DENTAL CARIES: PERMANENT TEETH REFERRAL GUIDELINE

HIGH RISK

SUGGESTED EMERGENT CONSULTATION

SYMPTOMS

Cavitation (advanced disease), including pain/swelling, and possible infection

Family history or sibling with sign of decay

Special health care needs



MODERATE RISK

SUGGESTED CONSULTATION OR CO-MANAGEMENT

SYMPTOMS

White spots or cavities (early stage of disease)

Enamel defects, or other dental concerns

Special health care needs



LOW RISK

SUGGESTED ROUTINE CARE

SYMPTOMS

Healthy teeth, no decay or other concerns

No health concerns and following good dental home care

- Daily brushing with fluoride toothpaste for at least 2 minutes each time
- Limit juice/sweetened beverages
- Avoid sticky and/or sugary foods



SUGGESTED PREVISIT WORKUP

Head, Ears, Eyes, Neck and Throat Assessment, which includes oral cavity

Urgent referral to a dentist

Ongoing dietary counseling and hygiene instruction

Ongoing oral health screening

SUGGESTED WORKUP

Head, Ears, Eyes, Neck and Throat Assessment, which includes oral cavity

Referral to dental provider within 10-20 days

Ongoing dietary counseling and hygiene instruction

Ongoing oral health screening

SUGGESTED WORKUP

Verify and document last dental care appointment and fluoride varnish in medical record

Document dental home in medical record

Ongoing dietary counseling and hygiene instruction

Ongoing oral health screening

CLINICAL PEARLS

Risk factors:

- Inadequate access to fluoride (including topical)
- Poor oral hygiene
- Frequent access to sugar sweetened beverages, candy and sticky snacks
- Previous caries experience
- Reduced salivary flow
- Infrequent profesisonal dental care
- Other, including eating disorders and orthodontic appliances that make oral hygiene more difficult

MaineHealth
Accountable Care
Organization

These clinical practice guidelines describe generally recommended evidence-based interventions for the evaluation, diagnosis and treatment of specific diseases or conditions. The guidelines are: (i) not considered to be entirely inclusive or exclusive of all methods of reasonable care that can obtain or produce the same results, and are not a statement of the standard of medical care; (ii) based on information available at the time and may not reflect the most current evidenced-based literature available at subsequent times; and (iii) not intended to substitute for the independent professional judgment of the responsible clinician(s). No set of guidelines can address the individual variation among patients or their unique needs, nor the combination of resources available to a particular community, provider or healthcare professional. Deviations from clinical practice guidelines thus may be appropriate based upon the specific patient circumstances.