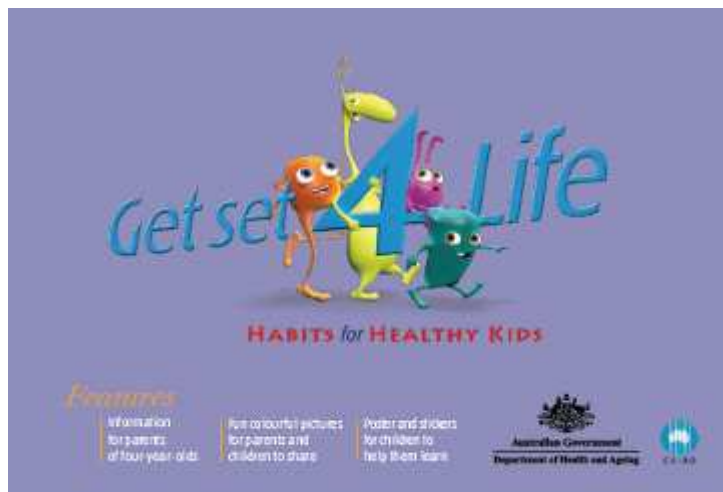




NSW Early Childhood Oral Health

Oral Health Professional Development

4 Year Child Health Checks



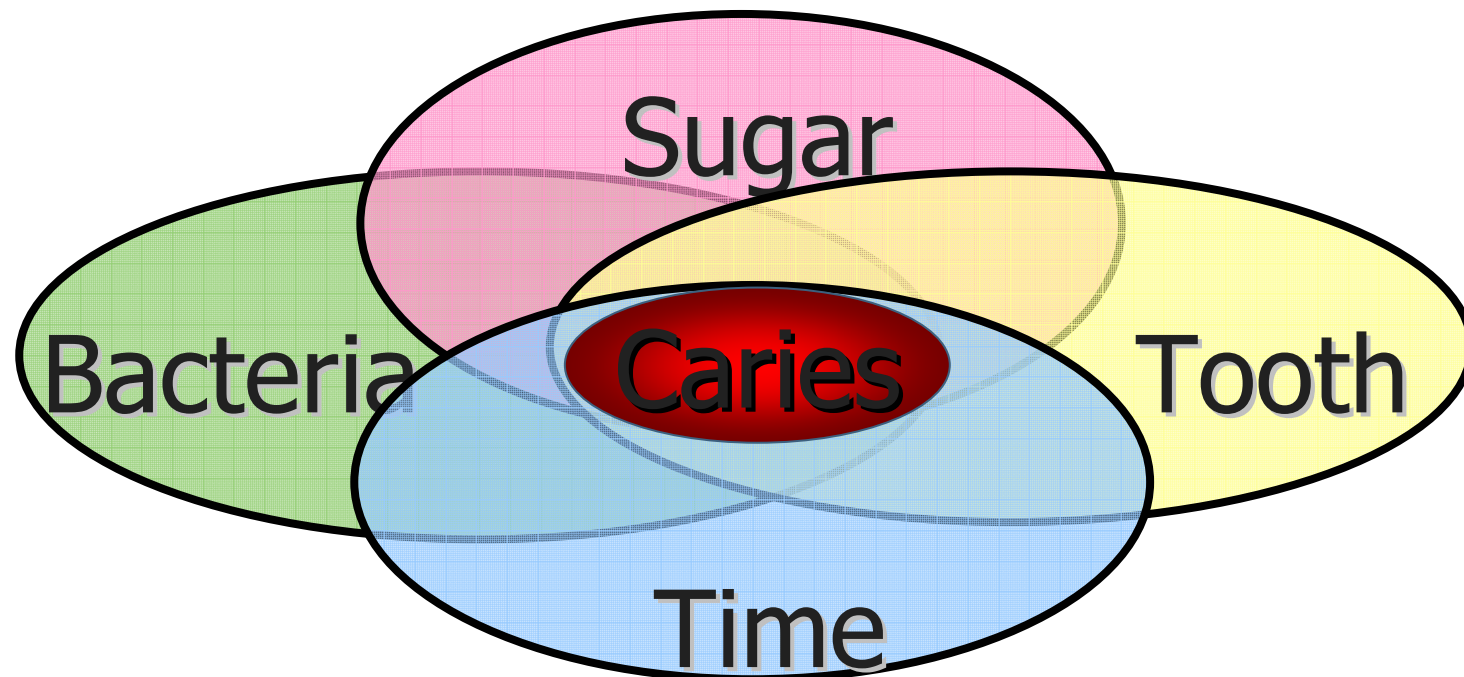
September 2008

Objectives

- ❑ Recognise risk factors for tooth decay
- ❑ Identify early signs of tooth decay
- ❑ Conduct an oral health risk assessment
- ❑ Provide preventive advice to parents and caregivers
- ❑ Understand the referral process to oral health services

Definition of ECC

Early Childhood caries (ECC) is a severe and rapidly progressing form of tooth decay that affects infants and young children



Nature of ECC

- ❑ Mostly preventable
- ❑ Detectable
- ❑ Reversible
- ❑ First significant acquired pathology



12 month old with decayed incisors

Burton Edelstein & Mary Foley, 2006

Intervening early makes sense

- Child with decay 5 times more likely to develop new cavities
- Child with decay = adult with decay
- Treatment of established problems is not sustainable

Why do we need your help?

- Access to families with young children
- Prevention of painful disease
- Focus action on high risk groups
- Build sustainable programs

Consequences of Dental Caries



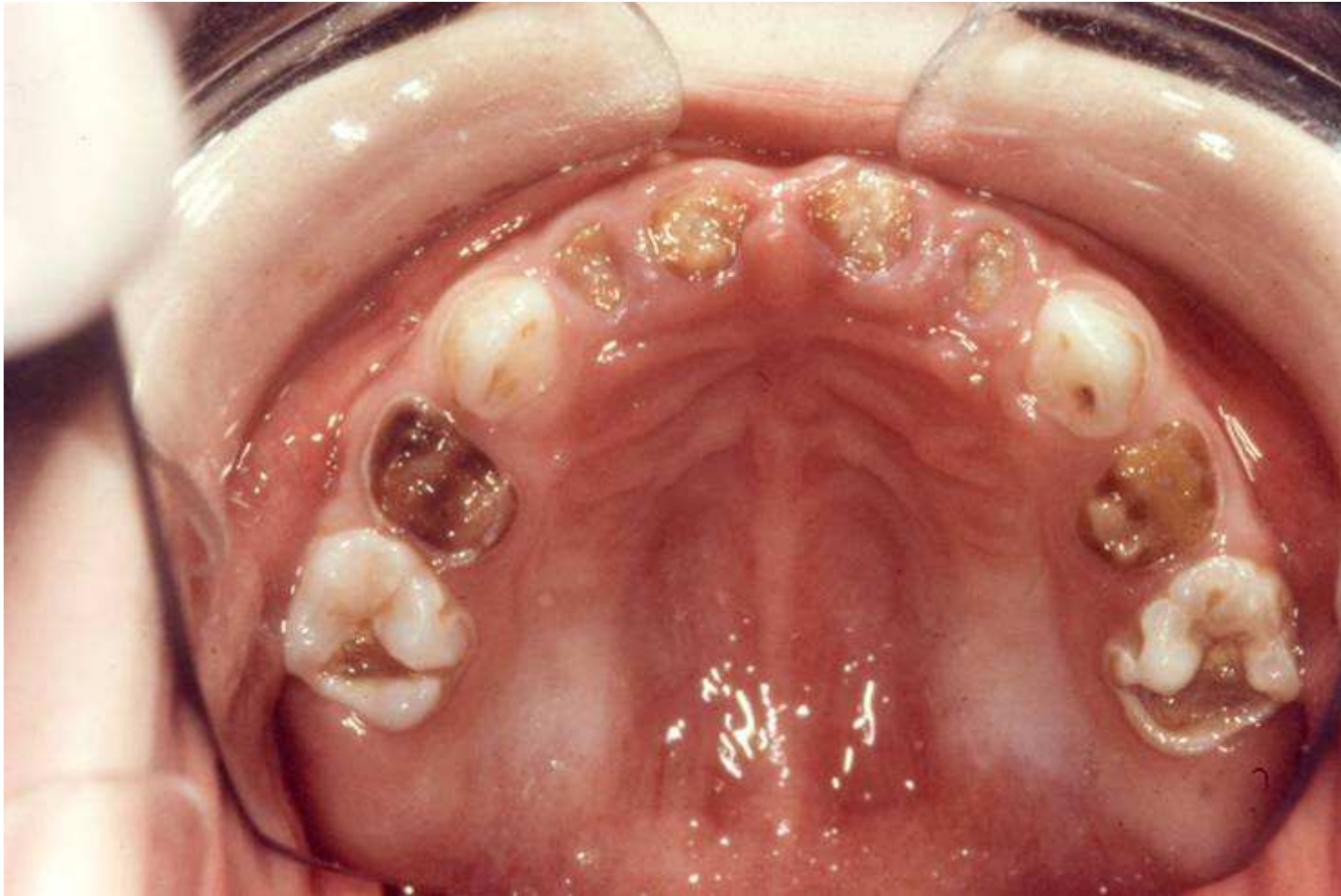
Case 1



Interactive treatment planning:

Mackie IC & Blinkhorn AS, ISBN 1 898274 07 X

Case 1



Case 1



Effects of prolonged bottle use

Case 2



Early stages of ECC

Healthy teeth



White spot demineralisation

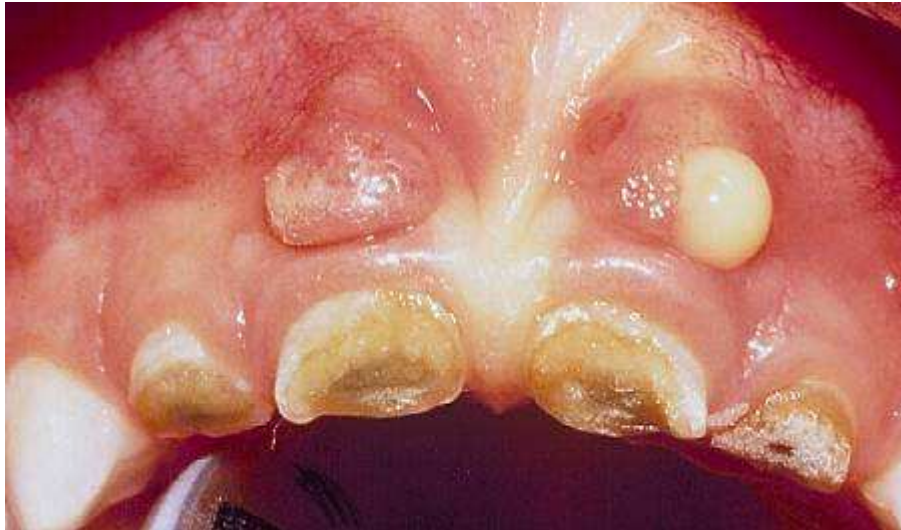


Requires surgical repair

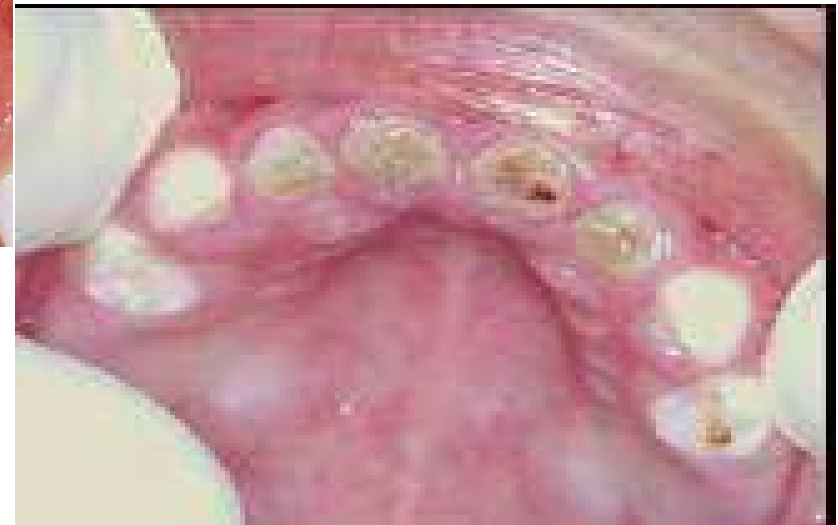


Westmead Children's Hospital

Rampant decay



www.mchoral.org/openwide



18 month old with rampant decay

Burton Edelstein & Mary Foley, March 2006



Predictors

- ❑ Poor oral hygiene
- ❑ Prolonged and inappropriate bottle use
- ❑ Frequent consumption of high sugar foods
- ❑ Coating pacifiers with sweeteners
- ❑ Family members with active tooth decay



Predictors

- ❑ No fluoridated public water supply
- ❑ Low education/income
- ❑ Culturally and linguistically diverse
- ❑ Special health care needs

Vulnerable families

Case 3

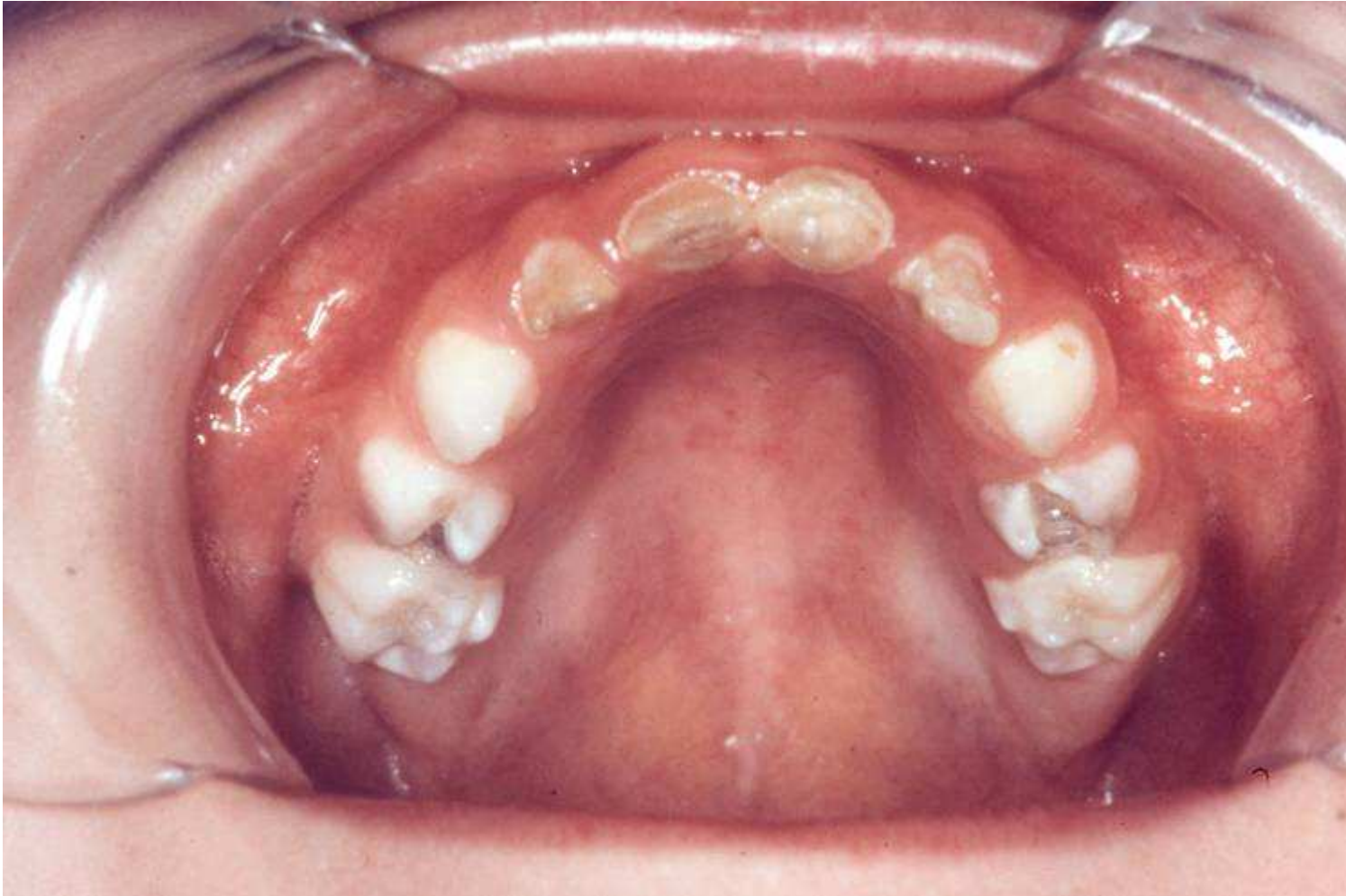


Interactive treatment planning: Mackie IC & Blinkhorn AS, ISBN 1 898274 07 X

Case 3

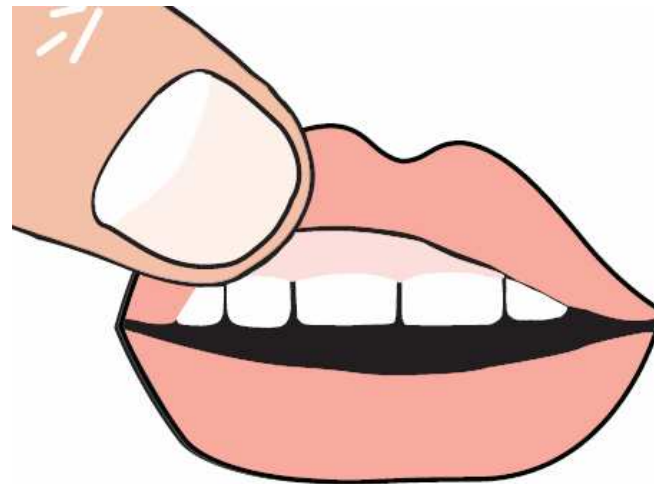


Case 3



How you can help

**“Lift the Lip”
and look inside...**



Knee to knee examination



- Most suitable for the younger child
- A toothbrush can help

Westmead Centre for Oral Health 2008

4 year old examination

- Lift the lip
- Look inside



Westmead Centre for Oral Health 2008

Anticipatory guidance



Check your child's teeth
LIFT
the
LIP
 and look inside




Look for early signs of tooth decay once a month

Healthy Teeth
 White lines along the gum line
 Brown or yellow spots that don't brush off

Make A Dental Appointment NOW!
Make An Appointment NOW!

Talk to your Doctor or Nurse about your child's teeth

Keep your child's teeth healthy with 3 easy steps

- 
Put your baby to bed without a bottle
 (stop the bottle at around 12 months of age)
- 
Start drinking from a cup at around 6 months of age
 (stop top feeder milk 12 months of age)
- 
Start brushing when your baby gets their first tooth
 (use low fluoride toothpaste from 10 months of age)

NSW HEALTH
 Centre for Oral Health Strategy

Referral to oral health services

- ❑ Discuss findings
- ❑ Public/private options
- ❑ Fax referral form

my first health record

Child health check 4 years
Assessment by child and family health team, GP or paediatrician

Name: _____
Date of birth: / / Sex: m / f

Health assessment
Height (cm): % (if measured)
Weight (kg): %

Vision tested monocularly using the Sheridan Gardner Matching Test
Outcome: _____

Audiometry R / L: _____

Oral health 'Lift the lip' check: _____

Health protective factors

	Yes	No	Score
Parent questions completed?	<input type="checkbox"/>	<input type="checkbox"/>	
Are there any risk factors?	<input type="checkbox"/>	<input type="checkbox"/>	
• Hoarding	<input type="checkbox"/>	<input type="checkbox"/>	
• Vision	<input type="checkbox"/>	<input type="checkbox"/>	
• Oral health	<input type="checkbox"/>	<input type="checkbox"/>	

Appropriate health information discussed?
Result: _____

Comment: _____

Action taken: _____

Completed Appropriate immunisation as per schedule?

Name of doctor or nurse: _____
Signature: _____
Venue: _____ Date of check: / /

Child accompanied by Mother, Father, Unaccompanied
Other: _____

ECOH
NSW Early Childhood Oral Health

AHS LOGO
Fax Number

Oral Health Referral Form

CHILD'S DETAILS
Family Name: _____ First Name: _____
Address: _____
Child's Medicare No: _____ Date of Birth: _____
Interpreter required: Yes No If yes, which language: _____

PARENT/GUARDIAN DETAILS
Name: _____
Relationship to child: _____
Mobile Phone No: _____ Hm/Wk Phone No: _____
I give consent for the Public Oral Health Service to use this information.
Signature: _____ Date: _____

ORAL HEALTH ASSESSMENT (tick boxes)	ACTION
<input type="checkbox"/> Trauma or facial swelling	Immediate transfer to Dental Call Centre <call centre phone number>
<input type="checkbox"/> White spot demineralisation	Refer to Early Childhood Oral Health Coordinator <phone/fax number>
<input type="checkbox"/> Cavitated lesions (holes)	
<input type="checkbox"/> Family requires oral health support	Discuss with parent and record findings Re-assess at next scheduled health check
<input type="checkbox"/> Frequent snacking (especially high sugar intake)	
<input type="checkbox"/> Child takes a bottle to bed (or uses at will) by day	
<input type="checkbox"/> Special health needs / frequent medications	
<input type="checkbox"/> Visible plaque	

REFERRED BY (Health Professional)
Name and Title: _____
Postal Address (for feedback): _____
Phone No: _____ Fax No: _____

Additional information: _____



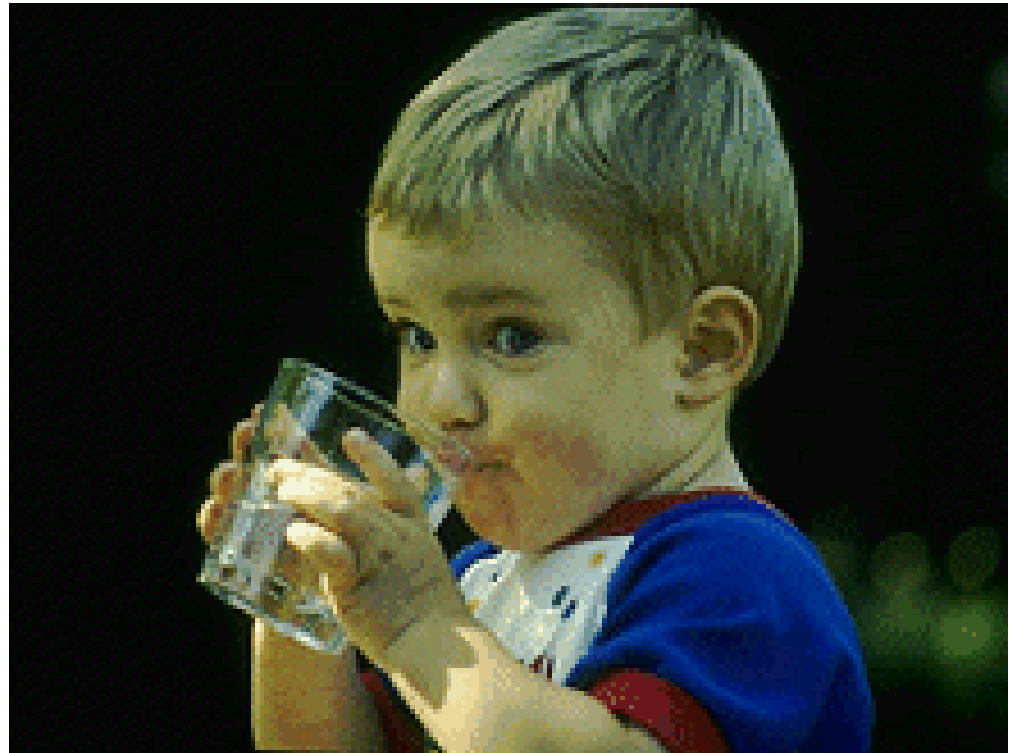
North Sydney Central Coast AHS, 2007

Clean well ...



Drink well ...

- Drink tap water



Eat well ...



snacking

**An important
part of a young
child's diet!**

Stay well...





Further information

- Centre for Oral Health Strategy

<http://www.health.nsw.gov.au/cohs/resources.asp>

- Better Health Centre Publication Warehouse

bhc@nscchs.health.nsw.gov.au