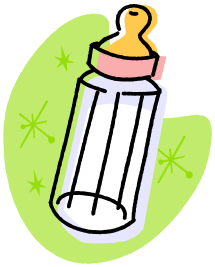
TODDLER TIME

1. **Dental Home** at 12 months – *not age 3!*
    a. Anticipatory Guidance – Education.
    b. Early Intervention and Prevention.
    c. Patient of record for dental trauma.
    d. 18-24 months for siblings first visit.
2. **Risk Factors – *Early Childhood Caries* - ECC (new term)**
    a. Special health care needs.
    b. Grazers – drinks and snacks.
    c. Liquid medicine – Zyrtec.
    d. Breastfeeding – brush teeth AFTER!
    e. Milk/juice/sweetened liquid to bed in bottle/sippie cup.
    f. Reflux (GERD) – stomach acid contacting teeth.
    g. Reduce mom's cavity potential and transfer of bacteria to child.
        i. 100% xylitol chewing gum (5 pieces/day by mom).
        ii. Minimize saliva sharing activities.
    h. Brush teeth twice-daily – AFTER breakfast and prior to bedtime.
3. **Diet and Drinks**



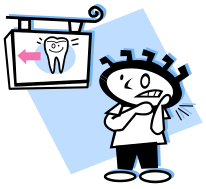
    a. Dental Equation = Tooth, sugar and bacteria (plaque).
    b. Natural sugar vs. processed.
    c. Snacking or grazing greatly increases risk!
    d. GUMMIE VITAMINS, gummie snacks, fruit roll-ups, skittles, dried fruits – ex. raisins, cranberries.
    e. Carbs, crackers, breads.
        i. Cheerios a better choice – oat grain!
        ii. Reduce/eliminate between-meal snacks containing fermentable carbohydrates.
    d. Milk – chocolate, soy, breast and citric acid juices.
    f. Watered down juice – this is only helpful for hyperactivity – teeth still at risk!
    g. Flavored waters/alternatives.
        i. Fruit$_2$O, Aquafina – Splenda.
        ii. Crystal Light – Aspartame (Nutrasweet).
4. **Toothbrushing and Flossing**
    a. Technique – 45 degree angle, brush in direction the teeth grow. "Wiggle, Jiggle, 1,2,3"
    b. Use Fluoride toothpaste with the eruption of the first tooth.
    c. Knee to knee position.
    d. Control by parent, not child.
    e. Wet toothbrush early on (no wiping).
    f. Spin brushes vs. traditional.
    g. Closed contacts – wild flossers/floss handles.

5. **Toothpaste**
    a. Use Fluoride toothpaste twice-daily.
        i. 'Rice-size/smear' for children <2 yrs.
        ii. 'Pea-size' for children 2-5 yrs once they can spit consistently.
        iii. Parents should assist with brushing.
    b. Spit training suggestions – ping pong ball technique

6. **Fluoride History**
    a. Topical (paste, gels, rinses) vs. Systemic (water).
    b. City water – need to ask further questions:
        i. Filtration Systems – reverse osmosis and distillation – reduced fluoride levels.
        ii. Bottled water brought in (variable fluoride but usually low).
        iii. Other places? school, grandmas, foods/beverages made with water including infant formula.
        iv. Nursery water with fluoride – need 6oz/day.
    c. Well Water (private or community well).
        i. Water test kit – health dept test.
        ii. Supplementation fluoride schedule and prescription.
    d. Teas and Grape Juices – higher in natural fluoride.

7. **Thumbs, Fingers, Pacifiers**
    a. Anticipatory Guidance.
    b. Pacifiers – trimback technique, plant in yard, pacifier fairy.
    c. Thumb – substitute pacifier for thumb, thumb paint/nail bitters paint, reminders – band aids, gloves, socks, reward charts, thumbguard, thumbkin.

8. **Trauma**
    a. Frenum (skin under lip) tear.
    b. Concussion injury – tooth is "bumped".
    c. Subluxation – loose tooth, not displaced.
    d. Luxation displaced (pushed back) – most common injury.
    e. Avulson (tooth knocked out) – locate, but don't replace in mouth.
    f. Intrusion (pushed into gum) – use towel on bathtub.



9. ***Fluoride and Radiographs Required – Our Policy***
    a. In-office topical fluoride treatment every 6 months.
    b. Radiographs as recommend by the American Academy of Pediatric Dentistry.
    c. High risk kids may need to be seen every 4 months (3 times a year) or extra fluoride treatments every 3 months.

For more information, log onto:
http://www.cdhp.org/Projects/PPMCHResources.asp or www.aapd.org

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