



# I-Smile Screening Guide

## For Health Care Professionals



# Basic Oral Screening

## SCREENING ELEMENT

## RELEVANT COMPONENTS

### 1. Medical History

- Special health needs
- Medications
- Prematurity/Low birth weight

### 2. Dental History/Parent Interview

- Sugar/carbohydrate exposure
- Fluoride exposure
- Home care
- Dental visit frequency
- Parent or sibling decay history

### 3. Soft Tissue Evaluation

- Gum redness or bleeding
- Swelling or lumps
- Trauma or injury

### 4. Hard Tissue Evaluation

- Visible plaque
- White spot lesions
- Suspected decay
- Enamel defects
- Trauma or injury

# Medical History

There are several medical issues that can affect a child's oral health and risk for tooth decay.



- Does the child have special health care needs?
  - Many diseases have oral manifestations.
  - Physical and mental barriers can make oral care difficult for the child or parent.
- Does the child take medications for frequent or chronic illnesses?
  - Many medications contain sugar or can cause dry mouth which increases decay risk.
  - Medications can also adversely affect gum tissue.
- Was the child preterm or low birth weight?
  - Premature babies are more likely to have defects in the enamel which can increase decay risk.

# Dental History/Parent Interview

These questions can help determine a child's risk for decay and the education and anticipatory guidance needs of the family.



- Does the child use the bottle or sippy cup at will (with liquid other than water)?
- Is the child given candy or other sugary foods?
- Is the child given corn syrup, juice, pop, Kool-Aid, or sport drinks?
- Is the child given fluoride daily (supplements, toothpaste, or water)?
- Are the child's teeth cleaned daily?
- Does the child have regular dental visits?
- Do the siblings or parents have decay?

# Screening Positions

- Knee to knee position is recommended. The provider and parent sit face to face with knees touching.
- The child sits on the parent's lap with legs around the waist and leans head back to the lap of the provider.
- The parent holds the child's hands.



# Screening Positions

- Infants can also be positioned in the crook of the parent's arm and held securely to the parent's chest.



- Laying the child on a table may work for those children who are cooperative or older.



# Soft & Hard Tissue Evaluation

1. Use a gloved hand and gently retract the child's lips.
2. Visually inspect and palpate the soft tissues.
  - 1. - Lips, cheeks, gums, tongue, floor of mouth, palate
3. Look at all tooth surfaces.
  - 1. - For better visibility, use gauze to remove plaque or food debris.
  - 2. - A dental mirror or penlight may help, but are not essential.
4. Document any abnormalities observed.
5. Make a referral to the local I-Smile coordinator, as appropriate.

# Soft & Hard Tissue Abnormalities

## Soft tissue abnormalities:

- Gum redness or bleeding
- Swelling or lumps
- Trauma or injury

## Hard tissue abnormalities:

- Visible plaque
- White spot lesions
- Suspected decay
- Enamel defects
- Trauma or injury



# Healthy Gum Tissue



Healthy gingiva has a firm, stippled texture with a scalloped appearance around each tooth.

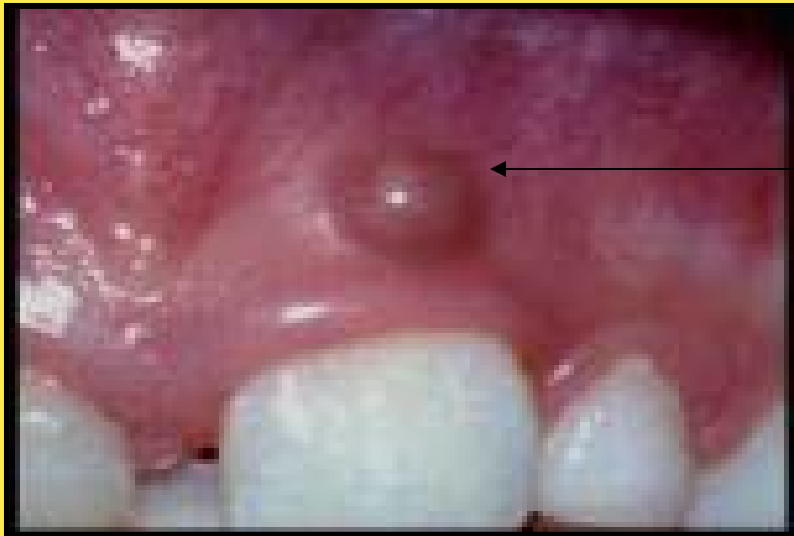
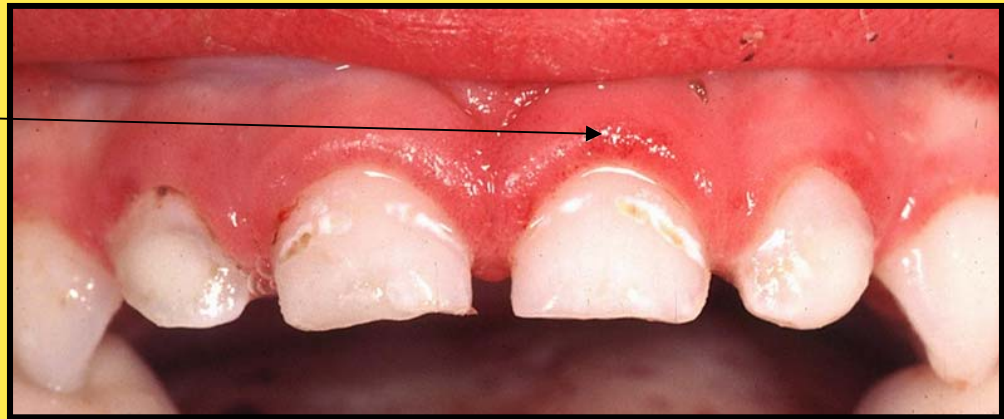


Racial and ethnic differences in healthy tissue pigmentation should be considered.



# Soft Tissue Abnormalities

Red, glossy gums with a swollen or “rolled” margin indicate unhealthy tissue.



A raised area or fistula may be an abscess, and should be treated immediately.

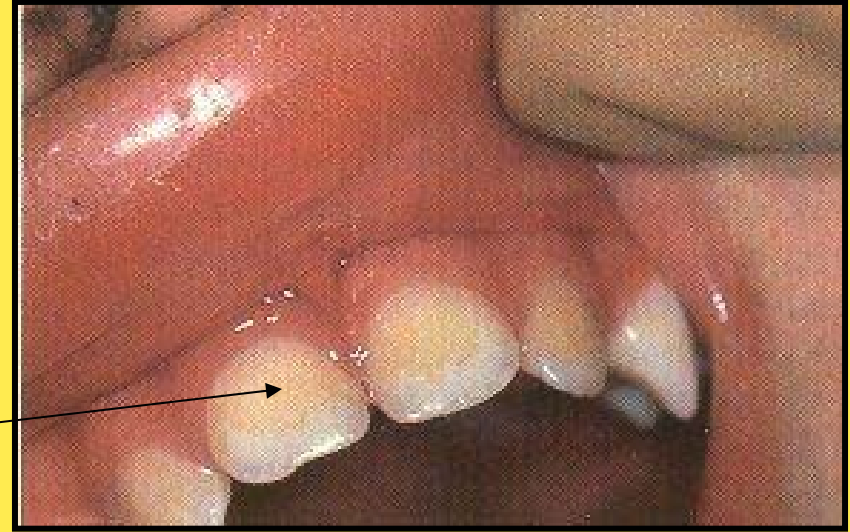
# Healthy Teeth



Healthy teeth have a glossy, uniform coloration.

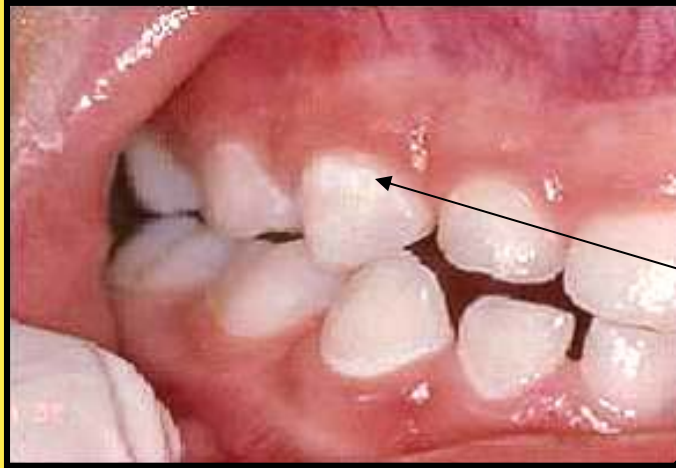
# Dental Plaque

Plaque is a sticky film of bacteria. It usually appears along the gumline as a white or yellowish soft deposit.



A child with visible plaque is at higher risk for tooth decay. Plaque also contributes to gingivitis.

# White Spot Lesions



Chalky, white areas indicate demineralized enamel. This is early decay and can progress quickly.



White spot lesions can be remineralized with fluoride varnish.

# Tooth Decay

Dark brown or black areas indicate decay.  
These children need dental treatment.



# Tooth Decay

Advanced decay is a serious infection that requires immediate dental intervention.



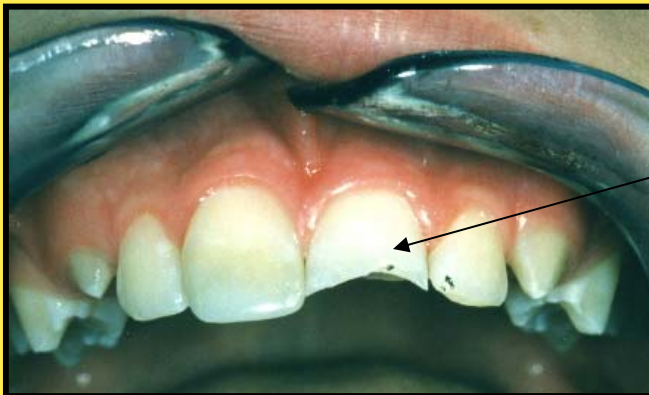
# Enamel Defects/Trauma



Congenital defects are rare, but these teeth can be more susceptible to decay.



Broken front teeth are common in young children due to accidents and falls. These children should be referred to a dentist.



# Decay Prevention: Fluoride Varnish



- Fluoride varnish is a topical treatment recommended 2–3 times a year.
- Single use kits are easy to use.

- Ideal for use in young children
  - small amount used
  - sticks to teeth on contact with saliva
  - minimal amount ingested



# Criteria for Fluoride Varnish Use

Fluoride varnish should be applied to all children at high risk for decay.

## High-risk criteria

- The family is of low socio-economic status, or
- The child has:
  - suspected decay,
  - white spot lesions,
  - a history of decay, or
  - visible plaque.



# Fluoride Varnish Application

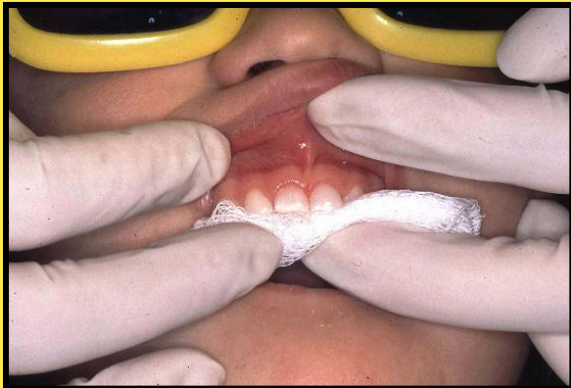
## 1. Wipe teeth with gauze.

- The teeth do not have to be completely dry; however, excess saliva, plaque, or food debris should be removed.

## 2. Apply a thin layer of varnish on all tooth surfaces.

## 3. Instruct parent:

- Child should eat a soft food diet the day of treatment. Avoid hard and crunchy foods that can remove the varnish.
- Child should not brush or floss until the next day.
- Child's teeth may appear yellow until the varnish is brushed off.



# Dental Referrals

## When?

- Refer children with suspected decay or white spot lesions.
- Refer children at high risk for decay.
- Refer all children by age 1.

Children who do not have a dentist should be referred to the local I-Smile oral health coordinator.

I-Smile Coordinator contact information can be found at:

[www.idph.state.ia.us/hpcdp/oral\\_health.asp](http://www.idph.state.ia.us/hpcdp/oral_health.asp) or

Oral Health Bureau 1-866-528-4020

# Need Additional Information?



Contact your local I-Smile coordinator for:

- Medicaid dental billing information
- Parent education materials
- Education for health care staff regarding children's oral health, including screening and fluoride varnish training



# Parent Education



- Daily use of fluoride in toothpaste and water is needed to prevent decay.
- Toothpaste should be used as follows:
  - All children ages 2 and older, pea-sized amount
  - High-risk children under age 2, a smear
- Teeth should be cleaned twice a day, after breakfast and before bedtime.
  - Parents must help with brushing until a child is able to tie his/her own shoes.
  - Parents must also help with flossing, which should begin as soon as teeth touch each other.



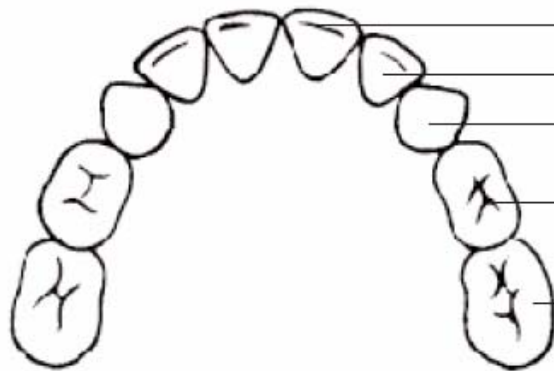
# Parent Education



- Avoid saliva-sharing behaviors, such as sharing utensils or putting a child's hands, pacifier, or bottle in the parent's mouth. Decay-causing bacteria can transfer from parent to child.
- Do not put a child to bed with a bottle.
- Offer sugary and starchy food and drinks at mealtime only, and not as between-meal snacks.
- Avoid teething biscuits. The sugar and starch content can contribute to tooth decay.
- Begin weaning a child from pacifier or finger sucking by age 4. A pacifier habit is easier to break and is less detrimental to the teeth.

# Primary Teeth Eruption Chart

## PRIMARY TEETH



### Upper Teeth

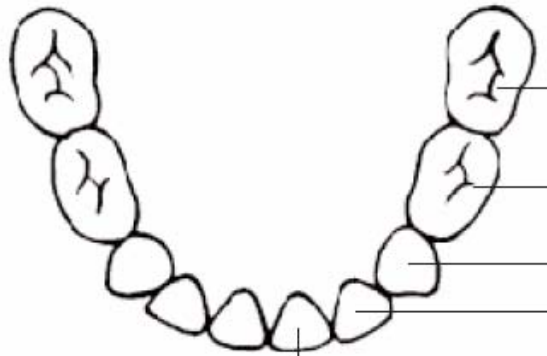
Central incisor  
Lateral incisor  
Canine (cuspid)  
First molar  
Second molar

### Erupt

8-12 mos.  
9-13 mos.  
16-22 mos.  
13-19 mos.  
25-33 mos.

### Shed

6-7 yrs.  
7-8 yrs.  
10-12 yrs.  
9-11 yrs.  
10-12 yrs.



### Lower Teeth

Second molar  
First molar  
Canine (cuspid)  
Lateral incisor  
Central incisor

### Erupt

23-31 mos.  
14-18 mos.  
17-23 mos.  
10-16 mos.  
6-10 mos.

### Shed

10-12 yrs.  
9-11 yrs.  
9-12 yrs.  
7-8 yrs.  
6-7 yrs.

# Oral Trauma

- **Toothache**

- Rinse mouth to clean out debris.
- Use floss to remove any food trapped between teeth.
- Place a cold compress on the face.
- Call the dentist as soon as possible.

- **Broken Tooth**

- Rinse mouth to clean area.
- Place a cold compress on the face to reduce swelling.
- Call the dentist immediately.
- If the broken tooth fragment can be found, bring it to the dentist.

- **Bitten Lip or Tongue**

- Clean the area gently and apply direct pressure to the bleeding area.
- If swelling is present, apply a cold compress.
- If bleeding continues, go to an emergency room immediately.

- **Knocked Out Tooth**

- Primary (baby tooth)

- Do NOT attempt to reinsert back in the socket.
- Take the child to the dentist immediately.

- Permanent tooth

- Gently rinse tooth in cool water. Do not scrub or use soap.
- If possible, reinsert tooth into socket and hold it securely in place with gauze or a washcloth.
- If tooth cannot be reinserted, place it in a clean glass with milk, saliva or water.
- Take the child to the dentist immediately.



**Iowa Department of Public Health**  
**Oral Health Bureau**  
**Lucas State Office Building**  
**321 East 12th Street**  
**Des Moines, Iowa 50319**  
**1-866-528-4020**  
**[www.idph.state.ia.us/hpcdp/oral\\_health.asp](http://www.idph.state.ia.us/hpcdp/oral_health.asp)**

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