

Care Checklist

 Before placing a child on recall, ask yourself the following:

As part of your assessment of the child have you:

- encouraged the parent/carer to take responsibility for the oral health of their child, particularly with regard to brushing, and regular attendance?
- arranged multidisciplinary support via a Health Visitor or School Nurse, if required?
- checked all existing sealants:
 - visually, for wear
 - physically with a probe, for integrity/leakage
 - and “topped up” if necessary?
- checked radiographically the occlusal and approximal surfaces of the permanent molars for early caries, or recorded a sound reason not to?
- checked clinically and radiographically for the presence of sepsis associated with any carious primary teeth?
- checked whether any previously selected prevention-alone caries management strategy is effective (caries arresting, good plaque control on surface of lesion) and, if not, chosen an alternative strategy?
- carried out and recorded a caries risk assessment?
- considered the possibility of dental neglect and taken appropriate action if suspected?

As part of your preventive care have you:

- checked that the child and the parent/carer understand the critical importance of thorough toothbrushing and these key messages?
 - brush twice a day
 - use an appropriate amount of ≥ 1000 ppm fluoride toothpaste
 - ‘spit, don’t rinse’
- given dietary advice?
- applied sodium fluoride varnish (5%), or recorded a valid reason not to?
- fissure sealed all susceptible pits and fissures if the child is at increased caries risk, or recorded a valid reason not to?
- agreed an action plan with the child and parent/carer to improve compliance with preventive advice?

As part of your caries management have you:

- managed caries in the pits or fissures of 6s and 7s appropriately?
- managed enamel-only approximal caries in 6s and 7s effectively?
- considered the prognosis of any carious 6s and if this is poor, considered planned loss?
- selected an appropriate management option for any active carious lesions in the primary dentition that you assess as likely to cause the child pain or sepsis before exfoliation?
- used appropriate behavioural management techniques to help the child to accept treatment or referred the child who is unable to accept treatment despite behavioural management techniques?