Medicaid Oral Evaluation
For Infants and Children up to Forty Two Months of Age

Why do an Oral Evaluation?

Dental problems can be found in very young children. Caries is the most common chronic infectious disease of children that is neither amenable to antibiotic treatment nor "heals" itself. It can begin in the very young child and progress rapidly to a "cavity" within a few months. In North Carolina, we estimate that 20% of three year old children are affected, and by the time children enter kindergarten, 40% have decay. Most of those affected are from low income families or special needs children. With regular oral evaluations and the institution of preventive procedures early in the child's life, we can look forward to a substantial reduction in disease. Because pediatricians, family physicians, and other medical providers routinely see infants and very young children, the potential for early recognition of disease and successful intervention is excellent.

Overview of Oral evaluation

The Medicaid oral evaluation for infants and young children up to 42 months of age is an evaluation of the teeth and soft tissues. Because of conditions under which it is conducted, it cannot be a detailed examination as might be done in a dental office. Evaluation can identify abnormality; it is not intended to be diagnostic. **Children with questionable findings should be referred to a dentist for definitive diagnosis and possible early intervention.**

Armamentarium for Direct Observation of the Mouth:

- 2x2 gauze sponges to dry the teeth.
- Lighting: use a good, directed light source in addition to regular room lighting. A flashlight/penlight, nondental exam light, or head lamp will work well.
- Dental mirror: dental mirrors provide much better visibility than other methods, such as tongue blades, for retraction and/or visualization of the mouth. This is particularly true for the surfaces of the teeth on the tongue side, and for the upper back teeth in older children.
- Use disposable gloves and follow standard infection control procedures.
- An optional encounter form is provided in the oral health toolkit, or document findings directly in the child's chart.

Abnormalities to look for:

- Early tooth decay appears as a chalky, white area on the enamel. More advanced caries will exhibit cavitations and staining of the enamel. Cavities may occur on any tooth surface. When cavities are observed, the child should be seen by a dentist. Children with cavities should receive a fluoride varnish treatment as well as children who appear cavity-free. In many cases the varnish will slow or halt the progression of the disease. It will also help prevent the development of new lesions.
- Remineralized early cavities also appear as chalky white areas (white-spot lesions) and is not active caries. Stains, plaque, fluorosis, and enamel hypoplasias and hypomineralizations may also be observed and, under conditions of evaluation, may be difficult to distinguish from cavities. When in doubt, refer the child to a dentist.
- Trauma may result in chipped or misplaced teeth. Loss of tooth structure due to trauma may be difficult to distinguish from cavitation due to caries.
- Note inflammation, ulceration, trauma, lumps and bumps of the soft tissues and make a dental referral.