Tips for a first dental visit examination

The Canadian Dental Association recommends the first dental visit within six months of the eruption of the first tooth or by a child's first birthday. This is best practice to help reduce early childhood caries (ECC).

Knee-to-knee examination

- This is the preferred method to assess infant oral health during a first dental visit
- The examination should take no longer than five minutes
- The parent and the dental professional should sit facing each other with knees touching
- The parent holds the child in their lap with child facing the parent
- This position allows the child to maintain eye contact with the parent during the exam
- With the child's legs around the parent's hips, the parent slowly lowers the child into the dental professional's lap
- A pillow can be placed in the dental professional's lap for the child's comfort

- The parent should hold the child's hands to safely stabilize them during the exam
- The dental professional gently holds the child's head still while completing the extra-oral and intra-oral examinations
- It is common for infants to cry and move around during the first dental exam

First dental visit checklist

- ☐ Complete an extra-oral exam
- ☐ Complete an intra-oral exam
- ☐ Complete a Caries Risk Assessment (sample tool provided on reverse)
- ☐ Discuss familial dental history with parent
- ☐ Ask parent about oral hygiene practices for child and provide oral hygiene instruction
- ☐ Assess child's fluoride exposure and provide counselling on fluoride
- ☐ Discuss oral habits such as thumb sucking, tongue thrusting, lip sucking and pacifier use

Based on the results of the Caries Risk Assessment:

- ☐ Provide counselling on appropriate feeding practices such as breastfeeding
- ☐ Provide diet counselling related to oral health
- ☐ Provide injury prevention counselling
- ☐ Provide treatment if needed or refer to pediatric dentist
- ☐ Apply fluoride varnish if child is at risk for caries
- ☐ Consult with child's physician if needed
- ☐ Provide parent with anticipatory guidance
- ☐ Book next recall appointment based on Caries Risk Assessment Management Protocol (sample tool provided on reverse)

First dental visit codes are included in the Ontario Dental Association (ODA), Ontario Dental Hygienists' Association (ODHA) and Healthy Smiles Ontario (HSO) Fee Guides.

Fee codes The following codes are provided for billing purposes.

Dentists **ODA and HSO Fee Guide code for first dental visit/orientation** **01011**

Description: Oral assessment for patients up to three years of age inclusive. Assessment to include: medical history; familial dental history; dietary/feeding practices; oral habits; oral hygiene; fluoride exposure. Anticipatory guidance with parent/guardian

Dental Hygienists **ODHA and HSO Fee Guide code for first dental hygiene visit/orientation** **00131**

Description: Oral assessment for clients up to three years of age inclusive

16-5373

Sample caries risk assessment form

Caries-risk Asesssment Form for 0 - 5 Year Olds (For Dental Providers)*

Factors	High Risk	Moderate Risk	Low Risk
Biological			
Mother/primary caregiver has active caries	Yes		
Parent/caregiver has low socioeconomic status	Yes		
Child has >3 between meal sugar-containing snacks or beverages per day	Yes		
Child is put to bed with a bottle containing natural or added sugar	Yes		
Child has special health care needs		Yes	
Child is a recent immigrant		Yes	
Protective			
Child receives optimally-fluoridated drinking water or fluoride supplements			Yes
Child has teeth brushed daily with fluoridated toothpaste			Yes
Child receives topical fluoride from health professional			Yes
Child has dental home/regular dental care			Yes
Clinical Findings			
Child has >1 decayed/missing/filled surfaces	Yes		
Child has active white spot lesions or enamel defects	Yes		
Child has elevated mutans streptococci levels	Yes		
Child has plaque on teeth		Yes	

Circling those conditions that apply to a specific patient helps the practitioner and parent understand the factors that contribute to or protect from caries. Risk assessment categorization of low, moderate, or high is based on preponderance of factors for the individual. However, clinical judgment may justify the use of one factor (eg, frequent exposure to sugar-containing snacks or beverages, more than one dmfs) in determining overall risk.

Overall assessment of the child's dental caries risk: High ❒ Moderate ❒ Low ❒

Sample caries risk management protocol

Example of a Caries Management Protocol for 1 - 2 Year Olds*

Risk Category	Diagnostics	Interventions		Restorative
		Fluoride	Diet	
Low risk	– Recall every six to12 months – Baseline MS[α]	– Twice daily brushing	Counseling	– Surveillance[χ]
Moderate risk parent engaged	– Recall every six months – Baseline MS[α]	– Twice daily brushing with fluoridated toothpaste[β] – Fluoride supplements[δ] – Professional topical treatment every six months	Counseling	– Active surveillance[ε] of incipient lesions
Moderate risk parent not engaged	– Recall every six months – Baseline MS[α]	– Twice daily brushing with fluoridated toothpaste[β] – Professional topical treatment every six months	Counseling, with limited expectations	– Active surveillance[ε] of incipient lesions
High risk parent engaged	– Recall every three months – Baseline and follow up MS[α]	– Twice daily brushing with fluoridated toothpaste[β] – Fluoride supplements[δ] – Professional topical treatment every three months	Counseling	– Active surveillance[ε] of incipient lesions – Restore cavitated lesions with ITR[ϕ] or definitive restorations
High risk parent not engaged	– Recall every three months – Baseline and follow up MS[α]	– Twice daily brushing with fluoridated toothpaste[β] – Professional topical treatment every three months	Counseling, with limited expectations	– Active surveillance[ε] of incipient lesions – Restore cavitated lesions with ITR[ϕ] or definitive restorations