

# ELEVATED CARIES RISK PREVENTION PROGRAM

Patient's Name: \_\_\_\_\_ DOB \_\_\_\_\_ Rank: \_\_\_\_\_ Last four SSN: \_\_\_\_\_

## TREATMENT PROTOCOL FOR HIGH CARIES RISK

**Is patient deploying in next 12 months? Y / N (Circle one) If patient is deploying within 3 months, complete and document as many varnishes as possible and issue 6 month supply of appropriate chemotherapeutic agents listed below under Phase 2 right before they deploy**

* HCR Treatment Plan *	Dates Treatment Completed <i>Verbal/written/video/ppt</i>
<ul style="list-style-type: none"> <li>• Step 1</li> <li>• Discuss caries etiology, diet/nutritional counseling. Discuss rationale of high caries risk program.</li> </ul>	High caries risk program _____ Benefits of chemo-therapeutics _____ Deployment and caries risk _____
<input type="checkbox"/> <b>Phase 1- Expedited Fluoride Varnish application</b> In-office professional fluoride treatment * <ul style="list-style-type: none"> <li>• Varnish (Cavity shield application)- 4 applications (preferably within first month of enrollment). May also be applied in conjunction with caries control/restorative appointments.</li> </ul>	Date of Varnish application _____ Varnish date #1 _____ Varnish date #2 _____ Varnish date #3 _____
☆ Patient awarded incentive for completing Phase 1 (electric toothbrush)	Varnish date #4 _____
<b>Phase 2- Other Chemo-therapeutic agents</b> <b>A. Provide chemo-therapeutic adjuncts for caries control (If patient is deploying issue 6 month supply)</b> _____ Chlorhexidine rinse (Rx: 0.12% CHX rinse), ( 2 bottles if deploying) _____ Fluoride toothpaste (PreviDent 5000) (6 tubes if deploying) _____ Xylitol products (gum) (available in theater) _____ Calcium and phosphate containing products (e.g. MI Paste Plus®, Recaldent® gum, etc.)	_____ Date and Amount issued _____
<input type="checkbox"/> <b>Phase 3 Restorations, sealants, follow-on fluoride varnish applications</b> <b>Date</b> <input type="checkbox"/> If indicated sealants placed on: <input type="checkbox"/> Patient received quarterly fluoride varnish applications on: 2 <sup>nd</sup> qtr _____ 3 <sup>rd</sup> _____ 4 <sup>th</sup> qtr _____ Date restorative treatment completed: _____	
☆ Patient awarded incentive (Crest white strips) for completing Phase 3	Date: _____
<input type="checkbox"/> Next Annual Exam: <b>A. Moderate Caries risk –</b> 1) One or two carious lesions during current exam or at least one risk factor - continue 6 month recall intervals 2) No caries during current exam, no risk factors – remove from program <b>B. High Caries risk –</b> 1) 3 or more carious lesions - start a new worksheet and keep in program. 2) No caries but multiple risk factors– remain High caries risk, continue with fluoride recall application at 3 - 6 month intervals. 3) No caries during current exam, no risk factors – remove from program *****Note: Member is Dental Readiness Class 2 during fluoride recall.	_____ New worksheet _____ Fluoride recall interval: 3 months or 6 months <i>(circle one)</i> _____ Remove from program Date: _____

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This program is voluntary, but will require time and effort on your part. The best professional intervention cannot succeed without a consistent commitment from you—at home and at the dental clinic. By signing below, you agree to comply with the recommendations made by the dentist. If you are unable or unwilling to participate any longer in the program (i.e., due to PCS, deployment, separation, lack of desire), please kindly notify us.

Patient's signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Caries Risk Criteria

### **Low Risk Criteria:**

- No* incipient\* or cavitated primary or secondary carious lesions during current exam and *no* factors that may increase caries risk\*\*

### **Moderate Risk Criteria:** (any of the following)

- One or two incipient\* or cavitated primary or secondary carious lesions during current exam
- No incipient or cavitated primary or secondary carious lesions during current exam but presence of at least one factor that may increase caries risk\*\*

### **High Risk Criteria:** (any of the following)

- 3 or more incipient\* or cavitated primary or secondary carious lesions diagnosed during current exam
- Presence of multiple factors that may increase caries risk \*\*
- Xerostomia (medication-, radiation-, or disease-induced)

\* **Incipient lesions** are noncavitated localized or generalized white spots and/or interproximal radiolucencies

\*\* **Risk Factors-** factors that increase the risk of developing caries include, but are not limited to:

(Check all that apply)

- Poor oral hygiene
- Deep pits and fissures
- Exposed root surfaces
- Frequent sugar intake (> 5x/day)
- Inadequate or no systemic fluoride (fluoridated water or supplements) or inadequate topical fluoride exposure
- Inadequate salivary flow, as determined from PMH or unstimulated salivary flow testing (< 0.2 mL/min) (Xerostomia may require SF Form 513)
- Streptococcus Mutans levels  $\geq 5.5 \times 10^5$  CFU/mL in whole stimulated saliva
- Developmental or acquired enamel defects
- Many multisurface restorations
- Eating disorders
- Restoration overhangs and open margins
- Chemotherapy or radiation therapy
- Active orthodontic treatment
- Physical disability that impedes oral hygiene