

American Academy of Pediatrics Oral Health Risk Assessment Tool

The American Academy of Pediatrics (AAP) developed this tool to aid in the implementation of oral health risk assessment during health supervision visits. Since a validated caries risk assessment tool does not currently exist, this tool includes factors known to be related to childhood caries. The form provides a framework to assist the pediatric clinician to identify risk as well as modifiable behaviors to optimize patient oral health.

Instructions for Use

Use this form in conjunction with the **AAP Oral Health Intake Form**, to collect information from parents/caregivers on home care and habits that contribute to both protective and risk factors. That information will help inform the **Action Plan** and the family's **Self-Management Goals**.

The child is at high risk for caries if any of the risk factors below are reported or found in the physical exam. In the presence of multiple risk factors or severe clinical findings, the clinician may determine the child should be seen by a dentist as soon as possible.

Patient Name: _____ Date of Birth: _____ Date: _____

Visit: 6 month 9 month 12 month 15 month 18 month 24 month 30 month 3 year 4 year 5 year 6 year Other

RISK FACTORS

Mother or primary caregiver had active decay in the past 12 months
 Yes No

Frequent snacking on sugary and/or sticky snacks
 Yes No

Medicaid eligible
 Yes No

Does not have an established dental home
 Yes No

Has not received fluoride varnish in the last 6 months
 Yes No

Special health care needs
 Yes No

Continual bottle/sippy cup use with beverage other than water
 Yes No

Does not have teeth brushed twice daily
 Yes No

Does not drink fluoridated water or take fluoride supplements
 Yes No

Does not use fluoride toothpaste
 Yes No

PHYSICAL FINDINGS

Obvious decay
 Yes No

White spots or decalcifications
 Yes No

Visible plaque
 Yes No

Restorations present (Fillings or Silver Diamine Fluoride Present)
 Yes No

Swollen or bleeding gums (gingivitis)
 Yes No

Oral Health Risk Determination: If YES to any of the above, this patient is considered **HIGH** risk for dental disease. Determine **HIGH** / **LOW** risk; follow **Action Plan** below.

ACTION PLAN

	High Risk	Low Risk		High Risk	Low Risk
Apply fluoride varnish	<input type="checkbox"/> Every 3 months	<input type="checkbox"/> Every 6 months	Set self-management goals with caregiver	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
Refer to a dental home	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes			

SELF-MANAGEMENT GOALS

Reviewed

- Brush twice daily with fluoride toothpaste.
- Regular dental visits for child and caregiver(s).
- Wean off bottle and use only water in sippy cup
- Less/no juice. No soda.
- Drink fluoridated water.
- Less/no junk food or candy. Replace with healthy snacks.
- Have teeth treated with fluoride varnish every 3-6 months.

COMPLETED ACTIONS

	Yes	No
Oral health risk assessment	<input type="checkbox"/>	<input type="checkbox"/>
Visual exam of the mouth	<input type="checkbox"/>	<input type="checkbox"/>
Fluoride varnish application	<input type="checkbox"/>	<input type="checkbox"/>
Anticipatory guidance	<input type="checkbox"/>	<input type="checkbox"/>
Referral to a dentist	<input type="checkbox"/>	<input type="checkbox"/>

MANAGEMENT OF HIGH RISK CHILDREN

High-risk children should receive professionally applied fluoride varnish. Caregivers should be counseled to brush teeth twice 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.

Oral Health Risk Assessment Tool Guidance

Timing of Risk Assessment

The Bright Futures/AAP “Recommendations for Preventive Pediatric Health Care,” (i.e. Periodicity Schedule) recommends all children receive a risk assessment at the 6- and 9-month visits. For the 12-, 18-, 24-, 30-month, and the 3- and 6-year visits, risk assessment should continue if a dental home has not been established. View the Bright Futures/AAP Periodicity Schedule: <https://brightfutures.aap.org/clinical-practice/Pages/default.aspx>.

Major Risk Factors

Maternal Oral Health

Studies have shown that children with mothers or primary caregivers who have had active decay in the past 12 months are at greater risk to develop caries.

Continual Bottle/Sippy Cup Use

Children who drink juice, soda, and other liquids that are not water, from a bottle or sippy cup continually throughout the day or at night are at an increased risk of caries. The frequent intake of sugar does not allow for the acid it produces to be neutralized or washed away by saliva. Parents of children with this risk factor should be counseled on how to reduce the frequency of sugar-containing beverages in the child’s diet.

Frequent Snacking

Children who snack frequently are at an increased risk of caries. The frequent intake of sugar/refined carbohydrates does not allow for the acid it produces to be neutralized or washed away by saliva. Parents of children with this risk factor should be counseled on how to reduce frequent snacking and choose healthy snacks such as cheese, vegetables, and fruit. The family’s ability to access healthy food should be discussed and addressed, if needed.

Special Health Care Needs

Children with special health care needs are at an increased risk for caries due to their diet, xerostomia (dryness of the mouth, sometimes due to asthma or allergy medication use), difficulty performing oral hygiene, seizures, gastroesophageal reflux disease and vomiting, attention deficit hyperactivity disorder, and gingival hyperplasia or overcrowding of the teeth. Premature babies also may experience enamel hypoplasia. These children should be referred to a pediatric dentist for skilled care in addressing these complex issues.

Protective Factors

Dental Home

According to the American Academy of Pediatric Dentistry (AAPD), the dental home is oral health care for the child that is delivered in a comprehensive, continuously accessible, coordinated and family-centered way by a licensed dentist. The AAP and the AAPD recommend that a dental home be established by age 1. Communication between the dental and medical homes should be ongoing to appropriately coordinate care for the child. If a dental home is not available, the pediatrician should continue to do oral health risk assessment at every well-child visit.

Fluoride Varnish in the Last 6 Months

Applying fluoride varnish provides a child with highly concentrated fluoride to protect against caries. Fluoride varnish may be professionally applied. For online fluoride varnish training, access the Caries Risk Assessment, Fluoride Varnish, and Counseling Module in the Smiles for Life National Oral Health Curriculum. <https://www.smilesforlifeoralhealth.org/courses/caries-risk-assessment-fluoride-varnish-and-counseling>

Fluoridated Water/Supplements

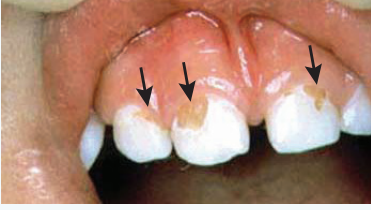
Drinking fluoridated water provides a child with systemic and topical fluoride exposure, a proven caries reduction intervention. Fluoride supplements may be prescribed by the pediatrician or dentist if needed. View fluoride resources on the AAP Campaign for Dental Health website. <https://ilikemyteeth.org/health-professionals>

Toothbrushing and Oral Hygiene

Pediatricians can reinforce good oral hygiene by teaching parents and children simple practices. Infants should have their mouths cleaned after feedings with a wet soft washcloth. Once teeth erupt it is recommended that children have their teeth brushed twice a day with fluoride toothpaste. The child’s teeth should be brushed twice a day as soon as the teeth erupt with a smear or a grain-of-rice-sized amount of fluoridated toothpaste. After the third birthday, a pea-sized amount of fluoridated toothpaste should be used.



Physical Findings



Obvious Decay

Tooth decay is the decomposition of the tooth structure due to acid caused by bacteria and can appear on any surface of the tooth. Decay can range in color from yellow to black. When obvious decay is present, the child should be considered high risk and referred for immediate dental care.



Restorations Present (Fillings or Silver Diamine Fluoride Present)

Restorations indicate that decay occurred and was treated. Restorations can present as materials such as silver diamine fluoride, metal, alloy, plastic, glass ionomer, or porcelain. A child who has been treated for decay is at continued risk and should be under the regular care and supervision of a dental professional.



White Spots / Decalcifications

Decalcification is an early sign of tooth decay, takes the form of white spots on the teeth, and commonly presents along the gum line. Remineralization can be achieved with fluoride, in particular application of fluoride varnish. When calcifications are present, the child should be considered high risk and referred for immediate dental care.



Swollen or Bleeding Gums (Gingivitis)

Gingivitis is the inflammation of the gums. Pediatricians can teach patients and their families good oral hygiene skills to reduce inflammation.



Visible Plaque

Plaque is the soft and sticky substance that accumulates on the teeth from food debris and bacteria. Pediatricians can teach parents to remove plaque from the child's teeth by brushing and flossing.



Healthy Teeth

Children with healthy teeth have no signs of early childhood caries and no other clinical findings. They are also experiencing normal tooth and mouth development and spacing. Apply fluoride varnish if child has not received treatment in prior six months.

For more information about the AAP's oral health activities and resources, email oralhealth@aap.org or visit www.aap.org/oralhealth.

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