The OHNEP Interprofessional Oral Health Faculty Toolkit

Pediatric Nurse Practitioner Program

CURRICULUM INTEGRATION OF INTERPROFESSIONAL ORAL HEALTH CORE COMPETENCIES:

- Pediatric Health Promotion
- Pediatric Health Assessment
- Pediatric Primary Care
- Resources

INTRODUCTION

The **Oral Health Nursing Education and Practice (OHNEP)** program has developed an **Interprofessional Oral Health Faculty Tool Kit** to provide you with user-friendly curriculum templates and teaching-learning resources to use when integrating oral health and its links to overall health in your Pediatric Nurse Practitioner Program.

Oral health and its relation to overall health has been identified as an important population health issue. *Healthy People 2020* (2011), the 2011 IOM Reports, *Advancing Oral Health in America* and *Improving Access to Oral Health Care for Vulnerable and Underserved Populations*, as well as the IPEC Competencies (2016), challenged HRSA to develop interprofessional oral health core competencies for primary care providers. Publication of the HRSA report, *Integration of Oral Health and Primary Care Practice* (2014), reflects those interprofessional oral health competencies that can be used by Pediatric Nurse Practitioners for faculty development, curriculum integration and establishment of "best practices" in clinical settings.

The HRSA interprofessional oral health core competencies, the IPEC competencies and the NONPF core competencies provide the framework for the curriculum templates and resources. Exciting teaching-learning strategies that take students from **Exposure** to **Immersion** to **Competence** can begin in the classroom, link to simulated or live clinical experiences and involve community-based service learning, advocacy and policy initiatives as venues you can readily use to integrate oral health into your existing primary care curriculum. The Pediatric Nurse Practitioner Program curriculum template illustrates how oral health can be integrated into health promotion, health assessment and clinical management courses.

The *Smiles for Life* interprofessional oral health curriculum provides a robust web-based resource for you to use along with the oral health curriculum template for each course. A good place to begin oral health integration is by transitioning the **HEENT** component of the history and physical exam to the **HEENOT** approach. In that way, you and your students will **NOT** forget about including oral health in patients encounters.

Research evidence continues to reveal an integral relationship between oral and systemic health. Chronic diseases managed by Pediatric Nurse Practitioners, such as diabetes, Celiac, HIV and Kawasaki, are but a few of the health problems that have oral manifestations that can be treated or referred to our dental colleagues. It is important for Pediatric Nurse Practitioners on the frontline of primary care to have the oral health competencies necessary to recognize both normal and abnormal oral conditions and provide patients with education, prevention, diagnosis, treatment and referral as needed.

We encourage you and your students to explore the resources in the templates as you "weave" oral health and its links to overall health into your Pediatric Nurse Practitioner Program. If you need additional technical assistance, please feel free to contact us at **OHNEP@nyu.edu**.

PNP Curriculum Integration of Interprofessional Oral Health Competencies in Health Promotion Course

PEDIATRIC HEALTH PROMOTION

IPEC Competencies: Values and Ethics, Roles and Responsibilities Interprofessional Communication, Teams & Teamwork

HRSA Oral Health Competencies: Oral Health Risk Assessment, Oral Health Evaluation, Oral Health Preventive Intervention, Communication and Education

NONPF Competencies: Delivers evidence-based practice for pediatric patients; Uses pediatric-focused, simulation-based learning to improve practice

CONSTRUCTS

ENTRY LEVEL ASSESSMENT

SUMMATIVE ASSESSMENT

INTERPROFESSIONAL PARTNERSHIP & COLLABORATIVE PRACTICE FOR OPTIMIZATION OF PATIENT HEALTH OUTCOMES

1) EXPOSURE: INTRODUCTION	2) IMMERSION: DEVELOPMENT	3) COMPETENCE: ENTRY-TO-PRACTICE
KNOWLEDGE: CHILD-PARENT EDUCATION *Goal*: Understand importance of oral health in children Review: • Cavity Free Kids (CFK) Teething (Appendix 1) and National Center on Health Healthy Habits for Happy Smiles: Helping Your Baby with Teething Pain (Appendix 2) • Lift the Lip (Appendix 3) • National Center on Health Healthy Habits for Happy Smiles: Getting Fluoride for your Child (Appendix 4) • Cavity Free Kids (CFK) How to Floss & Brush (Appendix 5)	**SKILL/BEHAVIOR** *Goal*: Demonstrate importance of preventive oral health care in children • Read Water Fluoridation and Dental Caries in U.S. Children and Adolescents (Slade et al., 2018) • Cost–Benefit Analysis of Providing Fluoride Varnish in a Pediatric Primary Care Office • Implement an interprofessional clinical rotation with PNP and pediatric dental or dental hygiene students in preschool programs • PNP students to demonstrate behavioral management of child to DDS/DH students • DDS/DH students to demonstrate oral health exam and fluoride varnish application to PNP students	**SKILL/BEHAVIOR** *Goal*: 1) Demonstrate HEENOT competency in oral health history of young children in clinical experience; 2) Advocate for policies that promote good oral health within your community • Perform appropriate oral health history of child, including frequency of carb/sugar intake Read: • Public Perception of Quality and Support for Required Access to Drinking Water in Schools and Parks (Long et al., 2018) • America's Path to Drinking Water Infrastructure Inequality and Environmental Injustice: The Case of Flint, Michigan (Katner et al., 2018) • Develop and present evidence-based campaign for community water fluoridation
KNOWLEDGE: ORAL-SYSTEMIC CONNECTION *Goal*: Understand oral disease and recognize interrelationship between oral and systemic health in children • Complete Smiles for Life (SFL) Module #1, including Clinical Cases, and submit Certificate of Completion • Complete the NYU Oral Health Module	**SKILL/BEHAVIOR** *Goal*: Communicate oral health issues to parents/caretakers • Read Cavity Free Kids (CFK) FAQs, Conversation Starters and Let's Talk Teeth & Let's Set Goals (Appendices 6-8) • Implement an interprofessional oral health simulation experience • PNP students to demonstrate oral exam/fluoride varnish on child • DDS/DH students to demonstrate behavioral management of child	**SKILL/BEHAVIOR** *Goal*: Demonstrate HEENOT competency in oral health risk assessment of young children in clinical experience • Perform oral health history and complete risk assessment of child • Present action plan that promotes oral health for children of a specific age group • Use motivational interviewing to engage parent/caretaker into adopting one change that promotes child's oral health
KNOWLEDGE: ORAL EXAM *Goal*: Understand oral exam of children • Complete Smiles for Life (SFL) Modules #2, 6, 7, including Clinical Cases, and submit Certificates of Completion	**SKILL/BEHAVIOR** *Goal*: Identify specific oral health issue, concern or problem commonly encountered by parents/caretakers • Review Oral Abnormalities in the SFL Photo Gallery on the mobile app • Write oral health advice column in parenting magazine, Identifying links between oral health and child's overall health	**SKILL/BEHAVIOR** *Goal*: 1) Demonstrate HEENOT competency in physical exam of young children in clinical experience; 2) Educate parents/caretakers about children's oral health • Perform oral examination on pediatric patient in clinical experience, accurately documenting oral health assessment findings • Engage parents/caretakers in discussing oral health strategies and links between oral health and systemic health

Smiles for Life: A National Oral Health Curriculum

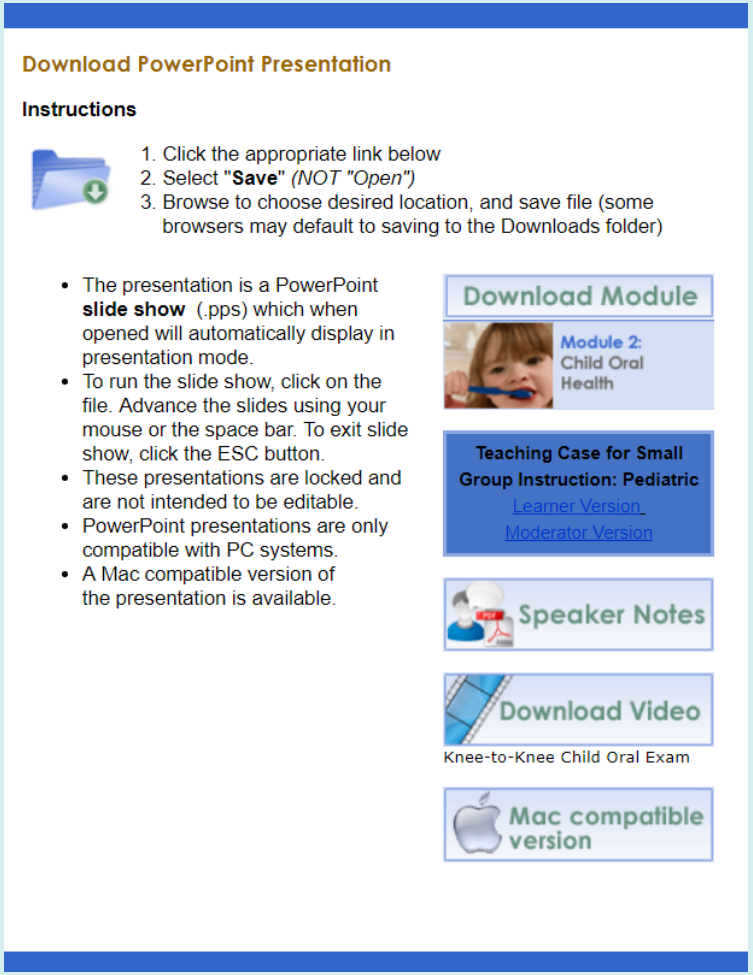
Access Smiles for Life Modules and Resources here:
https://smilesforlifeoralhealth.org

Smiles for Life: A National Oral Health Curriculum

Download Smiles for Life Modules

To download the SFL Modules for classroom instruction:

1. Go to https://www.smilesforlifeoralhealth.org
2. Select “Teach Curriculum”
3. Select the course(s) you would like to download.
4. Select “Download Module”



Smiles for Life: A National Oral Health Curriculum

Recognizing Oral Abnormalities

Download the Smiles for Life mobile app to access the Photo Gallery.

PNP Students should find and review the following oral abnormalities:

- Dental caries
- White spots
- Severe caries
- Fluorosis
- Developmental enamel defects
- Healthy teeth
- Iron staining of teeth
- Abscess
- Angular chelitis
- Mucocele
- Eruption hematoma
- Epstein pearls
- Palate/Mandibular bony tori

Pediatric Health Promotion

Cavity Free Kids: Teething

Teething

Did You Know?

- Babies will usually begin to get their teeth around 6 months of age.
- While teething, babies may chew on their fingers, hands, or anything that they can get into their mouths.
- Comfort a teething baby by offering a cold, firm, safe and clean teething object, like a teething ring or slightly frozen damp washcloth.
- Drooling and fussiness are normal signs of teething.

Teething biscuits and crackers are often sticky and sugary and can cause cavities. **Do not offer them for teething.**

Upper Teeth	Erupt
Central incisor	8-12 months
Lateral incisor	9-13 months
Canine (cuspid)	16-22 months
First molar	13-19 months
Second molar	25-33 months

Lower Teeth	Erupt
Second molar	23-31 months
First molar	14-18 months
Canine (cuspid)	17-23 months
Lateral incisor	10-16 months
Central incisor	6-10 months

Take the Healthy Mouth Challenge!

I will:

☐ Get a teething ring or put a washcloth in the freezer to comfort my teething baby.

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http://cavityfreekids.org/family-engagement/

(Huntley & Cusick, 2014)

Pediatric Health Promotion

Healthy Habits for Happy Smiles: Helping Your Baby with Teething Pain

Healthy Habits for Happy Smiles

Helping Your Baby with Teething Pain

It is exciting to see your baby's first tooth! Baby (primary) teeth begin to come in when your child is about 6 to 10 months old. For some babies, teething hurts. As teeth come in, babies might be cranky or drool more. They might have sore or swollen gums. And they may chew on things.

School readiness begins with health!

Tips for helping your baby with teething pain:

- Check your child's teeth and mouth.
- Rub your baby's gums with a clean finger. The rubbing may make your baby's gums feel better.
- Find teething toys that have solid pieces. Loose pieces can break off and make your baby choke.
- It is best not to use teething toys that have liquid in them. Your baby could chew a hole into them.
- Don't put any teething toys or necklaces around your baby's neck. And don't pin or clip them to your baby's clothes. The toy could get tangled around your baby's neck and make her choke.
- Give your baby something cool to chew on. Clean, refrigerated spoons, pacifiers, teething rings, and wet washcloths are good choices. Don't put teething rings in the freezer. That makes them too cold for your baby's mouth.
- With your baby seated in a high chair, offer a chunk of frozen banana or plain bagel to chew on. Give your baby the whole piece of food. Don't cut it into small pieces. Keep an eye on your baby when she eats in case she chokes.
- Don't use teething gels or liquids on your baby's gums. They are not safe.

This handout was prepared by the National Center on Early Childhood Health and Wellness under cooperative agreement #90HC0013 for the U.S. Department of Health and Human Services, Administration for Children and Families, Office of Head Start.

National Center on Early Childhood Health and Wellness. 2016. *Healthy Habits for Happy Smiles: Helping Your Baby with Teething Pain*. Elk Grove Village, IL: National Center on Early Childhood Health and Wellness.

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ADMINISTRATION FOR CHILDREN & FAMILIES

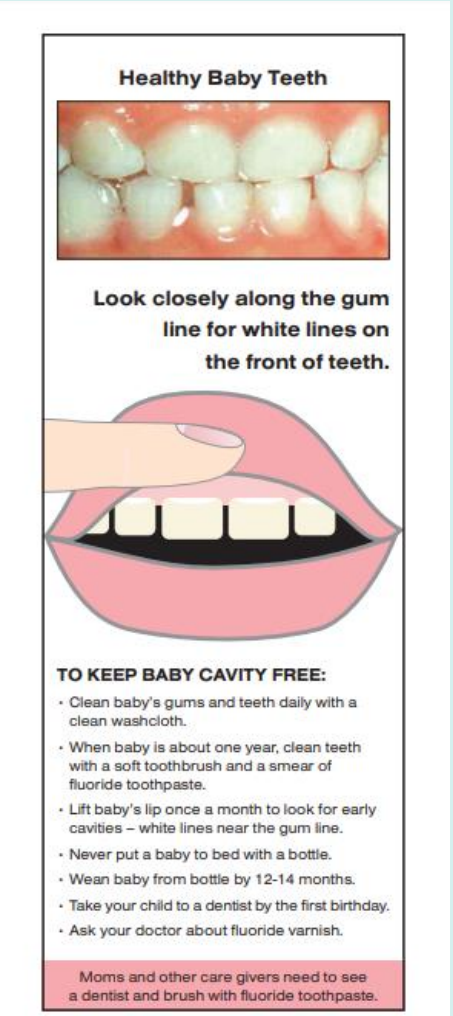
NATIONAL CENTER ON Early Childhood Health and Wellness

https://eclkc.ohs.acf.hhs.gov/sites/default/files/pdf/helping-teething-pain.pdf

(National Center on Health, 2014)

Pediatric Health Promotion

Lift the Lip



https://phpa.health.maryland.gov/oralhealth/docs1/LifttheLip-English.pdf (Horowitz, 2013)

Pediatric Health Promotion

Healthy Habits for Happy Smiles: Getting Fluoride for Your Child

Healthy Habits for Happy Smiles

Getting Fluoride for Your Child

Fluoride is found in nature in soil, plants, and water. Fluoride is safe. Drinking tap (faucet) water with fluoride, brushing with fluoride toothpaste, and having a health professional apply fluoride varnish to the teeth are important ways to make teeth strong and prevent tooth decay.

School readiness begins with health!

Fluoride in Water

- Since most water doesn't have enough natural fluoride to prevent tooth decay, many communities add fluoride to their water supply (tap water) used for drinking and cooking.
- Give your child tap water with fluoride. If you are not sure if your water has enough fluoride, ask your child's dental clinic for help in finding out.
- Some bottled waters contain fluoride, and some do not. Check with the bottled water's manufacturer to ask about the fluoride content of a particular brand.
- If your tap water does not have enough fluoride, ask your dental or medical clinic if your child needs fluoride drops or tablets.

Fluoride Toothpaste

- Brush your child's teeth after breakfast and before bed once the first tooth begins to show.
- Use a child-sized toothbrush with soft bristles and fluoride toothpaste.
- See *Healthy Habits for Happy Smiles: Brushing Your Child's Teeth* for more information.

Fluoride Varnish

- Fluoride varnish is painted on a child's teeth to prevent or reduce cavities.
- It is not permanent but keeps fluoride on the teeth for several hours.
- Fluoride varnish has a pleasant taste and is well tolerated by children.

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National Center on Early Childhood Health and Wellness. 2016. *Healthy Habits for Happy Smiles: Getting Fluoride for Your Child.* Elk Grove Village, IL: National Center on Early Childhood Health and Wellness.
Photo requiring credit: makelessnoise / Foter / CC BY (back page)

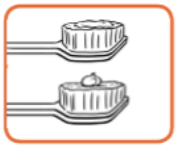
CHILDREN & FAMILIES

https://eclkc.ohs.acf.hhs.gov/sites/default/files/pdf/getting-flouride.pdf (National Center on Health, 2014)

Pediatric Health Promotion

Cavity Free Kids: How to Brush & How to Floss

How To Brush



Use a soft bristle toothbrush and fluoridated toothpaste.

Use a smear of toothpaste from the first tooth up to age 3, a pea-sized amount after that.

Hold your brush at an angle where the gum meets the tooth.

Food and germs like to stick there.

Move the toothbrush in small circles.

Count to 5 before moving the brush to another spot.

Remember the biting surfaces.

That is where the food gets stuck and germs hide.

Brush the tongue.

Germs hide there.

Brush your child's teeth (and yours!) twice a day—after breakfast and before bed.

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How To Floss

Wrap the floss around your middle or index fingers to get a firm grip.

Hold between your thumbs and fingers.

Gently slide the floss between two teeth. Then wrap the floss toward one tooth, hugging it as you gently slide it up, back, forth, and down.

Repeat this process on all teeth. Remember to hug that back tooth even though it is the last one in line.

Remember...

- ☑ Always use a clean piece of floss between teeth.
- ☑ Never snap or force floss as this may cut or bruise gum tissue.
- ☑ Children cannot floss by themselves, they need your help.
- ☑ Start flossing your child's teeth as soon as teeth touch.
- ☑ It will help your child learn good habits if they see you floss.

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http://cavityfreekids.org/family-engagement/

(Washington Dental Service Foundation, 2014)

Pediatric Health Promotion

Cavity Free Kids: FAQ

Family Engagement FAQ

Cavity Free Kids > Family Engagement > Family Engagement FAQ

Q: When should I start brushing baby's teeth?

A: Clean baby's mouth like you clean the rest of her/him—even before teeth come in. Wipe baby's gums and tongue with a clean, moist cloth. When the first teeth come in, brush gently with a soft baby toothbrush, with a smear (rice-sized) amount of fluoride toothpaste.

Q: My baby is teething and is so fussy. What can I do?

A: Teething biscuits or cookies are not good for teeth. Try a cold teething ring or a clean moist cloth.

Q: My grandma told me to dip the baby's pacifier in honey to help him sleep. Honey is a natural sugar, so it won't hurt his/her teeth, will it?

A: Any kind of sugar or sticky food can cause tooth decay. Besides creating a problem for your child's teeth, honey is not recommended for infants because it may contain certain bacteria that could make your child sick.

Q: I only brush my baby's teeth 3 or 4 days each week. The last time I brushed I saw some very white spots on the front of her teeth. Does this mean that her teeth are really healthy?

A: Those white spots may be the beginning stages of tooth decay. When the teeth aren't brushed every day, the cavity-causing germs stay on teeth and can start to destroy the teeth. Check with the dentist right away in order to keep the white spots from developing into cavities.

Q: My mother watches my 18-month-old while I work. She lets my daughter walk around with a bottle of apple juice because it's less messy than a cup. What do I say to my mom?

A: You could use 3 different approaches:

- The "natural" sugar in juice can cause tooth decay. Sipping on sweet drinks covers your child's teeth in cavity-causing acids again and again each time she takes a sip. Those repeated "acid attacks" can weaken and destroy her teeth.
- Juice has no nutritional value. Try to serve whole fruits and vegetables since they have more nutrients and are higher in fiber which is good for everyone! Between meals, "water is first for thirst." This helps establish a healthy, water-drinking habit.

Q: My two-year-old likes to eat toothpaste out of the tube. Will this help strengthen his teeth?

A: No. Children should not swallow toothpaste. Toothpaste is for teeth, not tummies. Remember—just a pea-sized amount! Putting the toothpaste on is a grown-up job. Keep toothpaste out of a child's reach.

Q: My two year-old brushes all by himself! We don't need to help him, do we?

A: It is wonderful that your child is showing independence, but two-year-olds do not have the coordination to brush well enough. After your child brushes, you can finish the job. Children need to be supervised and helped with brushing until they are between 6 and 8 years old or can tie their shoes.

Q: Why should I worry about baby teeth?

A: Baby teeth are important! They help children eat foods, form words, and hold space for adult teeth. Healthy baby teeth mean a healthy mouth for the adult teeth.

Q: We use a water filter at our house. Does this take out the fluoride?

A: The faucet or pitcher type filters do not remove fluoride from the water. Whole-house filtration or distilling systems usually remove fluoride. If your system removes the fluoride, check with your dentist or medical provider about giving your child fluoride drops or pills. Bottled water seldom has fluoride. It is better than a soft drink, but does not help strengthen the teeth like water with fluoride does.

Q: I don't know if we have fluoride in our water. How can I find out?

A: Call your water supplier—water company or city utility—to see if there is fluoride in the water.

http://cavityfreekids.org/family-engagement/ (Washington Dental Service Foundation, 2014)

Pediatric Health Promotion

Cavity Free Kids: Conversation Starters

Family engagement

More Conversation Starters

Oral health is a topic that may not always come up naturally in conversations with families. Tooth decay is almost 100 percent preventable, and if we can find ways to discuss oral health with families, we can promote and reinforce good oral health habits. Below are some questions to help start conversations about oral health.

General Oral Health

- Tell me about your child's oral health.
- What is something about your child's teeth or mouth that you have questions about?
- What is something that concerns you about your child's oral health?
- What more do you want to learn about your child's oral health?
- What is one thing you could do today to improve your child's oral health?
- What type of support do you want with your child's oral health?

Water and Tooth Healthy Foods

- Tell me about your child's eating and drinking habits.
- What is something that concerns you about your child's eating or drinking habits?
- What is one thing you could do today to support your child's eating and drinking habits?
- What would be helpful to know more about nutrition and water?

Brushing and Flossing

- Describe what you do every day to take care of your child's teeth.
- What is going really well with toothbrushing? Flossing?
- What questions do you have about brushing or flossing?

Going to the Dentist

- What do you remember about visiting the dentist when you were younger?
- What type of experience do you want your child to have at the dentist? What are some ways we can help make that happen?
- What concerns you about taking your child to the dentist?
- What do you have questions about?
- What can I do to support you in scheduling a dental appointment for your child?

Let's Talk Teeth/Let's Set Goals

Use the *Let's Talk Teeth* on the next page to help you work with families to set an oral health goal for their children and/or their whole family. It can be used during home visiting, family nights, or in any other communications with families.

FAMILY ENGAGEMENT TOOLS • Conversation Starters 148

http://cavityfreekids.org/family-engagement/ (Washington Dental Service Foundation, 2014)

Pediatric Health Promotion

Cavity Free Kids: Let's Talk Teeth & Let's Set Goals

Let's Talk Teeth!

Parent's Name: _____ Child's Name: _____ Child's Age: _____

Answer the following questions about your child: *(note: some questions may not apply based on the age and developmental stage of your child.)*

	Yes	No	NA
1. If your child has teeth, do you brush them? **If YES:** Times per day _____ Times of day _____ Days per week _____	☐	☐	☐
2. Does your child drink anything besides water between meals and snacks? **If YES:** What does she drink? _____ How often? _____	☐	☐	☐
3. Does your child go to bed with a bottle filled with anything besides water? **If YES:** What type of drink? _____	☐	☐	☐
4. Does your child eat between meals? **If YES:** What does he/she eat? _____ When? (times of day) _____ How often? _____	☐	☐	☐
5. Does your child have a dentist?	☐	☐	☐
6. Have you had your child's teeth checked by a dentist or medical provider? **If YES:** When? _____ By whom? _____	☐	☐	☐
7. Does your child have cavities or pain in his/her mouth?	☐	☐	☐
8. Do you have concerns about his/her teeth or mouth?	☐	☐	☐

If you are pregnant, answer the following questions:

1. Do you brush your teeth? **If YES:** Times per day _____ Times of day _____ Days per week _____	☐	☐	☐
2. Do you drink anything but water between meals and snacks? **If YES:** What do you drink? _____ How often? _____	☐	☐	☐
3. Do you eat between meals? **If YES:** What? _____ When? (times of day) _____ How often? _____	☐	☐	☐
4. Do you have a dentist?	☐	☐	☐
5. Have you seen the dentist during your pregnancy?	☐	☐	☐
6. Do you have cavities or pain in your mouth?	☐	☐	☐
7. Do you have concerns about your teeth or mouth? **If YES:** What? _____	☐	☐	☐

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Let's Set Goals

Select the oral health goals you would like to accomplish. Goals should be set based on your child's oral health needs or your needs if you are pregnant.

- ☐ Brush twice a day with fluoride toothpaste.

- ☐ Drink only water between meals.

- ☐ If baby goes to sleep with a bottle, fill it only with water.

- ☐ Eat tooth healthy foods for snacks and meals.

- ☐ Eat during meals and snacks only rather than "grazing" during the day.

- ☐ Find a dentist.

- ☐ Make a dental appointment.

- ☐ Follow-up with treatment appointments.

The client may choose to set another goal that is not listed.

☐ Other: _____

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http://cavityfreekids.org/family-engagement/

(Washington Dental Service Foundation, 2014)

PNP Curriculum Integration of Interprofessional Oral Health Competencies in Pediatric Health Assessment

PEDIATRIC HEALTH ASSESSMENT

IPEC Competencies: Values and Ethics, Roles and Responsibilities Interprofessional Communication, Teams & Teamwork

HRSA Oral Health Competencies: Oral Health Risk Assessment, Oral Health Evaluation, Oral Health Preventive Intervention, Communication and Education

NONPF Competencies: Delivers evidence-based practice for pediatric patients; Uses pediatric-focused, simulation-based learning to improve practice; Performs age appropriate comprehensive and problem-focused physical exams

CONSTRUCTS

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SUMMATIVE ASSESSMENT

INTERPROFESSIONAL PARTNERSHIP & COLLABORATIVE PRACTICE FOR OPTIMIZATION OF PATIENT HEALTH OUTCOMES

1) EXPOSURE: INTRODUCTION	2) IMMERSION: DEVELOPMENT	3) COMPETENCE: ENTRY-TO-PRACTICE
KNOWLEDGE: INTEGRATING ORAL HEALTH HISTORY AND RISK ASSESSMENT INTO PEDIATRIC ASSESSMENT *Goal*: Understand essential information included in the oral health history and risk assessment of children • Review the oral health recommendation in the Recommendations for Preventive Pediatric Health Care (Appendix 1) • Read Guideline on Caries-risk Assessment and Management for Infants, Children, and Adolescents (AAPD, 2014)	**SKILL/BEHAVIOR** *Goal*: Demonstrate integration of HEENOT in oral health history and risk assessment of children during simulation lab • Present Caries Risk Assessment tools in class (Appendices 2 & 3) • After presentations, choose preferred Caries Risk Assessment tool to use in lab	**SKILL/BEHAVIOR** *Goal*: Demonstrate integration of HEENOT competency in oral health history and risk assessment of children in clinical experience • Demonstrate integration of HEENOT competency in history and risk assessment of children, and include mother's oral health history • Read Putting the Mouth Back in the Head: HEENT to HEENOT (Haber et al., 2015)
KNOWLEDGE: INTEGRATING ORAL EXAM INTO PEDIATRIC PHYSICAL EXAM *Goal*: Understand health issues found in newborns Choose an article on ankyloglossia and discuss on discussion board: • Effect of frenotomy on breastfeeding variables in infants with ankyloglossia (tongue-tie) (Muldoon et al., 2017) • Frenotomy for breastfed tongue-tied infants (Mayer, 2012) • Speech and Feeding Improvements in Children After Posterior Tongue-Tie Release (Baxter & Hughes, 2018)	**SKILL/BEHAVIOR** *Goal*: Demonstrate integration of HEENOT in physical exam of newborn, infant, child and adolescent during simulation lab • Perform complete newborn, infant, child and adolescent physical exam and document any oral abnormalities • Develop oral health risk reduction tips for parents/caretakers of newborn, infant, child or adolescent	**SKILL/BEHAVIOR** *Goal*: Demonstrate Integration of HEENOT competency in physical exam of newborn, infant, child and adolescent in clinical experience • Demonstrate HEENOT competency in physical exam of newborn, infant, child and adolescent in clinical experience, and include mother's oral health history • Engage parents/caretakers in discussing oral health risk reduction strategies for newborn, infant, child or adolescent • Read Bright Futures Guidelines for Health Supervision of Infants, Children and Adolescents (AAP, 2008)
KNOWLEDGE: ASSESSING ORAL TRAUMA IN CHILDREN/ADOLESCENTS *Goal*: Understand prevention measures and emergency treatment for oral trauma in children/adolescents • Complete Smiles for Life (SFL) Module #4, including Clinical Cases, and submit Certificate of Completion Read: • Guidelines for Management of Traumatic Dental Injuries (AAPD, 2013) • Policy on Prevention of Sports-Related Orofacial Injuries (AAPD, 2018) • National Center on Health Preventing Injury to Your Child's Mouth (Appendix 4) & CFK Accidents Happen (Appendix 5)	**SKILL/BEHAVIOR** *Goal*: Develop oral sports trauma prevention plan for adolescents • Review the Mia Jones Unfolding Case (NLN) • Choose mouth guard and present its pros and cons in class • Develop sports oral health safety tips that reduce dental trauma risk for adolescents	**SKILL/BEHAVIOR** *Goal*: Demonstrate HEENOT competency in oral health history, risk assessments and physical exam in sports physical of adolescents • Read Oral Health Topics: Mouth Guards (ADA, 2019) • Engage adolescents in discussing sports oral safety strategies that reduce oral trauma risk • Use motivational interviewing to engage adolescents into adopting one change to reduce oral trauma risk

APPENDIX 1 — *Pediatric Health Assessment*

Recommendations for Preventive Pediatric Health Care

American Academy of Pediatrics
DEDICATED TO THE HEALTH OF ALL CHILDREN®

Recommendations for Preventive Pediatric Health Care

Bright Futures/American Academy of Pediatrics

Bright Futures
prevention and health promotion for infants, children, adolescents, and their families™

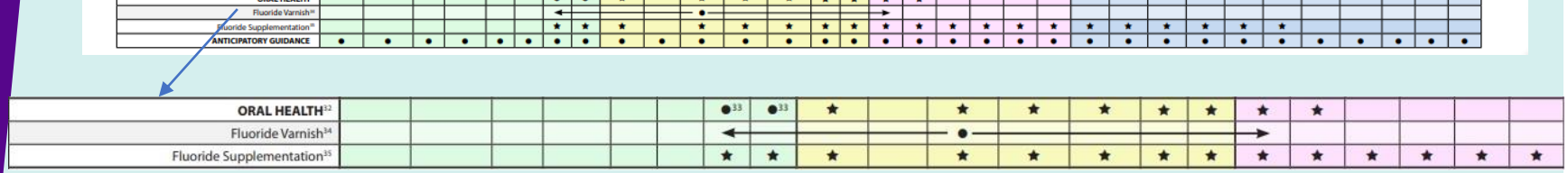
Each child and family is unique; therefore, these Recommendations for Preventive Pediatric Health Care are designed for the care of children who are receiving competent parenting, have no manifestations of any important health problems, and are growing and developing in a satisfactory fashion. Developmental, psychosocial, and chronic disease issues for children and adolescents may require frequent counseling and treatment visits separate from preventive care visits. Additional visits also may become necessary if circumstances suggest variations from normal.

These recommendations represent a consensus by the American Academy of Pediatrics (AAP) and Bright Futures. The AAP continues to emphasize the great importance of continuity of care in comprehensive health supervision and the need to avoid fragmentation of care.

Refer to the specific guidance by age as listed in the *Bright Futures Guidelines* (Hagan JF, Shaw JS, Duncan PM, eds. *Bright Futures: Guidelines for Health Supervision of Infants, Children, and Adolescents*. 4th ed. Elk Grove Village, IL: American Academy of Pediatrics; 2017).

The recommendations in this statement do not indicate an exclusive course of treatment or standard of medical care. Variations, taking into account individual circumstances, may be appropriate.

	INFANCY								EARLY CHILDHOOD							MIDDLE CHILDHOOD						ADOLESCENCE										
AGE[1]	Prenatal[2]	Newborn[3]	3-5 d[4]	By 1 mo	2 mo	4 mo	6 mo	9 mo	12 mo	15 mo	18 mo	24 mo	30 mo	3 y	4 y	5 y	6 y	7 y	8 y	9 y	10 y	11 y	12 y	13 y	14 y	15 y	16 y	17 y	18 y	19 y	20 y	21 y
HISTORY Initial/Interval	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●
MEASUREMENTS																																
Length/Height and Weight		●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●
Head Circumference		●	●	●	●	●	●	●	●	●	●	●																				
Weight for Length		●	●	●	●	●	●	●	●	●	●																					
Body Mass Index[4]												●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●
Blood Pressure[5]		★	★	★	★	★	★	★	★	★	★	★	★	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●
SENSORY SCREENING																																
Vision[7]		★	★	★	★	★	★	★	★	★	★	★	★	●	●	●	●	★	●	★	●	★	●	★	★	●	★	★	★	★	★	★
Hearing		●[8]	●[9] →			★	★	★	★	★	★	★	★	★	●	●	●	★	●	★	●	←		●[11] →			←	● →		←	●	→
DEVELOPMENTAL/BEHAVIORAL HEALTH																																
Developmental Screening[12]								●			●		●																			
Autism Spectrum Disorder Screening[13]											●	●																				
Developmental Surveillance		●	●	●	●	●	●		●	●		●		●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●
Psychosocial/Behavioral Assessment[15]		●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●
Tobacco, Alcohol, or Drug Use Assessment[16]																						★	★	★	★	★	★	★	★	★	★	★
Depression Screening[17]																							●	●	●	●	●	●	●	●	●	●
Maternal Depression Screening[18]				●	●	●	●																									
PHYSICAL EXAMINATION[19]		●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●
PROCEDURES[20]																																
Newborn Blood		●[19]	●[20] →																													
Newborn Bilirubin[21]		●																														
Critical Congenital Heart Defect[22]		●																														
Immunization[23]		●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●
Anemia[24]					★				●	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★
Lead[25]							★	★	● or ★[26]			★	● or ★[26]		★	★	★															
Tuberculosis[27]				★			★		★				★		★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★
Dyslipidemia[28]													★		★		★		★	←	● →	★	★	★	★	★	★	←		●	→	
Sexually Transmitted Infections[29]																						★	★	★	★	★	★	★	★	★	★	★
HIV[30]																						★	★	★	★	←	● →		★	★	★	
Cervical Dyslipidemia[31]																																●
ORAL HEALTH[32]							●[33]	●[33]	★			★	★	★	★	★	★															
Fluoride Varnish[34]							←				●	→																				
Fluoride Supplementation[35]							★	★	★																							
ANTICIPATORY GUIDANCE	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●



https://www.aap.org/en-us/Documents/periodicity_schedule.pdf (AAP, 2019)

APPENDIX 2 — *Pediatric Health Assessment*

American Academy of Pediatrics Oral Health Risk Assessment Tool

Oral Health Risk Assessment Tool

The American Academy of Pediatrics (AAP) has developed this tool to aid in the implementation of oral health risk assessment during health supervision visits. This tool has been subsequently reviewed and endorsed by the National Interprofessional Initiative on Oral Health.

Instructions for Use

This tool is intended for documenting caries risk of the child, however, two risk factors are based on the mother or primary caregiver's oral health. All other factors and findings should be documented based on the child.

The child is at an absolute high risk for caries if any risk factors or clinical findings, marked with a ⚠ sign, are documented yes. In the absence of ⚠ risk factors or clinical findings, the clinician may determine the child is at high risk of caries based on one or more positive responses to other risk factors or clinical findings. Answering yes to protective factors should be taken into account with risk factors/clinical findings in determining low versus high risk.

Patient Name:_____ Date of Birth:_____ Date:_____

Visit: ☐6 month ☐9 month ☐12 month ☐15 month ☐18 month ☐24 month ☐30 month ☐3 year ☐4 year ☐5 year ☐6 year ☐Other_____

RISK FACTORS	PROTECTIVE FACTORS	CLINICAL FINDINGS
⚠ Mother or primary caregiver had active decay in the past 12 months ☐Yes ☐No	• Existing dental home ☐Yes ☐No	⚠ White spots or visible decalcifications in the past 12 months ☐Yes ☐No
• Mother or primary caregiver does not have a dentist ☐Yes ☐No	• Drinks fluoridated water or takes fluoride supplements ☐Yes ☐No	⚠ Obvious decay ☐Yes ☐No
• Continual bottle/sippy cup use with fluid other than water ☐Yes ☐No	• Fluoride varnish in the last 6 months ☐Yes ☐No	⚠ Restorations (fillings) present ☐Yes ☐No
• Frequent snacking ☐Yes ☐No	• Has teeth brushed twice daily ☐Yes ☐No	• Visible plaque accumulation ☐Yes ☐No
• Special health care needs ☐Yes ☐No		• Gingivitis (swollen/bleeding gums) ☐Yes ☐No
• Medicaid eligible ☐Yes ☐No		• Teeth present ☐Yes ☐No
		• Healthy teeth ☐Yes ☐No

ASSESSMENT/PLAN

Caries Risk:
☐Low ☐High

Completed:
☐Anticipatory Guidance
☐Fluoride Varnish
☐Dental Referral

Self Management Goals:

☐Regular dental visits	☐Wean off bottle	☐Healthy snacks
☐Dental treatment for parents	☐Less/No juice	☐Less/No junk food or candy
☐Brush twice daily	☐Only water in sippy cup	☐No soda
☐Use fluoride toothpaste	☐Drink tap water	☐Xylitol

https://www.aap.org/en-us/Documents/oralhealth_RiskAssessmentTool.pdf (AAP, 2011)

APPENDIX 3 — *Pediatric Health Assessment*

American Dental Association Caries Risk Assessment Form (Age 0-6)

ADA American Dental Association®
America's leading advocate for oral health

Caries Risk Assessment Form (Age 0-6)

Patient Name:				
Birth Date:			**Date:**	
Age:			**Initials:**	
		Low Risk	**Moderate Risk**	**High Risk**
Contributing Conditions		**Check or Circle the conditions that apply**		
I.	**Fluoride Exposure** (through drinking water, supplements, professional applications, toothpaste)	☐Yes	☐No	
II.	**Sugary Foods or Drinks** (including juice, carbonated or non-carbonated soft drinks, energy drinks, medicinal syrups)	Primarily at mealtimes ☐	Frequent or prolonged between meal exposures/day ☐	Bottle or sippy cup with anything other than water at bed time ☐
III.	**Eligible for Government Programs** (WIC, Head Start, Medicaid or SCHIP)	☐No		☐Yes
IV.	**Caries Experience of Mother, Caregiver and/or other Siblings**	No carious lesions in last 24 months ☐	Carious lesions in last 7-23 months ☐	Carious lesions in last 6 months ☐
V.	**Dental Home**: established patient of record in a dental office	☐Yes	☐No	
General Health Conditions		**Check or Circle the conditions that apply**		
I.	**Special Health Care Needs** (developmental, physical, medical or mental disabilities that prevent or limit performance of adequate oral health care by themselves or caregivers)	☐No		☐Yes
Clinical Conditions		**Check or Circle the conditions that apply**		
I.	**Visual or Radiographically Evident Restorations/ Cavitated Carious Lesions**	No new carious lesions or restorations in last 24 months ☐		Carious lesions or restorations in last 24 months ☐
II.	**Non-cavitated** (incipient) **Carious Lesions**	No new lesions in last 24 months ☐		New lesions in last 24 months ☐
III.	**Teeth Missing Due to Caries**	☐No		☐Yes
IV.	**Visible Plaque**	☐No	☐Yes	
V.	**Dental/Orthodontic Appliances Present** (fixed or removable)	☐No	☐Yes	
VI.	**Salivary Flow**	Visually adequate ☐		Visually inadequate ☐

Overall assessment of dental caries risk: ☐ Low ☐ Moderate ☐ High

Instructions for Caregiver:

https://www.ada.org/~/media/ADA/Member%20Center/FIles/topics_caries_under6.ashx (ADA, 2009)

APPENDIX 4 — *Pediatric Health Assessment*

Healthy Habits for Happy Smiles: Preventing Injuries to Your Child's Mouth

Healthy Habits for Happy Smiles

Preventing Injuries to Your Child's Mouth

As a parent, you want to keep your child safe, but you learn that injuries can happen in a moment. Children can injure their mouths when they fall or trip. They can also injure their mouths when they climb on furniture or run with something in their mouth.

School readiness begins with health!

Tips for preventing injuries to your child's mouth:

- Use safety gates at the top and bottom of stairs.
- Put safety locks or latches on cabinets and drawers.
- Cover sharp corners.
- Keep one hand on your child while he is on a changing table.
- When feeding your child, put her in a high chair or booster seat. Remember to buckle the seatbelt.
- Always buckle your child into the car seat in the back seat of a car or truck.
- Pick up toys and keep floors clear so children don't trip and fall.
- Make sure rugs have nonskid pads or backing.
- Watch your child when he is on high places, like playground equipment.
- Put your baby in a front pack while shopping. Or put your child in the shopping cart and use a safety belt. Don't leave your child alone or out of reach in a shopping cart.
- Don't let your child walk or run with anything in her mouth, like sippy cups, popsicles, or toys.

In case of emergency, call your child's dental or medical clinic right away. If you can't reach them, take your child to the emergency room. Give your child's dental and medical clinic phone numbers to others who take care of your child.

This handout was prepared by the National Center on Early Childhood Health and Wellness under cooperative agreement #90HC0013 for the U.S. Department of Health and Human Services, Administration for Children and Families, Office of Head Start.

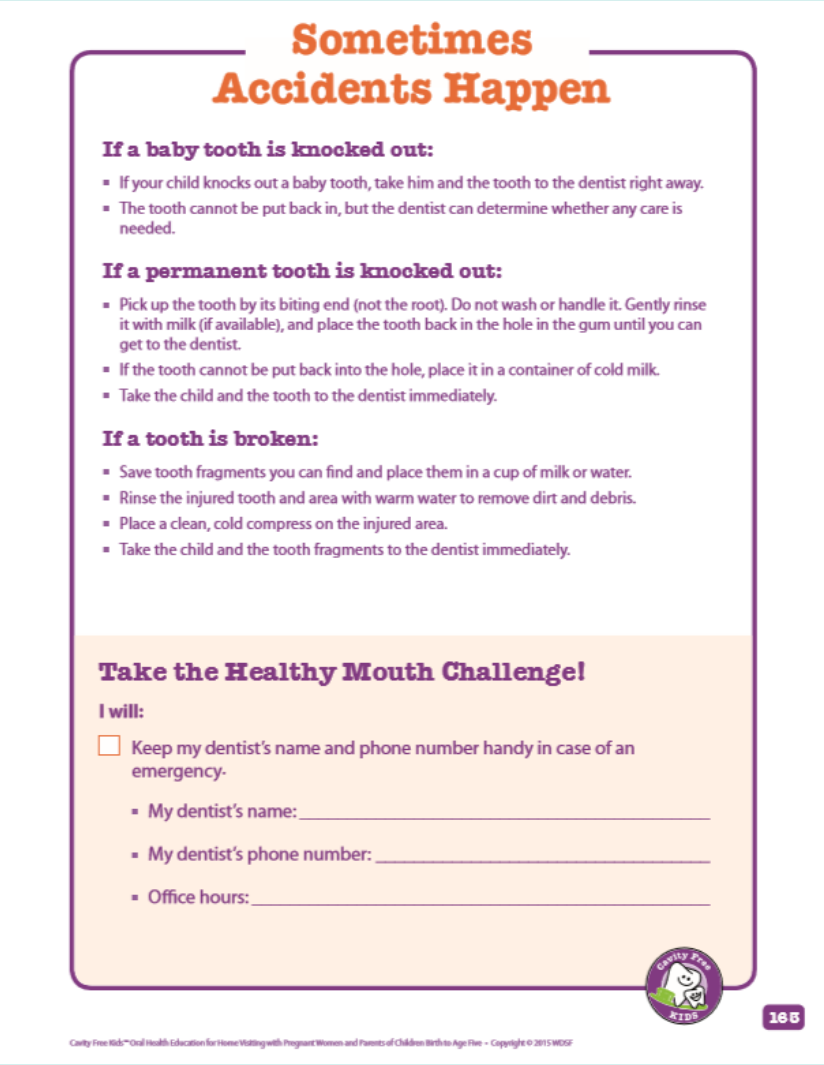
National Center on Early Childhood Health and Wellness. 2016. *Healthy Habits for Happy Smiles: Preventing Injuries to Your Child's Mouth.* Elk Grove Village, IL: National Center on Early Childhood Health and Wellness.

Photo requiring credit: Let's Unwind holiday lets / Foter / CC BY-ND *(back page)*

https://eclkc.ohs.acf.hhs.gov/sites/default/files/pdf/preventing-oral-injury.pdf (National Center on Health, 2014)

APPENDIX 5 Pediatric Health Assessment

Cavity Free Kids: Sometimes Accidents Happen



Sometimes Accidents Happen

If a baby tooth is knocked out:

- If your child knocks out a baby tooth, take him and the tooth to the dentist right away.
- The tooth cannot be put back in, but the dentist can determine whether any care is needed.

If a permanent tooth is knocked out:

- Pick up the tooth by its biting end (not the root). Do not wash or handle it. Gently rinse it with milk (if available), and place the tooth back in the hole in the gum until you can get to the dentist.
- If the tooth cannot be put back into the hole, place it in a container of cold milk.
- Take the child and the tooth to the dentist immediately.

If a tooth is broken:

- Save tooth fragments you can find and place them in a cup of milk or water.
- Rinse the injured tooth and area with warm water to remove dirt and debris.
- Place a clean, cold compress on the injured area.
- Take the child and the tooth fragments to the dentist immediately.

Take the Healthy Mouth Challenge!

I will:

☐ Keep my dentist's name and phone number handy in case of an emergency.

- My dentist's name: _____
- My dentist's phone number: _____
- Office hours: _____

http://cavityfreekids.org/family-engagement/

(Washington Dental Service Foundation, 2014)

PNP Curriculum Integration of Interprofessional Oral Health Competencies in Pediatric Primary Care

PEDIATRIC PRIMARY CARE

IPEC Competencies: Values and Ethics, Roles and Responsibilities Interprofessional Communication, Teams & Teamwork

HRSA Oral Health Competencies: Oral Health Risk Assessment, Oral Health Evaluation, Oral Health Preventive Intervention, Communication and Education

NONPF Competencies: Delivers evidence-based practice for pediatric patients; Provides health maintenance & health promotion activities across pediatric lifespan; Recognizes and integrates perspectives of interdisciplinary collaboration in developing and implementing plan of care

CONSTRUCTS

ENTRY LEVEL ASSESSMENT

SUMMATIVE ASSESSMENT

INTERPROFESSIONAL PARTNERSHIP & COLLABORATIVE PRACTICE FOR OPTIMIZATION OF PATIENT HEALTH OUTCOMES

1) EXPOSURE: INTRODUCTION	2) IMMERSION: DEVELOPMENT	3) COMPETENCE: ENTRY-TO-PRACTICE
KNOWLEDGE: CHILD WITH CHRONIC DISEASE *Goal*: Recognize oral manifestations of chronic diseases in children Read: • The association between celiac disease, dental enamel defects, and aphthous ulcers in a United States cohort (Cheng et al, 2010) • Oral manifestations of gastrointestinal disorders (Jajam et al., 2017) • Comment on discussion board	**SKILL/BEHAVIOR** *Goal*: Develop comprehensive health maintenance services to children with chronic diseases • Review Smiles for Life (SFL) Modules #1,2,6,7 • Each student to be assigned one article on Celiac Disease from list (Appendix 1) and report findings on oral health • Discuss how to apply HEENOT in history, risk assessment, physical exam and plan of action for children with Celiac Disease	**COLLABORATIVE CASE PRESENTATION** *Goal*: Collaborate interprofessionally on pediatric chronic disease case with oral health needs • PNP and dental students to collaborate on developing a management plan for child with Celiac Disease and oral health problems (Appendix 2) • Read Building a Culture of Collaboration (Haber, 2014)
KNOWLEDGE: CHILD WITH INFECTIOUS DISEASE *Goal*: Recognize oral manifestations of infectious diseases in children Read: • Oral Development and Pathology (Clark & Clark, 2018) • Protecting All Children's Teeth: Systemic Diseases (Clark & Krol, 2014)	**SKILL/BEHAVIOR** *Goal*: Develop comprehensive health maintenance services to children with infectious diseases • Collaborate together on Discussion Board on case study of child with Acute Pharyngitis (Appendix 3) and child with Kawasaki Disease (Appendix 4) • Choose one infectious disease, post photo of oral manifestations on Discussion Board and lead discussion in class on its oral manifestations: Kawasaki, Coxsackie, Strep, Thrush	**COLLABORATIVE CASE PRESENTATION** *Goal*: Collaborate interprofessionally on pediatric infectious disease case with oral health needs • PNP and dental student to collaborate on developing a management plan for child with Infectious Disease and oral health problems (Appendix 5) • PNP, dental and medical students to collaborate caring for children with infectious diseases in pediatric dental clinic
KNOWLEDGE: ADOLESCENT WITH STI *Goal*: Recognize oral manifestations of STIs in adolescents Read • The epidemiology of oral human papillomavirus infection in healthy populations (Tam et al., 2018) • HPV and Oropharyngeal Cancer (CDC 2013) • Statement on HPV and Squamous Cell Cancers of the Oropharynx (ADA) • HPV Vaccine Hesitancy (McRee et al, 2014)	**SKILL/BEHAVIOR** *Goal*: Develop comprehensive health maintenance services to children with STIs Collaborate together on discussion board on case studies: • Idiopathic ulcers as an oral manifestation in pediatric patients with AIDS (Martinez-Sandoval et al, 2012) • HPV Laryngeal Tracheal Papillomatosis (Alfano, 2014) • Following health literacy principles, develop a brochure describing benefits of HPV vaccination for pre-adolescents	**COLLABORATIVE CASE PRESENTATION** *Goal*: Collaborate interprofessionally on pediatric STI case with oral health needs • PNP and dental students to collaborate on developing a management plan for adolescent with STIs and oral health problems (Appendix 6) • PNP, dental and medical students to collaborate caring for adolescents with STIs in clinical experience

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Celiac Disease Case Study (Part I)

Chief Complaint
Parent brings fourteen month old female (Amy) to the PNP with complaints of intermittent vomiting, occurring for past 2 weeks which has increased in frequency this week.

Past History
Prenatal: No problems.
L&D: NSVD, Apgar 9,10
Infancy: Breastfed until 12 months; 8 months Hgb 11.3; Lead level normal

Current Health Status
Amy has had no other health problems. Her development is normal. She was in the 50% for height and weight and head circumference. She has not had a fever or any illness. She was weaned from breastfeeding at 13 months and vomiting began shortly after weaning. Mother thought that she might be intolerant to lactose and started giving her soy formula, but it has not affected the vomiting. Vomiting does not seem to be related to time, type of food, activity or illness. Amy vomits 2-3x/day and has a poor appetite. Frequently the emesis consists of undigested food even after 12 hours after ingestion.
Medications: None
Family History: Only child, lives with both parents. No family history of food intolerance or GI problems.
Physical Exam: Alert, oriented, small, thin, pale 14 month old female.
HEENOT – all central incisors are thin grey/translucent. Delayed eruption of dentition – central incisors at age 13 months
Abdomen – soft, nontender
MS – normal
Neuro – nl

What is your differential?
A. Lactose intolerance
B. Celiac disease
C. Viral Illness
D. Constipation

What diagnostic tests will help you?
A. CBC
B. Abdominal X ray
C. Upper GI
D. Celiac panel
E. Dental consult

Results
CBC shows: WBC 4.2, Hgb.11.3, Plt 200,000
Abdominal X ray – normal
Upper GI – delayed gastric emptying
Celiac panel – elevated Deaminated Gliadian ABS IgG: 45.5 (normal is 1-10).
All other markers in normal range. IgA was on lower end of normal 21, (normal is 20-100). Low IgA has been linked to autoimmune disorders.

Plan
Refer to Pediatric Gastroenterologist
Refer to Pediatric Dentist

Celiac Disease Case Study (Part II)

Diagnosis
Delayed gastric emptying of unknown etiology -
GI specialist unconcerned about elevated Deaminated Gliadian ABS IgG
Dentist – told mother not to worry about grey transparent teeth, they would fall out.

Treatment
Pediatric Gastroenterologist prescribed Elecare formula, Miralax and Prevacid which she continued to take for over the next 16 months. During this time, the vomiting decreased, but was still occasional. Amy frequently complained of abdominal pain and constipation. Her growth improved. She gained 8lbs over the 1 ½ year but often did not feel well.

Her parents were concerned and took her for additional consults. Patient was seen by four different pediatric GI specialists, her pediatrician and her dentist during this time. All providers agreed to continue the prescribed treatment since she was growing and improving. None of the providers had an explanation for Amy's thin, grey transparent teeth.

At age 2 ½, her mother decided to take her to a specialist in GI motility at a Children's Hospital. When she sent Amy's medical records to the GI Motility clinic, they requested that she repeat the Celiac markers which had not been repeated since age 14 months. At this time endomysial antibody IgA was positive, TTG IgA was >100 (normal is <5), all three markers were extremely high and the patient was then referred to the Celiac clinic instead of the GI motility clinic. She was seen by the Celiac team, referred for a small intestine biopsy and diagnosed with Celiac Disease.

How could her providers prevented this delay in diagnosis by connecting her oral-systemic symptoms?

Acute Pharyngitis Case Study

A 10-year-old girl presented with a 3-day history of fever, sore throat, pain on swallowing, and headache. There was no associated cough, runny nose, or hoarseness. She had been exposed to a child with sore throat a few days ago.

Physical examination findings included a temperature of 38.5°C, an inflamed pharynx, enlarged tonsils, tonsillar exudates, a strawberry tongue (right), and enlarged tender anterior cervical lymph nodes. She did not have a skin rash, peeling of skin, conjunctival congestion, oral ulcers, or splenomegaly.

What is the differential?
What is your clinical diagnosis?
What is your treatment plan?
What are your follow-up recommendations?

Kawasaki Disease Case Study

A 5-year-old girl presented with a 2-week history of fever and rash. Peeling of the skin of her fingers and toes had been noted over the past 2 days.

On physical examination, the girl's temperature was 38.9°C. She was tired but interactive. An erythematous tongue with prominent papillae and desquamation of the ands and feet were noted.

What is the differential?
What is your clinical diagnosis?
What is your treatment plan?
What are your follow-up recommendations?

Infectious Disease Case Study

Chief Complaint
5 yo male Tim brought to clinic by parent, complaining of fever of 103 x 2 days, headache, muscle aches, sore throat and blisters on palms and soles of feet.

Past History
Prenatal: No problems.
L&D: NSVD, Apgar 9,10
Infancy: Breastfed until 12 months. Normal growth and development.

Current Health Status
Tim has no other health problems. He is in the 50% for height and weight.
Immunization: UTD
Medications: None
Family History: Only child, lives with both parents.
Physical Exam: Alert, oriented, 5yo old male.
HEENOT – Eyes: Erythematous watery conjunctiva. Ears, nose and dentition normal. Throat: multiple erythematous blisters in pharynx.
Abdomen – soft, nontender
MS – multiple erythematous blisters on palms and soles
Neuro – nl

What is your differential?
What tests will you order?
What is your diagnosis?
What treatment will you prescribe?
Where else should parents expect to see more lesions?

STI Case Study

Chief Complaint
16 yo female Lisa presents to clinic complaining of hoarseness of voice, sores in mouth

Current Health Status
Lisa has no other health problems.
Immunization: Childhood immunizations UTD, has not had any immunizations since age 6.
Medications: None
Sexual History: Two partners over past year, intermittent condom use.
Family History: Only child, lives with both parents.
Physical Exam: Alert, oriented, 16 yo old female.
HEENOT – Eyes, Ears, nose and dentition normal. Scattered papillomas on tongue and pharynx.
Abdomen – soft, nontender
MS – nl
Gyn – No visible lesions – cervical studies pending
Neuro – nl

What else would you like to know?
What is your differential?
What tests will you order?
What is your diagnosis?
What treatment will you prescribe?
Where do you refer patient?
What is your follow-up?

RESOURCES

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www.SmilesforLifeOralHealth.org
National Oral Health Curriculum

www.MCHOralHealth.org
National Maternal &Child Oral Health Resource Center

www.IPECollaborative.org
Interprofessional Educational Collaborative

www.APTRweb.org/?PHLM_15
Oral Health Across Lifespan Module

www.HealthyPeople.gov
10-year national health goals for Americans

www.AAP.org
American Academy of Pediatrics

www.AAPD.org
American Academy of Pediatric Dentistry

www.ToothWisdom.org
Health Resources for Older Adults

www.HIGN.org
Hartford Institute Geriatric Oral Health

www.IPE.UToronto.ca
University of Toronto's Centre for Interprofessional Education

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