6.1 Physical Assessment

6.1.4 Oral Health Examination of Children

Aim
The early identification of children at increased risk of oral disease and early identification of Early Childhood Caries (ECC).

Background
Early Childhood Caries (ECC) is a form of severe decay that affects the primary dentition in young children. It is commonly found on the upper front teeth but other teeth may also be affected. ECC can occur as soon as the first tooth erupts.

Family circumstances, such as low socio-economic background and racial/ethnic minority groups are at increased risk of ECC. Studies demonstrate a correlation between visible plaque on primary teeth and ECC risk. In children, oral hygiene is a good predictor of future caries. Thus, a holistic family-oriented approach is necessary. The evidence strongly shows that ECC is one of few chronic diseases that, if preventive strategies are implemented, can be mostly avoided.

The identification of children at risk of oral disease and the detection of ECC at an early age can prevent widespread destruction of the deciduous teeth and is critical to good oral health outcomes for children. Children should have an oral health assessment by the age of two years.

Oral health inspections using the ‘Lift the Lip’ program are recommended during the 8 month, 18 month and 3 year checks, as part of the ‘general’ health assessment. When children are already receiving specialist care for existing conditions such as cleft lip and palate, it is not necessary to complete the physical examination. Parents should still receive the health education component and resources.

Key points
Before conducting a mouth examination, explain that:

- Baby teeth are important;
- Preventing tooth decay is easier and less costly than treating it; and
- The earlier that decay is detected the better the outcomes will be for the child.
- Encourage parents to ‘lift the lip’ regularly, at least once a month, at home to look for early signs of decay.
- Provide the ‘Lift the Lip’ magnet to parents to place on the fridge as a reminder.


**Equipment**
Disposable latex free gloves, disposable gauze swabs, penlight torch.

For eighteen month and three year olds, ask parents to bring their child’s toothbrush to the appointment.

**Procedure**

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<tr>
<th>Steps</th>
<th>Additional Information</th>
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| 1. Position the child appropriately so that the ‘Lift the Lip’ assessment can be performed. | ![Image](image1)
| Knee to Knee position Child sits on parent’s lap, facing the parent. Parent gently leans them back so their head is resting on the nurse’s lap. With gloved hands, the nurse lifts the lip and checks the health of the teeth and surrounding soft tissues. | ![Image](image2)
| Alternatively, the child sits on the parent’s lap, facing the nurse. Parent leans the child back so their head is resting on their lap and lifts the child’s lip so the nurse can look inside the mouth. No gloves are required for this method and it encourages the parent to feel comfortable and confident about ‘lifting the lip’ at home. | ![Image](image3)
| If you are conducting the checks in a preschool environment, sit in a chair and ask the child to stand in front of you. A cooperative older child may be able to open their own lips so the nurse can examine their teeth. | ![Image](image4)
2. ‘Lift the lip’ and examine the upper front teeth and look for signs of tooth decay, eg. white or brown spots that don’t brush off, and existing cavities.

**What to look for - signs of a healthy mouth:**

- Plaque-free mouth;
- The teeth should have a whitish hue, be smooth and glossy, except for the biting surfaces of the back molar teeth, which will be grooved;
- Firm, moist gums- not puffy or bleeding; and
- No ulcers, lumps or sores.

**Danger signs:**

- Plaque – colourless film that forms on the teeth. This can be easily removed with gauze;
- White spot lesions (that don’t wipe off);
- Brown and yellow spots (that don’t brush off);
- Cavities (decay); and
- Ulcers, lumps and sores.

It may be necessary to remove plaque to give a better view using gauze or a soft toothbrush.

Any cloth or toothbrush used to assist in your examination should not be reused on other children.

It may be necessary to use a small torch to illuminate the teeth.

3. Provide anticipatory guidance to carers regarding oral health:

- Minimise the frequency of sugar intake especially between meals;
- Begin mouth care early by wiping gums and clean teeth as soon as they appear;
- Provide tooth brushing advice for older children, including introducing low fluoride toothpaste at 18 months;
- Encouraging first dental visit no later than two years of age and then regular check-ups; and
- Avoid bacterial transfer i.e. ‘don’t put anything in baby’s mouth that has been in your mouth’.

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**Date Issued:** 2010

**Date Reviewed:** Dec 2014

**Next Review:** Dec 2017

**NSQHS Standards:** 1.7.1, 1.8.1

6. Document findings in appropriate written or electronic records.

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<th>Records may include:</th>
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<td>Child Health- CHS 800 and Personal Health Record</td>
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Outcome

Any child who has signs of early childhood caries should be offered a referral.

Referral pathway

If referral to oral health services is indicated, complete a ‘Referral from Community Health’ (CHS 663) or the ‘Lift the Lip’ referral form and give to parent.

Appendix 1. Provides further guidance on referral options.

Related policies, procedures and guidelines

3.8.6 Guide to completing a physical assessment of a neonate, infant and child

Useful resources

Dental Health Resources

‘Referral from Community Health’ (CHS 663) or the ‘Lift the Lip’ referral form

Policy Owner

Director - Statewide Policy Unit.

Portfolio

Birth to School Entry

References


Lift the lip to check for decay

Healthy teeth.

Early signs of decay: white lines along the gums. This can be reversed.

Lift your child’s top lip at least once a month to check for early signs of tooth decay.

Please seek dental advice if you notice any change in your child’s teeth.

More advanced decay can look like brown spots on the teeth, if left untreated decay can quickly become severe.

For more information contact:

Dental Health Services
Dental Health Education Unit
Ph: (08) 9313 0604/5
e-mail: dheu@dental.health.wa.gov.au
or visit www.dental.wa.gov.au

Date Issued: 2010
Date Reviewed: Dec 2014
Next Review: Dec 2017

NSQHS Standards: 1.7.1, 1.8.1
Lift the Lip Referral Options

Tooth decay can start as soon as the first tooth appears in the mouth. Early signs to look for:

- White lines along the gum line
  - decay process can be reversed by the use of fluoride
  - make a dental appointment
- Brown or yellow spots that don’t brush off
  - advanced decay which will become a ‘hole’ that will need to be filled
  - make an urgent dental appointment

Public Dental Health Services

- Children from 0-4 years can receive subsidised dental care at Public Dental Clinics if they, or their parent or carer has a Health Care or Pensioner Concession Card
- All school children are eligible for dental care through the School Dental Service from the year they turn five until the end of Year 11 or the attainment of 17 years of age whichever comes first
- Princess Margaret Hospital provides emergency dental services (e.g. trauma or infection) but does not provide preventative or restorative services

Private settings

Private dentists may or may not:

- Provide services to children of any age
- Participate in the Child Dental Benefits Schedule
- Offer a bulk-billing for their services via the Child Dental Benefits Schedule
- Provide services to children at the Private Health Insurance rebate amount only

The Child Dental Benefits Schedule

- Is a dental benefits program governed by the Commonwealth via the Department of Human Services for eligible children aged 2-17 years
- Eligible children:
  - Children aged between 2 –17 years on any one day of the calendar year whose family, or carer receives Family Tax Benefit Part A for at least part of the calendar year.
  - The Department of Human Services has written to all eligible families to confirm eligibility
- Provides up to $1,000 in benefits to the child for basic dental services over two consecutive calendar years.
- Private dental practices are able to provide services under the Child Dental Benefits Schedule that are either Bulked Billed (no gap to be paid) or Non Bulked Billed (gap to be paid).
- Public Dental Clinics are not participating in the Child Dental Benefits Schedule.
- Basic dental services:
  - Examinations, x-rays, cleaning, fissure sealing, fillings, root canals, extractions and partial dentures (the services required may exceed the $1,000 benefit).
  - Benefits are not available for orthodontic or cosmetic dental work and cannot be paid for any services provided in a hospital.

Aboriginal services

Aboriginal children can receive free dental care at Aboriginal Medical Services which contain a dental clinic. These include:

- Broome
- Halls Creek
- Kalgoorlie
- Carnarvon
- Derby
- Roebourne
- Wiluna
- Port Hedland
- Kununurra
- Geraldton
- Warburton

For further information please call Dental Health Services on 9343 0555 or the Australian Dental Association on 9211 5600.