Recommendations for Pediatric Oral Health Care

Clinical guideline on periodicity of examination, preventive dental services, anticipatory guidance, and oral treatment for children

	6-12 months	12-24 months Annually	2-6 years Annually	6-12 years Annually	≥12 years Annually
Clinical oral examination[1]	X	X	X	X	X
Assess oral growth and development[2]	X	X	X	X	X
Caries-risk assessment[3]	X	X	X	X	X
Prophylaxis & topical fluoride treatment[4]		X	X	X	X
Fluoride supplementation[5,6]	X	X	X	X	X
Anticipatory guidance[7]	X	X	X	X	X
Oral hygiene counseling for parents, guardians, and/or caregivers[8]	X	X	X	X	
Oral hygiene counseling to patient			X	X	X
Dietary counseling[9]	X	X	X	X	X
Injury prevention counseling[10]	X	X	X	X	X
Counseling for nonnutritive habits[11]	X	X	X	X	X
Substance abuse counseling				X	X
Counseling for intraoral and perioral piercing				X	X
Radiographic assessment[12]			X	X	X
Treatment of dental disease/ injury	X	X	X	X	X
Assessment and treatment of developing malocclusion			X	X	X
Pit and fissure sealants[13]			X	X	X
Assessment and/or removal of third molars					X
Referral for regular and periodic dental care					X

1. At the first sign of tooth eruption by the primary care provider and with each subsequent visit to determine if the child needs a referral to a dental provider. Dental examinations by a qualified dental provider should begin between the ages of two and three (unless otherwise indicated) and once yearly thereafter.
2. By clinical examination.
3. As per AAPD "Policy on the use of a caries-risk assessment tool (CAT) for infants, children, and adolescents."
4. Especially for children at high risk for caries and periodontal disease. Additionally, children should be seen for prophylaxis once every 184 days.
5. As per AAPD and American Dental association guidelines and the water source.
6. Up to at least 16 years.
7. Appropriate discussion and counseling should be an integral part of each visit for care.
7. Initially, responsibility of parent; as child develops, jointly with parents; then, when indicated, only child.
8. At every appointment, discuss the role of refined carbohydrates, frequency of snacking.
9. Initially play objects, pacifiers, car seats; then when learning to walk, sports and routine playing.
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. As per the AAPD "Clinical guideline on prescribing dental radiographs."
12. For caries-susceptible primary molars, permanent molars, premolars, and anterior teeth with deep pits and/or fissures; placed as soon as possible after eruption.

GUIDELINE OBJECTIVE(S): To help practitioners make clinical decisions concerning preventive oral health care for healthy infants, children, and adolescents.

EVIDENCE SUPPORTING THE RECOMMENDATIONS

All oral health policies and clinical guidelines are based on 2 sources of evidence: (1) the scientific literature; and (2) experts in the field.

POTENTIAL BENEFITS

- Appropriate management of infant, child, and adolescent oral health needs.
- Major benefits of early intervention, in addition to assessment of risk status, include analysis of fluoride exposure and feeding practices as well as oral hygiene counseling. The early dental visit should be seen as the foundation upon which a lifetime of preventive education and oral health care can be built.

QUALIFYING STATEMENTS

- The Oklahoma Health Care Authority Dental Advisory Committee on Periodicity (DACP) intends this guideline to help practitioners make clinical decisions concerning preventive oral health care for infants, children, and adolescents. Because each child is unique, these recommendations are designed for the care of children who have no contributory medical conditions and who 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 the normal.
- The AAPD and DACP emphasizes the importance of very early professional intervention and the continuity of care based on the individualized needs of the child.

ADAPTATION: The guideline was adapted from another source, the American Academy of Pediatric Dentistry.