

CHAPTER 16: DENTAL SERVICES**APPENDIX E: DENTAL PERIODICITY SCHEDULE****PAGE(S) 2****DENTAL PERIODICITY SCHEDULE**

The Louisiana Department of Health follows the American Academy of Pediatric Dentistry's (AAPD) oral health recommendations in consultation with local dental professionals. These recommendations are designed for care of children who have no contributing medical conditions and are developing normally. These recommendations may require modification for children with special health needs or if disease or trauma manifests variations from normal.

	AGE				
	6-12 MTHS	12-24 MTHS	2-6 YEARS	6-12 YEARS	12 YEARS AND OLDER
Clinical oral exam ¹	x	x	x	x	x
Assess oral growth & development ²	x	x	x	x	x
Caries-risk assessment ³	x	x	x	x	x
Radiographic Assessment ⁴	x	x	x	x	x
Prophylaxis and topical fluoride ^{3,4}	x	x	x	x	x
Fluoride supplementation ⁵	x	x	x	x	x
Anticipatory guidance/counseling ⁶	x	x	x	x	x
Oral hygiene counseling ⁷	Parent	Parent	Patient/Parent	Patient/Parent	Patient
Dietary counseling ⁸	x	x	x	x	x
Injury prevention counseling ⁹	x	x	x	x	x
Counseling for non-nutritive habits ¹⁰	x	x	x	x	x
Counseling for speech/language development	x	x	x	x	x
Assessment and treatment of developing malocclusion			x	x	x
Assessment for pit and fissure sealants ¹¹			x	x	x
Substance abuse counseling				x	x
Counseling for intraoral/perioral piercing				x	x
Assessment and/or removal of third molars					x
Transition to adult dental care					x

- (1) First examination at the eruption of the first tooth and no later than 12 months. Repeat every 6 months or as indicated by child's risk status/susceptibility to disease.
- (2) By clinical examination
- (3) Must be repeated regularly and frequently to maximize effectiveness.
- (4) Timing, selection, and frequency determined by child's history, clinical findings, and susceptibility to oral disease.
- (5) Consider when systemic fluoride is suboptimal, up to at least 16 years of age.
- (6) Appropriate discussion and counseling should be an integral part of each visit for care.
- (7) Initially, responsibility of parent; as child matures, jointly with parent; then when indicated, only child.
- (8) At every appointment; initially discuss appropriate feeding practices, then the role of refined carbohydrates and frequency of snacking in caries development and childhood obesity.

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- (9) Initially play objects, pacifiers, car seats; then learning to walk, sports and routine playing, including the importance of mouth guards.
- (10) At first, discuss the need for additional sucking; digits vs. pacifiers; then the need to wean from the habit before malocclusion or skeletal dysplasia occurs. For school-aged children and adolescent patients, counsel regarding any existing habits such as fingernail biting, clenching, or bruxism.
- (11) For caries-susceptible primary molars, permanent molars, premolars, and anterior teeth with deep pits and fissures; placed as soon as possible after eruption.

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