



## APPENDICES

## Appendix A

# ORGANIZATIONS THAT SUPPORT *Bright Futures: Guidelines For Health Supervision of Infants, Children, and Adolescents*

-  Ambulatory Pediatric Association
-  American Academy of Child and Adolescent Psychiatry
-  American Academy of Pediatric Dentistry
-  American Academy of Pediatrics
-  American College of Nurse-Midwives
-  American Dental Hygienists' Association
-  American Dietetic Association
-  American Medical Association
-  American Medical Women's Association
-  American Nurses Association
-  American School Health Association
-  Association of Maternal and Child Health Programs
-  Association of State and Territorial Health Officials
-  Child Welfare League of America, Inc.
-  March of Dimes Birth Defects Foundation
-  National Association of Children's Hospitals and Related Institutions
-  National Association of County and City Health Officials
-  National Association of Pediatric Nurse Associates and Practitioners
-  National Association of School Nurses, Inc.
-  National Association of Social Workers
-  National Early Childhood Technical Assistance System
-  National Organization of Nurse Practitioner Faculties
-  Society of Pediatric Nurses
-  The National PTA
-  Zero to Three

## Appendix B

# GLOSSARY

**Anticipatory Guidance:** Developmentally focused preventive health counseling that focuses on topics such as nutrition, injury, and health habits.

**Appliances:** Devices used by dentists to correct malocclusion or other problems of the mouth.

**Avulsion:** The complete loss of a tooth from its socket in the jaw, often due to trauma.

**Baby Bottle Tooth Decay (BBTD):** A specific pattern of dental caries, usually affecting the primary teeth, and caused by sleeping with or excessive use of the bottle or breast as a pacifier.

**Carbohydrates:** Foods containing starches and sugars believed necessary for the development of dental caries.

**Caries (Dental Caries):** The infectious disease (commonly referred to as cavities or tooth decay) that causes decalcification of teeth.

**Cariou Lesion:** An area of the tooth that has been affected by dental caries.

**Cariogenic:** Any food believed to encourage the initiation of dental caries.

**Continuous Quality Improvement:** An administrative system of review and modification of care to improve its quality.

**Cleft Lip and/or Palate:** A congenital malformation in which the lip or palate fails to fuse, resulting in an opening that requires surgical correction.

**Deminceralization:** The early stage of dental caries in which the enamel becomes less calcified and turns whiter in color.

**Dental Professional:** A licensed primary care dental provider (e.g., general dentist, pediatric dentist, or dental hygienist) rendering services according to the regulations of that particular jurisdiction.

**Dental Sealants:** Plastic coatings applied to the surfaces of teeth to prevent dental caries.

**Dentin:** Hard bone-like tissue that forms most of the tooth.

**Education:** Instruction to children, adolescents, and families to empower them to promote oral health and prevent disease or injury.

**Enamel:** The outermost layer of the tooth that is visible in the mouth.

**Eruption:** The emergence of teeth from inside the jaw.

**Examination:** A detailed, comprehensive oral assessment completed by a dentist under appropriate conditions for purposes of diagnosis and treatment.

**Family Preparation:** A professionally guided effort by families to gather information, think about questions or concerns to discuss with the health professional, and bring these issues to the health supervision visit.

**Fissures:** The grooves that can be found on the biting surfaces of the back teeth.

**Fluoride:** Any substance containing the element fluorine, which is known to make teeth more resistant to dental caries.

**Fluoride Supplementation:** The addition of dietary fluoride to meet optimal fluoride levels, thus helping teeth become resistant to caries. Additional dietary fluoride is available in drops or tablets for ingestion.

**Fluorosis:** A condition of permanent white or brownish staining of enamel due to excessive fluoride ingestion before teeth have erupted.

**Gingiva:** Gums.

**Gingivitis:** A reversible inflammation of the gums.

**Guidance of Developing Occlusion:** Examination, diagnosis, and possible treatment of the arrangement of teeth in relation to one another and to their supporting jaws.

**Health Professional:** A trained health care provider who can render health supervision according to the *Bright Futures* guidelines for health supervision. The health professional may be a physician, nurse practitioner, nurse, dentist, dental hygienist, or other provider, based on the practice in a specific community.

**Infection Control Procedures:** Activities and policies that minimize cross-contamination with infectious agents within dental practice.

**Leukoplakia:** A white thickening of the oral soft tissues, usually in response to an irritant such as tobacco.

**Malocclusion:** A collective term to describe misalignment of teeth and jaws, including crowding or malposition of teeth.

**Mutans Streptococci:** The bacteria most commonly associated with dental caries.

**Nonnutritive Sucking:** Sucking an object (generally a pacifier, thumb, or finger) that has no nutritional value.

**Occlusion:** The “bite,” or the way teeth fit together when the jaws are closed. *Functional* occlusion meets the structural, chewing, and aesthetic needs of the individual.

**Oral Health Risk Assessment:** Evaluation of a child’s likelihood of developing oral diseases or conditions in future, based on risk and protective factors.

**Oral Health Supervision:** Regular, periodic intervention by a health professional, in partnership with the family, to assess risk, diagnose existing conditions, and provide anticipatory guidance to promote a child’s oral health.

**Orthopedic:** Movement of bone through the use of appliances.

**Orthodontics:** The field of dentistry involving correction of malocclusion.

**Outcomes:** The results achieved through oral health supervision and preventive or treatment interventions. The desire to achieve certain outcomes should guide decisions about what services need to be rendered for each child or adolescent. Comparing desired outcomes with actual results can indicate whether appropriate care was provided.

**Pediatric Dentistry:** The specialty of dentistry providing primary care to children.

**Periodicity:** Recommendations concerning how often infants, children, and adolescents require health supervision by dental and other health professionals.

**Periodontal Disease:** Infection of the gingiva and bone that support the teeth.

**Periodontal Health Assessment:** Diagnosis of the health of tooth-supporting structures—that is, the gingiva (gums) and alveolar (tooth-supporting) bone.

**Periodontitis:** An irreversible inflammatory destruction of the bone and other supporting structures of the teeth.

**Permanent Teeth:** The second and final set of 32 teeth.

**Plaque:** A sticky substance containing bacteria and their products (dead cells and debris) that accumulates on teeth.

**Preventive Dental Procedures:** Professional measures to promote oral health and prevent disease and injury. Professional preventive procedures may

include, but are not limited to, oral health education, examination, oral prophylaxis (cleaning), professionally applied topical fluoride, systemic fluoride supplements, dental sealants, antimicrobial mouthrinses, and protective mouth guards.

**Preventive Oral Health Care:** Hygiene and other measures such as toothbrushing, flossing, and the use of fluoride to protect against dental diseases.

**Primary Care Dentists:** Dentists who coordinate and manage the child's or adolescent's overall dental care. Primary care dentists may be general dentists, public health dentists, or pediatric dentists.

**Primary Teeth:** The first set of 20 teeth, often called baby, milk, or deciduous teeth. The first tooth erupts at about 6 months and the last tooth is lost at about 12 years of age.

**Prophylaxis:** Professional cleaning of the teeth.

**Protective Factors:** The genetic, environmental, behavioral, and treatment factors that can minimize a child's risk for oral diseases and conditions. Incorporated into a risk assessment.

**Recognition of Child Abuse/Neglect:** Identification of children or adolescents suspected of being physically abused or neglected, based on clinical signs, history, and interview with the child and/or caregiver.

**Remineralization:** The reversal of early carious lesions on tooth enamel.

**Review:** Processes and materials that would aid in quality assessment or critical evaluation of outcome achievement in this type of program.

**Risk Factors:** Genetic, environmental, behavioral, and treatment factors that can increase a child's or adolescent's risk for oral diseases and conditions. Incorporated into a risk assessment.

**Risk Assessment:** A diagnostic tool that enables health professionals to provide individualized services by examining the prevalence of risk and protective fac-

tors for each child or adolescent to determine individual susceptibility for specific diseases or conditions.

**Root Resorption:** The process of dissolution of the roots of teeth as a normal developmental process of primary teeth or as the result of trauma or infection.

**Screening:** A clinical assessment of oral health, distinguished from the dental examination by purpose (triage) and level of comprehensiveness (less detailed), facility/equipment (dental or nondental setting), and training of the examiner (dental professional or other health professional).

**Services:** Basic procedures or interventions needed by infants, children, or adolescents, appropriate to each developmental period. The services are listed under the "periodicity" column to permit a more detailed outline of those services provided by dental professionals and those provided by other health professionals.

**Special Health Needs:** Ongoing medical disorders and chronic illnesses (e.g., asthma, AIDS), emotional or behavioral problems (e.g., attention deficit disorder), or developmental delays or disabilities (e.g., learning disabilities, mental retardation, and sensory impairments).

**Spit Tobacco:** Tobacco (chewing, snuff) that is not smoked, but placed in the mouth where oral fluids help transport nicotine and other chemicals into the body. Spit tobacco is addictive and causes disease, including cancer.

**Teething:** The process through which the primary teeth emerge or erupt.

**Treatment of Injury/Dental Disease:** Procedures that occur after diagnosis to establish/restore oral health, such as tooth fillings, crowns, space maintainers, and other professionally applied procedures.

**Utilization Review:** A critical evaluation of the appropriateness of care, conducted in a systematic and organized method by trained evaluators.

## Appendix C

# FLUORIDE SUPPLEMENTATION SCHEDULE

**INDICATIONS:** Children 6 months to 16 years of age living in areas with less than optimally fluoridated water, for example, home or “primary” water supply is fluoride deficient.

ADA Council on Scientific Affairs Recommendations, new dosage scheduled approved April 1994:

AGE	FLUORIDE ION LEVEL IN DRINKING WATER (ppm)*		
	<0.3 ppm	0.3–0.6 ppm	>0.6 ppm
Birth – 6 months	None	None	None
6 months – 3 years	0.25 mg/day†	None	None
3 – 6 years	0.50 mg/day	0.25 mg/day	None
6 – 16 years	1.0 mg/day	0.50 mg/day	None

\*1.0 ppm = 1 mg/liter

† 2.2 mg sodium fluoride contains 1 mg fluoride ion.

**ADVANTAGES:** Permits early exposure, which maximizes protection. Fluoride supplements are sold in two forms: drops for infants age 6 months and up, and chewable tablets for children and adolescents. Systemic and topical benefits when chewed, swished and swallowed. Caries protection from 6 months of age when used as recommended.

**LIMITATIONS:** All sources of fluoride must be evaluated with a thorough fluoride history. If fluoride level is unknown, drinking water must be tested for fluoride content before supplements are prescribed. For testing of fluoride content, contact the local or state health department. Requires long-term compliance on a daily basis. Ingestion of higher than recommended levels of fluoride by children has been associated with an increase in mild dental fluorosis in developing, unerupted teeth. Patient exposure to multiple water sources can make proper prescribing complex.

**CONSIDERATIONS:**

**TOOTH** Caries reduction benefits must be balanced with risk for mild and very mild fluorosis.

**PATIENT** Home water filtration systems may remove fluoride. Therefore, treated water should be tested. Other sources of fluoride need to be determined, including fluoride prescribed by a physician.

**REFERENCES:** American Dental Association, Council on Scientific Affairs. 1995, June. Intervention: Fluoride supplementation. *Journal of the American Dental Association (Supplement)* 126: 19-S.

## Appendix D

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## Appendix E

# RESOURCES

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(312) 337-2169  
fax: 312-337-6329  
<http://www.aapd.org>

American Dental Association  
211 East Chicago Avenue  
Chicago, IL 60611-2678  
(312) 440-2500  
fax: (312) 440-7494

American Dental Hygienists Association  
444 North Michigan Avenue, Suite 3400  
Chicago, IL 60611  
(312) 440-8900  
fax: (312) 440-8929

American Society of Dentistry for Children  
875 North Michigan Avenue, Suite 4040  
Chicago, IL 60611-1901  
(312) 943-1244  
fax: (312) 440-8929  
[asdckids@aol.com](mailto:asdckids@aol.com)

Cleft Palate Foundation  
1218 Grandview Avenue  
Pittsburgh, PA 15211  
(412) 481-1376, 1-800-24-CLEFT  
fax: (412) 481-0847

National Foundation of Dentistry for the  
Handicapped  
1800 Glenarm Place, Suite 500  
Denver, CO 80202  
(303) 298-9650  
fax: (303) 298-9649

Federation of Special Care Organizations  
Academy of Dentistry for Persons with Disabilities  
211 East Chicago Avenue, Suite 948  
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## Appendix F

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