

# Fluoride Varnish Manual

## HAPPY CHILD



## BRIGHT SMILE



TEXAS

Department of State Health Services

Texas  
Department of State Health Services  
Division for Family & Community Health Services  
Oral Health Program  
1100 West 49<sup>th</sup> Street  
Austin, Texas 78756  
[Hhttp://www.dshs.state.tx.us/dental/default.shtm](http://www.dshs.state.tx.us/dental/default.shtm)

*April 2009*



# Texas Oral Health Program

## Fluoride Varnish Manual

<u>Table of Contents</u>	Page #
<b>Introduction Letter</b> _____	ii
<b>Advantages</b> _____	1
<b>Protocol</b> _____	2
<b>Application</b> _____	4
<b>Photo Showing Varnish Being Painted on Teeth</b> _____	4
<b>Positioning the Provider and Child</b> _____	5
<b>Sample Documents</b>	
Parent Letter (English & Spanish) _____	7-8
Information for Parents (English & Spanish) _____	9-10
Permission Form (English & Spanish) _____	11-12
Roster _____	13
Results of Screening Form (English & Spanish) _____	15-16
ADA Clinical Recommendations _____	17-18
Post Application Instructions _____	19
Photo Showing Early Tooth Decay on Primary Teeth _____	20
Don't Delay-Prevent Decay Form (English & Spanish) _____	21-22
<b>Ordering Information</b> _____	23
<b>Types and Cost of Fluoride Varnish</b> _____	24-25
<b>Supplies</b> _____	26
<b>References</b> _____	27
<b>Oral Health Program Contact List</b> _____	29



## TEXAS DEPARTMENT OF STATE HEALTH SERVICES

DAVID L. LAKEY, M.D.  
COMMISSIONER

1100 West 49th Street • Austin, Texas 78756  
P.O. Box 149347 • Austin, Texas 78714-9347  
1-888-963-7111 • [www.dshs.state.tx.us](http://www.dshs.state.tx.us)  
TTY: 1-800-735-2989

As the state agency dedicated solely to safeguarding the health of all Texans, The Texas Department of State Health Services (DSHS) Oral Health Program strives to ensure the continuing focus on oral health issues and serves as the coordinator and provider of health-focused state and federal resources.

On behalf of our partners, DSHS would like to welcome and thank you for your interest in improving the oral health of children. The purpose of the Fluoride Varnish Manual, *Happy Child, Bright Smile* is to provide information and learning opportunities for those who work with children.

This manual serves as a resource guide to help you with the implementation of a fluoride varnish program. The manual contains basic information about fluoride varnish advantages, protocol, and application. A list of resources, including the various types of fluoride varnish, ordering information, and costs are included. For your reference, the manual includes sample documents such as: program reporting forms, parent letters and handouts. It also includes the ADA evidence-based clinical recommendations for professionally applied topical fluoride.

We encourage you to take the opportunity to contact our regional Oral Health Program staff to receive additional information or assistance in setting up a fluoride varnish program within your organization. A contact list is included in the back of this manual.

We thank you in advance for your efforts in improving oral health in Texas!

Sincerely,

A handwritten signature in cursive script that reads "Linda M. Altenhoff, DDS".

Linda Altenhoff, DDS  
Oral Health Program  
State Dental Director

### **Main Office**

#### **Mailing Address:**

PO Box 149347  
Austin, TX 78756-6744  
Phone: (512)458-7745  
Fax: (512)458-7256  
Toll Free: 1-(800)544-2042

### **Physical address:**

DSHS-Oral Health Program  
1100 West 49<sup>th</sup> St, M-422 MC-1938  
Austin, TX 78756  
Email: [thsteps@dshs.state.tx.us](mailto:thsteps@dshs.state.tx.us)  
Website: <http://www.dshs.state.tx.us/dental/default.shtm>

### **Field Offices**

Lubbock - Rick Howard, DDS (806) 767-0422  
Tyler- Maureen Weber, DDS (903) 533-5202  
Houston- William Gray, DDS, MPH (713) 767-3471  
San Antonio-Matt Williams, DMD (210)949-2124  
Midland-Nana Lopez, DDS,MPH (512)458-7111X3064 (Austin)

# What is Fluoride Varnish?

Fluoride varnish is a concentrated topical fluoride with a resin or synthetic base. It contains 5% sodium fluoride, xylitol, (non-cavity causing sugar) with a flavoring agent. Varnish is easy to apply. Traditional fluoride gels or foams possess a high potential for ingestion when used with infants or very young children. The potential for ingestion of fluoride varnish is minimal because the varnish hardens when applied to the teeth and is therefore safe for use with children of all ages. The fluoride varnish remains on the teeth until it is brushed away the next day.

## Fluoride Varnish Advantages

- Does not require special dental equipment.
- Does not require a professional dental cleaning prior to application.
- Is easy to apply.
- Dries immediately upon contact with saliva.
- Is safe and well tolerated by all, especially convenient for use on infants, young children, and individuals with special needs.
- Is inexpensive.
- Requires minimal training for placement.
- Allows the ability to eat or drink immediately after application.
- Prevents and reverses decay.
- Shows caries reduction up to 45% compared to 30-35% for other fluoride systems.

# Fluoride Varnish Application Protocol

## **Introduction:**

Fluoride varnish is a thin coating of resin that is applied to the tooth surface to protect it from decay or cavities. According to the FDA, fluoride varnish falls under the category of “drugs and devices” that presents minimal risk and is subject to the lowest level of regulation.

## **Purpose:**

The purpose of applying fluoride varnish is to prevent, arrest, and reverse the process of cavity formation.

## **Indications:**

Anyone can receive fluoride varnish application, especially infants and children with a moderate or high risk of developing cavities. A child is considered at risk if he/she:

- Has had a cavity in the past or has white spot lesions or stained pits and fissures.
- Continues to drink from a bottle past 1 year of age or sleeps with a bottle containing liquids other than water.
- Breastfeeds on demand at night.
- Has a developmental disability.
- Chronically uses high sugar oral medications.
- Has family members and caretakers with untreated cavities.
- Needs to suck to fall asleep.
- Has a prolonged or frequent use of a bottle or sippy cup containing liquids other than water.

## **Not indicated for:**

Children with a low risk of cavity formation, who consume optimally fluoridated water or children who receive routine fluoride treatments through a dental office.

## **Application procedure:**

### **Pre-application instructions:**

- Ideally, brush child’s teeth prior to application.
- Advise the parent that the child’s teeth may become discolored temporarily as some types of varnish leave a dull or yellowish tinge. Tell the parent that the varnish can be brushed off the following day.

### **You will need to have:**

- Disposable gloves
- Gauze sponges (2 x 2)
- Fluoride varnish
- Small disposable fluoride applicator brush
- Paper towels or disposable bibs to place under the child’s head (optional)

### **Position the Child:**

- For an infant – place the child on the parent’s lap with the child’s head on the parent’s knees and the child’s legs around the parent’s waist. Position yourself knee-to-knee with the parent, move the child’s head to your knees/lap, and treat the child from behind the head.
- Place the infant on an exam table and work from behind the head.
- Place the child on a chair in a sitting position. Sit in chair with the child directly facing you and tilt the child’s head back for visibility OR have the child stand in front of you and tilt their head back.
- For a young child – place the child in a prone or sitting position and work from above and from behind the head as with an infant.
- Or, adapt a method that works best for you.

### **The application:**

- Using gentle finger pressure to open the child’s mouth (if infant).
- Remove excess saliva with a gauze sponge.
- Use fingers and sponges to isolate the teeth and keep them dry. Normally a quadrant of teeth is isolated at a time, but sometimes it is necessary to work with fewer teeth in some children. Infants are easiest to handle because they have only anterior teeth.
- Apply a **thin** layer of the varnish to **all surfaces of the teeth**. Generously dab the varnish towards the interproximal (between the teeth) and along the gum line.
- Once the varnish is applied, it will set quickly. Saliva will not wash away or contaminate the varnish after it has been applied.
- Child can rinse, spit, or drink some water after varnish application.

### **Post-application instructions:**

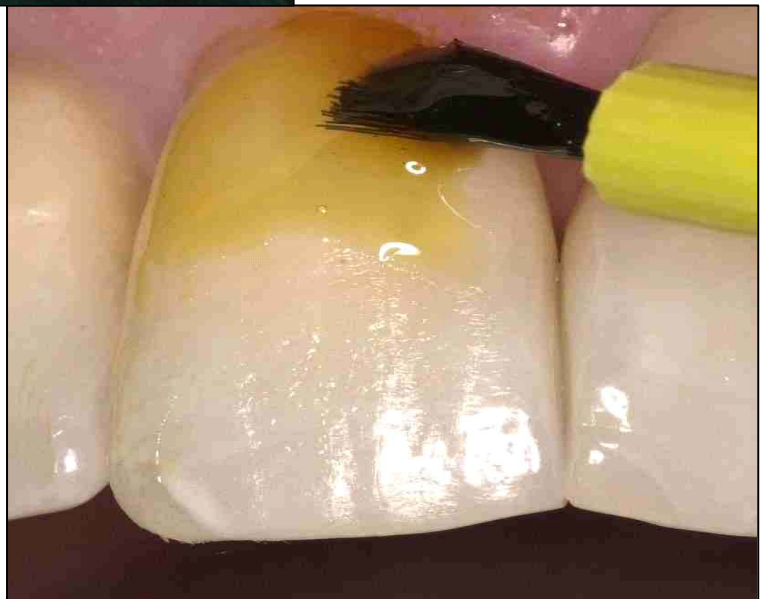
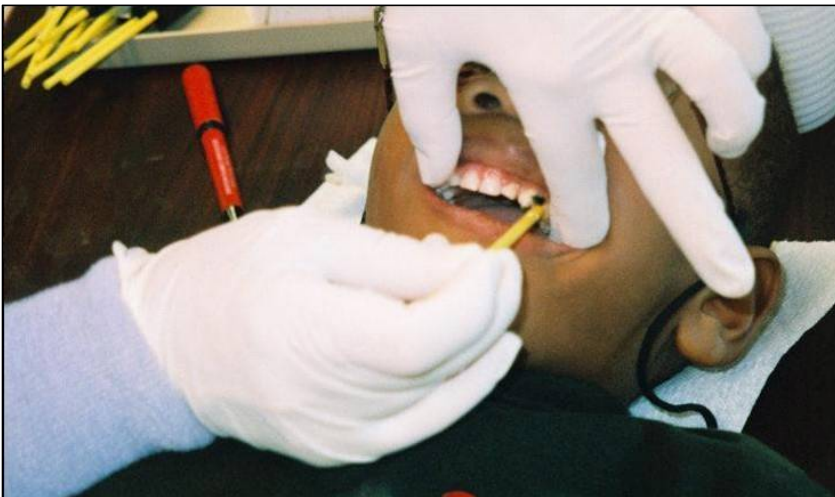
- Eat a soft, non-abrasive diet for the rest of the day.
- Avoid eating hard, crunchy, or sticky foods or candy.
- Do not drink hot liquids.
- Do not brush or floss until the next morning, or for at least four hours.

### **Remember:**

- Even though the child may fuss, the varnish application is painless.
- Tell the parent that the teeth may look discolored until brushed the next morning.
- It is recommended that the varnish application be repeated at three-month intervals for high-risk children and at **six-month intervals for children who are at moderate risk**.

# Application

- Using gentle finger pressure, open the child's mouth (if infant).
- Wipe teeth or have child bite on gauze to remove excess saliva.
- Apply a thin layer of varnish to all surfaces of the teeth. (The varnish will harden immediately once it comes in contact with saliva).



# Options for Positioning the Provider and Child

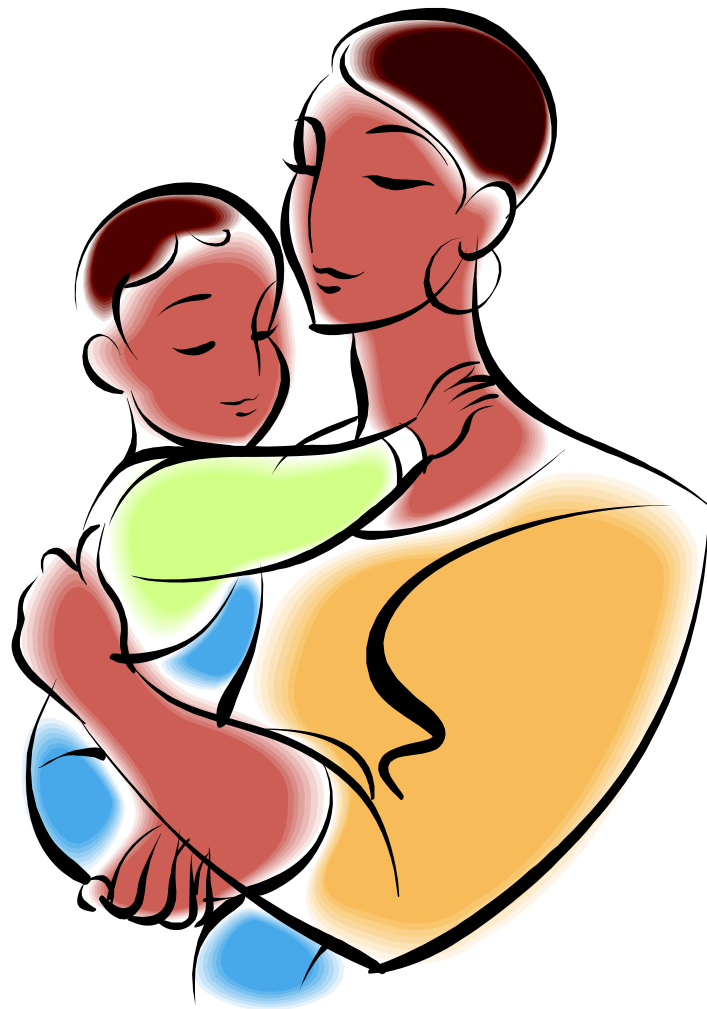


**Knee-to-Knee** Younger Child  
6 Months to 3 Years of age



**Front Facing** Older Child  
Over 3 Years of age







Dear Parent/Guardian,

The Texas Department of State Health Services Oral Health Program will come to \_\_\_\_\_ during the next year to provide preventive dental services. A dentist and support personnel will conduct FREE dental screenings to check for tooth decay and other dental problems. This screening does not take the place of regular dental checkups and you should continue to take your child to their dentist for on-going dental checkups and treatment.

After the screening and at a later date, dental sealants and/or fluoride varnish will be provided for children who are eligible. In order to be eligible for sealants and/or fluoride varnish through this program, your child must be enrolled in the free- or reduced-lunch program.

Dental sealants are thin, plastic coatings that are applied to the chewing surfaces of the back teeth. They fill in the deep pits and grooves where food and plaque (bacteria) accumulate, and can prevent tooth decay (cavities) in the teeth that are sealed. No shots or anesthesia are necessary for the application. Sealants prevent bacteria from lodging in the grooves of these teeth, thus preventing up to 60% of all tooth decay (cavities). Fluoride varnish is a protective coating that is placed on the teeth to help prevent new cavities and to help stop very small cavities that have already started.

Please complete the attached *Preventive Dental Services Parental Permission Form* (all lines must be completed) and return it to your school nurse by \_\_\_\_\_, if you want your child to be screened. This signed form serves as permission for your child to participate in the preventive dental services program.

The screening is scheduled to be done the week of \_\_\_\_\_. After the dental screening, a written report will be provided for your child to take home, stating his/her dental condition.

Thank you for working with us to help improve your child's smile.



**Estimado Padre / Madre / Tutor legal,**

El Programa de Salud Oral del Departamento Estatal de Servicios de Salud de Texas estará en \_\_\_\_\_ durante el año que viene para proporcionar servicios dentales preventivos. Un dentista y personal de apoyo llevarán a cabo exámenes dentales GRATUITOS para detectar las caries y otros problemas dentales. Este examen no toma el lugar de los exámenes dentales rutinarios y usted debe continuar llevando a su niño al dentista para sus exámenes dentales y tratamiento.

Después del examen y en un día en el futuro, se proporcionarán los selladores dentales y / o el barniz de fluoruro a los niños que reúnen los requisitos por los mismos. Para poder recibir el sellador dental y / o el barniz de fluoruro, su niño tiene que estar inscrito en el programa de almuerzo gratuito o de precio rebajado.

Los selladores dentales son capas delgadas de plástico que se aplican a las superficies trituradoras de las muelas. Los selladores rellenan las grietas y ranuras donde se acumulan alimentos y placa (bacteria) y pueden prevenir caries en los dientes sellados. No se necesitan inyecciones ni anestesia para la aplicación. Los selladores impiden que las bacterias se metan en las ranuras de esos dientes, así previniendo hasta un 60% de todas las caries. El barniz de fluoruro es una capa protectora que se aplica a los dientes para ayudar a prevenir nuevas caries y para ayudar a detener caries pequeñas que ya hayan dado comienzo.

Rellene el formulario adjunto ***Permiso de los padres para recibir servicios dentales preventivos*** (deban rellenar todas las líneas) y devuélvalo a la enfermera de la escuela al más tardar el \_\_\_\_\_, si usted quiere que su niño reciba un examen. Ese formulario, al estar firmado, sirve como permiso para que su niño participe en el programa de servicios dentales preventivos.

Se ha programado los exámenes durante la semana de \_\_\_\_\_.  
Después del examen dental, se proporcionará un informe escrito que indicará la condición dental de su niño para que él o ella lo lleve a la casa.

Gracias por colaborar con nosotros para mejorar la sonrisa de su niño.

## **Information for Parents About Fluoride Varnish**

### **Why do we recommend putting fluoride varnish on children's teeth?**

Tooth decay (cavities) is one of the most common preventable diseases seen in children. Children as young as 12-18 months can get cavities. Cavities in baby teeth can cause pain and even prevent children from being able to eat, speak, sleep and learn properly. Children do not lose all their baby teeth until they are about 11 or 12 years old. Fluoride varnish can help slow or prevent cavities in most children.

### **What is fluoride varnish?**

Fluoride varnish is a protective coating that is put on teeth to help prevent new cavities and to help stop cavities that have already started.

### **Is fluoride varnish safe?**

Yes, fluoride varnish can be used on babies from the time they have their first teeth. Only a very small amount of fluoride varnish is used. This method of providing fluoride to teeth has been used in Europe for more than 25 years. Fluoride varnish is approved by the Food and Drug Administration (FDA) and is endorsed by the American Dental Association (ADA).

### **How is it put on the teeth?**

The varnish is applied to the teeth using a small, disposable brush. It is quick and easy to apply and does not have a bad taste. There is no pain, but your child may cry just because babies and children don't like having things put in their mouths, especially by people they don't know! Your child's teeth will be yellow after the fluoride varnish is applied, but the yellow color will come off when you brush your child's teeth the next morning.

### **How long does the fluoride last?**

The fluoride will only last until it is brushed off the next day, but the effects of the fluoride will last for several months. The fluoride coating works best if it is applied to the teeth 3-4 times a year.

## **Baby Teeth are Important!**

Remember, do not brush your child's teeth today and do not give them hard or sticky foods. Start brushing your child's teeth tomorrow morning. The yellow color will come off when you brush your child's teeth.

## Información para los padres sobre el barniz de fluoruro

### ¿Por qué recomendamos aplicar el barniz de fluoruro a los dientes de los niños?

Las caries es una de las enfermedades prevenibles más comunes que se observan en los niños. Los niños tan jóvenes como los de 12 a 18 meses de edad pueden tener caries. Las caries en los dientes de leche pueden causar dolor y hasta impedir que los niños coman, hablen, duerman y aprendan normalmente. Los niños no pierden todos los dientes hasta que se cumplan aproximadamente 11 ó 12 años. El barniz de fluoruro puede ayudar a frenar o prevenir las caries en la mayoría de los niños.

### ¿Qué es el barniz de fluoruro?

El barniz de fluoruro es una capa protectora que se aplica a los dientes para ayudar a prevenir nuevas caries y ayudar a frenar las caries que ya han dado comienzo.

### ¿Es seguro el barniz de fluoruro?

Sí. Se puede aplicar el barniz de fluoruro a los bebés desde que tengan sus primeros dientes. Se usa solamente una pequeña cantidad de barniz de fluoruro. Este método de suministrar el fluoruro a los dientes se ha usado en Europa hace más de 25 años. El barniz de fluoruro es aprobado por la Administración de Alimentos y Medicamentos (FDA) y es respaldado por la Asociación Dental Americana (ADA).

### ¿Cómo se aplica a los dientes?

El barniz se aplica a los dientes con un pequeño cepillo desechable. Es rápido y fácil de aplicar, y no tiene mal sabor. No le va a doler, pero es posible que su niño llore simplemente porque a los bebés y niños pequeños no les gusta que otras personas les pongan algo en la boca, ¡especialmente si son personas desconocidas! Es posible que los dientes de su niño se pongan amarillos después de que se aplique el barniz de fluoruro, pero se quitará el color amarillo cuando usted le cepille los dientes de su niño la siguiente mañana.

### ¿Cuánto tiempo dura el fluoruro?

El fluoruro solamente dura hasta que se lo quite el día siguiente al cepillarse los dientes, pero los efectos del mismo duran varios meses. La capa de fluoruro funciona mejor si se aplica a los dientes 3 a 4 veces por año.

## ¡Los dientes de leche son importantes!

Acuérdese, no cepille los dientes de su niño hoy, y no le ofrezca comidas duras o pegajosas. Empiece a cepillarse los dientes de su niño mañana por la mañana. Se quitará el color amarillo cuando usted le cepille los dientes de su niño.



PREVENTIVE DENTAL SERVICES PARENTAL PERMISSION FORM – HEAD START

Dear Parent/Guardian:

On \_\_\_\_\_, the Texas Department of State Health Services (DSHS) dentist and support personnel will be at your child’s Head Start to conduct a dental screening and fluoride varnish program. After the dental screening, a written report will be provided for your child to take home, stating his/her dental condition. This screening does not take the place of regular dental checkups and you should continue to take your child for regular dental checkup visits with their dentist.

Fluoride varnish is a protective coating that is placed on the teeth to help prevent new cavities and to help stop very small cavities that have already started.

No shots or anesthesia are necessary for the application.

If your child is eligible under State financial guidelines and needs fluoride varnish, DSHS may provide these preventive dental services for your child free of charge. A preventive dental program is available to your Head Start through the Texas Department of State Health Services during the 2009 – 2010 school year. A licensed dentist will provide a visual dental exam for your child and a protective coating called fluoride varnish will be applied to the teeth as a preventive measure against tooth decay. A second application of fluoride varnish may be provided at a later date. THE DENTAL SCREENING WILL BE FREE TO ALL STUDENTS WHO HAVE A COMPLETED PARENTAL PERMISSION FORM.

Please read and complete the information below, and sign the informed permission statement if you wish your child to participate in the dental screening and fluoride varnish program. To ensure confidentiality, this form may be returned in a sealed envelope to the Health Coordinator.

Student’s Name (please print) \_\_\_\_\_ Age \_\_\_\_\_ Date of Birth \_\_\_\_\_
Address \_\_\_\_\_ Telephone number with area code (\_\_\_\_) \_\_\_\_\_
Parent/Guardian Name (please print) \_\_\_\_\_

PLEASE CIRCLE YOUR ANSWERS:

Sex of your child: Male Female

Is your child enrolled in Medicaid? Yes No Card Number: \_\_\_\_\_

Child’s Ethnicity: White Black Hispanic Other

- 1. Is your child under the care of a doctor? Yes No
If yes, for what reason \_\_\_\_\_
2. Is your child taking any medication/drugs? Yes No
If yes, what medicine is being taken? \_\_\_\_\_
3. Does your child have allergies, such as to red dye or latex? Yes No
If yes, please list \_\_\_\_\_
4. Does your child have any serious illnesses? Yes No
If yes, please explain \_\_\_\_\_
5. Has your child been treated by a dentist before? Yes No
6. Do you have a family dentist? Dentist’s name \_\_\_\_\_ Yes No
7. Did your child see a dentist during the past year? Yes No

INFORMED PERMISSION STATEMENT

I understand that a personal, informed permission is required before this treatment can be provided. I hereby give permission for my child to receive a free dental screening and, if eligible, fluoride varnish.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Notice about Your Right to Privacy

Except in some cases, you have the right to ask for and know the information the State of Texas has about you. You can ask for it at any time. You can get it and make sure it is right. You have the right to ask the state agency to correct anything that is wrong. (Reference: Government Code, Section 552.021, 552.023, 559.003 and 559.004).

Parent Handout-may duplicate –DSHS 112008



# PERMISO DE LOS PADRES PARA RECIBIR SERVICIOS DENTALES PREVENTIVOS –HEAD START

Estimado Padre / Madre / Tutor legal:

El día \_\_\_\_\_, el dentista y personal de apoyo del Departamento Estatal de Servicios de Salud de Texas [Texas Department of State Health Services, DSHS] estarán en la Head Start de su niño para llevar a cabo un programa de exámenes dentales y barniz de fluoruro. Después del examen dental, se proporcionará un informe escrito que indicará la condición dental de su niño para que él o ella lo lleve a la casa. **Este examen no tomará el lugar de los exámenes dentales rutinarios y usted deberá continuar llevando a su niño a los exámenes rutinarios con su dentista.**

El barniz de fluoruro es una capa protectora que se aplica a los dientes para ayudar a prevenir nuevas caries y para ayudar a detener caries pequeñas que ya han dado comienzo. No se necesitan inyecciones ni anestesia para la aplicación.

Si su niño reúne los requisitos según los directrices económicos del estado y necesita el barniz de fluoruro, es posible que DSHS pueda brindarle tales servicios dentales preventivos *sin costo*. Su Head Start pone a su disposición un programa dental preventivo por medio del Texas Department of State Health Services el próximo año escolar (del otoño de 2009 hasta la primavera de 2010). Un dentista con licencia le hará un examen dental visual a su niño, y se le aplicará una capa protectora llamada barniz de fluoruro a los dientes como medida de prevención contra la caries. Es posible que se le vaya a aplicar una segunda capa de barniz de fluoruro en un futuro. **EL EXAMEN DENTAL SERÁ GRATIS PARA LOS ALUMNOS QUE TENGAN UN FORMULARIO DE PERMISO DE LOS PADRES RELLENADO.**

Lea y rellene la información a continuación, y firme la declaración general de permiso informado si usted desea que su niño participe en el programa de exámenes dentales y barniz de fluoruro. Para asegurar la confidencialidad, podría devolverse este formulario al (a la) enfermero(a) de la escuela dentro de un sobre cerrado.

Nombre del estudiante (Escriba en letra de molde) \_\_\_\_\_ Edad \_\_\_\_\_  
Fecha de nacimiento \_\_\_\_\_  
Dirección \_\_\_\_\_ Número de teléfono con código del área (\_\_\_\_\_) \_\_\_\_\_  
Nombre del padre / madre / tutor legal (Escriba en letra de molde) \_\_\_\_\_

### CIRCULE SUS RESPUESTAS:

Sexo de su niño: **Masculino** **Femenino**

¿Está su niño inscrito en Medicaid? **Sí** **No** Núm. de tarjeta \_\_\_\_\_

Pertenencia étnica del niño: **Blanca** **Negra** **Hispana** **Otra**

- |  |           |           |
|--|-----------|-----------|
| 1. ¿Le está tratando a su niño un médico?  | <b>Sí</b> | <b>No</b> |
| Si contestó sí, ¿por qué motivo? _____   |           |           |
| 2. ¿Toma su niño algún medicamento?  | <b>Sí</b> | <b>No</b> |
| Si contestó sí, ¿qué medicamento toma? _____   |           |           |
| 3. ¿Tiene su niño alergias, como a la <b>tinta roja</b> o al <b>látex</b> ?            | <b>Sí</b> | <b>No</b> |
| Si contestó sí, escríbalas aquí _____  |           |           |
| 4. ¿Tiene su niño alguna enfermedad grave?   | <b>Sí</b> | <b>No</b> |
| Si contestó sí, explique _____   |           |           |
| 5. ¿Le ha tratado un dentista a su niño anteriormente?                                 | <b>Sí</b> | <b>No</b> |
| 6. ¿Tienen ustedes un dentista familiar? <b>Sí</b> <b>No</b> Nombre del dentista _____ |           |           |
| 7. ¿Ha visto su niño a un dentista durante este último año?                            | <b>Sí</b> | <b>No</b> |

### DECLARACIÓN DE PERMISO INFORMADO

Entiendo que se requiere un permiso personal e informado antes de que se pueda brindar este tratamiento. Yo, por este medio, doy mi permiso para que mi niño reciba un examen dental gratuito, y **si reúne los requisitos**, el barniz de fluoruro.

Firma del padre / madre / tutor legal \_\_\_\_\_ Fecha \_\_\_\_\_

### Aviso sobre su derecho a la privacidad

Salvo en algunos casos, usted tiene el derecho a pedir y conocer la información que el Estado de Texas tiene con respecto a usted. Usted puede pedirla en cualquier momento. Puede obtenerla y asegurar que es correcta. Tiene el derecho a pedir que el organismo estatal corrija todo lo que sea incorrecto. (Referencia: Código gubernamental, Secciones 552.021, 552.023, 559.003 y 559.004).





## RESULTS OF DENTAL SCREENING

Dear Parent/Guardian:

A dental screening has been provided for \_\_\_\_\_ . The results are indicated below. Please note that this was a visual examination only. The results of the screening do not replace the need for regular dental checkups. For a thorough examination, including x-rays, it is suggested that you visit your family dentist regularly, preferably twice a year.

- \_\_\_\_\_ 0. No obvious dental problems noted.
- \_\_\_\_\_ A. But several areas need watching.
  - \_\_\_\_\_ B. But be sure to continue regular dental care.
  - \_\_\_\_\_ C. Decay (cavities) on baby teeth about to be lost – does not require treatment.
- \_\_\_\_\_ 1. Dental care is needed at the earliest convenience.
- \_\_\_\_\_ A. Decay (cavity) was detected on baby teeth.
  - \_\_\_\_\_ B. Decay (cavity) was detected on permanent teeth.
  - \_\_\_\_\_ C. Bleeding gums (infection) noted - teeth need to be cleaned.
  - \_\_\_\_\_ D. Suspicious white or red soft tissue areas need checking.
- \_\_\_\_\_ 2. Dental problem requires immediate attention.
- \_\_\_\_\_ A. Pain \_\_\_\_\_
  - \_\_\_\_\_ B. Infection (abscess) on \_\_\_\_\_ baby teeth and/or \_\_\_\_\_ permanent teeth.
  - \_\_\_\_\_ C. Severe decay (cavity) on \_\_\_\_\_ baby teeth and/or \_\_\_\_\_ permanent teeth.
- \_\_\_\_\_ 3. Other:
- \_\_\_\_\_ A. X-ray needed.
  - \_\_\_\_\_ B. Sealants were applied to some of your child's teeth today.
  - \_\_\_\_\_ C. Sealants will be applied to some of your child's teeth at a future date.
  - \_\_\_\_\_ D. Fluoride varnish was applied on your child's teeth today.
    - ◆ To keep the varnish on the teeth as long as possible and to achieve the best results, your child should eat soft foods for the rest of the day and their teeth should not be brushed until tomorrow morning.
  - \_\_\_\_\_ E. Fluoride varnish will be applied to your child's teeth at a future date.
  - \_\_\_\_\_ F. Other \_\_\_\_\_

- **To see if your child is eligible for Medicaid or the Children's Health Insurance Program (CHIP) call the *free* 2-1-1 Texas help information line or visit the Texas benefits website at <https://www.yourtexasbenefits.com/wps/portal> .**
- **If your child is on Medicaid and needs help with transportation to healthcare appointments, please call the THSteps Program at: 1-877-THSTEPS or 1-877-847-8377.**
- **If your child is on Medicaid and you need help finding a dentist, call the THSteps Program at: 1-877-THSTEPS or 1-877-847-8377 or visit the Texas Medicaid Health Partnership (TMHP) website at <http://www.tmhp.com/OPL/providerManager/AdvSearch.aspx> .**

DATE: \_\_\_\_\_ SIGNED: \_\_\_\_\_  
Regional Dentist's Signature and Phone #

## RESULTADOS DEL EXAMEN DENTAL

Estimado Padre / Madre / Tutor legal:

Se le hizo un examen dental a \_\_\_\_\_.

Se indican los resultados a continuación. Tome nota que éste fue solo un examen visual. Los resultados del examen sistemático no reemplazan la necesidad de ir al dentista para exámenes rutinarios. Para un examen meticuloso, incluso con radiografías, se sugiere que vayan a su dentista familiar con regularidad, preferiblemente dos veces al año.

- \_\_\_\_\_ 0. No se notaron ningunos problemas dentales obvios.
- \_\_\_\_\_ A. Pero varias áreas necesitan observación.
- \_\_\_\_\_ B. Pero asegúrese de continuar la atención dental con regularidad.
- \_\_\_\_\_ C. Caries en los dientes de leche que pronto se caigan--no requiere tratamiento.
- \_\_\_\_\_ 1. Obtenga atención dental cuando le convenga.
- \_\_\_\_\_ A. Se observó caries en los dientes de leche.
- \_\_\_\_\_ B. Se observó caries en los dientes permanentes.
- \_\_\_\_\_ C. Se notó sangre en las encías (infección) - necesita una limpieza de los dientes.
- \_\_\_\_\_ D. Áreas blancas y rojas sospechosas en el tejido blando necesitan atención.
- \_\_\_\_\_ 2. Un problema dental que necesita atención inmediata.
- \_\_\_\_\_ A. Dolor \_\_\_\_\_
- \_\_\_\_\_ B. Infección (absceso) en \_\_\_\_\_ dientes de leche y / o \_\_\_\_\_ dientes permanentes.
- \_\_\_\_\_ C. Caries severa en \_\_\_\_\_ dientes de leche y / o \_\_\_\_\_ dientes permanentes.
- \_\_\_\_\_ 3. Otro:
- \_\_\_\_\_ A. Se necesita una radiografía.
- \_\_\_\_\_ B. Se aplicaron selladores dentales a algunos de los dientes de su niño hoy.
- \_\_\_\_\_ C. Se aplicarán los selladores a algunos de los dientes de su niño en un futuro.
- \_\_\_\_\_ D. Se aplicó el barniz de fluoruro a los dientes de su niño hoy.
- ♦Para permitir que el barniz se quede en los dientes por la mayor cantidad de tiempo posible y para lograr los mejores resultados, su niño deberá comer cosas blandas el resto del día y no se debe lavarse los dientes hasta mañana por la mañana.
- \_\_\_\_\_ E. Se aplicará el barniz de fluoruro a los dientes de su niño en un futuro.
- \_\_\_\_\_ F. Otro \_\_\_\_\_

- **Para saber si su niño reúne los requisitos para Medicaid o el Programa de Seguro Médico para Niños (CHIP) llame a la línea de información *gratuita* de 2-1-1 Texas o consulte al sitio de Internet de prestaciones de Texas en <https://www.yourtexasbenefits.com/wps/portal>. Haga clic en "español" para la versión en español.**
- **Si su niño tiene Medicaid y necesita ayuda con el transporte a sus citas de atención médica llame al Programa de Pasos Sanos de Texas al 1-877-847-8377.**
- **Si su niño tiene Medicaid y necesita ayuda para encontrar a un dentista, llame al Programa de Pasos Sanos de Texas al 1-877-847-8377 o consulte al sitio del Internet del *Texas Medicaid and Healthcare Partnership* (TMHP) en <http://www.tmhp.com/OPL/providerManager/AdvSearch.aspx>.**

FECHA: \_\_\_\_\_

FIRMA: \_\_\_\_\_

Firma y número de teléfono del dentista de la región

Results of Screening Form for school year 2009-2010--Spanish

# Professionally Applied Topical Fluoride: Evidence-based Clinical Recommendations<sup>1</sup>

## Assess

### Caries Risk

(see back for risk factors)

- Low
- Moderate
- High

&

### Patient Age

## Advise

Risk group /Age	<6 years	6-18 years	18+ years
<b>Low</b>	Patient may not receive any additional benefit*	Patient may not receive any additional benefit*	Patient may not receive any additional benefit*
<b>Moderate</b>	Varnish every 6 months	Varnish or Fluoride gel every 6 months	Varnish or Fluoride gel every 6 months
<b>High</b>	Varnish every 6 or 3 months	Varnish every 6 or 3 months or Fluoride gel every 6 or 3 months	Varnish or Fluoride gel every 6 or 3 months

\*Fluoridated water and fluoride toothpastes may provide adequate caries prevention in this risk category.

- ✓ Application time for fluoride gel and foam should be 4-minutes.
- ✓ Due to limited evidence these recommendations have not been extrapolated to foams.
- ✓ There is limited evidence differentiating NaF and APF gels.

## Decide

- whether to apply fluoride
- type of fluoride
- frequency of application
- how often to re-evaluate

Based substantially on clinical evidence

### Levels of evidence and strength of recommendations:

Each recommendation is based on the best available evidence. The level of evidence available to support each recommendation may differ. Lower levels of evidence do not mean the recommendation should not be applied for patient treatment.

Based substantially on extrapolations or subjective opinions

<sup>1</sup>ADA Council on Scientific Affairs. Professionally applied topical fluoride: Evidence-based clinical recommendations. JADA 2006;137(8):1151-59. Copyright © 2006 American Dental Association. All rights reserved. Adapted 2008 with permission. To see the full text of this article, please go to <http://jada.ada.org/cgi/reprint/137/8/1151>.

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# Professionally Applied Topical Fluoride: Evidence-based Clinical Recommendations<sup>1</sup>

## Determination of Caries Risk

There are many systems to determine caries risk. One such system is offered below that can be used for caries risk assessment.

Individuals' risk factors increasing risk for developing caries may also include, but are not limited to:

- |   |   |
|---|---|
| <ul style="list-style-type: none"> <li>• High titers of cariogenic bacteria</li> <li>• Poor oral hygiene</li> <li>• Prolonged nursing (bottle or breast)</li> <li>• Poor family dental health</li> <li>• Developmental or acquired enamel defects</li> <li>• Genetic abnormality of teeth</li> <li>• Many multisurface restorations</li> <li>• Chemo/radiation therapy</li> </ul> | <ul style="list-style-type: none"> <li>• Eating disorders</li> <li>• Drug/alcohol abuse</li> <li>• Irregular dental care</li> <li>• Cariogenic diet</li> <li>• Active orthodontic treatment</li> <li>• Presence of exposed root surfaces</li> <li>• Restoration overhangs and open margins</li> <li>• Physical or mental disability with inability or unavailability of performing proper oral health care</li> </ul> |
|---|---|

Risk group	Age	Primary or Secondary Carious lesions in the past three years	Risk factors listed above
Low	All age groups	None	None
	< 6 years	None	At least one risk factor
Moderate	> 6 years	One or two	At least one risk factor
	< 6 years	Any	Multiple risk factors or Low Socioeconomic status or Xerostomia* or suboptimal fluoride exposure
High	> 6 years	Three or more	Multiple risk factors or Xerostomia* or suboptimal fluoride exposure

\*Medication, radiation or disease induced xerostomia.

<sup>1</sup>ADA Council on Scientific Affairs. Professionally applied topical fluoride: Evidence-based clinical recommendations. JADA 2006;137(8):1151-59. Copyright © 2006 American Dental Association. All rights reserved. Adapted 2008 with permission. To see the full text of this article, please go to <http://jada.ada.org/cgi/reprint/137/8/1151>.

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# Post-Application Instructions

- The child should eat a soft, non-abrasive diet for the rest of the day.
- Do not brush or floss the child's teeth until the next morning.
- Inform the parent/caregiver that it is normal for the teeth to appear dull or yellow until they are brushed.
- Review this information with parent/caregiver and/or give them the *Don't Delay- Prevent Decay* handout.

# Early Tooth Decay (white spots) On Primary Teeth



Fluoride varnish can be applied to teeth with white spots and help re-mineralize (harden) the tooth's enamel.

## Don't Delay – Prevent Decay

**When your child leaves today, his/her teeth will have been coated with fluoride varnish and will not look as bright and shiny as usual. They will look as they usually do tomorrow, when the varnish has had time to have its maximum effect and the teeth have been brushed.**

To keep the varnish on the teeth as long as possible and to achieve the best result:

- Your child should eat soft foods for the rest of the day.
- Teeth should not be brushed until tomorrow morning.
- In the morning, clean the mouth and teeth as usual.

## No demore--Prevenga las caries

**Cuando se vaya su niño hoy, sus dientes se habrán cubierto con el barniz de fluoruro y no lucirán como suelen lucir. Parecerán mañana como parecen normalmente, ya después que el barniz haya surtido su máximo efecto y se hayan cepillado los dientes.**

Para asegurar que el barniz quede en los dientes por el máximo tiempo posible y que logre los mejores resultados:

- Su niño deberá comer cosas blandas el resto del día.
- No se le debe cepillar los dientes hasta mañana por la mañana.
- Por la mañana, lávele la boca y los dientes como de costumbre.

Fluoride Varnish Ordering Information  
**Possible resources such as, but not limited to:**

**Henry Schein**

1 (800) 372-4346

<https://www.henryscheindental.com>

**Patterson Dental**

1 (800) 873-7683

<https://www.pattersondental.com>

**Massco Dental**

1 (800) 227-1296

FAX 1 (479) 787-9918

<https://www.masscodental.net>

**Zenith Dental**

1 (800) 662-6383

FAX 1 (201) 894-0213

<https://www.zenithdental.com>

# Fluoride Varnish Types

<b><u>PreviDent</u></b>	(5% Sodium Fluoride) <b>Available in a unit-dose with an applicator.</b> - Henry Schein
<b><u>Duraphat</u></b>	(5% Sodium Fluoride) - Henry Schein
<b><u>ALL Solutions</u></b>	(5% Sodium Fluoride) <b>Available in a unit-dose with an applicator.</b> - Henry Schein
<b><u>Cavity Shield</u></b>	(5% Neutral Sodium Fluoride) <b>Available in a unit-dose with an applicator.</b> - Henry Schein
<b><u>Duraflor</u></b>	(5% Sodium Fluoride) - Henry Schein
<b><u>Duraflor Halo</u></b>	(5% Sodium Fluoride) <b>Available in a unit-dose with an applicator.</b> - Henry Schein
<b><u>DuraShield</u></b>	(5% Sodium Fluoride) <b>Available in a unit-dose with an applicator.</b> - Henry Schein or Patterson Dental
<b><u>Enamel Pro Varnish with ACP</u></b>	(5% Sodium Fluoride with amorphous calcium phosphate) <b>Available in a unit-dose with an applicator.</b> - Henry Schein
<b><u>Kolorz ClearShield</u></b>	(5% Sodium Fluoride) <b>Available in a unit-dose with an applicator.</b> - Henry Schein or Zenith Dental
<b><u>Vanish</u></b>	(5% Sodium Fluoride) <b>Available in a unit-dose with an applicator.</b> - Henry Schein or Patterson Dental
<b><u>Eclipse</u></b>	(5% Sodium Fluoride) <b>Available in a unit-dose with an applicator.</b> – Massco Dental
<b><u>Varnel - Cetylite</u></b>	(5% Sodium Fluoride) <b>Available in a unit-dose with an applicator.</b> – Patterson Dental

Fluoride Availability and Pricing - From Henry Schein online (Prices as of October 2008)									
Item code	Prod name	Flavor	strength	dose size	# in package	price	dose price	volume order	price with volume
	Cavityshield		5%	.25 ml	200	154.99	0.77		
	Cavityshield		5%	.4ml	200	179.99	0.90		
	Duraflor	Rasb	5%	.4 ml	200	187.99	0.94		
	Durashield		5%	not given	200	189.99	0.95		
	Cavityshield		5%	.25ml	32	31.49	0.98	or 30.49 for 6	0.95
	Cavityshield		5%	.4 ml	32	35.99	1.12	or 34.99 for 6	1.09
	Omni prev	Ch/mel wht	5%	not given	1000	1259.99	1.26		
	Omni prev	cherry wht	5%	not given	1000	1259.99	1.26		
	Omni prev	melon wht	5%	not given	1000	1259.99	1.26		
	Omni prev	mint wht	5%	not given	1000	1259.99	1.26		
	Omni prev	ml ch mnt wht	5%	not given	1000	1259.99	1.26		
	Duraflor	BBG	5%	.25 ml	32	40.99	1.28		
	Kolorz Ctlrshield		not given	.4 ml	35	47.49	1.36		
	Duraflor	Rasb	5%	.4 ml	32	43.49	1.36		
	Col Prevident	Rasb	not given	not given	50	69.99	1.40	or 64.99 for 3	1.30
	Durashield		5%	not given	32	46.99	1.47		
	Enamel Pro	BBG	not given	.4 ml	200	299.99	1.50		
	Enamel Pro	StrawCrm	not given	.4 ml	200	299.99	1.50		
	Enamel Pro	BBG	not given	.25 ml	35	58.99	1.69		
	Enamel Pro	BBG	not given	.4 ml	35	59.99	1.71		
	Enamel Pro	StrawCrm	not given	.4 ml	35	59.99	1.71		
	Duraflor Halo	Spear	5%	not given	32	59.99	1.87		
	Duraflor Halo	Wild Ber	5%	not given	32	59.99	1.87		
	Omni prev	cherry	5%	not given	100	195.99	1.96	or 185.99 for 6	1.86
	Omni prev	melon	5%	not given	100	195.99	1.96	or 185.99 for 6	1.86
	Omni prev	mint	5%	not given	100	195.99	1.96	or 185.99 for 6	1.86
	Omni prev	cherry wht	5%	not given	50	118.99	2.38	or 102.99 for 6	2.06
	Omni prev	melon wht	5%	not given	50	118.99	2.38	or 102.99 for 6	2.06
	Omni prev	mint wht	5%	not given	50	118.99	2.38	or 102.99 for 6	2.06
	Allsolutions		5%	not given		83.99			
	Fluor protector		not given			96.99			
	Duraphat		not given	10 ml tube	25-40	27.29	1.09	or 24.69 for 3	0.99
	Duraflor		not given	10 ml tube	25-40	26.99	1.08		

# Supplies

- Disposable gloves
- Paper towels or disposable bibs (to place under child's head if the child's head is being cradled in the provider's lap.)
- Gauze sponges (2x2)
- Fluoride Varnish
- Disposable applicator brush (if not included with the varnish)

## **References**

**Oral Health in America: A Report of the Surgeon General.** Rockville, MD: U.S. Department of Health and Human Services, National Institute of Dental and Craniofacial Research, National Institutes of Health, May 2000.

**National Call to Action to Promote Oral Health.** Rockville, MD: U.S. Department of Health and Human Services, Public Health Services, Centers for Disease Control and Prevention and the National Institutes of Health, National Institute of Dental and Craniofacial Research, Publication No. 03-5303, May 2003.

**Evidence-based Clinical Recommendations: Professionally Applied Topical Fluoride. Report of the Council on Scientific Affairs.** American Dental Association, May 2006

**HRecommendations for Using Fluoride to Prevent and Control Dental Caries in the United StatesH.** MMWR. Aug. 17, 2001

**Fluoridation Facts.** American Dental Association, 2005.

**Fluoride Varnish Efficacy in Preventing Early Childhood Caries,** Weintraub, J.A.; Ramos-Gomez, F.; Jue, B.; Shain, S.; Hoover, C.I.; Featherstone, J.D.B.; and Gansky, S.A.; Journal of Dental Research, Feb 2006; 85(2):172-176.

## Dental Home



It is good for you to take your child to the same dentist each time. This regular dentist office is their "Dental Home."

To keep your child's teeth and gums healthy, you should:

- Give them healthy foods, snacks, and drinks;
- Clean your child's mouth every day; and
- Take your child to their dental home for regular visits starting at 6 months of age.



Please call 1-877-847-8377, if you need help in finding a dental home for your child.



## El hogar dental



Es bueno llevar a su niño al mismo dentista siempre. Este consultorio dental es su "hogar dental".

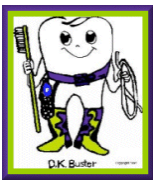
Para mantener sanos los dientes y encías de su niño, usted debe:

- Ofrecerle comidas, botanas y bebidas sanas;
- Limpiarle la boca cada día; y
- Llevarlo a su hogar dental para visitas periódicas a partir de los 6 meses de edad.



Llame al 1-877-847-8377 si necesita ayuda para encontrar un hogar dental para su niño.





# ORAL HEALTH THSteps REGIONAL STAFF



### HSR 3, 4 and 5N-Tyler

**Maureen Weber, DDS**  
1517 West Front Street  
Tyler, TX 75702  
903-533-5202  
903-535-7585 fax

**VACANT DENTAL HYGIENIST POSITION**

### HSR 1 and 2-Lubbock

**Rick Howard, DDS**  
1109 Kemper Street  
Lubbock, TX 79403  
806-767-0422  
806-767-0442 fax

**Rene Comey, RDH**  
1109 Kemper Street  
Lubbock, TX 79403  
806-767-0423

### HSR 9 and 10- Midland

**Gloriana "Nana" Lopez, DDS**  
2301 N. Big Spring, Suite 300  
Midland, TX 79705  
**Austin Contact Information:**  
1100 West 49<sup>th</sup> St- MC-1938  
Austin, TX 78756  
512-458-7111 Ext 3064  
512-458-7256 fax

**Betty Willberg, RDH**  
2301 N. Big Spring, Suite 300  
Midland, TX 79705  
432-571-4157

### HSR 8 and 11-San Antonio

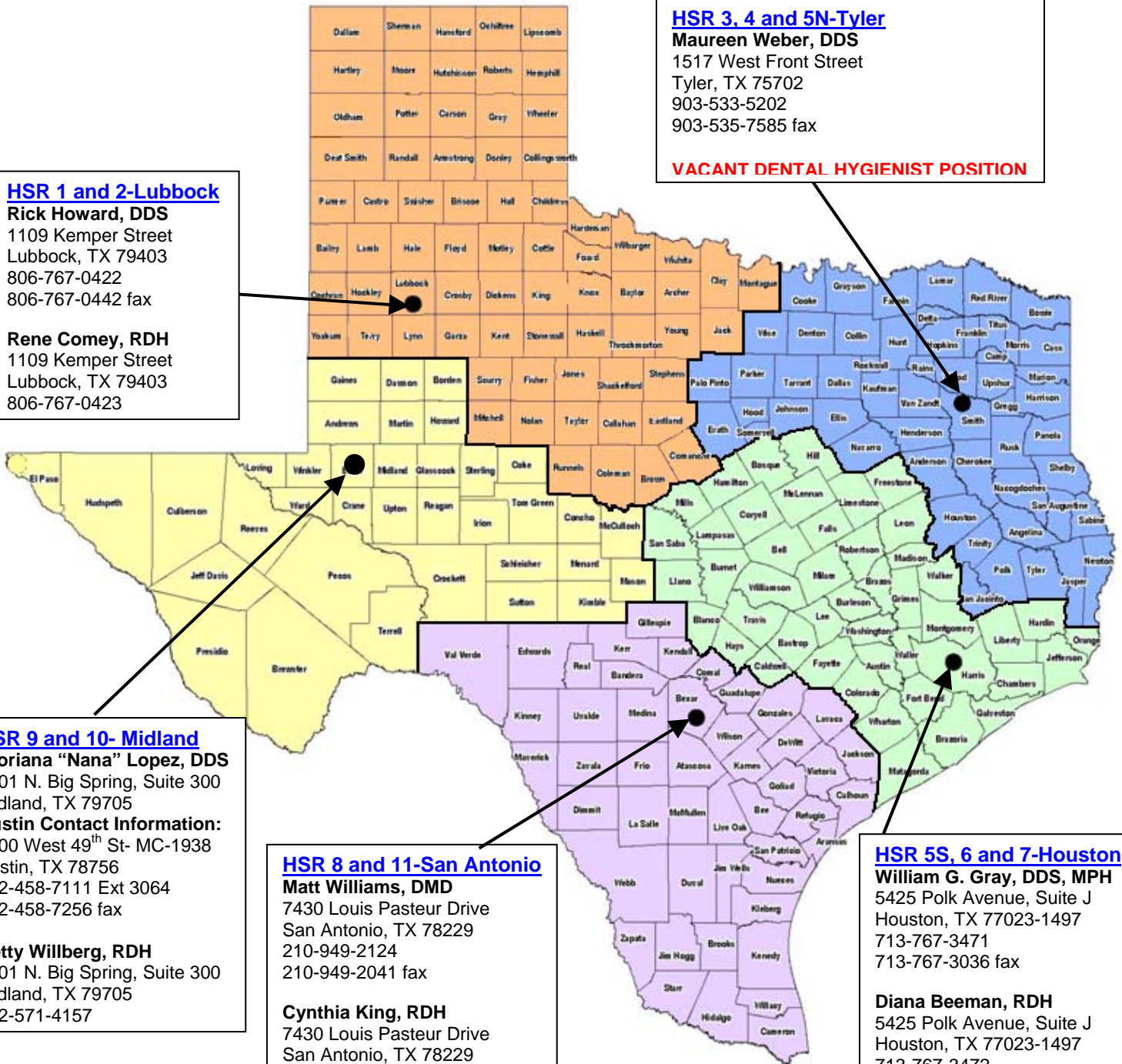
**Matt Williams, DMD**  
7430 Louis Pasteur Drive  
San Antonio, TX 78229  
210-949-2124  
210-949-2041 fax

**Cynthia King, RDH**  
7430 Louis Pasteur Drive  
San Antonio, TX 78229  
210-949-2106

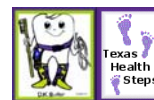
### HSR 5S, 6 and 7-Houston

**William G. Gray, DDS, MPH**  
5425 Polk Avenue, Suite J  
Houston, TX 77023-1497  
713-767-3471  
713-767-3036 fax

**Diana Beeman, RDH**  
5425 Polk Avenue, Suite J  
Houston, TX 77023-1497  
713-767-3472



\* HSR= Health Service Region 08/10/2009



TEXAS  
Department of State Health Services

<http://www.dshs.state.tx.us/dental/default.shtm>

# TAKE STEPS TOWARD HEALTHIER TEXAS CHILDREN.



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**To view the courses online, visit [www.txhealthsteps.com](http://www.txhealthsteps.com).**

### **Current Topics – 26 Courses**

#### *Under These Categories*

- Genetic Screening
- Developmental/Mental Health Screening and Assessment
- Prevention and Wellness
- Adolescent Health

- Overview of Best Practices and Children's Services
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- Sensory Screening
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