



Dental Caries

FAST FACTS

1 year

age by which all children should have their first dental visit

28%

of children will have had dental caries before kindergarten

10%

of children with Early Childhood Caries (ECC) suffer in pain

34 million

hours of school missed by US children due to dental problems

WHEN TO REFER

- If child does not have a dental home, refer to Cincinnati Children's Dentistry.
- If child has visible caries, refer to Cincinnati Children's Dentistry.
- If child has facial swelling or systemic signs (such as fever, swelling, redness, not eating or drinking), consider referral to Cincinnati Children's Emergency for medical management.

If you have clinical questions about patients with dental caries, email dentalcustomerconnection@cchmc.org.

Dental caries, the most common chronic disease of childhood, can be prevented by providing early guidance to caregivers. Children need a dental home and first comprehensive oral/dental health exam by the age 1 year.

Early Childhood Caries (ECC) is an aggressive form of dental caries in children under age 6. Its most severe form is a rapidly progressing process that can have lifelong effects. Early lesions present as a white spot on a tooth surface. Untreated, it may progress to cavitation or involve the nerve, causing an abscess or facial cellulitis.

ASSESSMENT

Perform caries risk assessment focused on dental history, socio-economic factors and patient feeding/bottle habits. Complete clinical exam, evaluating soft and hard tissues. Look for white spot lesions or enamel defects, missing/filled teeth, and plaque. Probe about brushing habits, fluoridated water/supplements, topical fluoride and dental home.

CARIES RISK LEVELS

Consider all of these factors when establishing patient's overall risk for dental caries:

Risk for Development of Dental Caries or Progression of Existing Caries

High Risk	Moderate Risk	Low Risk
<ul style="list-style-type: none"> • Primary caregiver has: dental caries, lifetime of poverty, low health literacy • Child receives 3+ between-meal, sugary snacks or beverages • Child uses bottle or no-spill cup containing sugary beverages between meals or at night • Presence of white spot lesions, or decayed, filled or missing teeth 	<ul style="list-style-type: none"> • Child or family is a recent immigrant • Child has special health care needs 	<ul style="list-style-type: none"> • Child gets fluoridated water/supplements • Child brushes 2x/day with fluoride toothpaste • Child gets topical fluoride from a health professional • Child has a dental home and receives regular dental care

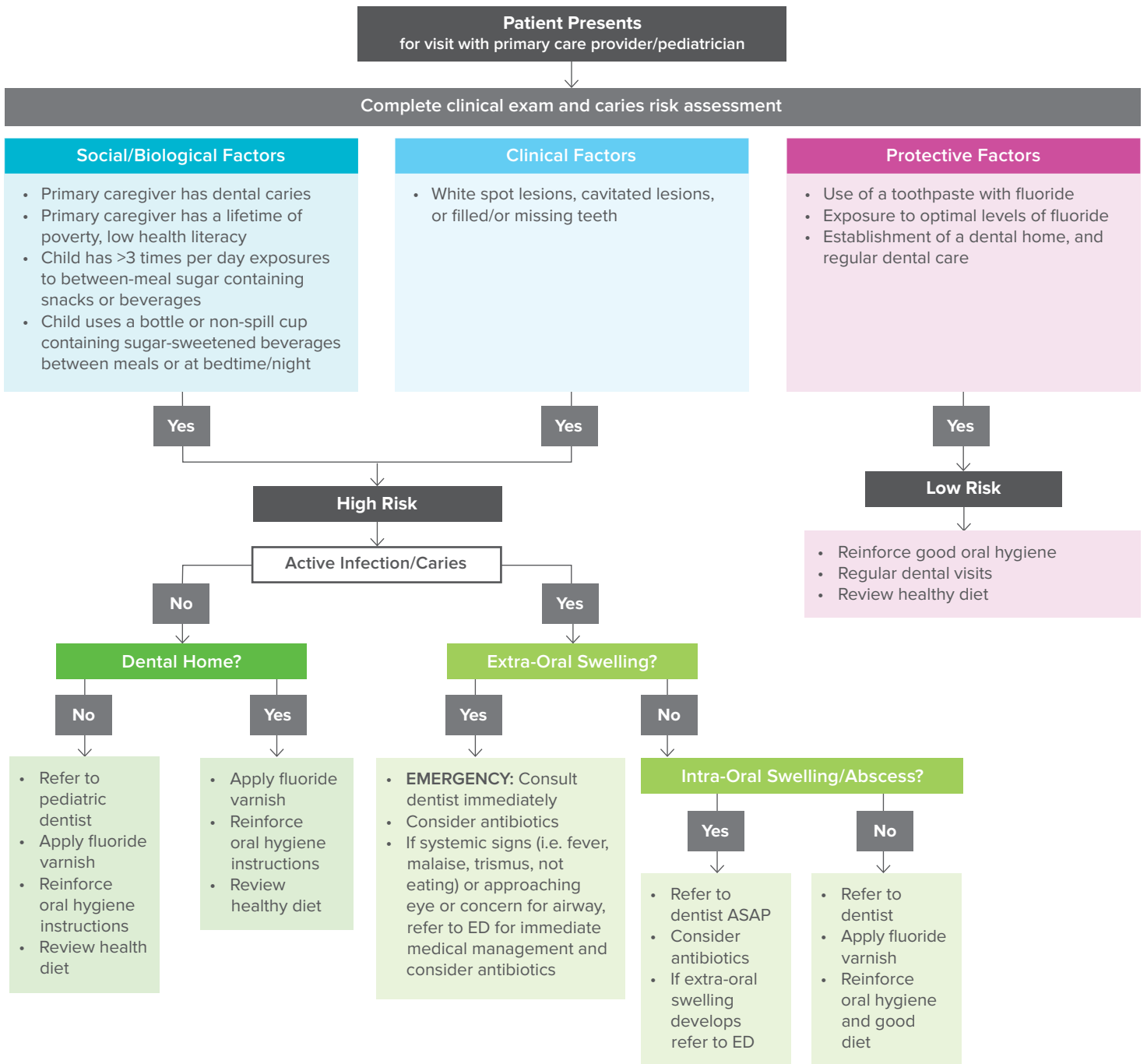
MANAGEMENT/TREATMENT

After you determine the risk for caries, recommend:

- Brushing 2x/day with fluoride toothpaste, with help/supervision
 - Child age <3 years—use rice-sized amount of toothpaste
 - Child age 3+—use pea-sized amount of toothpaste
- Floss, once there are no spaces between teeth
- No milk or sugary beverages in bottle at bedtime
- Less than 4–6 ounces of juice per day at one meal, no juice between meals
- If child is high risk, consider fluoride varnish
- Consider antibiotics if abscess is present and is not visibly draining
- Educate on how cavities form, importance of a dental home and dental care/treatment, and how to watch for signs of infection
- Consider referral to Cincinnati Children's ED if facial swelling/cellulitis present

If you would like additional copies of this tool, or would like more information, please contact the Physician Outreach and Engagement team at Cincinnati Children's.

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For urgent issues, or to speak with the specialist on call 24/7, call the Physician Priority Link® at 1-888-987-7997.