

APPENDICES

Appendix A: Dental Periodicity Schedule

Appendix B: Immunization Schedule

(Also available at <http://www.cdc.gov/vaccines/schedules/index.html>)

Appendix C: Child Health Evaluation and Care Recommended Schedule

Appendix D: Lead Toxicity Risk Assessment

<https://medicaid.utah.gov>

APPENDIX A

Dental Periodicity Schedule

Age	Infancy 6 – 12 Months	Late Infancy 12-24 Months	Preschool 2 – 6 Years	School – Agenda 6 – 12 Years	Adolescence 12 – 18 Years
Clinical Oral Exam 1,2	x	x	x	x	x
Assess Oral Growth and Development 3	x	x	x	x	x
Caries – risk assessment 4	x	x	x	x	x
Radiographic Assessment 5	x	x	x	x	x
Prophylaxis and Topical Fluoride Treatment 4,5	x	x	x	x	x
Fluoride Supplementation 6,7	x	x	x	x	x
Anticipatory Guidance/counseling 10	x	x	x	x	x
Oral hygiene counseling 11	Parent	Parent	Patient/parent	Patient/parent	Patient
Dietary Counseling 10	x	x	x	x	x
Injury prevention counseling 11	x	x	x	x	x
Counseling for nonnutritive habits 12	x	x	x	x	x
Counseling for speech/language development	x	x	x		
Substance Abuse Counseling				x	x
Counseling for intraoral/perioral piercing				x	x
Assessment and Treatment of Developing Malocclusion			x	x	x
Assessment for Pit and Fissure Sealants 13			x	x	x
Assessment and/or Removal of 3 rd Molars					x
Transition to adult dental care					x

1. First exam at the eruption of the 1st tooth and no later than 12 months. Repeat every 6 months or as indicated by child's risk status/susceptibility to disease.
2. Includes assessment of pathology and injuries.
3. By clinical examination.
4. Must be repeated regularly and frequently to maximize effectiveness.
5. Timing, selection, and frequency determined by child's history, clinical findings, and susceptibility to oral disease.
6. Consider when systemic fluoride exposure is suboptimal
7. Up to at least 16 years.
8. Appropriate discussion and counseling should be an integral part of each visit for care.
9. Initially, responsibility of parent; as child develops, jointly with parent; then, when indicated, only child.
10. At every appointment, initially discuss appropriate feeding practices, then the role of refined carbohydrates and frequency of snacking in caries development and childhood obesity.
11. Initially, play objects, pacifiers, car seats; then when learning to walk, sports and routine playing, including the importance of mouth guards.

12. At first, discuss the need for additional sucking; digits versus pacifiers; then need to wean from the habit before malocclusion or skeletal dysphasia occurs. For school-aged children and adolescent patients; counsel regarding any existing habits such as fingernail biting, clenching or bruxism.
13. For caries-susceptible primary molars, permanent molars, premolar, and anterior teeth with deep pits and fissures; place as soon as possible after eruption.
* American Academy of Pediatric Dentistry, May, 1992.

Appendix C

Child Health Evaluation and Care Recommended Schedule

AGE ² ▶ SERVICE ▼	INFANCY							EARLY CHILDHOOD					LATE CHILDHOOD				ADOLESCENCE											
	2-3 D ¹	By 1 Mo	2 Mo	4 Mo	6 Mo	9 Mo	12 Mo	15 Mo	18 Mo	24 Mo	3 Y	4 Y	5 Y	6 Y	8 Y	10 Y	11 Y	12 Y	13 Y	14 Y	15 Y	16 Y	17 Y	18 Y	19 Y	20 Y		
HISTORY Initial/Interval	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
MEASUREMENTS Height and Weight	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Head Circumference	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓																		
Blood Pressure											✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓		
SENSORY SCREENING Vision	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	
Hearing	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	
DEVELOPMENTAL/ BEHAVIORAL ASSESSMENT ³	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓		
PHYSICAL EXAM ⁴	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓		
PROCEDURES Hereditary/Metabolic Screening	⇐	✓																										
Immunization	Refer to ACIP guidelines described in Appendix B.																											
Hematocrit or Hemoglobin						✓	⇒	✓	⇒	⇒	⇒	⇒	⇒					⇐	⇐	✓	⇒	⇒	⇒	⇒	⇒	⇒	⇒	
Urinalysis													✓					⇐	⇐	⇐	⇐	⇐	✓	⇒	⇒	⇒	⇒	
PROCEDURES- Patients at Risk Tuberculin Test							*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	
Cholesterol										*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*		
STD Screening																		*	*	*	*	*	*	*	*	*		
Pelvic Exam																	⇐	⇐	⇐	⇐	⇐	⇐	⇐	⇐	*	*	*	
Blood Lead Level ⁶							✓			✓																		
ANTICIPATORY GUIDANCE	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓		
REFERRAL ⁷							✓																					
FLUORIDE VARNISH ⁸				*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	

KEY: ✓ = to be performed
 * = refer to CHEC Provider Manual for specific recommendations
 ⇐ ⇒ = May be performed within this range.
 Numbered footnotes are on the following page.

Appendix C

Footnotes

1. For newborns discharged in 24 hours or less after delivery, a well-baby exam should be done within 2 to 3 days of birth.
2. The listed ages are only recommendations. Individual children may require more frequent health supervision. If a child comes under care for the first time at any point on the schedule, or if any items are not accomplished at the suggested age, the schedule should be brought up to date at the earliest possible time.
3. This implies a review of the child's mental health needs and development
4. At each visit, a complete physical examination is essential, with infant totally unclothed, older child undressed and suitably draped.
5. The first test should be performed before the infant leaves the hospital. The second test should be performed at 7 to 28 days of age.
6. Children from 6 to 72 months are at risk for lead poisoning. Conduct a verbal risk assessment at each visit. Complete blood lead level tests at 12 and 24 months and any time the verbal assessment indicates a risk of lead exposure.
7. Most children should have the initial dental referral made at 12 months. However, if after performing an oral risk assessment at ≥ 6 month of age, the pediatrician or other pediatric health care provider believes a referral is necessary, the referral should be made to a pediatric dentist. If appropriate dental providers are not available, make the initial referral at age 3 years. Complete an oral screening at each visit and make a referral any time dental problems appear. Remind the family at each visit about the importance of preventive dental care and good oral health.
8. Apply fluoride varnish starting with primary eruption and continuing through age 4.

Appendix D

Lead Toxicity Risk Assessment

Read each question and mark yes or no. Discuss your answers with your child's health care provider	YES	NO
<ul style="list-style-type: none"> Does your child live in or regularly visit a house build before 1960? Was his or her child care center/preschool/babysitter's home build before 1960? Does the house have peeling or chipping paint? 		
<ul style="list-style-type: none"> Does your child live in a house built before 1978 with recent, ongoing or planned renovation or remodeling? 		
<ul style="list-style-type: none"> Have any of your children or their playmates had lead poisoning? 		
<ul style="list-style-type: none"> Does your child frequently come in contact with an adult who works with lead? (Examples are construction, welding pottery, or other trades practiced in your community.) 		
<ul style="list-style-type: none"> Does your child live near a lead smelter, battery recycling plant, or other industry likely to release lead? (Ask your doctor if you have questions about industries in your area.) 		
<ul style="list-style-type: none"> Do you give your child any home or folk remedies that may contain lead? 		
<ul style="list-style-type: none"> Does your home's plumbing have lead pipes or copper with lead solder joints? 		
<ul style="list-style-type: none"> Does your child live near a heavily traveled major highway where soil and dust may be contaminated with lead? 		