

## ORAL HEALTH POCKET CARD

### NORMAL TOOTH ERUPTION DATES

|                                | <u>Deciduous</u> | <u>Permanent</u> |
|--------------------------------|------------------|------------------|
| <b><u>Maxillary Arch:</u></b>  |                  |                  |
| Central Incisor                | 8-12 Months      | 7-8 Years        |
| Lateral Incisor                | 9-13 Months      | 8-9 Years        |
| Cuspid                         | 16-22 Months     | 11-12 Years      |
| Biscuspids                     | -----            | 10-12 Years      |
| First Molar                    | 13-19 Months     | 6-7 Years        |
| Second Molar                   | 25-33 Months     | 12-13 Years      |
| Third Molar                    | -----            | 17-22 Years      |
| <b><u>Mandibular Arch:</u></b> |                  |                  |
| Central Incisor                | 6-10 Months      | 6-7 Years        |
| Lateral Incisor                | 10-16 Months     | 7-8 Years        |
| Cuspid                         | 17-23 Months     | 9-11 Years       |
| Bicuspid                       | -----            | 10-12 Years      |
| First Molar                    | 14-18 Months     | 6-7 Years        |
| Second Molar                   | 23-31 Months     | 11-13 Years      |
| Third Molar                    | -----            | 17-22 Years      |

### TREATMENT FOR AVULSED PERMANENT TEETH

- Timing is critical – re-implant quickly
- Rinse off debris; do not touch root surface (will damage it)
- Tooth must be kept moist – use saliva, milk, water
- After re-implanted, referral to dentist for splinting & follow-up

### EARLY CHILDHOOD CARIES (Baby Bottle Tooth Decay)

- Caused by frequency and duration of sugar intake
- While sleeping, bottle should only contain water
- Use regular cup after age one; use only water in sippy cups
- First dental visit should be at age one
- Parents should brush child's teeth until age 8
- Use fluoridated toothpaste; 'smear' or 'rice-size' amount for children < 3 years., 'pea-size' amount for children 3-6 years
- Minimize saliva sharing activities, e.g. sharing utensils
- Professionally applied topical fluoride as five percent NaFV or 1.23 percent F gel preparations are efficacious in reducing caries for children at risk

### AMERICAN HEART ASSOCIATION S.B.E. PROPHYLAXIS

Amoxicillin: Adults, 2.0 g (children, 50 mg/kg) orally 1 hour before procedure  
 OR Clindamycin: Adults, 600 mg (children, 20 mg/kg) given orally 1 hour before procedure

Community Health Association of Mountain/Plains States (CHAMPS)

[www.CHAMPSonline.org](http://www.CHAMPSonline.org)

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## COMMON Rx FOR DENTAL PROBLEMS

### Abscessed Tooth or Periodontal Abscess:

Pen-VK 500mg, #28, 1 cap q6h x 7 days  
 OR Clindamycin 300mg, #21, 1 cap q8h x 7 days  
 Add 1 g Rocephin IM to above if facial swelling or fever

### Necrotizing Ulcerative Gingivitis ("trench mouth"):

Any of above regimens for tetracycline allergic patients  
 OR Doxycycline 20mg BID, 1-9 months  
 AND Chlorhexidine Oral Rinse 0.12%, NPO 30 min.

### Patients with Xerostomia:

Neutral Sodium Fluoride Gel or Paste, 1.1%  
 OR Stannous Fluoride Gel, 0.4%  
 Sig: Use paste in place of toothpaste OR brush on gel after brushing.  
 Do not swallow NPO 30 min.

### INDICATIONS FOR GIVING ANTIBIOTICS FOR ABSCESS

- Fever >100° F
- Malaise
- Lymphadenopathy
- Trismus
- Increased swelling
- Cellulitis
- Osteomyelitis
- Persistent infection

### AMERICAN DENTAL ASSOCIATION PAIN MANAGEMENT

| <u>Pain Severity</u> | <u>Analgesic Recommendation</u>   |
|----------------------|---|
| Mild                 | Ibuprofen (200-400 mg) q 4-6 hrs.: prn for pain   |
| Mild-Moderate        | Ibuprofen (400-600 mg) q 6 hr. fixed interval for 24 hrs. then Ibuprofen (400 mg) q 4-6 hrs.: prn for pain  |
| Moderate-Severe      | Ibuprofen (400-600 mg) with APAP (500 mg) q 6 hrs.: fixed interval for 24 hrs. then Ibuprofen (400 mg) with APAP (500 mg) q 6 hrs.: prn for pain                                |
| Severe               | Ibuprofen (400-600 mg) with APAP (650 mg) with hydrocodone (10mg) q 6 hrs.: fixed interval for 24-48 hrs. then Ibuprofen (400-600 mg) with APAP (500 mg) q 6 hrs.: prn for pain |

### ORAL AND HEAD/NECK CANCER EXAMINATION

1. Have patient remove dentures or appliances
2. Head in normal posture: Palpate cervical lymph nodes
3. Tilt head back: Inspect for masses or asymmetry
4. Lips: Palpate inside/outside with thumb and forefinger
5. Gingiva: Reflect lip and examine visually, buccal and lingual sides
6. Buccal mucosa: With mouth half-closed, use tongue blade to reflect lips, and otoscope for better visibility
7. Palate: Tip head back, patient says "ahh"; note uvula & tonsils
8. Lateral borders of tongue: Have patient extend tongue, wrap 2"x2" gauze around anterior third, move tongue to one side to visualize entire lateral border, then repeat other side - most oral cancer occurs here
9. Floor of mouth: Have patient touch tip of tongue to palate - check underside of tongue and floor of mouth
10. Palpate mandible and maxilla, then check the bite