

The OHNEP Interprofessional Oral Health Faculty Tool Kit

Pediatric Nurse Practitioner Program

CURRICULUM INTEGRATION OF INTERPROFESSIONAL ORAL HEALTH CORE COMPETENCIES:

- Pediatric Health Promotion
- Pediatric Health Assessment
- Pediatric Primary Care
- Resources



INTRODUCTION

The **Oral Health Nursing Education and Practice Program (OHNEP)** is pleased to launch a new edition of the **Interprofessional Oral Health Faculty Tool Kit** to provide you with user-friendly curriculum templates and teaching-learning resources to use when integrating oral health and its links to overall health in your Pediatric Nurse Practitioner (PNP) Program.

Oral health and its links to overall health has been identified as an important population health issue in [Oral Health in America: Advances and Challenges](#) (2021), [Healthy People 2030](#) (2020). The [HRSA Interprofessional Oral Health Core Competencies](#) (2014), [NONPF Nurse Practitioner Role Core Competencies](#) (2022), [The Essentials: Core Competencies for Professional Nursing Education](#) (AACN, 2021) and the [IPEC Core Competencies for Interprofessional Collaborative Practice](#) (2016) provide a framework for the innovative oral health curriculum templates and exciting resources that illustrate how oral health and its links to overall health provide strategies that expose students to interprofessional experiences by integrating oral health “bytes” into courses across the PNP curriculum.

Exciting teaching-learning strategies that take students from **Exposure to Immersion to Competence** can begin in or out of the classroom, link to simulated or live clinical experiences and involve interprofessional community-based service learning, advocacy and policy initiatives as venues you can easily use to integrate oral health into your existing PNP curriculum. The curriculum templates illustrate how oral health can be integrated into health promotion, health assessment and clinical management courses.

The new edition of the [Smiles for Life](#) (2020) interprofessional oral health curriculum provides a robust web-based resource for you to use along with the oral health curriculum template for each course. A good place to begin oral health integration is by transitioning the HEENT component of the history and physical exam to the HEENOT approach. In that way, you and your students will NOT forget about including oral health in patient encounters.

Research evidence continues to reveal an integral relationship between oral and overall health. Chronic diseases managed by Pediatric Nurse Practitioners, such as Diabetes, HPV, Cancer and Behavioral Health conditions, are but a few of the health problems that have oral manifestations that can be treated by PNP's or referred to our dental colleagues. It is important for PNP's on the frontlines of primary care to have the oral health competencies necessary to recognize both normal and abnormal oral conditions and provide gender-affirming care to patients with education, prevention, diagnosis, treatment and referral as needed.

We encourage you and your students to explore the resources in the templates as you “weave” oral health and its links to overall health into your Pediatric Nurse Practitioner Program. If you need additional technical assistance, please feel free to contact us at OHNEP@nyu.edu.

PNP Curriculum Integration of Interprofessional Oral Health Competencies in Health Promotion Course

PEDIATRIC HEALTH PROMOTION	1) EXPOSURE: INTRODUCTION	2) IMMERSION: DEVELOPMENT	3) COMPETENCE: ENTRY-TO-PRACTICE
<p>HRSA Oral Health Competencies: Oral Health Risk Assessment, Oral Health Evaluation, Oral Health Preventive Intervention, Communication and Education</p> <p>AACN Essentials: Person-centered care, Population health, Inter-professional partnerships, Knowledge for nursing practice, Scholarship for nursing discipline</p> <p>NONPF Competencies: Knowledge of Practice, Person-centered care, Population health, Interprofessional collaboration and practice, Technology and information literacy</p> <p>CONSTRUCTS</p>	<p>KNOWLEDGE: CHILD-PARENT EDUCATION <i>Goal:</i> Understand importance of oral health in children</p> <p>Review:</p> <ul style="list-style-type: none"> • Cavity Free Kids: Teething (Appendix 1) • Healthy Habits for Happy Smiles: Helping Your Baby with Teething Pain (Appendix 2) • Cavity Free Kids: Lift the Lip (Appendix 3) • Healthy Habits for Happy Smiles: Getting Fluoride for your Child (Appendix 4) • Cavity Free Kids (CFK) How to Brush & How to Floss (Appendix 5) 	<p>SKILL/BEHAVIOR <i>Goal:</i> Demonstrate importance of preventive oral health care in children</p> <ul style="list-style-type: none"> • Perform appropriate oral health history of child, including frequency of carb/sugar intake • Review Cavity Free Kids Tooth Healthy Foods information and handouts • Develop talking points for engaging parents in anticipatory guidance about pediatric oral health and nutrition 	<p>SKILL/BEHAVIOR <i>Goal:</i> 1) Demonstrate HEENOT competency in oral health history of young children in clinical experience; 2) Advocate for policies that promote good oral health within your community</p> <ul style="list-style-type: none"> • Cost-Benefit Analysis of Providing Fluoride Varnish in a Pediatric Primary Care Office (Sibley, 2018) Implement an interprofessional clinical rotation with PNP and pediatric DDS/DH students in preschool programs: • PNP students to demonstrate behavioral management of child to DDS/DH students • DDS/DH students to demonstrate oral health exam, fluoride varnish and SDF application to PNP students
	<p>KNOWLEDGE: ORAL-SYSTEMIC CONNECTION <i>Goal:</i> Understand oral disease and recognize interrelationship between oral and systemic health in children</p> <ul style="list-style-type: none"> • Complete Smiles for Life (SFL) Module #1, including Clinical Cases, and submit Certificate of Completion • New CPT Code Empowers Medical Professionals to Apply Silver Diamine Fluoride (SDF) to Treat Cavities (Businesswire) • Evidence-Based Dentistry Update on Silver Diamine Fluoride (Crystal & Niederman, 2019) 	<p>SKILL/BEHAVIOR <i>Goal:</i> Communicate oral health issues to parents/caretakers</p> <ul style="list-style-type: none"> • Read Cavity Free Kids (CFK) FAQs, Let's Talk Teeth & Let's Set Goals, and other select Home Visiting Resources (Appendices 6-8) • Review the Oral Health Tool Kit for Primary Care Practice • Practice applying FV and SDF in clinical simulation lab • Develop talking points for parents and caretakers about the advantages of FV and SDF in promoting oral health and overall health 	<p>SKILL/BEHAVIOR <i>Goal:</i> Demonstrate HEENOT competency in oral health risk assessment of young children in clinical experience</p> <ul style="list-style-type: none"> • Read Putting the Mouth Back in the Head: HEENT to HEENOT (Haber et al., 2015) • Perform oral health history and physical exam including risk assessment of child • Present action plan that promotes oral health for children of a specific age group • Use motivational interviewing to engage parent/caretaker in adopting one change that promotes child's oral health
	<p>KNOWLEDGE: ORAL EXAM <i>Goal:</i> Understand oral exam of children</p> <ul style="list-style-type: none"> • Complete Smiles for Life (SFL) Modules #2, 6, 7, including Clinical Cases, and submit Certificates of Completion 	<p>SKILL/BEHAVIOR <i>Goal:</i> Identify specific oral health issue, concern or problem commonly encountered by parents/caretakers</p> <ul style="list-style-type: none"> • Review Oral Abnormalities in the SFL Photo Gallery on the mobile app • Write oral health advice column in parenting magazine, identifying links between oral health and child's overall health 	<p>SKILL/BEHAVIOR <i>Goal:</i> 1) Demonstrate HEENOT competency in physical exam of young children in clinical experience; 2) Educate parents/caretakers about children's oral health</p> <ul style="list-style-type: none"> • Perform oral examination on pediatric patient in clinical experience, accurately documenting oral health assessment findings • Engage parents/caretakers in discussing oral health strategies and links between oral health and systemic health

ENTRY LEVEL ASSESSMENT

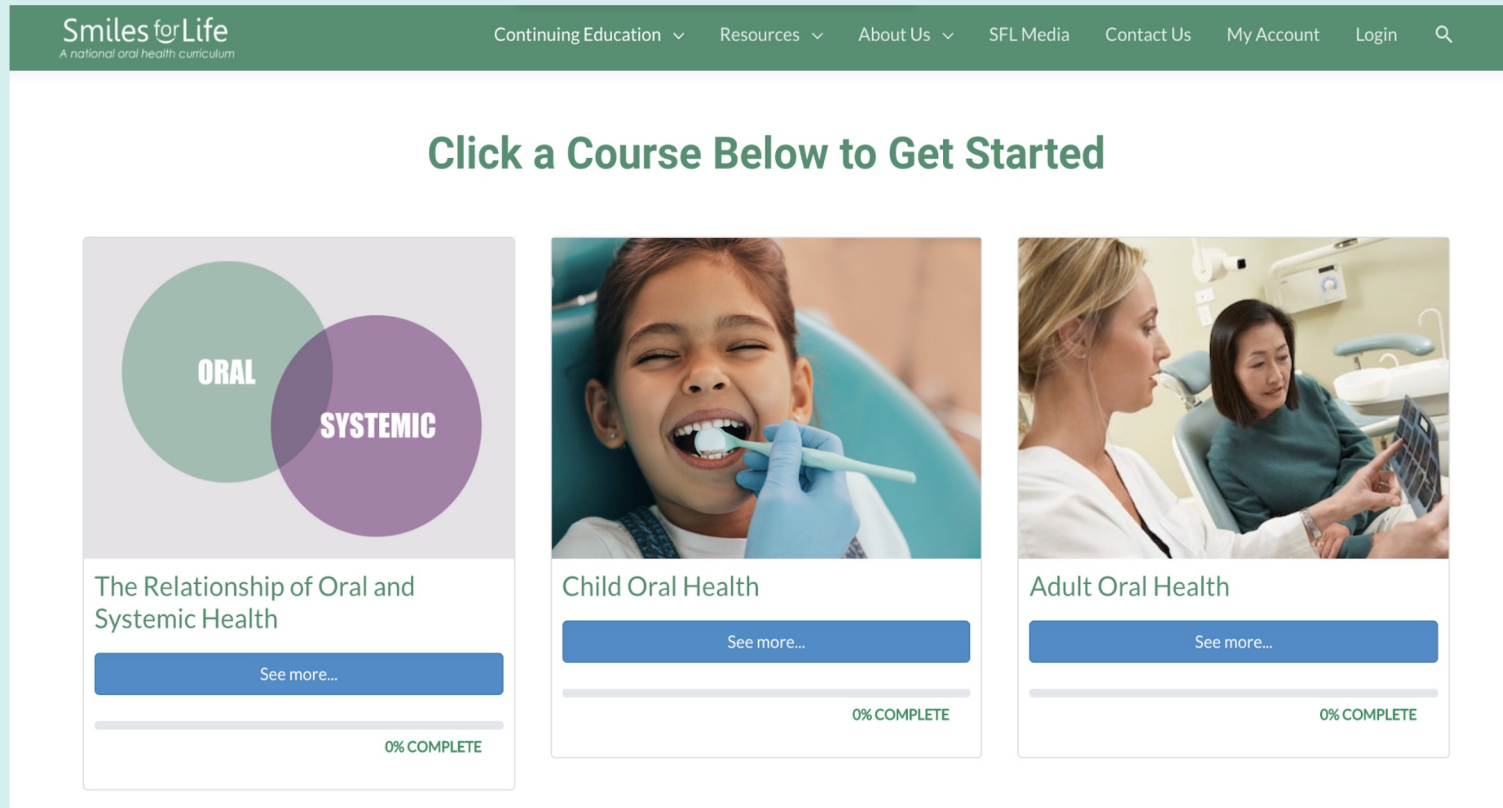
SUMMATIVE ASSESSMENT

INTERPROFESSIONAL PARTNERSHIP & COLLABORATIVE PRACTICE FOR OPTIMIZATION OF PATIENT HEALTH OUTCOMES

Smiles for Life: A National Oral Health Curriculum

<https://smilesforlifeoralhealth.org>

[Click here](#) to download materials for implementing modules in a classroom setting.



The screenshot shows the Smiles for Life website interface. At the top is a dark green navigation bar with the logo 'Smiles for Life A national oral health curriculum' on the left and menu items: 'Continuing Education', 'Resources', 'About Us', 'SFL Media', 'Contact Us', 'My Account', 'Login', and a search icon. Below the navigation bar is a white main content area with the heading 'Click a Course Below to Get Started'. Three course cards are displayed in a row. The first card features a Venn diagram with two overlapping circles, one green labeled 'ORAL' and one purple labeled 'SYSTEMIC'. Below the diagram is the title 'The Relationship of Oral and Systemic Health', a blue 'See more...' button, and a progress bar at the bottom showing '0% COMPLETE'. The second card shows a close-up of a child's mouth being examined by a dental professional wearing blue gloves. The title is 'Child Oral Health', followed by a blue 'See more...' button and a '0% COMPLETE' progress bar. The third card shows a dental professional in a white coat talking to a patient in a dental chair. The title is 'Adult Oral Health', followed by a blue 'See more...' button and a '0% COMPLETE' progress bar.

Smiles for Life: A National Oral Health Curriculum

Recognizing Oral Abnormalities

Download the Smiles for Life Oral Health mobile app to access the Photo Gallery.

PNP Students should find and review the following oral abnormalities:

- Dental caries
- White spots
- Severe caries
- Fluorosis
- Developmental enamel defects
- Healthy teeth
- Iron staining of teeth
- Abscess
- Angular cheilitis
- Mucocele
- Eruption hematoma
- Epstein pearls
- Palate/Mandibular bony tori



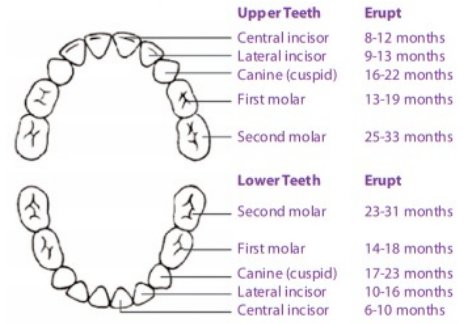
Cavity Free Kids: [Teething](#)

Teething

Did You Know?

- Babies will usually begin to get their teeth around 6 months of age.
- While teething, babies may chew on their fingers, hands, or anything that they can get into their mouths.
- Comfort a teething baby by offering a cold, firm, safe and clean teething object, like a teething ring or slightly frozen damp washcloth.
- Drooling and fussiness are normal signs of teething.

Teething biscuits and crackers are often sticky and sugary and can cause cavities. **Do not offer them for teething.**



Take the Healthy Mouth Challenge!

I will:

- Get a teething ring or put a washcloth in the freezer to comfort my teething baby.



Healthy Habits for Happy Smiles: [Helping Your Baby with Teething Pain](#)

Healthy Habits for Happy Smiles



Helping Your Baby with Teething Pain

It is exciting to see your baby's first tooth! Baby (primary) teeth begin to come in when your child is about 6 to 10 months old. For some babies, teething hurts. As teeth come in, babies might be cranky or drool more. They might have sore or swollen gums. And they may chew on things.



School readiness begins with health!



Tips for helping your baby with teething pain:

- Check your child's teeth and mouth.
- Rub your baby's gums with a clean finger. The rubbing may make your baby's gums feel better.
- Find teething toys that have solid pieces. Loose pieces can break off and make your baby choke.
- It is best not to use teething toys that have liquid in them. Your baby could chew a hole into them.
- Don't put any teething toys or necklaces around your baby's neck. And don't pin or clip them to your baby's clothes. The toy could get tangled around your baby's neck and make her choke.
- Give your baby something cool to chew on. Clean, refrigerated spoons, pacifiers, teething rings, and wet washcloths are good choices. Don't put teething rings in the freezer. That makes them too cold for your baby's mouth.
- With your baby seated in a high chair, offer a chunk of frozen banana or plain bagel to chew on. Give your baby the whole piece of food. Don't cut it into small pieces. Keep an eye on your baby when she eats in case she chokes.
- Don't use teething gels or liquids on your baby's gums. They are not safe.



This handout was prepared by the National Center on Early Childhood Health and Wellness under cooperative agreement #90HC0013 for the U.S. Department of Health and Human Services, Administration for Children and Families, Office of Head Start. National Center on Early Childhood Health and Wellness. 2016. *Healthy Habits for Happy Smiles: Helping Your Baby with Teething Pain*. Elk Grove Village, IL: National Center on Early Childhood Health and Wellness. Photo credits: Glenn / Flickr / CC BY-NC-SA (front page, top); jadarm / Foter / CC BY-NC-SA (front page, bottom); JasonUnbound / Foter / CC BY-NC (back page)



ADMINISTRATION FOR CHILDREN & FAMILIES



NATIONAL CENTER ON Early Childhood Health and Wellness

Cavity Free Kids: [Lift the Lip](#)

Lift the Lip

Did You Know?

- Lift the Lip is one way for you to check your child's teeth for early signs of tooth decay.
- It's quick and easy to do—take a minute to Lift the Lip while you're reading or playing with your child, before bed, or during toothbrushing.
- By checking your child's teeth once a month, you can help identify early tooth decay and prevent cavities.



Ignoring early signs of decay can lead to cavities.

How to Lift the Lip

1. Lift or gently push the upper lip so the teeth and gums are visible.
2. Look at the upper teeth—the front and back of the teeth for plaque on the gum line, white, brown, or black spots.
3. Repeat the process with the lower teeth.
4. If you see spots or anything unusual, have your child's teeth checked by a dentist or medical provider as soon as possible.

Your child may fuss, cry or wiggle while you check his teeth. As you both get more comfortable with the process it will get easier.

Take the Healthy Mouth Challenge!

I will:

- Lift my child's lip at least once a month to check for early signs of tooth decay.
- Make an appointment with dentist or medical provider if I see white, brown or black spots or have other concerns.



BABY TEETH ARE IMPORTANT

Cavity Free Kids™ Oral Health Education for Children Birth through Age Five, and their Families - Copyright © 2015 WDSF

Healthy Habits for Happy Smiles: [Getting Fluoride for Your Child](#)

Healthy Habits for Happy Smiles



Getting Fluoride for Your Child

Fluoride is found in nature in soil, plants, and water. Fluoride is safe. Drinking tap (faucet) water with fluoride, brushing with fluoride toothpaste, and having a health professional apply fluoride varnish to the teeth are important ways to make teeth strong and prevent tooth decay.



School readiness begins with health!

Fluoride in Water


- Since most water doesn't have enough natural fluoride to prevent tooth decay, many communities add fluoride to their water supply (tap water) used for drinking and cooking.
- Give your child tap water with fluoride. If you are not sure if your water has enough fluoride, ask your child's dental clinic for help in finding out.
- Some bottled waters contain fluoride, and some do not. Check with the bottled water's manufacturer to ask about the fluoride content of a particular brand.
- If your tap water does not have enough fluoride, ask your dental or medical clinic if your child needs fluoride drops or tablets.

Fluoride Toothpaste

- Brush your child's teeth after breakfast and before bed once the first tooth begins to show.
- Use a child-sized toothbrush with soft bristles and fluoride toothpaste.
- See *Healthy Habits for Happy Smiles: Brushing Your Child's Teeth* for more information.


Fluoride Varnish

- Fluoride varnish is painted on a child's teeth to prevent or reduce cavities.
- It is not permanent but keeps fluoride on the teeth for several hours.
- Fluoride varnish has a pleasant taste and is well tolerated by children.



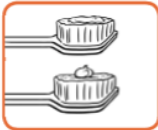
This handout was prepared by the National Center on Early Childhood Health and Wellness under cooperative agreement #90HC0010 for the U.S. Department of Health and Human Services, Administration for Children and Families, Office of Head Start. National Center on Early Childhood Health and Wellness. 2016. Healthy Habits for Happy Smiles: Getting Fluoride for Your Child. Elk Grove Village, IL: National Center on Early Childhood Health and Wellness.

Photo requiring credit: makelesnise / Fotar / CC BY (back page)




Cavity Free Kids: [How to Brush](#) & [How to Floss](#)


How To Brush




Use a soft bristle toothbrush and fluoridated toothpaste.
Use a smear of toothpaste from the first tooth up to age 3, a pea-sized amount after that.




Hold your brush at an angle where the gum meets the tooth.
Food and germs like to stick there.



Move the toothbrush in small circles.
Count to 5 before moving the brush to another spot.




Remember the biting surfaces.
That is where the food gets stuck and germs hide.





Brush the tongue.
Germs hide there.

Brush your child's teeth (and yours!) twice a day—after breakfast and before bed.



98

Cavity Free Kids™ Oral Health Education for Home Visiting with Pregnant Women and Parents of Children Birth to Age Five • Copyright © 2015 MDZP


How To Floss

Wrap the floss around your middle or index fingers to get a firm grip.
Hold between your thumbs and fingers.




Gently slide the floss between two teeth. Then wrap the floss toward one tooth, hugging it as you gently slide it up, back, forth, and down.



Repeat this process on all teeth. Remember to hug that back tooth even though it is the last one in line.

Remember...

- Always use a clean piece of floss between teeth.
- Never snap or force floss as this may cut or bruise gum tissue.
- Children cannot floss by themselves, they need your help.
- Start flossing your child's teeth as soon as teeth touch.
- It will help your child learn good habits if they see you floss.


101

Cavity Free Kids™ Oral Health Education for Home Visiting with Pregnant Women and Parents of Children Birth to Age Five • Copyright © 2015 MDZP

Cavity Free Kids: [FAQ](#)

Family Engagement FAQ

Cavity Free Kids > Family Engagement > Family Engagement FAQ

Q: When should I start brushing baby's teeth?

A: Clean baby's mouth like you clean the rest of her/him—even before teeth come in. Wipe baby's gums and tongue with a clean, moist cloth. When the first teeth come in, brush gently with a soft baby toothbrush, with a smear (rice-sized) amount of fluoride toothpaste.

Q: My baby is teething and is so fussy. What can I do?

A: Teething biscuits or cookies are not good for teeth. Try a cold teething ring or a clean moist cloth.

Q: My grandma told me to dip the baby's pacifier in honey to help him sleep. Honey is a natural sugar, so it won't hurt his/her teeth, will it?

A: Any kind of sugar or sticky food can cause tooth decay. Besides creating a problem for your child's teeth, honey is not recommended for infants because it may contain certain bacteria that could make your child sick.

Q: I only brush my baby's teeth 3 or 4 days each week. The last time I brushed I saw some very white spots on the front of her teeth. Does this mean that her teeth are really healthy?

A: Those white spots may be the beginning stages of tooth decay. When the teeth aren't brushed every day, the cavity-causing germs stay on teeth and can start to destroy the teeth. Check with the dentist right away in order to keep the white spots from developing into cavities.

Q: My mother watches my 18-month-old while I work. She lets my daughter walk around with a bottle of apple juice because it's less messy than a cup. What do I say to my mom?

A: You could use 3 different approaches:

- The "natural" sugar in juice can cause tooth decay. Sipping on sweet drinks covers your child's teeth in cavity-causing acids again and again each time she takes a sip. Those repeated "acid attacks" can weaken and destroy her teeth.
- Juice has no nutritional value. Try to serve whole fruits and vegetables since they have more nutrients and are higher in fiber which is good for everyone! Between meals, "water is first for thirst." This helps establish a healthy, water-drinking habit.

Q: My two-year-old likes to eat toothpaste out of the tube. Will this help strengthen his teeth?

A: No. Children should not swallow toothpaste. Toothpaste is for teeth, not tummies. Remember—just a pea-sized amount! Putting the toothpaste on is a grown-up job. Keep toothpaste out of a child's reach.

Q: My two year-old brushes all by himself! We don't need to help him, do we?

A: It is wonderful that your child is showing independence, but two-year-olds do not have the coordination to brush well enough. After your child brushes, you can finish the job. Children need to be supervised and helped with brushing until they are between 6 and 8 years old or can tie their shoes.

Q: Why should I worry about baby teeth?

A: Baby teeth are important! They help children eat foods, form words, and hold space for adult teeth. Healthy baby teeth mean a healthy mouth for the adult teeth.

Q: We use a water filter at our house. Does this take out the fluoride?

A: The faucet or pitcher type filters do not remove fluoride from the water. Whole-house filtration or distilling systems usually remove fluoride. If your system removes the fluoride, check with your dentist or medical provider about giving your child fluoride drops or pills. Bottled water seldom has fluoride. It is better than a soft drink, but does not help strengthen the teeth like water with fluoride does.

Q: I don't know if we have fluoride in our water. How can I find out?

A: Call your water supplier—water company or city utility—to see if there is fluoride in the water.

APPENDIX 7

Pediatric Health Promotion

Cavity Free Kids: [Let's Talk Teeth](#) & [Let's Set Goals](#)

Let's Talk Teeth!

Parent's Name: _____ Child's Name: _____ Child's Age: _____

Answer the following questions about your child: (note: some questions may not apply based on the age and developmental stage of your child.)

- | | Yes | No | NA |
|--|--------------------------|--------------------------|--------------------------|
| 1. If your child has teeth, do you brush them?
IF YES: Times per day _____ Times of day _____ Days per week _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Does your child drink anything besides water between meals and snacks?
IF YES: What does she drink? _____ How often? _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Does your child go to bed with a bottle filled with anything besides water?
IF YES: What type of drink? _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Does your child eat between meals?
IF YES: What does he/she eat? _____
When? (times of day) _____ How often? _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Does your child have a dentist? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Have you had your child's teeth checked by a dentist or medical provider?
IF YES: When? _____ By whom? _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Does your child have cavities or pain in his/her mouth? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Do you have concerns about his/her teeth or mouth? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

If you are pregnant, answer the following questions:

- | | | | |
|---|--------------------------|--------------------------|--------------------------|
| 1. Do you brush your teeth?
IF YES: Times per day _____ Times of day _____ Days per week _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Do you drink anything but water between meals and snacks?
IF YES: What do you drink? _____ How often? _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Do you eat between meals?
IF YES: What? _____
When? (times of day) _____ How often? _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Do you have a dentist? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Have you seen the dentist during your pregnancy? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Do you have cavities or pain in your mouth? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Do you have concerns about your teeth or mouth?
IF YES: What? _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |



Let's Set Goals

Select the oral health goals you would like to accomplish. Goals should be set based on your child's oral health needs or your needs if you are pregnant.

Brush twice a day with fluoride toothpaste.



Drink only water between meals.



If baby goes to sleep with a bottle, fill it only with water.



Eat tooth healthy foods for snacks and meals.



Eat during meals and snacks only rather than "grazing" during the day.



Find a dentist.



Make a dental appointment.



Follow-up with treatment appointments.



The client may choose to set another goal that is not listed.

Other: _____



APPENDIX 8

Pediatric Health Promotion

Cavity Free Kids: [More Home Visiting Resources](#)

Tooth Healthy Foods

Did You Know?

- Tooth healthy foods include fresh fruit, vegetables and protein rich foods like nuts, cheese and meats.
- Tooth unhealthy foods include crackers, chips, dried fruit, fruit leathers, fruit snacks, and cookies.



Teeth need breaks between meals and snacks to prevent cavities.

Schedule regular meals and snack times for your child.

Take the Healthy Mouth Challenge!

I will:

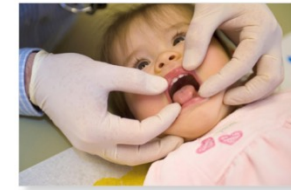
- Make a healthy snack with my child (for example, cheese and apple slices).
- Serve my family tooth healthy foods for snacks and meals.
- Hang up the tooth healthy and tooth unhealthy foods list to remind me what to serve.



Dental Visits Are Important

Did you know?

- It is important for your child to get his first dental visit when his first teeth come in or by his first birthday. **After a child's first visit it is important for him to get regular checkups.**
- During a dental visit, a provider may:
 - Count your child's teeth.
 - Check your child's teeth for cavities and if any are found, treat them.
 - Paint fluoride varnish to your child's teeth.



Take the Healthy Mouth Challenge!

I will:

- Make an appointment for my child's dental checkup!

My child's first dental visit is scheduled with _____
 (Dentist or Medical Provider Name)
 on _____ at _____
 (insert date) (insert time)

- Remember to bring my insurance card, photo ID and money for co-payment (if needed) to my child's dentist appointment.
- Arrive 15 minutes early to complete paperwork.
- Bring some small toys or a book for my child to play with during the waiting time.



PNP Curriculum Integration of Interprofessional Oral Health Competencies in Pediatric Health Assessment

PEDIATRIC HEALTH ASSESSMENT	1) EXPOSURE: INTRODUCTION	2) IMMERSION: DEVELOPMENT	3) COMPETENCE: ENTRY-TO-PRACTICE	INTERPROFESSIONAL PARTNERSHIP & COLLABORATIVE PRACTICE FOR OPTIMIZATION OF PATIENT HEALTH OUTCOMES
HSRA Oral Health Competencies: Oral Health Risk Assessment, Oral Health Evaluation, Oral Health Preventive Intervention, Communication and Education	KNOWLEDGE: INTEGRATING ORAL HEALTH HISTORY AND RISK ASSESSMENT INTO PEDIATRIC ASSESSMENT <i>Goal:</i> Understand essential information included in the oral health history, physical exam and risk assessment of children <ul style="list-style-type: none"> Review the oral health recommendation in the Recommendations for Preventive Pediatric Health Care (Appendix 1) Read Guideline on Caries-risk Assessment and Management for Infants, Children, and Adolescents (AAPD, 2022) 	SKILL/BEHAVIOR <i>Goal:</i> Demonstrate integration of HEENOT in oral health history, physical exam and risk assessment of children during simulation lab <ul style="list-style-type: none"> Present a comparison of two pediatric risk assessment tools AAP Oral Health Risk Assessment Tool (Appendix 2) & ADA Caries Risk Assessment Form 0-6 (Appendix 3) After presentations, choose preferred Caries Risk Assessment tool to use in simulation lab 	SKILL/BEHAVIOR <i>Goal:</i> Demonstrate integration of HEENOT competency in oral health history, physical exam, risk assessment of children in clinical experience <ul style="list-style-type: none"> Review Putting the Mouth Back in the Head: HEENT to HEENOT (Haber et al., 2015) Read The Interprofessional Role in Dental Caries Management: Impact of the Nursing Profession in Early Childhood Caries (Haber & Hartnett, 2019) Demonstrate integration of HEENOT competency with children, and include mother's oral health history 	
	KNOWLEDGE: INTEGRATING ORAL EXAM INTO PEDIATRIC PHYSICAL EXAM <i>Goal:</i> Understand health issues found in newborns <p>Read:</p> <ul style="list-style-type: none"> Effect of Frenotomy on Maternal Breastfeeding Symptoms and the Relationship Between Maternal Symptoms and Problematic Infant Feeding (Hill et al., 2022) Speech and Feeding Improvements in Children After Posterior Tongue-Tie Release (Baxter & Hughes, 2018) 	SKILL/BEHAVIOR <i>Goal:</i> Demonstrate integration of HEENOT in physical exam of newborn, infant, child and adolescent during simulation lab <ul style="list-style-type: none"> Perform complete newborn, infant, child and adolescent oral exam and document any oral abnormalities Develop oral health risk reduction tips for parents/caretakers of newborn, infant, child or adolescent 	SKILL/BEHAVIOR <i>Goal:</i> Demonstrate Integration of HEENOT competency in physical exam of newborn, infant, child and adolescent in clinical experience <ul style="list-style-type: none"> Demonstrate HEENOT competency in oral exam of newborn, infant, child and adolescent in clinical experience, and include mother's oral health history Engage parents/caretakers in discussing oral health risk reduction strategies for newborn, infant, child or adolescent Read Bright Futures Guidelines for Health Supervision of Infants, Children and Adolescents (AAP, 2017) 	
	KNOWLEDGE: ASSESSING ORAL TRAUMA IN CHILDREN/ADOLESCENTS <i>Goal:</i> Understand prevention measures and emergency treatment for oral trauma in children/adolescents <ul style="list-style-type: none"> Complete Smiles for Life (SFL) Module #4, including Clinical Cases, and submit Certificate of Completion <p>Read:</p> <ul style="list-style-type: none"> Guidelines for Management of Traumatic Dental Injuries (AAPD, 2020) Policy on Prevention of Sports-Related Orofacial Injuries (AAPD, 2018) Preventing Injury to Your Child's Mouth (Appendix 4) & Sometimes Accidents Happen (Appendix 5) 	SKILL/BEHAVIOR <i>Goal:</i> Develop oral sports trauma prevention plan for adolescents <ul style="list-style-type: none"> Complete the Mia Jones Unfolding Case (NLN) Choose mouth guard and present its pros and cons in class Develop sports oral health safety tips that reduce dental trauma risk for adolescents 	SKILL/BEHAVIOR <i>Goal:</i> Demonstrate HEENOT competency in oral health history, risk assessments and physical exam in sports physical of adolescents <ul style="list-style-type: none"> Read Mouthguards (ADA Mouth Healthy) Engage adolescents in discussing sports oral safety strategies that reduce oral trauma risk Use motivational interviewing to engage adolescents into adopting one change to reduce oral trauma risk 	
AACN Essentials: Person-centered care, Population health, Inter-professional partnerships, Knowledge for nursing practice, Scholarship for nursing discipline	ENTRY LEVEL ASSESSMENT			
NONPF Competencies: Knowledge of Practice, Person-centered care, Population health, Interprofessional collaboration and practice, Technology and information literacy				
CONSTRUCTS				

APPENDIX 1

Pediatric Health Assessment

Recommendations for Preventive Pediatric Health Care

American Academy of Pediatrics
DEDICATED TO THE HEALTH OF ALL CHILDREN™

Recommendations for Preventive Pediatric Health Care
Bright Futures/American Academy of Pediatrics

Bright Futures.
Prevention and health promotion for infants, children, adolescents, and their families™

Each child and family is unique; therefore, these Recommendations for Preventive Pediatric Health Care are designed for the care of children who are receiving competent parenting, have no manifestations of any important health problems, and are growing and developing in a satisfactory fashion. Developmental, psychosocial, and chronic disease issues for children and adolescents may require frequent counseling and treatment visits separate from preventive care visits. Additional visits also may become necessary if circumstances suggest variations from normal.

These recommendations represent a consensus by the American Academy of Pediatrics (AAP) and Bright Futures. The AAP continues to emphasize the great importance of continuity of care in comprehensive health supervision and the need to avoid fragmentation of care.

Refer to the specific guidance by age as listed in the *Bright Futures Guidelines* (Hagan JF, Shaw JS, Duncan PM, eds. *Bright Futures: Guidelines for Health Supervision of Infants, Children, and Adolescents*. 4th ed. Elk Grove Village, IL: American Academy of Pediatrics; 2017).

The recommendations in this statement do not indicate an exclusive course of treatment or standard of medical care. Variations, taking into account individual circumstances, may be appropriate. Copyright © 2019 by the American Academy of Pediatrics, updated March 2019. No part of this statement may be reproduced in any form or by any means without prior written permission from the American Academy of Pediatrics except for one copy for personal use.

AGE/	INFANCY									EARLY CHILDHOOD						MIDDLE CHILDHOOD						ADOLESCENCE										
	Prenatal ¹	Newborn ²	3-5 d ³	By 1 mo	2 mo	4 mo	6 mo	9 mo	12 mo	15 mo	18 mo	24 mo	30 mo	3 y	4 y	5 y	6 y	7 y	8 y	9 y	10 y	11 y	12 y	13 y	14 y	15 y	16 y	17 y	18 y	19 y	20 y	21 y
HISTORY	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●
Initial Interview	●																															
MEASUREMENTS																																
Length-Height and Weight		●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	
Head Circumference		●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	
Weight for Length		●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	
Body Mass Index ⁴																																
Blood Pressure ⁵		★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	
SENSORY SCREENING																																
Vision ⁶		★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	
Hearing ⁷		● ¹	● ¹	→	→	→	→	→	→	→	→	→	→	→	→	→	→	→	→	→	→	→	→	→	→	→	→	→	→	→	→	
DEVELOPMENTAL/BEHAVIORAL HEALTH																																
Developmental Screening ⁸								●					●																			
Autism Spectrum Disorder Screening ⁹											●																					
Developmental Surveillance		●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	
Psychosocial/Behavioral Assessment ¹⁰		●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	
Tobacco, Alcohol, or Drug Use Assessment ¹¹																																
Depression Screening ¹²																							★	★	★	★	★	★	★	★	★	
Maternal Depression Screening ¹³					●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	
PHYSICAL EXAMINATION¹⁴		●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	
PROCEDURES¹⁵																																
Newborn Blood		● ¹⁶	→	→	→	→	→	→	→	→	→	→	→	→	→	→	→	→	→	→	→	→	→	→	→	→	→	→	→	→		
Newborn Bilirubin ¹⁷		●																														
Critical Congenital Heart Defect ¹⁸		●																														
Immunization ¹⁹		●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	
Anemia ²⁰					★																											
Lead ²¹						★		● or ★ ²¹		★		● or ★ ²¹		★		★		★		★		★		★		★		★		★		
Tuberculosis ²²			★				★																									
Dyslipidemia ²³											★																					
Sexually Transmitted Infections ²⁴																							★	★	★	★	★	★	★	★	★	
HIV ²⁵																							★	★	★	★	★	★	★	★	★	
Cervical Dysplasia ²⁶								● ²²	● ²²	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★		
ORAL HEALTH²⁷																																
Fluoride Varnish ²⁸												★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	
Fluoride Supplementation ²⁹																																
ANTICIPATORY GUIDANCE	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	

APPENDIX 2

Pediatric Health Assessment

American Academy of Pediatrics [Oral Health Risk Assessment Tool](#)

Oral Health Risk Assessment Tool

The American Academy of Pediatrics (AAP) has developed this tool to aid in the implementation of oral health risk assessment during health supervision visits. This tool has been subsequently reviewed and endorsed by the National Interprofessional Initiative on Oral Health.

Instructions for Use

This tool is intended for documenting caries risk of the child, however, two risk factors are based on the mother or primary caregiver's oral health. All other factors and findings should be documented based on the child.

The child is at an absolute high risk for caries if any risk factors or clinical findings, marked with a sign, are documented yes. In the absence of risk factors or clinical findings, the clinician may determine the child is at high risk of caries based on one or more positive responses to other risk factors or clinical findings. Answering yes to protective factors should be taken into account with risk factors/clinical findings in determining low versus high risk.

Patient Name: _____		Date of Birth: _____		Date: _____	
Visit: <input type="checkbox"/> 6 month <input type="checkbox"/> 9 month <input type="checkbox"/> 12 month <input type="checkbox"/> 15 month <input type="checkbox"/> 18 month <input type="checkbox"/> 24 month <input type="checkbox"/> 30 month <input type="checkbox"/> 3 year					
<input type="checkbox"/> 4 year <input type="checkbox"/> 5 year <input type="checkbox"/> 6 year <input type="checkbox"/> Other _____					
RISK FACTORS		PROTECTIVE FACTORS		CLINICAL FINDINGS	
Mother or primary caregiver had active decay in the past 12 months <input type="checkbox"/> Yes <input type="checkbox"/> No		<ul style="list-style-type: none"> Existing dental home <input type="checkbox"/> Yes <input type="checkbox"/> No Drinks fluoridated water or takes fluoride supplements <input type="checkbox"/> Yes <input type="checkbox"/> No Fluoride varnish in the last 6 months <input type="checkbox"/> Yes <input type="checkbox"/> No Has teeth brushed twice daily <input type="checkbox"/> Yes <input type="checkbox"/> No 		White spots or visible decalcifications in the past 12 months <input type="checkbox"/> Yes <input type="checkbox"/> No Obvious decay <input type="checkbox"/> Yes <input type="checkbox"/> No Restorations (fillings) present <input type="checkbox"/> Yes <input type="checkbox"/> No	
<ul style="list-style-type: none"> Mother or primary caregiver does not have a dentist <input type="checkbox"/> Yes <input type="checkbox"/> No Continual bottle/sippy cup use with fluid other than water <input type="checkbox"/> Yes <input type="checkbox"/> No Frequent snacking <input type="checkbox"/> Yes <input type="checkbox"/> No Special health care needs <input type="checkbox"/> Yes <input type="checkbox"/> No Medicaid eligible <input type="checkbox"/> Yes <input type="checkbox"/> No 				<ul style="list-style-type: none"> Visible plaque accumulation <input type="checkbox"/> Yes <input type="checkbox"/> No Gingivitis (swollen/bleeding gums) <input type="checkbox"/> Yes <input type="checkbox"/> No Teeth present <input type="checkbox"/> Yes <input type="checkbox"/> No Healthy teeth <input type="checkbox"/> Yes <input type="checkbox"/> No 	
ASSESSMENT/PLAN					
Caries Risk: <input type="checkbox"/> Low <input type="checkbox"/> High		Self Management Goals: <input type="checkbox"/> Regular dental visits <input type="checkbox"/> Wear off bottle <input type="checkbox"/> Healthy snacks			
Completed: <input type="checkbox"/> Anticipatory Guidance <input type="checkbox"/> Fluoride Varnish <input type="checkbox"/> Dental Referral		<input type="checkbox"/> Dental treatment for parents <input type="checkbox"/> Less/No juice <input type="checkbox"/> Brush twice daily <input type="checkbox"/> Only water in sippy cup <input type="checkbox"/> Use fluoride toothpaste <input type="checkbox"/> Drink tap water		<input type="checkbox"/> Less/No junk food or candy <input type="checkbox"/> No soda <input type="checkbox"/> Xylitol	

APPENDIX 3

Pediatric Health Assessment

American Dental Association [Caries Risk Assessment Form \(Age 0-6\)](#)

ADA American Dental Association® America's leading advocate for oral health			
Caries Risk Assessment Form (Age 0-6)			
Patient Name:			
Birth Date:		Date:	
Age:		Initials:	
	Low Risk	Moderate Risk	High Risk
Contributing Conditions			
Check or Circle the conditions that apply			
I. Fluoride Exposure (through drinking water, supplements, professional applications, toothpaste)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
II. Sugary Foods or Drinks (including juice, carbonated or non-carbonated soft drinks, energy drinks, medicinal syrups)	Primarily at mealtimes <input type="checkbox"/>	Frequent or prolonged between meal exposures/day <input type="checkbox"/>	Bottle or sippy cup with anything other than water at bed time <input type="checkbox"/>
III. Eligible for Government Programs (WIC, Head Start, Medicaid or SCHIP)	<input type="checkbox"/> No		<input type="checkbox"/> Yes
IV. Caries Experience of Mother, Caregiver and/or other Siblings	No carious lesions in last 24 months <input type="checkbox"/>	Carious lesions in last 7-23 months <input type="checkbox"/>	Carious lesions in last 6 months <input type="checkbox"/>
V. Dental Home: established patient of record in a dental office	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
General Health Conditions			
Check or Circle the conditions that apply			
I. Special Health Care Needs (developmental, physical, medical or mental disabilities that prevent or limit performance of adequate oral health care by themselves or caregivers)	<input type="checkbox"/> No		<input type="checkbox"/> Yes
Clinical Conditions			
Check or Circle the conditions that apply			
I. Visual or Radiographically Evident Restorations/ Cavitated Carious Lesions	No new carious lesions or restorations in last 24 months <input type="checkbox"/>		Carious lesions or restorations in last 24 months <input type="checkbox"/>
II. Non-cavitated (incipient) Carious Lesions	No new lesions in last 24 months <input type="checkbox"/>		New lesions in last 24 months <input type="checkbox"/>
III. Teeth Missing Due to Caries	<input type="checkbox"/> No		<input type="checkbox"/> Yes
IV. Visible Plaque	<input type="checkbox"/> No	<input type="checkbox"/> Yes	
V. Dental/Orthodontic Appliances Present (fixed or removable)	<input type="checkbox"/> No	<input type="checkbox"/> Yes	
VI. Salivary Flow	Visually adequate <input type="checkbox"/>		Visually inadequate <input type="checkbox"/>
Overall assessment of dental caries risk: <input type="checkbox"/> Low <input type="checkbox"/> Moderate <input type="checkbox"/> High			
Instructions for Caregiver:			

Healthy Habits for Happy Smiles: [Preventing Injuries to Your Child's Mouth](#)



Healthy Habits for Happy Smiles

Preventing Injuries to Your Child's Mouth

As a parent, you want to keep your child safe, but you learn that injuries can happen in a moment. Children can injure their mouths when they fall or trip. They can also injure their mouths when they climb on furniture or run with something in their mouth.



School readiness begins with health!



- Tips for preventing injuries to your child's mouth:
- Use safety gates at the top and bottom of stairs.
 - Put safety locks or latches on cabinets and drawers.
 - Cover sharp corners.
 - Keep one hand on your child while he is on a changing table.
 - When feeding your child, put her in a high chair or booster seat. Remember to buckle the seatbelt.
 - Always buckle your child into the car seat in the back seat of a car or truck.
 - Pick up toys and keep floors clear so children don't trip and fall.

- Make sure rugs have nonskid pads or backing.
- Watch your child when he is on high places, like playground equipment.
- Put your baby in a front pack while shopping. Or put your child in the shopping cart and use a safety belt. Don't leave your child alone or out of reach in a shopping cart.
- Don't let your child walk or run with anything in her mouth, like sippy cups, popsicles, or toys.

In case of emergency, call your child's dental or medical clinic right away. If you can't reach them, take your child to the emergency room. Give your child's dental and medical clinic phone numbers to others who take care of your child.



This handout was prepared by the National Center on Early Childhood Health and Wellness under cooperative agreement #90HC0013 for the U.S. Department of Health and Human Services, Administration for Children and Families, Office of Head Start. National Center on Early Childhood Health and Wellness. 2016. *Healthy Habits for Happy Smiles: Preventing Injuries to Your Child's Mouth*. Elk Grove Village, IL: National Center on Early Childhood Health and Wellness. Photo requiring credit: Let's Unwind holiday lets / Foter / CC BY-ND (back page)



ADMINISTRATION FOR CHILDREN & FAMILIES



NATIONAL CENTER ON Early Childhood Health and Wellness

Cavity Free Kids: [Sometimes Accidents Happen](#)

Sometimes Accidents Happen

If a baby tooth is knocked out:

- If your child knocks out a baby tooth, take him and the tooth to the dentist right away.
- The tooth cannot be put back in, but the dentist can determine whether any care is needed.

If a permanent tooth is knocked out:

- Pick up the tooth by its biting end (not the root). Do not wash or handle it. Gently rinse it with milk (if available), and place the tooth back in the hole in the gum until you can get to the dentist.
- If the tooth cannot be put back into the hole, place it in a container of cold milk.
- Take the child and the tooth to the dentist immediately.

If a tooth is broken:

- Save tooth fragments you can find and place them in a cup of milk or water.
- Rinse the injured tooth and area with warm water to remove dirt and debris.
- Place a clean, cold compress on the injured area.
- Take the child and the tooth fragments to the dentist immediately.

Take the Healthy Mouth Challenge!

I will:

- Keep my dentist's name and phone number handy in case of an emergency.

▪ My dentist's name: _____

▪ My dentist's phone number: _____

▪ Office hours: _____



PNP Curriculum Integration of Interprofessional Oral Health Competencies in Pediatric Primary Care

PEDIATRIC PRIMARY CARE	1) EXPOSURE: INTRODUCTION	2) IMMERSION: DEVELOPMENT	3) COMPETENCE: ENTRY-TO-PRACTICE
<p>HRSA Oral Health Competencies: Oral Health Risk Assessment, Oral Health Evaluation, Oral Health Preventive Intervention, Communication and Education</p>	<p>KNOWLEDGE: CHILD WITH DISABILITY <i>Goal:</i> Recognize complications of oral care in children with disabilities</p> <ul style="list-style-type: none"> Review Smiles for Life (SFL) Modules #1,2,6,7 Read: <ul style="list-style-type: none"> Promoting the Oral Health of Children with Special Health Care Needs (OHRC) Who's Responsible for Treating People with Disabilities? All of Us. (Valachovic, 2022) Oral Health Status and Treatment Needs for Children with Special Needs (Alkhabuli et al., 2019) 	<p>SKILL/BEHAVIOR <i>Goal:</i> Develop comprehensive health maintenance services to children with disabilities</p> <ul style="list-style-type: none"> Complete ACE.D Oral Health and Autism Spectrum Disorder (NLN) Each student choose one behavioral guidance technique for a child with ASD and describe an intervention for the child in the primary care office Choose one oral health problem for a child with Cerebral Palsy and plan a nursing intervention integrating oral health 	<p>COLLABORATIVE CASE PRESENTATION <i>Goal:</i> Collaborate interprofessionally on a pediatric patient with a disability with oral health care needs</p> <ul style="list-style-type: none"> Collaborate with DDS/DH students on developing a management plan for child with an intellectual/developmental disability and oral health problems (Appendix 1) Working as an interprofessional team, identify a plan for overcoming barriers to oral and well-child care for children with disabilities
<p>AACN Essentials: Person-centered care, Population health, Inter-professional partnerships, Knowledge for nursing practice, Scholarship for nursing discipline</p>	<p>KNOWLEDGE: CHILD WITH CANCER <i>Goal:</i> Recognize oral manifestations of cancer in children</p> <p>Read:</p> <ul style="list-style-type: none"> Dental Care for Patients with Childhood Cancers (Ritwik, 2018) America, We Need to Invest in Dental Care for all of our Children (Maloney, 2022) 	<p>SKILL/BEHAVIOR <i>Goal:</i> Develop comprehensive health maintenance services to children with cancer</p> <ul style="list-style-type: none"> Collaborate on Discussion Board on case study of child with Acute Leukemia (Appendix 2) Develop oral hygiene Talking Points for parents of children who have cancer 	<p>COLLABORATIVE CASE PRESENTATION <i>Goal:</i> Collaborate interprofessionally on pediatric cancer case with oral health needs</p> <ul style="list-style-type: none"> Collaborate with DDS/DH students on developing an oral health management plan for child with cancer to promote oral health before, during and after cancer treatment Collaborate with DDS/DH and medical students on providing oral care for children with cancer in hospitals or community-based clinical settings
<p>NONPF Competencies: Knowledge of Practice, Person-centered care, Population health, Interprofessional collaboration and practice, Technology and Information literacy</p>	<p>KNOWLEDGE: ADOLESCENT WITH STI <i>Goal:</i> Recognize oral manifestations of STIs in adolescents</p> <p>Read:</p> <ul style="list-style-type: none"> HPV-Related Papillary Lesions of the Oral Mucosa: A Review (Betz, 2019) Cancer (Head and Neck) (ADA) Improving HPV Vaccine Confidence: An Interprofessional Challenge (Cipollina, 2022) Making the case for interprofessional education and practice collaboration to address rising rates of HPV-associated oropharyngeal cancers (Haber et al., 2022) 	<p>SKILL/BEHAVIOR <i>Goal:</i> Develop comprehensive health maintenance services to children with STIs</p> <ul style="list-style-type: none"> Describe barriers to accepting the need for the HPV vaccine among parents, pre-adolescents and adolescents Following health literacy principles, develop a brochure describing benefits of HPV vaccination for adolescents 	<p>COLLABORATIVE CASE PRESENTATION <i>Goal:</i> Collaborate interprofessionally on pediatric STI case with oral health needs</p> <ul style="list-style-type: none"> Collaborate with DDS/DH students on developing a management plan for adolescent with STIs and oral health problems (Appendix 3) Collaborate with DDS/DH students and medical students on caring for adolescents with STIs in clinical experience

ENTRY LEVEL ASSESSMENT

SUMMATIVE ASSESSMENT

INTERPROFESSIONAL PARTNERSHIP & COLLABORATIVE PRACTICE FOR OPTIMIZATION OF PATIENT HEALTH OUTCOMES

CONSTRUCTS

Disabilities Case Study

Chief Complaint

Marco is a 5-year-old male diagnosed with autism spectrum disorder at age 2. Marco is non-verbal but communicates non-verbally in a limited way with his parents and teachers. For the past three days, he has been refusing to eat. He has always been very particular about food (only eats white or light-colored foods), but will not even eat foods that he has always enjoyed. His parents are worried that he has not eaten solid food in over 48 hours. He has only been drinking juice and children’s protein shakes.

Medications: Risperdal (2mg) for irritability and behavioral outbursts

Family History: Only child, lives with both parents. No family history of food intolerance or GI problems.

Physical Exam: Alert, irritable, thin

HEENOT Exam: winces during oral exam; brown spots on several upper and lower front teeth; redness and swelling along left lower lateral gum line

What is the differential?

What is your clinical diagnosis(es)?

What is your treatment plan?

What are your follow-up recommendations?

APPENDIX 2

Pediatric Primary Care

Cancer Case Study

Chantel G., a 5-year-old female, presented with a 2-week history of fever, has blood oozing from her gums when brushing and, this morning, showed her mom a bruise on her arm.

Having stopped taking a regular afternoon nap at age 3, Chantel’s mom is surprised to find Chantel asking to lie down in bed after school and notices that she has been falling asleep every afternoon. She is worried because this is not typical behavior for Chantel who is usually very active and energetic and doesn’t understand why her gums are oozing blood. She calls the Family Primary Care Practice that takes care of the G. family.

On physical examination, the girl’s temperature was 101.3°F. She was pale, tired but interactive. Examination of her mouth revealed inflamed gums and a small amount of fresh blood oozing from the lower lateral gum line. A painless ecchymotic bruise was noted on her R. lower arm.

What is the differential?

What additional assessment data do you need to make a diagnosis?

What is your clinical diagnosis?

What is your treatment plan?

Why is it important to integrate oral health in your treatment plan?

What are your follow-up recommendations and referrals?

APPENDIX 3

Pediatric Primary Care

STI Case Study

Chief Complaint

16 year old female Lisa presents to clinic complaining of hoarseness of voice, sores in mouth

Current Health Status

Lisa has no other health problems.

Immunization: Childhood immunizations UTD, has not had any immunizations since age 6.

Medications: None

Sexual History: Two partners over past year, intermittent condom use.

Family History: Only child, lives with both parents.

Physical Exam: Alert, oriented, 16 yo old female.

HEENOT – Eyes, Ears, nose and dentition normal. Scattered papillomas on tongue and pharynx.

Abdomen – soft, nontender

MS – nl

Gyn – No visible lesions – cervical studies pending

Neuro – nl

What else would you like to know?

What is your differential?

What tests will you order?

What is your diagnosis?

What treatment will you prescribe?

Where do you refer patient?

What is your follow-up?

RESOURCES

Alkhabuli, J.O.S., Essa, Z.E., Al-Zuhair, A.A., & Jaber, A.A. (2019). Oral health status and treatment needs for children with special needs: a cross-sectional study. *Pesquisa Brasileira em Odontopediatria e Clínica Integrada*, 19, e4877. doi: 10.4034/PBOCI.2019.191.127.

American Academy of Pediatrics. (2011). Oral health risk assessment tool. Retrieved from https://www.aetnabetterhealth.com/florida/assets/pdf/provider/oralhealth_RiskAssessmentTool.pdf.

American Academy of Pediatrics. (2019). Recommendations for preventive pediatric health care. Retrieved from https://www.aap.org/en-us/Documents/periodicity_schedule.pdf.

American Academy of Pediatric Dentistry. (2022). Guideline on Caries-risk Assessment and Management for Infants, Children, and Adolescents. Retrieved from https://www.aapd.org/media/Policies_Guidelines/BP_CariesRiskAssessment.pdf.

American Academy of Pediatric Dentistry. (2020). International Association of Dental Traumatology Guidelines for the Management of Traumatic Dental Injuries: 2. Avulsion of Permanent Teeth. *Dent Traumatol*, 36(4), 331-342. doi: 10.1111/edt.12573.

American Academy of Pediatric Dentistry. (2018). Policy on prevention of sports-related orofacial injuries. *Reference Manual*, 40(6), 86-91. Retrieved from https://www.aapd.org/media/Policies_Guidelines/P_Sports.pdf.

American Association of Colleges of Nursing. (2021). The Essentials: Core Competencies for Professional Nursing Education. Retrieved from <https://www.aacnursing.org/Essentials>.

American Dental Association. (2011). ADA Caries Risk Assessment Form. Retrieved from https://www.ada.org/-/media/project/ada-organization/ada/ada-organization/files/resources/public-programs/give-kids-a-smile/gkas_caries_risk_assessment_forms.pdf.

American Dental Association. (2022). Cancer (Head and Neck). Retrieved from <https://www.ada.org/resources/research/science-and-research-institute/oral-health-topics/cancer-head-and-neck>.

American Dental Association. (2022). Mouthguards. Retrieved from <https://www.mouthhealthy.org/all-topics-a-z/mouthguards/>.

Arcora Foundation. Cavity Free Kids. Retrieved from <http://cavityfreekids.org>.

Baxter, R. & Hughes, L. (2018). Speech and feeding improvements in children after posterior tongue-tie release: A case series. *International Journal of Clinical Pediatrics*, 7(3), 29-35. doi: 10.14740/ijcp295w.

ONLINE RESOURCES

[OHNEP.org](https://www.ohnep.org)

[SmilesforLifeOralHealth.org](https://www.smilesforlife.org)

National Oral Health Curriculum

[MCHOralHealth.org](https://www.mch.gov)

National Maternal & Child Oral Health Resource Center

[IPECollaborative.org](https://www.ipe.org)

Interprofessional Educational Collaborative

[APTRweb.org/?PHLM_15](https://www.aptrweb.org/?PHLM_15)

Oral Health Across Lifespan Module

[HealthyPeople.gov](https://www.healthypeople.gov)

10-year national health goals for Americans

[AAP.org](https://www.aap.org)

American Academy of Pediatrics

[AAPD.org](https://www.aapd.org)

American Academy of Pediatric Dentistry

[ECLKC.OHS.ACF.HHS.gov](https://www.eclkc.org)

Head Start Healthy Habits for Happy Smiles

[CavityFreeKids.org](https://www.cavityfreekids.org)

Cavity Free Kids Resources

[Layout: IPE.UToronto.ca](https://www.ipe.utoronto.ca)

University of Toronto's Centre for Interprofessional Education

RESOURCES

- Betz, S.J. (2019). HPV-related papillary lesions of the oral mucosa: a review. *Head and Neck Pathol*, 13, 80-90. doi: 10.1007/s12105-019-01003-7
- Businesswire. New CPT Code Empowers Medical Professionals to Apply Silver Diamine Fluoride (SDF) to Treat Cavities. Published October 17, 2022. Retrieved from <https://www.businesswire.com/news/home/20221017005766/en/New-CPT-Code-Empowers-Medical-Professionals-to-Apply-Silver-Diamine-Fluoride-SDF-to-Treat-Cavities>.
- Cipollina, J. (2022). Improving HPV vaccine confidence: an interprofessional challenge. All 4 Oral Health. Retrieved from <https://all4oralhealth.wordpress.com/2022/04/12/improving-hpv-vaccine-confidence-an-interprofessional-challenge/>.
- Clark, M. B. & Clark, D. A. (2018). Oral development and pathology. *Ochsner Journal*, 18(4), 339-344. doi: 10.31486/toj.18.0040.
- Clark, M. B., Douglass, A. B., Maier, R., Deutchman, M., Douglass J. M., Gonsalves W., ... & Quinonez, R. (2020). Smiles for life: A national oral health curriculum. 4th Edition. Society of Teachers of Family Medicine. Retrieved from smilesforlifeoralhealth.com.
- Crystal, Y.O., & Niederman, R. (2019). Evidence-based dentistry update on silver diamine fluoride. *Dental Clinics of North America*, 63(1), 45–68. doi: 10.1016/j.cden.2018.08.011.
- Haber, J. Hartnett, E. Allen, K., Hallas, D., Dorsen, C., Lange-Kessler, J., ... & Wholihan, D. (2015). Putting the mouth back in the head: HEENT to HEENOT. *American Journal of Public Health*, 105(3), e1–e5. doi:10.2105/AJPH.2014.302495.
- Haber, J., Hartnett, E., Feldman, L. M., & Cipollina, J. E. (2022). Making the case for interprofessional education and practice collaboration to address rising rates of HPV-associated oropharyngeal cancers. *Journal of Dental Education*, 86(1), 47–50. doi: 10.1002/jdd.12752.
- Haber, J., & Hartnett, E. (2019). The interprofessional role in dental caries management: impact of the nursing profession in early childhood caries. *Dental Clinics of North America*, 63(4), 653–661. doi: 10.1016/j.cden.2019.05.002
- Hagan, J. F., Shaw, J. S., Duncan, P. M., eds. (2017). Bright Futures: Guidelines for Health Supervision of Infants, Children, and Adolescents [pocket guide]. 4th ed. Elk Grove Village, IL: American Academy of Pediatrics.
- Head Start ECLKC. Healthy Habits for Happy Smiles. US Department of Health and Human Services, Administration for Children and Families. Retrieved from <https://eclkc.ohs.acf.hhs.gov/browse/series/healthy-habits-happy-smiles>.
- Hill, R.R., Lyons, K.S., Kelly-Wheeder, S., & Pados, B.F. (2022). Effect of frenotomy on maternal breastfeeding symptoms and the relationship between maternal symptoms and problematic infant feeding. *Global Pediatric Health*, 9. doi: 10.1177/2333794X211072835.
- Interprofessional Education Collaborative. Core competencies for interprofessional collaborative practice: 2016 update. Washington, DC; 2016. Retrieved from <https://nebula.wsimg.com/2f68a39520b03336b41038c370497473?AccessKeyId=DC06780E69ED19E2B3A5&disposition=0&alloworigin=1>.
- Maloney, W. J., D.D.S. (2022). America, we need to invest in dental care for all of our children. *New York State Dental Journal*, 88(1), 14-17. Retrieved from <https://www.proquest.com/docview/2634048445?fromopenview=true&parentSessionId=NRcWE04M2HmyqXF06kAhLYBL%2Fw%2FWYw0wX9IsANUefaE%3D&pq-origsite=gscholar>.
- National Institute of Dental and Craniofacial Research. (2021) . Oral Health in America: Advances and Challenges. Retrieved from: <https://www.nidcr.nih.gov/research/oralhealthinamerica>.

RESOURCES

- National League for Nursing. Advancing Care Excellence for Persons with Disabilities: Oral Health and Autism Spectrum Disorder. Retrieved from <https://www.nln.org/education/teaching-resources/professional-development-programsteaching-resourcesace-all/ace-d/teaching-strategies/Oral-Health-and-Autism-Spectrum-Disorder>.
- National League for Nursing. Advancing Care Excellence Pediatrics: Mia Jones. Retrieved from <https://www.nln.org/education/teaching-resources/professional-development-programsteaching-resourcesace-all/acep/ace-p-unfolding-cases/mia-jones-5556c65c-7836-6c70-9642-ff00005f0421>.
- National Maternal and Child Oral Health Resource Center. (2006). Promoting the Oral Health of Children with Special Health Care Needs— In Support of the National Agenda. Retrieved from <https://www.mchoralhealth.org/PDFs/CSHCNPolicyBrief.pdf>.
- National Organization of Nurse Practitioner Faculties. (2022). NONPF Nurse Practitioner Role Core Competencies. Retrieved from https://cdn.ymaws.com/www.nonpf.org/resource/resmgr/competencies/20220825_nonpf_np_role_core_.pdf.
- Ritwik, P. (2018). Dental care for patients with childhood cancers. *The Ochsner Journal*, 18(4), 351–357. doi: 10.31486/toj.18.0061.
- Sibley, JA. (2018). Cost–benefit analysis of providing fluoride varnish in a pediatric primary care office. *Journal of Pediatric Health Care*, 32(6), 620-626. doi: 10.1016/j.pedhc.2018.05.007.
- United States Department of Health and Human Services. Healthy People 2030. Retrieved from <https://health.gov/healthypeople>.
- United States Department of Health and Human Services, Health Resources and Services Administration. (2014). Integration of oral health and primary care practice. Retrieved from <https://www.hrsa.gov/sites/default/files/hrsa/oralhealth/integrationoforalhealth.pdf>.
- Valachovic, R. (2022, October 6). Who’s responsible for treating people with disabilities? All of us. NYU Center for Oral Health Policy & Management. Retrieved from <https://wp.nyu.edu/collegeofdentistry-prohmotion/>.