**KIDS SMILE PROGRAM**

**FLUORIDE VARNISH PROGRAM**

1. The Kentucky Oral Health Program has provided funding for fluoride varnish programs in local health departments. The Kentucky Oral Health Program offers training to local health department nurses in the areas of oral health screening, fluoride varnish application, oral health prevention messages, and procedures to determine when and how to make proper referrals to oral health professionals.
2. Fluoride varnishes are primarily used as a decay prevention therapy for pediatric patients and persons at a high-risk for tooth decay. Individuals who benefit the most from fluoride varnish include children, ages 0 through 5 years who have a family history of decay, low levels of fluoride in their drinking water or limited access to dental care. At the minimum, the fluoride varnish should be applied 2 times a year and those children who are at higher risk for decay may require more frequent applications.
3. Criteria for the use of fluoride varnish include the presence of factors that put a child at risk for decay. Clinical criteria include: visible plaque on the front teeth, decayed teeth, white-spot lesions or a family history of decay. Other criteria include: socioeconomic status and dental value of the primary caregiver.
4. Instructions for applying cavity varnish for decay reduction vary among the brands of products, always read and follow manufacturer’s instructions for any product.
5. Equipment and materials: vinyl gloves, toothbrush, fluoride varnish and applicator, mouth mirror, 2x2 gauze squares (in kit supplied by KDPH) and post-procedure instructions.
6. Apply fluoride varnish:
	1. Order the materials for application of fluoride varnish from the University of Kentucky College of Dentistry. Order blank provided by the Kentucky Oral Health Program and found in each KIDS Smile Training Manual.
	2. The Oral Health Program has made a change in the fluoride varnish product used in the KIDS Smile: Fluoride Varnish Program. 3M’s Vanish® is being replaced with a fluoride varnish product, Premier’s Enamel Pro®. The new Enamel Pro ® is a white-colored product that will not temporarily yellow the teeth and has improved taste. Both products’ fluoride varnish flow characteristics make it easier to coat all of the tooth surfaces. If the fluoride varnish is applied on the cheek or face side of the baby teeth, the varnish will creep to the tongue or palate side of the teeth within a few seconds.
	3. Position the child. Use the "knee-to-knee" technique for positioning. The child should sit in the caregivers lap, facing the caregiver. Then, have the caregiver lower the child's head into your lap.
	4. Brush the child’s teeth with the toothbrush included in the kit. This removes current plaque so the varnish can reach the at-risk areas without impediment. It also creates an opportunity for correct hygiene instruction with the patient or the attending parent/guardian.
	5. Prepare the fluoride varnish for single-dose containers. The supplies used to apply the varnish include a 0.50 ml unit dose package of fluoride varnish and applicator brush. **For the primary dentition**, **the entire contents of the 0.50 ml unit of fluoride varnish do not have to be used – about half is usually sufficient to coat all the baby teeth**.

 Instructions for use:

1. Dispense the entire contents of the unit-dose package onto the gloved hand opposite the hand that will apply the varnish to the teeth.
2. Thoroughly mix the varnish with the applicator brush, keeping the material inside the circle.
3. Remove excess saliva from around teeth with the 2x2 gauze sponge.
4. Apply varnish evenly over all tooth surfaces particularly the buccal (cheek side) and facial (toward the lips) aspects of the upper and lower baby (primary) teeth with an emphasis on the high-risk areas: upper front teeth, lip side near the gumline.
5. A thin coating of the white-colored varnish may be visible on the teeth. The child may be able to feel the coating with rubbing the teeth with their tongue.
	1. The provider should offer a small drink of water to the patient immediately after the application procedure is finished.
	2. Instructions to give **caregivers** for after-care treatment include:
		1. Do not remove the varnish by brushing or flossing for the remainder of the day. Wait until the next morning to resume normal oral hygiene.
		2. The child should eat a soft diet for the remainder of the day. Avoid hot liquids, hard and sticky foods for the rest of the day.
		3. To receive the maximum decay prevention benefit, multiple applications of fluoride varnish are needed. The varnish needs to be reapplied at least every 6 months, depending on child’s risk for developing decay.
	3. Document procedures for the day in the personal medical record provided by the Kentucky Oral Health Program.
	4. For additional information, please call the Oral Health Administrator at 502-564-3246, extension 3774.

**References**

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US Department of Health and Human Services. Oral Health in America: A Report of the Surgeon General. Rockville, MD: US Department of Health and Human Services, National Institute of Dental and Craniofacial Research, National Institutes of Health, 2000.

# KIDS’ SMILE PROGRAM: FLUORIDE VARNISH PROTOCOL

The Kentucky Oral Health Program has provided funding for fluoride varnish programs in local health departments. The Kentucky Oral Health Program will offer training to local health department nurses in the areas of oral health screening, fluoride varnish application, oral health prevention messages, and procedures to determine when and how to make proper referrals to oral health professionals. Fluoride varnishes are primarily used as a decay prevention therapy for pediatric patients and persons at a high-risk for tooth decay.

**Call the Oral Health Program at 502-564-3246, ext 4421 for additional information and to order fluoride varnish supplies.**

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| **HEALTH RISK OR CONDITION** | **TREATMENT/ INTERVENTION** | **FLUORIDE VARNISH/DOSAGE****APPLIED** | **EDUCATION/ COUNSELING** | **FOLLOW-UP** |
| Children:* Ages 0 through 5 years (eruption of first tooth)
* Decayed teeth
* Family history of tooth decay
* Low levels of fluoride in their drinking water
* Limited access to dental care
* Visible plaque on the front teeth
* White-spot lesions
 | * Oral screening or assessment
* Apply fluoride varnish
 | * 0.25 ml for primary dentition
* 0.40 ml for mixed dentition
* 0.50 ml for permanent dentition
 | * Discuss the procedure with the child and obtain consent from caregiver
* To preserve the varnish coating as long as possible do not brush the teeth until the next day. The varnish can be brushed off the next morning, when they resume their normal oral care routine.
* The child should eat a soft diet for the remainder of the day. Avoid hot liquids, hard and sticky foods for the rest of the day.
* Do not take a fluoride supplement the day of treatment. Do not provide any other at-home fluoride treatment that day (i.e., toothpaste, mouthrinse).
* To receive the maximum decay prevention benefit, multiple applications of fluoride varnish are needed. The varnish needs to be reapplied at least twice a year, depending on child’s risk for developing decay.
 | * + 1. If no decay, repeat oral screening exam and fluoride varnish application in six months.
		2. a. If any white spots or untreated dental decay are noted, refer to a dentist.

 b. Repeat oral screening exam and fluoride varnish application in six months. |

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##  Physician, Dentist Date

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American Dental Association. Fluoride and Fluoridation. [[Fluoride - From MouthHealthy.org](http://www.ada.org/public/topics/fluoride/artcl-02.html)](https://www.mouthhealthy.org/en/az-topics/f/fluoride)

Centers for Disease Control and Prevention. Recommendations for using fluoride to prevent and control dental caries in the Unites States. MMWR 2001; 50(No. RR-14): 1-42.

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