

# Oral Health Risk Assessment Tool



The American Academy of Pediatrics (AAP) has developed this tool to aid in the implementation of oral health risk assessment during health supervision visits. This tool has been reviewed and endorsed by the National Interprofessional Initiative on Oral Health.

**Instructions for Use:** This tool is intended for documenting caries risk of the child, though some risk factors are based on the caregiver's oral health. All other factors and findings should be documented for the child.

## Child Information

Child Name	Alice Smith
Case Number	67890
Assessment Date	2024-03-12
Date of Birth	2019-09-01
Dental Appointments	next Monday
Nursing Note	Child appears cooperative. Routine check-up.
Required Comment	Follow up on dietary habits.
RN Completing Assessment	N/A

## Risk Factors

Mother Active Decay	<input type="checkbox"/>
Mother No Dentist	<input checked="" type="checkbox"/>
Bottle Usage	<input type="checkbox"/>
Frequent Snacking	<input checked="" type="checkbox"/>
Special Health Care Needs	<input type="checkbox"/>
Medicaid Eligible	<input type="checkbox"/>

## Protective Factors

Existing Dental Home	<input checked="" type="checkbox"/>
Fluoridated Water	<input checked="" type="checkbox"/>
Fluoride Varnish	<input checked="" type="checkbox"/>
Brushing Twice Daily	<input checked="" type="checkbox"/>

### Clinical Findings

White Spots	<input type="checkbox"/>
Obvious Decay	<input type="checkbox"/>
Fillings Present	<input type="checkbox"/>
Plaque Accumulation	<input checked="" type="checkbox"/>
Gingivitis	<input type="checkbox"/>
Teeth Present	<input checked="" type="checkbox"/>
Healthy Teeth	<input checked="" type="checkbox"/>

### Assessment Plan

Caries Risk	Low
Anticipatory Guidance	<input checked="" type="checkbox"/>
Fluoride Varnish Completed	<input checked="" type="checkbox"/>
Dental Referral	<input type="checkbox"/>

### Self Management Goals

Regular Dental Visits	<input checked="" type="checkbox"/>
Dental Treatment for Caregivers	<input type="checkbox"/>
Brush Twice Daily	<input checked="" type="checkbox"/>
Use Fluoride Toothpaste	<input checked="" type="checkbox"/>
Wean Bottle	<input type="checkbox"/>
Less or No Juice	<input checked="" type="checkbox"/>
Water in Sippy	<input checked="" type="checkbox"/>
Drink Tap Water	<input checked="" type="checkbox"/>
Healthy Snacks	<input checked="" type="checkbox"/>
Less or No Junk Food	<input checked="" type="checkbox"/>
No Soda	<input checked="" type="checkbox"/>
Xylitol	<input type="checkbox"/>

### Nursing Recommendations

Maintain current routine and schedule next check-up in 6 months.

#### Treatment of High Risk Children

If appropriate, high-risk children should receive professionally applied fluoride varnish and have their teeth brushed twice daily with an age-appropriate amount of fluoridated toothpaste. Referral to a pediatric dentist or a dentist comfortable caring for children should be made to ensure proper follow-up.