

Fluoride Varnish Application in Medical Office

Facility/Clinic Name: _____

Effective Date: _____ Approval Signature: _____

Introduction

Fluoride Varnish (FV) is a thin coating of resin that is applied to the tooth surface to protect it from decay. The Child Health and Disability Prevention (CHDP) Program provides training to providers and staff on oral health education, dental referrals, and the application of FV to children at risk for oral disease.

Purpose/Rationale

The purpose of applying FV is to arrest and reverse the process of cavity formation. Tooth decay is the most common disease of childhood (5 times more common than asthma, 7 times more common than hay fever, and 4 times more common than early childhood obesity*). Not only does tooth decay cause pain and infection, but it can also interfere with learning by distracting a child's focus or causing frequent absences from school. CHDP providers are in the unique position of having a positive impact on a child's oral health because they see children earlier and more frequently than dentists. This is particularly true for low-income populations due to a shortage of referral sources for dental care for these children. The purpose of this protocol is to provide the procedure for FV application for trained medical staff.

Table I Summary of Fluoride Modalities for Low and High-Risk Patients

Fluoride Modality	Low Caries Risk	High Caries Risk
Toothpaste	Starting at tooth eruption (smear of paste until age 3 y. then pea-sized)	Starting at tooth eruption (smear of paste until age 3 y. then pea-sized)
Fluoride Varnish	Every 3-6 months starting at tooth eruption	Every 3-6 months starting at tooth eruption
Over-the-counter mouth rinse	Not applicable	Starting at age 6 y if the child can reliably swish and spit
Community water fluoridation	Yes	Yes
Dietary fluoride supplements	Yes, if drinking water supply is not fluoridated	Yes, if drinking water supply is not fluoridated
Reference: Clark, M., B., & Slayton, R. L. (2014, August 25). Fluoride Use in Caries Prevention in the Primary Care Setting. <i>Pediatrics</i> , 134-626. DOI: 10.1542/peds.2014-1699		

*Oral Health: The Silent Epidemic (<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2821841/>)

*AAPD Childhood Caries (<http://www.mychildrensteeth.org/assets/2/7/ECCstats.pdf>)



PROGRAM REQUIREMENTS

It is necessary to complete a training program (in-person or online) to apply FV to infants and children ages 6 months to 6 years old.

Who Can Apply?

FV can be applied by a trained medical provider (MD, NP, PA), or delegated to trained medical personnel (RN, LVN, MA etc.) using a protocol established by the attending physician.

Who Can Receive FV?

This is a covered benefit for Medi-Cal and for many other insurances for ages 0–6-year-old (up to their 6th birthday). All infants and children who are considered moderate to high risk for caries can also be protected by this preventive treatment.

INDICATIONS/CARIES RISK FACTORS

A child is considered at moderate to high risk for dental caries, and in need of FV if he/she meets any of the following criteria:

- Active or past tooth decay - has a history of caries or has white spot lesions and stained fissures.
- Has family members with a history of caries.
- Has poor feeding habits:
 - Continues to use the bottle past 1 year of age.
 - Prolonged or ad-lib use of a bottle or sippy cup containing liquids other than water (sugary drinks, including milk and juice), or frequent nursing just to pacify (after baby is 6 months old and/or has teeth)
 - while sleeping/napping
 - throughout the day or night
 - Frequent snacking on refined carbohydrates, sweet, and/or acidic foods
- Poor homecare - lack of daily brushing with a fluoride toothpaste
- Lack of fluoride in his/her drinking water and no additional fluoride supplementation
- Children with special health care needs
- Frequent use of high sugar oral medications, or sugar-based chewable vitamins
- Low Socioeconomic Status (SES), and/or enrolled in or eligible for Medi-Cal
- No preventive dental visit within the last year (Note: Even having a recent dental visit does not preclude offering FV to a child with other risk factors.)

Schedule and Dosages

- Trained medical staff will apply the initial FV application as a thin layer of 5% sodium FV to all surfaces of erupted primary teeth.
- Repeat the FV application at scheduled well child visits.
- FV can be applied three times a year in the medical setting.

CONTRAINDICATIONS

- Large open carious lesions with pulp exposure (Please be advised it is safe and important to apply FV to adjacent intact teeth.)

Note: Refer these children to a dentist.



- Open lesions in the mouth such as:

- Gingival stomatitis
- Ulcerative gingivitis
- Intra-oral inflammation

Note: Refer these children to a dentist.

- Known sensitivity to colophony (a rare pine nut allergy) or colophonium or other product ingredients which include:

- Ethyl alcohol anhydrous USP 38.58%
- Shellac powder 16.92%
- Rosin USP 29.61%
- Copal
- Sodium Fluoride 4.23%
- Sodium Saccharin USP 0.04%
- Flavorings, Cetostearyl Alcohol

- Fluoride varnish that does not contain pine nut resin is easily available for purchase.
- Even though the child may fuss, the varnish application is quick and painless.
- Infants are easy as they have fewer teeth. (If they cry, their mouths open, and the application is done quickly.)
- The varnish should be applied at a minimum twice a year in the medical setting but can be applied up to 3 times. (This is in addition to any fluoride being applied at the dental office.)
- Remind parents: FV at the medical office does NOT take the place of routine dental visits. (Usually every six months with dentist.)



Fluoride Varnish Standing Order

_____ (Name of Medical Provider, Degree)

authorizes the applications of Fluoride Varnish (FV) to all children ages 6 months up to

their 6th birthday for a one year period of time from: (Month/Day/Year to

Month/Date/Year) _____ at (Name of Clinic)

_____. This standing order will be reviewed on an

annual basis. Prescription FV include: _____ (List

any FV agents approved by the FDA that your clinic will be ordering to apply on patients)

Clinic Name: _____

Clinic Representative (Name and Title): _____

Signature: _____ Date: _____



Fluoride Varnish Application Workflow Assignments

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Workflow Considerations	
How frequent clinic will provide FV application?	
Which visits to apply fluoride varnish?	
When during the visit to apply? e.g., Timing with vaccinations	
Identify vendor and ordering process.	
Where to store Fluoride Varnish and supplies?	

Workflow Tasks	Assigned Staff
Prescribes fluoride varnish (MD or NP)	
Purchases/orders fluoride varnish	
Maintains stock	
Responsible for applying fluoride varnish	
Provides post FV instructions	
Provides additional oral health education	
Bills for FV using D1206 or CPT-4 99188	

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