**Nursing Standing Order for Physician Fluoride Varnish Services TEMPLATE**

To reduce the burden of early childhood caries, trained and competency-verified Registered Nurses and Licensed Practical Nurses are allowed to provide preventive oral health services in local health department settings to verified beneficiaries enrolled in the NC Medicaid program who are eligible for services from tooth eruption to 42 months of age.

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| **Condition or Situation** |
| **Condition or Situation in Which the Standing Order Will Be Used** | Under NC Medicaid Clinical Coverage Policy No. 1A-23, physician fluoride varnish services are defined as preventive procedures provided by or under the supervision of a physician. Services may be rendered every 60 calendar days but are limited to six times prior to 42 months of age. Services include an oral evaluation, parent or caregiver counseling, and a fluoride varnish application. |
| **Assessment**  |
| **Assessment Criteria** | Patients shall be assessed and evaluated for dental caries and fluoride varnish application. |
| **Nursing Plan of Care** |
| **Contraindications for Use of this Order**  | Children with a known allergy to rosin/colophony (tree sap) should not receive fluoride varnish.Children experiencing ulcerative gingivitis and/or stomatitis should not receive fluoride varnish. |
| **Medical Treatment** | * Perform an oral evaluation and risk assessment to identify any deviations from normal, areas of concern, and other risk factors.
* Application of fluoride varnish
	+ If the child has at least one tooth, obtain parent or guardian consent for fluoride varnish application procedure.
	+ Working in sections, dry the teeth and apply a thin layer of fluoride varnish to every surface of every tooth.
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| **Nursing Actions** | Oral preventive procedures include:1. Caries screening 2. Recording of notable findings in the oral cavity 3. Preventive oral health and dietary counseling 4. Application of topical fluoride varnish* Obtain and document patient and family medical history as appropriate.
* Obtain parent or guardian consent for oral assessment/evaluation of child
* Provide parent and caregiver counseling on preventive oral health and dietary counseling based on clinical findings and risk status
* Provide the parent/caregiver with post-operative instructions for the fluoride varnish application, which includes instructions on homecare and diet.
	+ The teeth may appear yellow after the fluoride varnish application. Teeth will look normal after the varnish is brushed off.
	+ The child may eat soft foods and drink immediately following the procedure, but hard, crunchy and sticky foods should be avoided until the next day.
	+ Do not brush the child’s teeth until the next day following the procedure.
* Make physician and/or dental referrals as needed/recommended based on age and risk status. Ideally, all children should have a dental home established by age one. Children with urgent needs should be provided with a dental referral immediately, and the attending physician must be notified.
* Schedule follow-up and a return for re-examination and reapplication of fluoride varnish based on risk status and referrals made.
* Document clinical findings, procedures performed, and referrals made. Each encounter must include the following information and must be documented in the patient’s health record:

1. Oral Evaluation and notable findings2. Parent/caregiver counseling3. Fluoride varnish application4. Referral status to a physician and/or dentist, when appropriateThe provider(s) shall report the most specific billing code that accurately and completely describes the procedure, product, or service provided and outlined below:

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| CDT Code | Description |
| D0145 | Oral evaluation for a patient under three years of age and counseling with primary caregiver |
| D1206 | Topical application of fluoride varnish |

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| **Follow-up**  | Consult with Physician/Advance-Practice Provider/Dentist for children with deviations from normal or urgent dental needs. Work with parents and caregivers to establish dental referrals for children with deviations from normal or urgent needs.  |
|  | **Criteria for Notifying the Physician/APP/Dentist** |
| **Criteria for Notifying the Physician/Advanced Practice Provider/Dentist** | Consult with Physician/Advance-Practice Provider/Dentist for children with deviations from normal or urgent dental needs to determine if the Standing Order can be implemented. Consult with Physician/Advanced-Practice Provider/Dentist if a problem or concern occurs before or after implementation. |

Approved by: \_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date approved (or last reviewed): \_\_\_\_\_\_\_\_\_\_\_\_

 (Signature of Medical Director)

\*\*This template is intended to guide you in writing Standing Orders for your local agency. The areas in GREEN are the [required components](https://www.ncbon.com/myfiles/downloads/board%20information/laws-rules/position-statements/ps-standing-orders.pdf) of a valid Standing Order according to the North Carolina Board of Nursing (NCBON). Please see the [For Local Health Departments](https://publichealth.nc.gov/lhd/index.htm) website or [NC Board of Nursing](https://www.ncbon.com/practice-position-statements-decisions-trees)  website for more guidance.