Asked pt reason for attendance:

Checked pt happy to go ahead:

(Who is present in the surgery)

Medical history checked:

Social history reviewed:

Pt c/o:

E/o exam TMJ:

 Lymph nodes:

 Skin check:

 Any signs of non-accidental injury:

I/o exam STE:

 Charting done:

 BPE:

 BEWE Toothwear:

 Absent teeth evaluated:

 Perio risk assessment:

 Caries risk assessment:

 Smoking/alcohol cessation:

Radiographs: Date of last bws:

Justification:

 QA:

 Report:

Treatment plan: R&B sheet given:

 Given Tx plan and costs:

Discussions:

Recall interval:

BEWE index



<http://www.perio-tools.com/PRA/en/index.asp>

**Caries Risk Assessment**

|  |  |
| --- | --- |
| **Date of caries assessment**  | **Date**  |
|  |  |  |  |
| **Age at time of caries assessment**  | **Age**  |
|  |  |  |  |
|  | **yes**  | **no**  |
| 1. Poor oral hygiene – inefficient, infrequent brushing  |  |  |
| 2. Sub-optimal fluoride exposure i.e toothpaste and rinses  |  |  |
| 3. Evidence of poor dietary habitsi.e > 4 sugar intakes/day including food/drinks/meals and snacks  |  |  |
| 4. Medically compromised, physical disability  | page2image2213745440 |  |
| 5. Evidence of early /cavitated carious lesions  | page2image2213761488 |  |
| 6. Developmental or acquired enamel defects  | page2image2213777792 |  |
| 7. Orthodontic appliances or denture  |  |  |
| **CARIES RISK ASSESSMENT (Standard risk vs Increased risk/giving concern)**  |  |

**Individuals should be classified into standard risk and ‘those giving concern’ as follows:**

|  |  |
| --- | --- |
| **Standard caries risk**  |  |
| **All age groups**  | * No early, cavitated primary or secondary carious lesions
* No factors that increase caries risk
 |

|  |  |
| --- | --- |
| **Increased risk /Giving concern**  |  |
| **Younger than 6 years**  | * One or two early, cavitated primary or secondary lesions.
* Presence of at least one factor that may increase caries risk
* Those with special needs
 |
| **Older than 6 years**  | * One or two early, cavitated primary or secondary lesions
* Presence of at least one factor that may increase caries risk
* Those with special needs
* Those wearing orthodontic appliances
 |

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**Clinical recommendations following caries risk assessment**

|  |  |  |
| --- | --- | --- |
|  | **Standard risk**  | **Increased risk/Giving concern**  |
| **< 3 yrs**  | * Verify diet
* Reinforce oral hygiene instruction
* Toothpaste containing no less than 1000ppm F-
* May not receive additional benefit from professional topical fluoride
 | * Verify diet (targeting < four sugary intakes/dy)
* Reinforce oral hygiene instruction
* Toothpaste containing 1350 - 1500ppm F-
* 2.2% NaF varnish three times/yr
 |
| **3 – 6 yrs**  | * Verify diet
* Reinforce oral hygiene instruction
* Toothpaste containing more than 1000ppm F-
* 2.2% NaF varnish twice/yr
 | * Verify diet (targeting < four sugary intakes/dy)
* Reinforce oral hygiene instruction
* Toothpaste containing 1350 - 1500ppm F-
* 2.2% NaF varnish three times/yr
 |
| **7+ yrs**  | * Verify diet
* Reinforce oral hygiene instruction
* Toothpaste containing 1350 - 1500ppm Fl
* 2.2% NaF varnish twice/yr
 | * Verify diet (targeting < four sugary intakes/dy)
* Reinforce oral hygiene instruction
* Toothpaste containing Fluoride
	+ –  1500ppm for 6-9 year olds
	+ –  2800ppm for 10-15 year olds
	+ –  5000ppm for 16+ year olds
* Those > 8 yrs old with active caries prescribe daily 0.05% F- mouthrinse 2.2% NaF varnish three times/yr
* Fissure seal permanent molars
 |

**References**

1. Delivering Better Oral Health. 3rd Edition 2014
2. Preventing Dental Caries in Children at High Risk: SIGN publication number 47
3. Professionally applied topical fluoride: evidence based clinical recommendations. J Am

Dent Assoc 2006; 137:1151-1159

1. Evidence-Based Dentistry (2006) 7,62-64.doi:10.1038/sj.ebd.6400422l



Please tell us a bit about your social history so we can best guide or advise you

|  |  |  |
| --- | --- | --- |
| Question | Answer | Comments |
| How often do you consume sugar per day? This includes sugary foods and cereal and in tea & coffee,  |  |  |
| If you smoke, please tell us how many per day |  |  |
| If you drink, please tell us how many units per week you drink – for example, a small glass of wine is 1 unit, a bottle is 9 units |  |  |
| Do you use any chewing tobacco products such as Betel nut or Paan |  |  |
| Do you drink fruit juices? If so how often |  |  |
| Do you drink fizzy drinks including fizzy water? |  |  |
| Do you consider yourself to eat foods high in acid such as grapefruits or lemons? |  |  |
| How many times per day do you clean your teeth? |  |  |
| Do you use a fluoride mouthwash? |  |  |
| Do you use floss, Tepe or floss piks at all? |  |  |
| Do you consider yourself to have any dexterity problems or additional needs? |  |  |