Oral Health
CHILD AND TEEN CHECKUPS (C&TC) FACT SHEET FOR PRIMARY CARE PROVIDERS

C&TC Requirements

General
At each C&TC visit, the primary care provider must:

▪ Perform a thorough physical exam of the dentition and oral soft tissues
▪ Provide anticipatory guidance to the parent or legal guardian on caries prevention and the importance of regular preventive dental care.
▪ Provide a verbal referral to a dental home at every C&TC visit, beginning with the eruption of the first tooth, or no later than 12 months of age.
▪ Refer children to a dentist when permanent molars erupt, typically around 6 and 12 years of age. The teeth need to be assessed and sealants applied to the chewing surfaces of the molars, if indicated.

For more information, refer to the Minnesota Health Care Programs Provider Manual C&TC Section (www.dhs.state.mn.us)

Personnel
Physician, Nurse Practitioner, Physician Assistant, Registered Nurse who has completed the 3-day C&TC training from the Minnesota Department of Health may provide the oral assessment.

Clinic staff can provide a verbal referral to a qualified dental professional for an examination.

Documentation
Required documentation includes a verbal dental referral at every C&TC exam, after the eruption of the first tooth or no later than 12 months of age. Document any oral health and dental caries related information given.

Recommendations

Oral Health Risk Assessment
Perform a risk assessment using the American Academy of Pediatrics Oral Health Risk Assessment Tool (www2.aap.org/oralhealth)

Children with an absolute risk of caries or active dental caries should receive a referral to a pediatric dentist or dentist comfortable caring for children, including follow-up to ensure the child is receiving care in a dental home.

Fluoride Varnish Application
Fluoride varnish application (FVA) to the primary teeth of all children is recommended to begin at the eruption of the first tooth (Griffin, et al., 2014). FVA may be applied in a primary care setting by a physician, NP, PA or trained clinic staff, under the supervision of the physician or dentist, after completion of a recommended online training course.

Recommended course:

▪ For all staff: Smile for Life Caries Risk Assessment, Fluoride Varnish & Counseling, Course 6 (www.smilesforlifeoralheath.org)
▪ For continuing medical education: Protecting All Children's Teeth (PACT): A Pediatric Oral Health Training Program for Physicians (www.aap.org)

Minnesota Statute 256B.0625 Subd. 14(d)(3) requires that C&TC providers obtain consent from a parent or legal guardian before applying fluoride varnish. This can be either a documented verbal consent (each time) or a signed consent for FVA form (collected annually).

Why is Preventive Dental Care Important?
Dental caries or tooth decay is a preventable condition and is the most common chronic disease in children (Smiles for Life, 2015).
Children and adolescents who have untreated tooth decay can experience pain, school absences, difficulty concentrating, poor appearance and other complications. Children and adolescents on Medicaid are less likely to receive preventive dental services and are at risk of developing early childhood caries (Council on Clinical Affairs, 2014).

**Anticipatory Guidance**

Instruct parents to avoid sharing drinks or utensils. Counsel parents of young babies to perform oral care from the eruption of the first tooth and avoid giving sugary drinks (Smiles for Life, 2015).

Toddlers should get their teeth brushed for 2 minutes twice a day (Smiles for Life, 2015).

Educate adolescents about caries risks related to immature tooth enamel, traumatic injury and gum disease, a diet high in refined sugars and low in calcium, and cigarette and drug use (Council on Clinical Affairs, 2014).

**Professional Recommendations**

**U.S. Preventive Services Task Force (USPSTF)**
- Primary care clinicians should apply fluoride varnish to the primary teeth of all infants and young children beginning when their first primary tooth erupts – a Grade B recommendation (Moyer, 2014).

**American Academy of Pediatric Dentistry (AAPD) and the American Academy of Pediatrics (AAP)**
- Children should visit the dentist every 6 months or on a routine basis recommended by the dentist, starting with the eruption of the first tooth.
- Providers should inquire about the fluoride in the child’s drinking water, beginning when the child is 6 months old, and prescribe a fluoride supplement if deficient.
- FVA is recommended for any child with an absolute risk for dental caries.

**American Dental Association (ADA)**
- Children who are at risk for developing tooth decay should receive dental sealants on primary and permanent molars.

**Resources**

**American Academy of Pediatric Dentistry (AAPD)**
- [Guidelines on Caries Risk Assessment and Management for Infants, Children and Adolescents](www.aap.org)

**American Dental Association**
- [Dental Fluoride Supplements](www.ada.org)

**American Academy of Pediatrics**
- [Children’s Oral Health](www.aap.org)

**Centers for Disease Control and Prevention**
- [Children’s Oral Health](www.cdc.org)

**Minnesota Department of Human Services**
- [Minnesota Health Care Programs Provider Manual C&TC Section](www.dhs.state.mn.us)

**Minnesota Department of Health**
- [Fluoride Varnish in the Child and Teen Checkups Setting](www.health.state.us.mn)
- [C&TC E-Learning Training Programs: Oral Health Screening](www.health.state.mn.us)

**References**


**For More Information**

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New: 04/2016
To obtain this information in a different format, call: 651-201-3760.