

# 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: <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"> <li> Mother or primary caregiver had active decay in the past 12 months Yes <input type="checkbox"/> No <input type="checkbox"/></li> <li><input type="checkbox"/> Mother or primary caregiver does not have a dentist Yes <input type="checkbox"/> No <input type="checkbox"/></li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Existing dental home Yes <input type="checkbox"/> No <input type="checkbox"/></li> <li><input type="checkbox"/> Drinks fluoridated water or takes fluoride supplements Yes <input type="checkbox"/> No <input type="checkbox"/></li> <li><input type="checkbox"/> Fluoride varnish in the last 6 months Yes <input type="checkbox"/> No <input type="checkbox"/></li> <li><input type="checkbox"/> Has teeth brushed daily Yes <input type="checkbox"/> No <input type="checkbox"/></li> </ul>	<ul style="list-style-type: none"> <li> White spots or visible decalcifications in the past 12 months Yes <input type="checkbox"/> No <input type="checkbox"/></li> <li> Obvious decay Yes <input type="checkbox"/> No <input type="checkbox"/></li> <li> Restorations (fillings) present Yes <input type="checkbox"/> No <input type="checkbox"/></li> </ul>
<ul style="list-style-type: none"> <li><input type="checkbox"/> Continual bottle/sippy cup use with fluid other than water Yes <input type="checkbox"/> No <input type="checkbox"/></li> <li><input type="checkbox"/> Frequent snacking Yes <input type="checkbox"/> No <input type="checkbox"/></li> <li><input type="checkbox"/> Special health care needs Yes <input type="checkbox"/> No <input type="checkbox"/></li> <li><input type="checkbox"/> Medicaid eligible Yes <input type="checkbox"/> No <input type="checkbox"/></li> </ul>		<ul style="list-style-type: none"> <li><input type="checkbox"/> Visible plaque accumulation Yes <input type="checkbox"/> No <input type="checkbox"/></li> <li><input type="checkbox"/> Gingivitis (swollen/bleeding gums) Yes <input type="checkbox"/> No <input type="checkbox"/></li> </ul>
<ul style="list-style-type: none"> <li><input type="checkbox"/> Teeth present Yes <input type="checkbox"/> No <input type="checkbox"/></li> <li><input type="checkbox"/> Healthy teeth Yes <input type="checkbox"/> No <input type="checkbox"/></li> </ul>		
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		

## 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.

Supported in part by



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.

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