**Introduction**

Oral health assessments are visual inspections of the child’s teeth and gums. Assessments should begin at the eruption of the first tooth and no later than 6 months of age. Assessments should continue at every well child visit until a dental home has been established.

Fluoride varnish is a thin coating of resin that is applied to the tooth surface to protect it from decay. According to the FDA, fluoride varnish falls under the category of “drugs and devices” that presents minimal risk and is subject to the lowest level of regulation. Fluoride varnish is approved by the FDA for use as a cavity liner. Use for prevention of early childhood caries is considered an off label use.

**Purpose**

Oral health assessments assist in identifying risk for early childhood caries and spotting early decay. The purpose of applying fluoride varnish is to retard, arrest, and reverse the process of cavity formation.

**Indications for Fluoride Varnish**

Application of fluoride varnish is indicated for children who are determined to be high risk by the American Academy of Pediatric Dentists’ (AAPD) Caries Risk assessment tool. This includes children who:

- Are of low social economic status and/or insured through the Medicaid or All Kids
- Have three or more between meal snacks or beverages containing sugar per day
- Are put to bed with a bottle/sippy cup containing anything but water
- Have a caregiver/parent with poor oral health and/or active caries
- Have had cavities in the past or has white spot lesions and stained fissures
- Have a developmental or cognitive disability that limits oral health care

For more information, see “Guidelines on Caries-risk Assessment and Management for Infants, Children and Adolescents” from the AAPD at www.aapd.org/media/Policies_Guidelines/G_CariesRiskAssessment.pdf

**Contraindications for fluoride varnish application**

Children with a low risk of cavity formation who consume optimally fluoridated water or children who receive routine fluoride treatments through a dental office

**Application Procedure**

**Pre-application instructions:**

- Advise the parent that you will be applying varnish to the child’s teeth and that it can be brushed off the following day.

**You will need to have:**

- Disposable gloves
- Gauze sponges (2 x 2)
- Fluoride varnish with applicator
- Small disposable fluoride applicator
- Paper towels or disposable bibs to place under the child’s head (optional)
Position the child

- For an infant and young child:
  - Place the child on the parent's lap with the child's head on the parent's knees and the child's legs around the parent's waist. Position yourself knee-to-knee with the parent and treat the child from behind the head.
  - Or, place the infant on an exam table and work from behind the head.

Assessment

- Lift the front lip of the child and inspect the teeth near the gum line looking for white chalky lesions or brown spots. Also, examine the gums for signs of infection. Visually inspect all teeth and indicate in chart any lesions, decay or abnormal findings.

Application of Fluoride Varnish

- Using gentle finger pressure, open the child's mouth.
- Remove excess saliva with a gauze. If able, isolate one section of teeth, beginning in the back and then move around the mouth as you apply the varnish.
- Apply a thin layer of the varnish to all surfaces of the teeth. Avoid applying varnish on large open cavities where there may be pulp involvement.
- Once the varnish is applied, you need not worry about moisture (saliva) contamination. The varnish sets quickly.

Post-application instructions

Tell the family that the child should:

- Not have hot foods or beverages and avoid hard foods for the rest of the day. The child may eat warm or cold foods.
- Not brush or floss until the next morning

Remember

- Even though the child may fuss, the varnish application is not unpleasant or painful.
- Varnish must be applied more than once per year to be effective. For high risk children, apply varnish every three to four months.