

Rhode Island EPSDT Schedule for Pediatric Oral Health Care

AGE	Infancy							Early Childhood					Middle Childhood					Adolescence										
	Newborn ¹	3-5 days ²	By 1 Mo	2 Mo	4 Mo	6 Mo	9 Mo	12 Mo	18 Mo	24 Mo	30 Mo	3 Yrs	4 Yrs	5 Yrs	6 Yrs	7 Yrs	8 Yrs	9 Yrs	10 Yrs	11 Yrs	12 Yrs	13 Yrs	14 Yrs	15 Yrs	16 Yrs	17 Yrs	18 Yrs	19 Yrs
Clinical oral examination ^{1,2}						←→	→	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x
Assess oral growth and development ³						←→	→	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x
Caries-risk assessment ⁴						←→	→	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x
Radiographic assessment ⁵						←→	→	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x
Prophylaxis and topical fluoride treatment ^{4,5}						←→	→	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	o	o	o	o	o
Fluoride supplementation ^{6,7}						←→	→	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x
Anticipatory guidance/counseling ⁸						←→	→	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x
Oral hygiene counseling ⁹						←→	→	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x
Dietary counseling ¹⁰						←→	→	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x
Injury prevention counseling ¹¹						←→	→	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x
Counseling for nonnutritive habits ¹²						←→	→	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x
Counseling for speech/language development ¹³						←→	→	x	x	x	x	x	x	x														
Alcohol and drug use assessment ¹³														x	x	x	x	x	x	x	x	x	x	x	x	x	x	x
Counseling for intraoral/perioral piercing														x	x	x	x	x	x	x	x	x	x	x	x	x	x	x
Assessment and treatment of developing malocclusion						←→	→	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x
Assessment for pit and fissure sealants ¹⁴								x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x
Assessment and /or removal of third molars																					x	x	x	x	x	x	x	x
Transition to adult dental care																												→

- Notes:**
- x To be performed
 - o Perform when clinically necessary
 - ←→ Perform within indicated timeframe
 - 1 First examination at the eruption of the first tooth and no later than 12 months. Repeat every 6 months or as indicated by child's risk status/susceptibility to disease.
 - 2 Includes assessment of pathology and injuries.
 - 3 By clinical examination.
 - 4 Must be repeated regularly and frequently to maximize effectiveness.
 - 5 Timing, selection, and frequency determined by child's history, clinical findings, and susceptibility to oral disease.
 - 6 Consider when systemic fluoride exposure is suboptimal.
 - 7 Up to at least 16 years of age.
 - 8 Appropriate discussion and counseling should be an integral part of each visit.
 - 9 Initially, responsibility of parent; as child develops, jointly with parent; then, when indicated, only child.
 - 10 At every appointment; initially discuss appropriate feeding practices, then the role of refined carbohydrates and frequency of snacking in caries development and childhood obesity.
 - 11 Initially play objects, pacifiers, car seats; then learning to walk, sports and routine playing.
 - 12 At first discuss the need for additional sucking: digits vs pacifiers; then the need to wean from the habit before malocclusion or skeletal dysplasia occurs. For school-aged children and adolescent patients, counsel regarding any existing habits such as fingernail biting, clenching, or bruxism.
 - 13 Referral to a Pediatrician, if necessary.
 - 14 For caries-susceptible primary molars, permanent molars, premolars, and anterior teeth with deep pits and fissures; placed as soon as possible after eruption.

NOTE: The Rhode Island Department of Human Services has established *Rlte Smiles*, a new program for children designed to improve access to dental care. Children born on or after May 1, 2000 are eligible. For more information on *Rlte Smiles*, go to www.dhs.ri.gov, and click on *Rlte Smiles-Dental Care for kids*.