

Guideline on Caries-risk Assessment and Management for Infants, Children, and Adolescents

Table 1. Caries-risk Assessment Form for 0-3 Year Olds^{59,60}
(For Physicians and Other Non-Dental Health Care Providers)

Factors	High Risk	Low Risk
Biological		
Mother/primary caregiver has active cavities	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 white spot lesions or enamel defects	Yes	
Child has visible cavities or fillings	Yes	
Child has plaque on teeth	Yes	

Circling those conditions that apply to a specific patient helps the health care worker and parent understand the factors that contribute to or protect from caries. Risk assessment categorization of low 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, visible cavities) in determining overall risk.

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



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Table 2. Caries-risk Assessment Form for 0-5 Year Olds^{59,60}
(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



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Table 3. Caries-risk Assessment Form for ≥6 Years Olds⁶⁰⁻⁶²
(For Dental Providers)

Factors	High Risk	Moderate Risk	Low Risk
Biological			
Patient is of low socioeconomic status	Yes		
Patient has >3 between meal sugar-containing snacks or beverages per day	Yes		
Patient has special health care needs		Yes	
Patient is a recent immigrant		Yes	
Protective			
Patient receives optimally-fluoridated drinking water			Yes
Patient brushes teeth daily with fluoridated toothpaste			Yes
Patient receives topical fluoride from health professional			Yes
Additional home measures (eg, xylitol, MI paste, antimicrobial)			Yes
Patient has dental home/regular dental care			Yes
Clinical Findings			
Patient has ≥1 interproximal lesions	Yes		
Patient has active white spot lesions or enamel defects	Yes		
Patient has low salivary flow	Yes		
Patient has defective restorations		Yes	
Patient wearing an intraoral appliance		Yes	

Circling those conditions that apply to a specific patient helps the practitioner and patient/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, ≥1 interproximal lesions, low salivary flow) in determining overall risk.

Overall assessment of the dental caries risk: High Moderate Low



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Table 4. Example of a Caries Management Protocol for 1-2 Year Olds

Risk Category	Diagnostics	Interventions		Restorative
		Fluoride	Diet	
Low risk	– Recall every six to 12 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

Legends for Table 4

- α Salivary mutans streptococci bacterial levels.
- χ Periodic monitoring for signs of caries progression.
- β Parental supervision of a “smear” amount of toothpaste.
- δ Need to consider fluoride levels in drinking water.
- ε Careful monitoring of caries progression and prevention program.
- ϕ Interim therapeutic restoration.⁶³
- γ Parental supervision of a “pea sized” amount of toothpaste.
- λ Indicated for teeth with deep fissure anatomy or developmental defects.
- μ Less concern about the quantity of toothpaste.



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Table 5. Example of a Caries Management Protocol for 3-5 Year Olds

Risk Category	Diagnostics	Interventions			Restorative
		Fluoride	Diet	Sealants ^λ	
Low risk	<ul style="list-style-type: none"> – Recall every six to 12 months – Radiographs every 12 to 24 months – Baseline MS^α 	<ul style="list-style-type: none"> – Twice daily brushing with fluoridated toothpaste^γ 	No	Yes	<ul style="list-style-type: none"> – Surveillance^χ
Moderate risk parent engaged	<ul style="list-style-type: none"> – Recall every six months – Radiographs every six to 12 months – Baseline MS^α 	<ul style="list-style-type: none"> – Twice daily brushing with fluoridated toothpaste^γ – Fluoride supplements^δ – Professional topical treatment every six months 	Counseling	Yes	<ul style="list-style-type: none"> – Active surveillance^ε of incipient lesions – Restoration of cavitated or enlarging lesions
Moderate risk parent not engaged	<ul style="list-style-type: none"> – Recall every six months – Radiographs every six to 12 months – Baseline MS^α 	<ul style="list-style-type: none"> – Twice daily brushing with fluoridated toothpaste^γ – Professional topical treatment every six months 	Counseling, with limited expectations	Yes	<ul style="list-style-type: none"> – Active surveillance^ε of incipient lesions – Restoration of cavitated or enlarging lesions
High risk parent engaged	<ul style="list-style-type: none"> – Recall every three months – Radiographs every six months – Baseline and follow up MS^α 	<ul style="list-style-type: none"> – Brushing with 0.5 percent fluoride (with caution) – Fluoride supplements^δ – Professional topical treatment every three months 	Counseling	Yes	<ul style="list-style-type: none"> – Active surveillance^ε of incipient lesions – Restoration of cavitated or enlarging lesions
High risk parent not engaged	<ul style="list-style-type: none"> – Recall every three months – Radiographs every six months – Baseline and follow up MS^α 	<ul style="list-style-type: none"> – Brushing with 0.5 percent fluoride (with caution) – Professional topical treatment every three months 	Counseling, with limited expectations	Yes	<ul style="list-style-type: none"> – Restore incipient, cavitated, or enlarging lesions

Legends for Table 5

α Salivary mutans streptococci bacterial levels.

χ Periodic monitoring for signs of caries progression.

β Parental supervision of a “smear” amount of toothpaste.

δ Need to consider fluoride levels in drinking water.

ε Careful monitoring of caries progression and prevention program.

φ Interim therapeutic restoration.⁶³

γ Parental supervision of a “pea sized” amount of toothpaste.

λ Indicated for teeth with deep fissure anatomy or developmental defects.

μ Less concern about the quantity of toothpaste.



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Table 6. Example of a Caries Management Protocol for ≥6 Year-Olds

Risk Category	Diagnostics	Interventions			Restorative
		Fluoride	Diet	Sealants ^λ	
Low risk	<ul style="list-style-type: none"> – Recall every six to 12 months – Radiographs every 12 to 24 months 	<ul style="list-style-type: none"> – Twice daily brushing with fluoridated toothpaste ^μ 	No	Yes	<ul style="list-style-type: none"> – Surveillance ^χ
Moderate risk patient/parent engaged	<ul style="list-style-type: none"> – Recall every six months – Radiographs every six to 12 months 	<ul style="list-style-type: none"> – Twice daily brushing with fluoridated toothpaste ^μ – Fluoride supplements ^δ – Professional topical treatment every six months 	– Counseling	Yes	<ul style="list-style-type: none"> – Active surveillance ^ε of incipient lesions – Restoration of cavitated or enlarging lesions
Moderate risk patient/parent not engaged	<ul style="list-style-type: none"> – Recall every six months – Radiographs every six to 12 months 	<ul style="list-style-type: none"> – Twice daily brushing with toothpaste ^μ – Professional topical treatment every six months 	– Counseling, with limited expectations	Yes	<ul style="list-style-type: none"> – Active surveillance ^ε of incipient lesions – Restoration of cavitated or enlarging lesions
High risk patient/parent engaged	<ul style="list-style-type: none"> – Recall every three months – Radiographs every six months 	<ul style="list-style-type: none"> – Brushing with 0.5 percent fluoride – Fluoride supplements ^δ – Professional topical treatment every three months 	<ul style="list-style-type: none"> – Counseling – Xylitol 	Yes	<ul style="list-style-type: none"> – Active surveillance ^ε of incipient lesions – Restoration of cavitated or enlarging lesions
High risk patient/parent not engaged	<ul style="list-style-type: none"> – Recall every three months – Radiographs every six months 	<ul style="list-style-type: none"> – Brushing with 0.5 percent fluoride – Professional topical treatment every three months 	<ul style="list-style-type: none"> – Counseling, with limited expectations – Xylitol 	Yes	<ul style="list-style-type: none"> – Restore incipient, cavitated, or enlarging lesions

Legends for Tables 6

- α Salivary mutans streptococci bacterial levels.
- χ Periodic monitoring for signs of caries progression.
- β Parental supervision of a “smear” amount of toothpaste.
- δ Need to consider fluoride levels in drinking water.
- ε Careful monitoring of caries progression and prevention program.
- φ Interim therapeutic restoration.⁶³
- γ Parental supervision of a “pea sized” amount of toothpaste.
- λ Indicated for teeth with deep fissure anatomy or developmental defects.
- μ Less concern about the quantity of toothpaste.



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