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 active decay? {YES/NO:63}

Child
History
Need dental home? {YES/NO:63}
Carbohydrates between meals? {YES/NO:63}
Special health care needs? {YES/NO:63}
Received services from WIC, Head Start or Medicaid? {LOW/MED/HIGH:10045}

Exam
Decay? {YES/NO:63}
Demineralization? {YES/NO:63}
Plaque? {YES/NO:63}

Fluoride
Inadequate supplementation or fluoridated water? {YES/NO:63}
Fluoridated toothpaste less than twice daily? {YES/NO:63}
Fluoride varnish less than twice a year? {YES/NO:63}

Fluoride Varnish indicated? ("Yes" to any two of the above indicates high risk)
{YES/NO:63}
Varnish applied? {YES/NO:63}

Referral? {YES/NO:63}

Comments: ***

Oral Health Assessment

te of Last Oral Assessment: [ ]

[All Normal]

Caregiver Oral History

	Yes	No
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

	Yes	No
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

☐ 2nd application

☐ 3rd application

☐ 4th application

Visual Oral Health Assessment

	Yes	No
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

Child Medical History/Assessment

	Yes	No
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

[Add Rx]

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

[New Referral]

Fluoride

	Yes	No
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)

If yes, why: Received at WICK

- Received at WICK
- Has a Dental Home
- Receives at School
- Received Elsewhere
- Parent Refusal

Referral

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

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

	Yes	No
Referral indicated?	○ Yes	○ No

Oral Care Comments: [ ]

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Eugene Pediatric Associates, LLC

Improving general health through oral health for all Oregonians