

**PEDIATRIC DENTISTRY INTERVENTION SCHEDULE**

Child's Name \_\_\_\_\_

DOB \_\_\_\_\_

Chart # \_\_\_\_\_

**AGE 2 weeks Date** \_\_\_\_\_

**Staff Signature** \_\_\_\_\_

**Risk Assessment:**

Birth factors: \_\_\_\_\_Pregnancy/Birth Complications  
 \_\_\_\_\_ Premature or Low Birth Weight

**Discussion:**

Bottle Feeding/Breast Feeding

**AGE 2 months Date** \_\_\_\_\_

**Staff Signature** \_\_\_\_\_

**Risk Assessment:**

How much control do you feel you have over your baby's dental health?  
 \_\_\_\_\_ None, it is inherited \_\_\_\_\_ Some \_\_\_\_\_ A lot

How many teeth have you lost to decay? \_\_\_\_\_1 \_\_\_\_\_2-3 \_\_\_\_\_ ≥4

When did you have your baby's brother/sister's teeth cleaned?  
 \_\_\_\_\_ Within past 2 years \_\_\_\_\_ Within past 5 years \_\_\_\_\_ Never

\_\_\_\_\_ No Sibling

**Discussion:**

Transmission of parental/sibling bacteria to the infant, colonization of the baby's mouth

Massaging of the baby gums with a washcloth after feeding, twice a day to get the child used to oral hygiene procedures

**AGE 4 months Date** \_\_\_\_\_

**Staff Signature** \_\_\_\_\_

**Discussion:**

Teething issues: signs and symptoms, eruption patterns

Importance of primary teeth

How to brush the baby's teeth

**Age 6 months Date** \_\_\_\_\_

**Staff Signature** \_\_\_\_\_

**Risk Assessment:**

Visual examination of the anterior teeth reveals  
 \_\_\_\_\_ Absence of obvious plaque  
 \_\_\_\_\_ Obvious heavy plaque or decalcification

Do you brush your baby's teeth at least once a day? Y or N

Do you put your baby to bed with a bottle filled with anything other than water? Y or N

How many nights a week does the baby need to be put to bed with a bottle? \_\_\_\_\_None \_\_\_\_\_1-3 nights \_\_\_\_\_3 or more

Do you sleep with your baby allowing them to nurse freely? Y or N

What is the source of water used for your child? Circle all that apply

City Water	City Water filtered	Well/cistern
Bottled Water	Day Care	

Do you use fluoridated toothpaste? Y or N

Other Sources of fluoride? Circle all that apply

Juices, Fruit drinks    Formula    Tea    Other

**Discussion:** Reinforce oral hygiene habits

Discontinuation of the bottle/breast feeding at night and the issue of nursing caries

Discuss the importance of systemic fluoride

Ingestion of fluoride toothpaste and its effects

**AGE 9 months Date** \_\_\_\_\_

**Staff Signature** \_\_\_\_\_

**Risk Assessment:**

Visual examination of the anterior teeth reveals  
 \_\_\_\_\_ Absence of obvious plaque  
 \_\_\_\_\_ Obvious heavy plaque or decalcification

Do you brush your baby's teeth at least once a day? Y or N

Do you put your baby to bed with a bottle filled with anything other than water? Y or N

How many nights a week does the baby need to be put to bed with a bottle? \_\_\_\_\_None \_\_\_\_\_1-3 nights \_\_\_\_\_3 or more

Do you sleep with your baby allowing them to nurse freely? Y or N

**Discussion: REFAL APPOINTMENT WITH DENTIST**

Reinforce oral hygiene habits

Discuss diet and it's effects

AAPD recommends to see a Dentist by 12 months of age

**AGE 12 months Date** \_\_\_\_\_

**Staff Signature** \_\_\_\_\_

**Risk Assessment:**

Visual examination of the anterior teeth reveals  
 \_\_\_\_\_ Absence of obvious plaque  
 \_\_\_\_\_ Obvious heavy plaque or decalcification

Do you brush your baby's teeth at least once a day? Y or N

Do you put your baby to bed with a bottle filled with anything other than water? Y or N

How many nights a week does the baby need to be put to bed with a bottle? \_\_\_\_\_None \_\_\_\_\_1-3 nights \_\_\_\_\_3 or more

Do you sleep with your baby allowing them to nurse freely? Y or N

**Discussion: ENSURE THAT CHILD HAS SEEN A DENTIST**

Reinforce oral hygiene habits

Discontinuation of bottle, move to sippy cups

Oral Trauma

**AGE 15 months Date** \_\_\_\_\_

**Staff Signature** \_\_\_\_\_

**Risk Assessment:**

Visual examination of the anterior teeth reveals  
 \_\_\_\_\_ Absence of obvious plaque  
 \_\_\_\_\_ Obvious heavy plaque or decalcification

Do you brush your baby's teeth at least once a day? Y or N

Do you put your baby to bed with a bottle filled with anything other than water? Y or N

How many nights a week does the baby need to be put to bed with a bottle? \_\_\_\_\_None \_\_\_\_\_1-3 nights \_\_\_\_\_3 or more

Do you sleep with your baby allowing them to nurse freely? Y or N

**Discussion:** reinforce oral hygiene habits

Ensure child is not on bottle

Caretaker should be brushing child's teeth twice daily

**AGE 18 months Date** \_\_\_\_\_

**Staff Signature** \_\_\_\_\_

**Risk Assessment:**

Visual examination of the anterior teeth reveals  
 \_\_\_\_\_ Absence of obvious plaque  
 \_\_\_\_\_ Obvious heavy plaque or decalcification

Do you brush your baby's teeth at least once a day? Y or N

Do you put your baby to bed with a bottle filled with anything other than water? Y or N

How many nights a week does the baby need to be put to bed with a bottle? \_\_\_\_\_None \_\_\_\_\_1-3 nights \_\_\_\_\_3 or more

Do you sleep with your baby allowing them to nurse freely? Y or N

**Discussion:** Reinforce oral hygiene habits

Discuss diet, good snacking

**AGE 21 months Date** \_\_\_\_\_

**Staff Signature** \_\_\_\_\_

**Risk Assessment:**

Visual examination of the anterior teeth reveals  
 \_\_\_\_\_ Absence of obvious plaque  
 \_\_\_\_\_ Obvious heavy plaque or decalcification

Do you brush your baby's teeth at least once a day? Y or N

Do you put your baby to bed with a bottle filled with anything other than water? Y or N

How many nights a week does the baby need to be put to bed with a bottle? \_\_\_\_\_None \_\_\_\_\_1-3 nights \_\_\_\_\_3 or more

Do you sleep with your baby allowing them to nurse freely? Y or N

**Discussion:** Reinforce oral hygiene habits

**AGE 24 months Date** \_\_\_\_\_

**Staff Signature** \_\_\_\_\_

**Risk Assessment:**

Visual examination of the anterior teeth reveals  
 \_\_\_\_\_ Absence of obvious plaque  
 \_\_\_\_\_ Obvious heavy plaque or decalcification

Do you brush your baby's teeth at least once a day? Y or N

Do you put your baby to bed with a bottle filled with anything other than water? Y or N

How many nights a week does the baby need to be put to bed with a bottle? \_\_\_\_\_None \_\_\_\_\_1-3 nights \_\_\_\_\_3 or more

Do you sleep with your baby allowing them to nurse freely? Y or N

**Discussion:** Reinforce oral hygiene habits

Ensure child has had a follow up dental visit if recommended

**AGE 30 months Date** \_\_\_\_\_

**Staff Signature** \_\_\_\_\_

**Risk Assessment:**

Visual examination of the anterior teeth reveals  
 \_\_\_\_\_ Absence of obvious plaque  
 \_\_\_\_\_ Obvious heavy plaque or decalcification

Do you brush your baby's teeth at least once a day? Y or N

Do you put your baby to bed with a bottle filled with anything other than water? Y or N

How many nights a week does the baby need to be put to bed with a bottle? \_\_\_\_\_None \_\_\_\_\_1-3 nights \_\_\_\_\_3 or more

Do you sleep with your baby allowing them to nurse freely? Y or N

**Discussion:** Reinforce oral hygiene habits

Discuss oral habits- Thumb/finger, pacifier- when they should be discontinued

Nighttime grinding

Encourage parents to brush the child's teeth until at least age 6 years

Need for professionally applied topical fluoride

**COMMENTS**

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**Instructions-** This risk assessment intervention schedule should be completed and signed at each Health Check (Well Child visit) examination for children between the ages of two weeks to three years. This should be completed by a health care Any asterisk (\*) item notes an increased risk and should note intervention. Referrals and follow-up information should be noted in the comment section. Any noncompliance should also be noted in the comment area along with lack of access to a Dental Provider. File completed assessment in child's medical chart.