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**Preventive Dental Program Recommendations  
 For**

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**I. Plaque Control & Decay Control**

- Parent lay child down to brush and floss (one time without toothpaste)
- Parents assist in brushing and flossing for older children 7 years and above
- Brush tongue
- Brush 2 times a day (once in morning and once in the evening)
- Floss 1 time a day
- Toothpaste with fluoride (use only small amount on brush)

**II. Fluorides**

**Systemic**

- Home Water Source Contains Fluoride
- Water Analysis Recommended
- Child drinks juice regularly
  - Pediatricians recommend that no juice is given to children under 6 months of age.
  - Children ages 1-6 should be given no more than 4-6 oz of juice per day.
  - Children ages 7-18 should be given no more than 8-12 oz of juice per day.
- Avoid drinking tea due to excessive amount of fluoride if under age 6.

**Topical**

- Professional Office Application (trays or varnish application)
- Home Rinse Program (usually starting at age 6)  
(Act or Fluoriguard)
- Toothpaste (use only small amounts)  
Use a brand approved by the ADA containing fluoride

**III. Dietary Control Program**

1. Literature Provided \_\_\_\_\_ Your Child's Teeth  
 (Please read) \_\_\_\_\_ Diet and Snacking

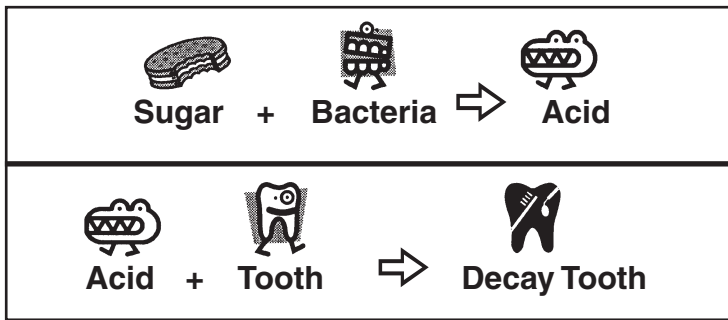
**IV. Sealants**

1. How do they help prevent tooth decay?  
 Sealants act as a barrier, protecting enamel from plaque and acids.  
 The resin bonds into the depressions and grooves (pits and fissures) of the chewing surfaces of back teeth.
2. Who should have sealants applied?  
 Sealants are recommended for all newly erupted permanent back teeth.  
 (Literature available)

**V. Preventive Recall Schedule**

- 3 Months \_\_\_\_\_
- 6 Months \_\_\_\_\_
- \_\_\_\_\_

## VI. Cavity Risk Assessment



### No Cavities

- Saliva flow sufficient
- Saliva components (fluoride, calcium, phosphates)
- Antibacterial agents, oral rinses  
xylitol gum



### Cavities

- Acid producing bacteria
- Insufficient salivation
- Frequent eating & drinking of carbohydrates

### Risk Assessment for Cavities

- Mother or caregiver has had active dental decay in last 12 months
- Child sleeps with bottle or nurses at will
- Bottle contains fluids other than milk and water
- Visible cavities present (includes white spots)
- Recent dental work
- Child's gum bleeds or heavy plaque on teeth
- Frequent (>3 times) between meal snacks of sugars and/or cooked starches
- Dental appliance present (example: space maintainer)
- Visually inadequate saliva flow
- Saliva reducing factors present such as:
  1. Child on medication for asthma or hyperactive behavior
  2. Medical or genetic reasons
- Deep pits or fissures on teeth or developmental defects

### Protective Factors for No Cavities

- Lives with fluoridated water
- Caregiver cleans teeth twice daily with small amount of fluoride toothpaste
- Child has had dental exam and oral hygiene instructions
- Saliva flow is adequate
- Mother or caregiver with high bacterial counts uses xylitol gum or mints 4 times daily
- Caregiver has no caries activity

### Recommendations

- Daily oral hygiene – small amount of fluoride toothpaste on brush (2 daily)
- Diet – eliminate bottles with sugared fluids/juices. Limit between meals.
- Sugar free gum – parent of high risk infant xylitol-containing gum
- Antibacterial rinse – parent use chlorhexidine gluconate once daily for 2 weeks every 2-3 months. Use fluoride rinse daily in intervening weeks.
- For dry mouth in children over 5 years of age – baking soda toothpaste with fluoride, xylitol gum, rinse frequently with baking soda suspension in water.