

Guidelines for Priority Dental Referral of Pediatric Patients 6 to 42 Months of Age

Manage in Medical Office	Refer to Dentist	Refer to Dentist Specializing in Infant and Toddler Oral Care
<3 behavioral risk factors [†] No decay or other conditions No health concerns	≥3 behavioral risk factors [†] , or White spots (early stage disease), or Enamel defects, or Other dental concerns	Cavitation (advanced disease), or Special health care needs

[†]Behavioral Risk Factors

- Does not brush with fluoridated toothpaste at least once a day
- Does not drink fluoridated water
- Drinks sweetened beverages or eats sugary snacks between meals
- Sleeps with bottle or sippy cup containing something other than water
- Family history of dental disease

Notes:

- i. Management in the medical office includes parent counseling, fluoride varnish application and ongoing screening and risk assessment.
- ii. According to AAP guidelines (2008) all children should have an oral health risk assessment and screening by a dentist starting at 6 months of age. Refer every child to a dentist by 12 months if you know dentists in your community who will see them.
- iii. The risk-based referral guidelines displayed here are to be applied in communities where there are not enough dentists and all children cannot be referred by one year of age. The **Priority Oral Health Risk Assessment and Referral Tool (PORRT)** can be used to implement these guidelines.
- iv. These risk-based referral guidelines are intended for use with low-income (Medicaid) children <42 months of age; the number of risk factors might need to be adjusted for other populations.
- v. All children should be referred at 3 years of age if they do not already have a dental home.

Reference:

American Academy of Pediatrics, Section on Pediatric Dentistry and Oral Health. Preventive oral health intervention for pediatricians. *Pediatrics*. 2008;122(6):1387-94.



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