth		Yes	

Circling those conditions that apply to a specific patient helps the practitioner and parent understand the factors that contribute to or protect from caries. Risk assessment categorization of low, moderate, or high is based on preponderance of factors for the individual. However, clinical judgment may justify the use of one factor (eg, frequent exposure to sugar-containing snacks or beverages, more than one dmfs) in determining overall risk.

Overall assessment of the child's dental caries risk: High ❒ Moderate ❒ Low ❒

12 month baby girl for first visit after physician referral. Medical history includes ex preemie 26 weeker, 880 gms at birth, delayed development of motor skills, continued bottle feeding through the night with milk, Mom has visible brown carious lesions on her front teeth.

Case 1: Recommended Intervention

Risk Category	Diagnostics	Interventions		Restorative
		Fluoride	Diet	
Low risk	– Recall every six to12 months – Baseline MS[α]	– Twice daily brushing	Counseling	– Surveillance[χ]
Moderate risk parent engaged	– Recall every six months – Baseline MS[α]	– Twice daily brushing with fluoridated toothpaste[β] – Fluoride supplements[δ] – Professional topical treatment every six months	Counseling	– Active surveillance[ε] of incipient lesions
Moderate risk parent not engaged	– Recall every six months – Baseline MS[α]	– Twice daily brushing with fluoridated toothpaste[β] – Professional topical treatment every six months	Counseling, with limited expectations	– Active surveillance[ε] of incipient lesions
High risk parent engaged	– Recall every three months – Baseline and follow up MS[α]	– Twice daily brushing with fluoridated toothpaste[β] – Fluoride supplements[δ] – Professional topical treatment every three months	Counseling	– Active surveillance[ε] of incipient lesions – Restore cavitated lesions with ITR[ϕ] or definitive restorations
High risk parent not engaged	– Recall every three months – Baseline and follow up MS[α]	– Twice daily brushing with fluoridated toothpaste[β] – Professional topical treatment every three months	Counseling, with limited expectations	– Active surveillance[ε] of incipient lesions – Restore cavitated lesions with ITR[ϕ] or definitive restorations

12 month baby girl for first visit after physician referral. Medical history includes ex preemie 26 weeker, 880 gms at birth, delayed development of motor skills, continued bottle feeding through the night with milk, Mom has visible brown carious lesions on her front teeth.

Case 2

Table 2. Caries-risk Assessment Form for 0-5 Year Olds[59,60]

(For Dental Providers)

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Child has >3 between meal sugar-containing snacks or beverages per day	Yes		
Child is put to bed with a bottle containing natural or added sugar	Yes		
Child has special health care needs		Yes	
Child is a recent immigrant		Yes	
Protective			
Child receives optimally-fluoridated drinking water or fluoride supplements			Yes
Child has teeth brushed daily with fluoridated toothpaste			Yes
Child receives topical fluoride from health professional			Yes
Child has dental home/regular dental care			Yes
Clinical Findings			
Child has >1 decayed/missing/filled surfaces (dmfs)	Yes		
Child has active white spot lesions or enamel defects	Yes		
Child has elevated mutans streptococci levels	Yes		
Child has plaque on teeth		Yes	

Circling those conditions that apply to a specific patient helps the practitioner and parent understand the factors that contribute to or protect from caries. Risk assessment categorization of low, moderate, or high is based on preponderance of factors for the individual. However, clinical judgment may justify the use of one factor (eg, frequent exposure to sugar-containing snacks or beverages, more than one dmfs) in determining overall risk.

Overall assessment of the child's dental caries risk: High ❒ Moderate ❒ Low ❒

18 month well baby boy visit no chief complaint, Mom - physician working FT, Dad-Lawyer working FT, FT live in Nanny, living outside of city, well water, child presents with sippy cup with juice, lifting of lip and removal of plaque from teeth near the gums reveals several areas that appear white and chalky.