

# 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

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

## 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

	<b>Yes</b>	<b>No</b>
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.

