



ORAL HEALTH PRACTICAL TOOLS & SKILLS FOR LEARNING

SESSION 4

CHW ORAL HEALTH TRAINING PROGRAM

This training was funded by the Office of Oral Health, California Department of Public Health Contract 23-10605 and developed by the University of California, Los Angeles, School of Dentistry.

SIX (6) STEP PROTOCOL OF INFANT ORAL CARE



THE INFANT ORAL CARE EXAM

An effective infant oral care exam includes the following six (6) key steps:

CARIES RISK ASSESSMENT FORM FOR AGES 6 TO 6 YRS OLD

Patient Name: _____ Age: _____
 Date: _____ Assessment Date: _____

YES = CIRCLE 1	NO = CIRCLE 2	Comments
A. Risk Factors (Historical/Predisposing Factors)		
1. Child has ever had a tooth decayed, missing, or loose	YES	1 year ago
2. Child has ever had a toothache or pain in the mouth	YES	
3. Child has ever had a tooth pulled	YES	
4. Child has ever had a tooth infection or abscess	YES	
5. Child has ever had a tooth that was loose or wiggly	YES	
6. Child has ever had a tooth that was cracked or chipped	YES	
7. Child has ever had a tooth that was discolored or stained	YES	
8. Child has ever had a tooth that was sensitive to hot or cold	YES	
9. Child has ever had a tooth that was sensitive to sweets	YES	
10. Child has ever had a tooth that was sensitive to brushing	YES	
11. Child has ever had a tooth that was sensitive to flossing	YES	
12. Child has ever had a tooth that was sensitive to whitening	YES	
13. Child has ever had a tooth that was sensitive to dental X-rays	YES	
14. Child has ever had a tooth that was sensitive to dental anesthesia	YES	
15. Child has ever had a tooth that was sensitive to dental procedures	YES	
16. Child has ever had a tooth that was sensitive to dental treatment	YES	
17. Child has ever had a tooth that was sensitive to dental care	YES	
18. Child has ever had a tooth that was sensitive to dental hygiene	YES	
19. Child has ever had a tooth that was sensitive to dental education	YES	
20. Child has ever had a tooth that was sensitive to dental counseling	YES	
21. Child has ever had a tooth that was sensitive to dental motivation	YES	
22. Child has ever had a tooth that was sensitive to dental reinforcement	YES	
23. Child has ever had a tooth that was sensitive to dental feedback	YES	
24. Child has ever had a tooth that was sensitive to dental praise	YES	
25. Child has ever had a tooth that was sensitive to dental encouragement	YES	
26. Child has ever had a tooth that was sensitive to dental support	YES	
27. Child has ever had a tooth that was sensitive to dental assistance	YES	
28. Child has ever had a tooth that was sensitive to dental help	YES	
29. Child has ever had a tooth that was sensitive to dental aid	YES	
30. Child has ever had a tooth that was sensitive to dental service	YES	
31. Child has ever had a tooth that was sensitive to dental care	YES	
32. Child has ever had a tooth that was sensitive to dental treatment	YES	
33. Child has ever had a tooth that was sensitive to dental procedure	YES	
34. Child has ever had a tooth that was sensitive to dental intervention	YES	
35. Child has ever had a tooth that was sensitive to dental management	YES	
36. Child has ever had a tooth that was sensitive to dental care	YES	
37. Child has ever had a tooth that was sensitive to dental treatment	YES	
38. Child has ever had a tooth that was sensitive to dental procedure	YES	
39. Child has ever had a tooth that was sensitive to dental intervention	YES	
40. Child has ever had a tooth that was sensitive to dental management	YES	



2. Knee-to-knee exam



3. Toothbrush cleaning

1. Caries risk assessment



4. Clinical exam



5. Fluoride varnish application



6. Self-management goals, anticipatory guidance, & motivational interviewing

STEP ONE (1)

CAMBRA

CAries

Management

By

Risk

Assessment

- CAMBRA stands for **Caries Management By Risk Assessment**.
- It should be used at every child visit to rate the child's risk level of dental decay as high, moderate, or low.
- The CAMBRA tool is also commonly referred to as a Caries Risk Assessment (CRA), including by the Department of Health Care Services (DHCS).

CAMBRA

- **CAMBRA** is designed to be used with **newborns up to five (5) years old**. It integrates the risk assessment of childhood cavities as an integral component of a comprehensive oral health visit.
- By evaluating a patient's biological predisposing factors, protective factors, and disease indicators, the patient's risk level for cavities can be classified as low, moderate, or high.

Caries risk assessment form for ages 0 to 5 years old

Patient name: _____ I.D.# _____ Age: _____
 Date: _____ Assessment date: _____

Note: any one YES in column1 signifies likely "high risk" and an indication for bacteria tests

	YES = circle			Comments:
	1	2	3	
(1) Risk factors (biological predisposing factors)				
(a) Mother/caregiver has had known active dental decay in past year	YES			
(b) Bottle with fluid <u>other</u> than water, plain milk and/or formula		YES		Type(s):
(c) Continual bottle use		YES		
(d) Child sleeps with a bottle, or nurses on demand		YES		
(e) Frequent (> 3 times/day) between-meal snacks of sugars/cookies Starch/sugared beverages		YES		# times/day: Type(s):
(f) Saliva-reducing factors are present, including: (1) Medications (e.g., asthma [albuterol] or hyperactivity) (2) Medical (cancer treatment) or genetic factors		YES		
(g) Child has developmental problems/CSHCN (child with special health care needs)		YES		
(h) Parent and/or caregiver has low SES (socio-economic status) and/or low health literacy, WIC/early head start		YES		
(2) Protective factors				
(a) Child lives in a fluoridated community (note zip code)			YES	Zip code:
(b) Takes fluoride supplements			YES	
(c) Child drinks fluoridated water (e.g., tap water)			YES	
(d) Teeth brushed with fluoride toothpaste (peas size) at least 2 times daily			YES	# times/day:
(e) Fluoride varnish in last 6 months			YES	
(f) Mother/ caregiver understands use of xylitol gum/lozenges			YES	
(g) Child is given xylitol (recommended wipes, spray, gel)			YES	
(3) Disease indicators-clinical examination of child				
(a) Obvious white spots, decalcifications, or decay present on the child's teeth	YES			
(b) Existing restorations	YES			
(c) Plaque is obvious on the teeth and/or gums bleed easily		YES		
(d) Visually inadequate saliva flow		YES		
(e) New remineralization since last visit (list teeth):			YES	Teeth:
Child's overall caries risk* (circle):	High	Moderate	Low	
Child: bacteria/saliva test results:	MS:	LB:	Flow rate: mL/min:	Date:
Caregiver: bacteria/saliva test results	MS:	LB:	Flow rate: mL/min:	Date:

Self-management goals:

- (1) _____
 (2) _____

* Assessment based on provider's judgment of balance between risk factors/disease indicators and protective factors

Clinician's signature: _____ Date: _____ (updated: 8/12/12)

CAMBRA

Includes asking questions regarding protective and risk factors

Is designed to facilitate a conversation between provider and caregiver/child

CAMBRA

Risk Factors
(CHW)

Protective Factors
(CHW)

Disease Indicators
(Dental Provider)

Caries risk assessment form for ages 0 to 5 years old
 Patient name: _____ I.D.# _____ Age: _____
 Date: _____ Assessment date: _____

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(b) Bottle with fluid <u>other</u> than water, plain milk and/or formula		YES		Type(s):
(c) Continual bottle use		YES		
(d) Child sleeps with a bottle, or nurses on demand		YES		
(e) Frequent (> 3 times/day) between-meal snacks of sugars/cookes Starch/sugared beverages		YES		# times/day: Type(s):
(f) Saliva-reducing factors are present, including: (1) Medications (e.g., asthma [albuterol] or hyperactivity) (2) Medical (cancer treatment) or genetic factors		YES		
(g) Child has developmental problems/CSHCN (child with special health care needs)		YES		
(h) Parent and/or caregiver has low SES (socio-economic status) and/or low health literacy, WIC/early head start		YES		
(2) Protective factors				
(a) Child lives in a fluoridated community (note zip code)			YES	Zip code:
(b) Takes fluoride supplements			YES	
(c) Child drinks fluoridated water (e.g., tap water)			YES	
(d) Teeth brushed with fluoride toothpaste (peas size) at least 2 times daily			YES	# times/day:
(e) Fluoride varnish in last 6 months			YES	
(f) Mother/ caregiver understands use of xylitol gum/lozenges			YES	
(g) Child is given xylitol (recommended wipes, spray, gel)			YES	
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(a) Obvious white spots, decalcifications, or decay present on the child's teeth	YES			
(b) Existing restorations	YES			
(c) Plaque is obvious on the teeth and/or gums bleed easily		YES		
(d) Visually inadequate saliva flow		YES		
(e) New remineralization since last visit (list teeth):			YES	Teeth:
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Child: bacteria/saliva test results:	MS:	LB:	Flow rate: mL/min:	Date:
Caregiver: bacteria/saliva test results	MS:	LB:	Flow rate: mL/min:	Date:

Self-management goals:

- (1) _____
 (2) _____

* Assessment based on provider's judgment of balance between risk factors/disease indicators and protective factors

Clinician's signature: _____ Date: _____ (updated: 8/12/12)



CAMBRA CHECKLIST

RISK FACTORS

RISK FACTORS

CHWs can ask questions and discuss the risk factors on the CAMBRA form with patients and families prior to their dental exam. The CAMBRA risk factors include:

- High bacteria counts
- Family history of dental decay (especially mother's history)
- Frequent eating/snacking or sipping on drinks other than water
- Inadequate fluoride
- Low income
- Physical disabilities
- Existing restorations or appliances
- Decreased salivary flow (from medications or genetic factors)

RISK FACTORS



1. If caregiver has active dental decay...

Ask: Have you been to the dentist in the last six (6) months? If so, do you have active dental decay?

Explain: Dental decay is contagious and can be passed from caregivers to their children. This is because cavities are caused by bacteria that can be transmitted through saliva.

RISK FACTORS

2. Bottle with fluid other than water, plain milk and/or formula

Ask: Does your child drink anything other than water, milk, or formula in their bottle?

Explain: Avoid putting fluids other than water/milk in bottle (like juice). The high sugar content can lead to tooth decay because the sugar stays on the child's teeth for a long time when they drink from a bottle throughout the day. This increases their risk of cavities.



RISK FACTORS



3. Continual bottle use

Ask: How many times a day does your child drink milk out of the bottle?

Explain: Continued bottle use can introduce risks to your child's oral health, including baby bottle tooth decay.

RISK FACTORS



4. Child sleeps with a bottle or nurses on demand

Ask: Does your child sleep with a bottle? Does your child nurse on demand? If so, how many times a day?

Explain: Sleeping with a bottle or nursing on demand can increase the risk of dental decay. If possible, wipe the child's teeth down after every feeding, especially at night.

RISK FACTORS

**5. Frequent between-meal snacks of sugar, cooked starch, or sugary beverages.
Frequent = more than three (3) times/day.**

Ask: How many snacks a day does your child eat between breakfast, lunch, and dinner? What types of snacks? (Provide examples: fruits, crackers, candy, etc.)

Explain: Snacking often throughout the day causes dental decay. When you eat, bacteria in the mouth makes the pH level more acidic. Saliva eventually brings the pH back to normal. Limit the number of snacks to no more than three (3) snacks a day so teeth to have time to recover.



RISK FACTORS



6. Saliva-reducing factors are present, including medications (asthma or hyperactivity) and medical or genetic factors

Ask: Does your child have any genetic factors or take any medications that could reduce saliva production, such as for asthma or hyperactivity?

Explain: Medications like inhalers for asthma or medication for hyperactivity can reduce saliva production. Saliva plays an important role in protecting teeth from cavities, so some medications or genetic factors might increase the risk of dental decay.



CAMBRA CHECKLIST

PROTECTIVE
FACTORS

PROTECTIVE FACTORS

1. Child drinks fluoridated water at home, preferably from the public water supply

- Fluoride is a naturally occurring mineral that helps prevent tooth decay.
- When its levels are adjusted to optimal levels in community water supplies, it strengthens the enamel of teeth, making them more resistant to cavities.
- By ensuring everyone has access to fluoridated water, communities can improve oral health and prevent costly dental treatments.
- If purchasing bottled water, it should be from a brand with added fluoride. (Some brands with added fluoride include Nature's Crystal and Sierra Springs). Always check the label for fluoride as a listed ingredient or stated as "fluoride added" or "fluoridated."



PROTECTIVE FACTORS

2. Child takes fluoride supplements.

Ask: Has your child been prescribed fluoride supplements by their dentist?

Explain: Dentists typically recommend fluoride supplements for children who are at risk for cavities and are younger than six (6), as their teeth are still developing.

*** Ask your dentist for more information about fluoride supplements**



PROTECTIVE FACTORS



3. Child drinks fluoridated water (e.g., tap water).

Ask: Do you and your child drink tap water?

Explain: Drinking tap water regularly helps strengthen tooth enamel and helps prevent cavities. If you don't feel safe drinking tap water or don't like the taste, you can use a Brita filter. A Brita filter helps remove contaminants from tap water without removing fluoride. This can improve the taste of the water and make it safer for consumption.

PROTECTIVE FACTORS



4. Child's teeth are brushed with fluoride toothpaste at least two (2) times daily.

Ask: How often are you brushing your child's teeth? Are you using a fluoridated toothpaste?

Explain: Fluoridated toothpaste helps strengthen tooth enamel, making it more resistant to cavities. For children, their teeth are still developing, so fluoride is crucial for preventing early tooth decay. It strengthens enamel and helps reverse the early stages of tooth decay by re-mineralizing the enamel.

For children under three (3) years old, the American Dental Association (ADA) recommends using just a smear or very small "grain of rice" amount of toothpaste. For children ages three (3) to six (6), a pea-sized amount is perfect. It helps the child get the benefits of fluoride without increasing their risk of accidental swallowing.

PROTECTIVE FACTORS

5. Child has had fluoride varnish applied in last six (6) months.

Ask: Has your child seen a dentist in the past six (6) months? If so, did they receive fluoride varnish?



Explain: Fluoride varnish is a concentrated form of fluoride that is directly applied to the teeth. It strengthens tooth enamel, making it more resistant to acid attacks from bacteria and sugary foods. Applying fluoride varnish every six (6) months helps reinforce enamel and reduce the risk of cavities.

* Primary care providers are also administering fluoride varnish, so it may be good to ask if the child visited the pediatrician recently and received fluoride varnish at that visit.

PROTECTIVE FACTORS



6. Mother/caregiver understands use of xylitol gum/lozenges.

Ask: Have you heard of xylitol gum?

Explain: Xylitol is a sugar alcohol used as a sweetener in sugar-free gum, and it's important in preventing tooth decay. When purchasing gum, look at the ingredients and make sure the first ingredient is xylitol.

THE SIX (6) STEPS OF AN INFANT ORAL CARE VISIT



Step Two (2): Knee-to-Knee Exam

- Child lays head on care provider's lap.
- Child can see the caregiver.
- Caregiver can see what the care provider sees.



Step Three (3): Toothbrush cleaning of teeth and gums

- Aids in plaque removal.
- Dentist demonstrates proper brushing technique so caregiver can see.

THE SIX (6) STEPS OF AN INFANT ORAL CARE VISIT

Step Four (4): Clinical Exam

- Provider examines the child's teeth.
- Completes the "Disease Indicators" portion of the CAMBRA tool.



Step Five (5): Fluoride Varnish Application

- Fluoride varnish is applied to the teeth to prevent tooth decay.
- Done every three (3) to six (6) months depending on risk level.



THE SIX (6) STEPS OF AN INFANT ORAL CARE VISIT










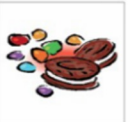

Step Six (6): Anticipatory Guidance & Self-Management Goals (SMG)

The provider or CHW:

- Works with the caregiver to choose two self-management goals, which will be followed up on during the next visit.
- Guides caregivers to commit to manageable goals and behaviors in the home.
- Encourages caregivers toward behavior change for the improvement of their child's oral health and risk level for dental decay.

Self-Management Goals for Parent/Caregiver

Patient Name _____ DOB _____

 Regular dental visits for child	 Family receives dental treatment	 Healthy snacks	 Brush with fluoride toothpaste at least 2 times daily
 No soda	 Less or no juice	 Wean off bottle (no bottles for sleeping)	 Only water or milk in sippy cups
 Drink tap water	 Less or no junk food and candy	 Use xylitol spray, gel or dissolving tablets	IMPORTANT: The last thing that touches your child's teeth before bedtime is the toothbrush with fluoride toothpaste.

Self-management goals 1) _____
2) _____

On a scale of 1-10, how confident are you that you can accomplish the goals? 1 2 3 4 5 6 7 8 9 10

Signature _____ Date _____
Practitioner signature _____ Date _____

FIGURE 1. Self-management goals.
726 OCTOBER 2011

SELF-MANAGEMENT GOALS CHECKLIST

Instructions: Based on the caregiver's responses to the CAMBRA, the CHW helps them select two self-management goals. The goals include:

1. Flossing

Explain: Flossing helps remove food particles and plaque from between teeth that a toothbrush might miss. This is important for preventing cavities and gum disease, especially in areas that are harder to reach with just brushing.



2. Family receives dental treatment

Explain: This goal focuses on making sure the whole family stays on top of regular dental check-ups and treatments. Consistent visits to the dentist can help catch problems early and maintain overall oral health for all family members.



SELF-MANAGEMENT GOALS CHECKLIST



3. Healthy snacks

Explain: Choosing healthy snacks like fruits, vegetables, and nuts instead of sugary snacks helps reduce the risk of cavities. Sugary and sticky snacks can feed bacteria in the mouth, leading to tooth decay. Healthy snacks are not only better for teeth but also promote better overall health.



4. Brush with fluoride toothpaste at least two (2) times daily

Explain: Brushing with fluoride toothpaste twice a day helps remove plaque and bacteria from teeth, while fluoride strengthens the enamel to prevent cavities. Brushing is a key part of any good oral hygiene routine, helping to keep teeth clean and protected.

SELF-MANAGEMENT GOALS CHECKLIST

5. No soda

Explain that soda, especially sugary soda, is bad for teeth because it can lead to cavities and tooth decay. The sugar in soda feeds bacteria in the mouth, and the acidity can erode enamel. Limiting or eliminating soda helps maintain healthier teeth and gums.



6. Less or no juice

Explain: Juice can be as harmful to teeth as soda. The sugar in juice feeds bacteria, and its acidity can erode enamel. Reducing juice intake helps lower the risk of cavities, especially when it's replaced with healthier drink options like water.



SELF-MANAGEMENT GOALS CHECKLIST

7. No bottles or breastfeeding for sleeping

Explain: Prolonged use of a bottle or breastfeeding, especially when done to help a child fall asleep, can cause "baby bottle tooth decay." Milk or juice left in the mouth for long periods can lead to cavities. Weaning off the bottle and avoiding nursing at bedtime helps protect teeth from decay.



8. Only water or milk in sippy cups

Explain: Limiting drinks in sippy cups to water or milk is important because sugary drinks can lead to tooth decay. Avoiding sugary drinks in sippy cups reduces the risk of cavities.



SELF-MANAGEMENT GOALS CHECKLIST



9. Drink tap water

Explain: Drinking tap water that contains fluoride is a simple and effective way to protect teeth. Fluoride helps strengthen enamel and prevent cavities.



10. Less or no junk food and candy

Explain: Junk food and candy are loaded with sugar, which can contribute to tooth decay. Reducing or eliminating sugary snacks and treats helps prevent cavities and promotes healthier teeth and gums.

SELF-MANAGEMENT GOALS CHECKLIST



11. Use xylitol wipes, spray, gel, or dissolving tablets

Explain: Xylitol is a natural sweetener that has been shown to reduce cavity-causing bacteria in the mouth. Using products with xylitol, like wipes, sprays, gels, or dissolving tablets, can help protect teeth, especially for young children or people at a higher risk of tooth decay.

After selecting two (2) self-management goals ask the caregiver:

On a scale of one (1) to ten (10), how confident are you that you can accomplish these goals?



PROVIDING ANTICIPATORY GUIDANCE THROUGH MOTIVATIONAL INTERVIEWING

GENERAL PRINCIPLES OF MOTIVATING CHANGE

Principles of “Motivational Interviewing”

1. Express empathy
2. Develop discrepancy
3. Support self-efficacy
4. Roll with resistance
5. Use the teach-back method



TEACH-BACK METHOD



The teach-back method:

- A communication technique in which, after providing information or instructions, the provider asks the patient to explain or demonstrate the information back to them.

Make sure to:

- Use plain language
- Practice active listening
- Be as brief as possible



MOTIVATIONAL INTERVIEWING

1. Open-ended questions
2. Affirmations
3. Reflective listening
4. Summaries

OARS

1. OPEN-ENDED QUESTIONS

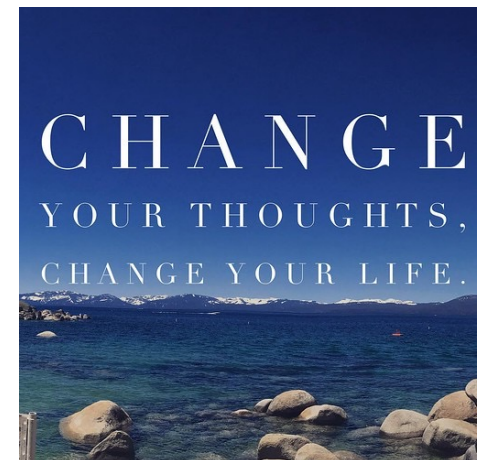
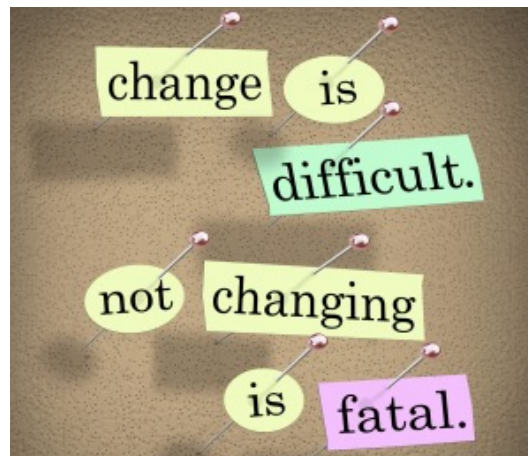


- An open-ended question allows the caregiver to create the drive for forward movement.
- The open-ended question creates a forward momentum that we want to use to help the caregiver explore change.
- Open-ended questions is not one that can be answered with a simple “yes” or “no.”

“Tell me about what’s been happening since we last met?”

2. AFFIRMATIONS

- Affirmations are statements that recognize a caregivers' strengths. They are wonderful to build rapport; however, they must be congruent and genuine.
- If the caregiver thinks you are insincere, this can damage rapport rather than build it.
- **Avoid** criticizing the caregiver.



3. REFLECTIVE LISTENING

Listen carefully to the caregiver.

- They will tell you what has worked and what hasn't - ***ASK them....***
- You can then **actively guide** the patient toward certain advice/ideas.



ROLE-PLAY SCENARIO



You want to convince your sister, your neighbor, or your friend that they need to brush their four (4)-year-old's teeth, especially if the child is being defiant...

How can you give them suggestions, but let them figure it out?

ROLE-PLAY SCENARIO

Suggestions:

- Phase in changes gradually over time
- Listen to the reasons why the caregiver is having a hard time
- Make it fun for the child
- Show pictures or demonstrate



CAMBRA VIDEO DEMONSTRATION



IN SUMMARY...

The Six (6) Steps of Infant Oral Care include:

1. Caries Risk Assessment
2. Knee-to-knee Exam
3. Toothbrush Cleaning
4. Clinical Exam
5. Fluoride Varnish Application
6. Self-management goals, anticipatory guidance, & motivational interviewing













CARIES RISK ASSESSMENT FORM FOR AGES 0 TO 5 YRS OLD

Patient Name: _____ ID # _____ Age: _____
 Date: _____ Assessment Date: _____

NOTE: Any one YES in Column 1 signifies likely "High Risk" and an indication for lactera tests

1. Risk Factors (Biological Predisposing Factors)	YES = CIRCLE			Comments:
	1	2	3	
(a) Mother/caregiver has active dental decay in past year	YES			
(b) Bottle with fluid other than water, plain milk and/or formula	YES			Type(s):
(c) Continued bottle use	YES			
(d) Child sleeps with a bottle, or nurses on demand	YES			
(e) Frequent (> 3 times/day) between-meal snacks of sugary/acidic/fermented beverages	YES			# times/day
(f) Saliva-Reducing factors are present, including: 1. Medications (e.g., asthma inhalers) or hypersensitivity 2. Medical (cancer treatment) or genetic factors	YES			Type(s):
(g) Child has Special Health Care Needs	YES			
(h) Parent and/or caregiver has low SES (Socio-economic status) and/or low health literacy, WIC/Early Head Start	YES			
2. Protective Factors				
(a) Child lives in a fluoridated community (note zip code)		YES		Zip Code: _____
(b) Takes fluoride supplements		YES		
(c) Child drinks fluoridated water (e.g., tap water)		YES		
(d) Teeth brushed with fluoride toothpaste (pea size) at least 2x daily		YES		# times/day
(e) Fluoride varnish in last 6 months		YES		
(f) Mother/caregiver understands use of xylitol gum/bananas		YES		
(g) Child is given xylitol (recommended wipes, acids, gel)		YES		
3. Disease Indicators - Clinical Examination of Child				
(a) Obvious white spots, discolorations, or decay present on the child's teeth	YES			
(b) Existing restorations	YES			
(c) Plaque is obvious on the teeth and/or gums bleed easily	YES			
(d) Visibly inadequate saliva flow	YES			
(e) New remineralization since last visit (Lid teeth)			YES	Teeth: _____
Child's Overall Caries Risk (circle): HIGH MODERATE LOW				
Self-management goals: _____ Since Last Visit: _____ Y / N 1. _____ New Cavitation: _____ Y / N 2. _____ Dental Pain: _____ Y / N Referral Type: O.R. LV. Oral Sedation				
Clinician's Signature: _____ Date: _____ (p) 6/2011: 01/141 <small>Form adapted from Into the Future: Keeping Healthy Teeth: Child First Pediatric CAMBRA Protocol</small>				

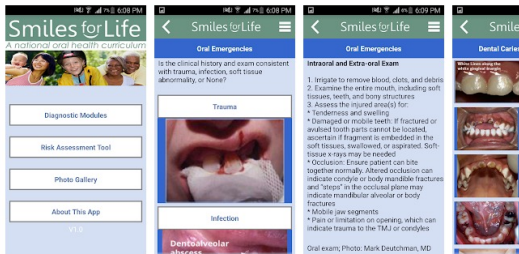
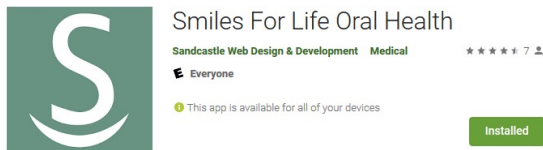
Self Management Goals for Parent/Caregiver

Patient Name	DOB			
				
				
				
Self-management goals 1) _____				
2) _____				
On a scale of 1-10, how confident are you that you can accomplish the goals? 1 2 3 4 5 6 7 8 9 10				
Signature _____ Date _____				
Practitioner signature _____ Date _____				

Ramos-Gomez F, Ng MW, Into the future: Keeping healthy teeth caries free: Pediatric CAMBRA Protocols." J Calif Dent Assoc 39(10):723-33, 2011.

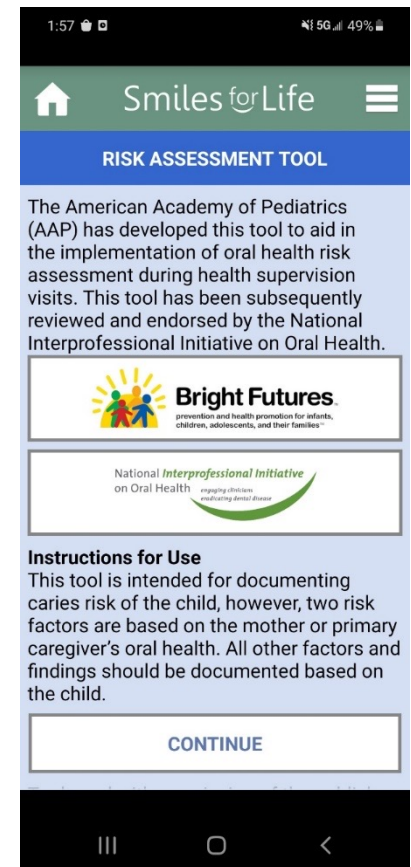
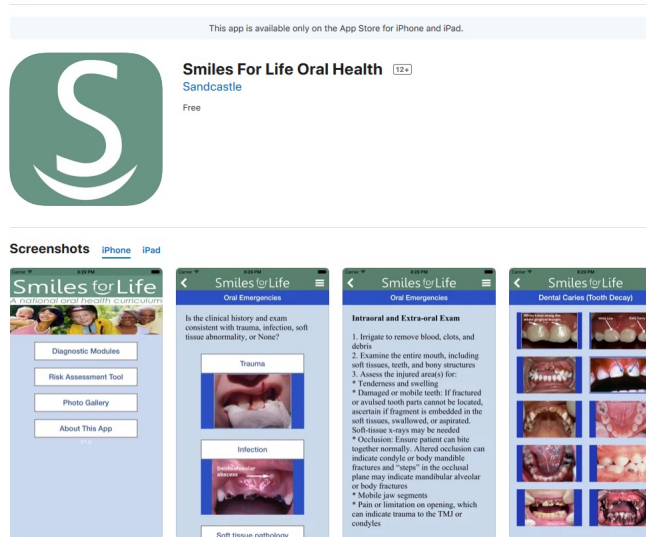
PLEASE DOWNLOAD THE SMILES FOR LIFE APP:

- <https://www.smilesforlifeoralhealth.org/resources/android-ios-apps/>
- Available on Google Play and Apple Store



The Smiles for Life (SFL) Oral Health App is a reference tool for oral conditions designed to assist primary care providers in formulating diagnoses in real-time. Clinicians select an algorithm based on the presenting concern of the patient or physical exam finding, and the decision tool presents a series of questions to help formulate a diagnosis, triage, and treatment plan. Practical advice will aid clinicians in providing the best care for their patients. An extensive photo gallery of tooth and oral soft tissue findings is also included.

App Store Preview



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.

CONTINUE

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