

Smart or Dot Phrases for Documentation of the Oral Health Assessment and Fluoride Varnish Application in the EMR



ORAL HEALTH ASSESSMENT

Caregiver

Does mother/caregiver have a history of caries? {YES/NO:63}

Does mother/caregiver have a dentist? {YES/NO:63}

Referral for mother? {YES/NO:63}

Child

History

Existing dental home? {YES/NO:63}

Premature or low birth weight? {YES/NO:63}

Frequent snacking/juice intake? {YES/NO:63}

Special needs? {YES/NO:63}

SES? {LOW/MED/HIGH:10045}

Exam

Caries? {YES/NO:63}

Plaque? {YES/NO:63}

Demineralization? {YES/NO:63}

Fluoride

Supplement? {YES/NO:63}

Varnish indicated? ("Yes" to any two of the above indicates high risk)

{YES/NO:63}

Applied? {YES/NO:63}

Referral? {YES/NO:63}

Comments: ***

Oral Health Assessment

Date of Last Oral Assessment:

All Normal

Caregiver Oral History

Has it been > 6 mo since mother/caregiver's last dental appointment? Yes No
Does mother/caregiver have a history of caries? Yes No

Clear All

Child Oral History/Assessment

Poor diet - frequent snacking/juice intake? Yes No
Prolonged or extended night feeding? Yes No
Is child still in need of a dental home? Yes No
Insufficient daily oral health care? Yes No

1st application
1st application (11/19/2013 9:28:26 A)

Visual Oral Health Assessment

Deep pits and fissures (grooves) in teeth? Yes No
White spots or visible decalcifications? Yes No
Holes in teeth caused by caries? Yes No
Poor oral hygiene - Plaque? Yes No
Severely crowded teeth? Yes No

2nd application

3rd application

Child Medical History/Assessment

Physical disabilities that impair daily oral home care? Yes No
Other severe cognitive impairment? Yes No
On daily liquid medication? Yes No
Developmental disability? Yes No

4th application

Add Rx

("Yes" to any of the above indicates high risk)

New Referral

Fluoride

Supplement prescribed? Yes No
Varnish recommended? Yes No
Varnish Applied? Yes No
Agreement initialled by parent? Yes No

Followup Appt

Applied by:

Refused Fluoride? Yes No
Yes (01/02/2014 3:55:51 PM)

Referral

Patient has bleeding gums? Yes No
Patient has abscess tooth? Yes No
Patient has swollen gums? Yes No
Patient has tooth pain? Yes No

If yes, why: Received at WICK
Received at WICK
Has a Dental Home
Receives at School
Received Elsewhere
Parent Refusal

("Yes" to any of the above indicates need for urgent referral to dentist)

Referral indicated? Yes No

Oral Care Comments:

Prev Form (Ctrl+PgUp)

Next Form (Ctrl+PgDn)

In order to better comply with USPSTF recommendations, OCHIN has added a new sub-section (Oral Health) to the Well Child Check SmartSets. This affects all WCC SmartSets from ages 9 months to 18 years.

The screenshot displays a software interface for 'Opened SmartSets'. On the left is a navigation menu with categories: Documentation, SBHC Forms, and Charting and Orders. The 'SmartSets' option is highlighted. The main area shows 'Well Child Exam (15-17 yrs)' with sub-sections: ENCOUNTER DIAGNOSIS, ORDERS, and Oral Health. The 'Oral Health' section is circled in red and contains two unchecked checkboxes: '**Oral Health Assessment' and '**Fluoride Varnish Topical Application'. Other visible items include 'Routine infant or child health check [Z00.129]', 'Screening for other and unspecified deficiency anemia [Z13.0]', and 'Screening examination for venereal disease [Z11.3]'.

Available Date

PRD: Friday, March 18, 2016