The OHNEP Interprofessional Oral Health Faculty Toolkit

Family Nurse Practitioner Program

CURRICULUM INTEGRATION OF INTERPROFESSIONAL ORAL HEALTH CORE COMPETENCIES:

• Health Assessment of Families
• Health Promotion of Families
• Primary Care of Families
• Resources

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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 Family 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 IOM Reports, Advancing Oral Health in America (2011) and Building Workforce Capacity in Oral Health (2011), as well as the IPEC Competencies (2011), challenged HRSA to develop interprofessional oral health core competencies for primary care providers. Publication of the report, Integrating Oral Health in Primary Care Practice (2014), reflects those interprofessional oral health competencies that can be used by Family 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 Family Nurse Practitioner 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 that articulates 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 HEENT or NOT 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 Family 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 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 Family Nurse Practitioner program. If you need additional technical assistance, please feel free to contact us at OHNEP@nyu.edu
### FNP Curriculum Integration of Interprofessional Oral Health Competencies in Health Assessment Across Lifespan

#### HEALTH ASSESSMENT ACROSS LIFESPAN

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<tr>
<td><strong>KNOWLEDGE: ORAL CARE OF INFANT, CHILD AND ADOLESCENT</strong></td>
<td><strong>SKILL/BEHAVIOR</strong> Goal: Demonstrate integration of HEENOT in oral health history, risk assessment and physical exam in infant, child and adolescent during simulation lab</td>
<td><strong>SKILL/BEHAVIOR</strong> Goal: Identify oral pathologies in infant, child and adolescent in clinical experience</td>
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<td><strong>Goal:</strong> Understand oral care of infant, child and adolescent</td>
<td>Read [Putting the Mouth Back in the Head: HEENOT to HEENOT](Haber et al, 2015)</td>
<td><strong>•</strong> Demonstrate integration of HEENOT competency in oral health history, risk assessment and physical exam in newborns, infants, children and adolescents during pediatric clinic</td>
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<td>• Complete Smiles for Life Modules #1, 2, 6</td>
<td><strong>•</strong> Read and discuss Adult Caries Risk Assessment Tool CAMBRA for patients over age 6 (Appendix 10)</td>
<td><strong>•</strong> Demonstrate integration of HEENOT competency in oral health history, risk assessment and physical exam in adults during adult clinic</td>
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<td>• Submit SFL Certificates of Completion</td>
<td><strong>•</strong> Identify oral abnormalities in adult photographs (Appendix 11)</td>
<td><strong>•</strong> Demonstrate integration of HEENOT competency in oral health history, risk assessment and physical exam in older adults during adult clinic</td>
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<tr>
<td>• Complete SFL Quizzes for Modules #1, 2, 6 (Appendix 1, 2, 3)</td>
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#### CONSTRUCTS

- **ENTRY:** INTRODUCTION
- **IMMERSION:** DEVELOPMENT
- **COMPETENCE:** ENTRY-TO-PRACTICE

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APPENDIX 1
Health Assessment Across Lifespan

Smiles for Life Module 1 Quiz: The Relationship of Oral to Systemic Health

1. What is the most common chronic disease of childhood?
   A. Asthma
   B. Seasonal allergies
   C. Dental caries
   D. Cefuroxime

2. What is a consequence of untreated dental caries?
   A. Osteonecrosis of alveolar bone
   B. Gingival hyperplasia
   C. Oral mucositis
   D. Tooth fractures

3. Which condition is associated with periodontal disease?
   A. Asthma
   B. Preterm labor
   C. Sinusitis
   D. Hypothyroidism

4. Which of the following medications is linked to gingival hyperplasia?
   A. Phenytoin
   B. Amoxicillin
   C. Digoxin
   D. Coumadin

5. What can a primary care clinician do to promote oral health?
   A. Collaborate with dental and other health professionals
   B. Apply dental sealants
   C. Prescribe oral fluoride supplements to every patient
   D. Apply fluoride varnish to the teeth of all adults

6. Which of these classes of medications is NOT generally associated with decreased salivary flow?
   A. Antihistamines
   B. Antibiotics
   C. Corticosteroids
   D. Anticholinergics
   E. Diuretics

7. A patient undergoing chemotherapy for cancer is at risk for which of these oral complications due to the effects of chemotherapy?
   A. Osteonecrosis of alveolar bone
   B. Gingival hyperplasia
   C. Oral mucositis
   D. Tooth fractures

8. Which of the following infections is NOT potentially caused by direct extension from a dental source?
   A. Otitis media
   B. Sinusitis
   C. Brain abscess
   D. Facial cellulitis

9. What is the suggested common pathway linking chronic periodontitis and conditions such as diabetes, coronary artery disease and adverse pregnancy outcomes?
   A. Direct bacterial extension
   B. Poor nutrition
   C. Circulating antibodies
   D. Inflammation

10. Which of the following is NOT a mechanism for inter-relationships between oral and systemic disease?
    A. Behavioral
    B. Iatrogenic
    C. Neurologic
    D. Inflammatory

(Clark et al, 2010)
Smiles for Life Module 2 Quiz: Child Oral Health (part I)

1. What are Early Childhood Caries?
   A. Dental decay in children from 2 – 10 years of age
   B. An infectious chronic disease
   C. Deformities in a child’s teeth that are caused by excessive fluoride
   D. Dental decay caused by a lack of fluoride in a child’s diet

2. Oral bacteria and dietary sugars are two of the three parts of the “Etiology Triad” of Early Childhood Caries. What is the third part of the triad?
   A. The enamel and dentine of teeth which is vulnerable to demineralization
   B. Bacterial toxins which attach the teeth’s calcium matrix
   C. Saliva which provides a moist environment for the cariogenic oral bacteria
   D. Genetic predisposition to colonization by cariogenic oral bacteria

3. What is a risk factor for developing Early Childhood Caries?
   A. High fat diet
   B. Patient’s age
   C. Excessive levels of fluoride
   D. Caries in siblings or caretakers

4. How can primary care clinicians prevent Early Childhood Caries?
   A. Counsel a child’s caregivers about the child’s diet
   B. Apply dental sealants to the teeth of young patients
   C. Prescribe fluoride to every young patient
   D. Refer children to a dentist at age 5

5. The mother of your 10 month-old patient asks for a prescription for supplemental fluoride. She reports that the family obtains their water from a well. What is your best course of action?
   A. Prescribe a dietary fluoride supplement as well water does not contain fluoride
   B. Test the well’s fluoride level prior to prescribing a dietary fluoride supplement
   C. Do not prescribe a dietary fluoride supplement as the child has neither white spots nor caries
   D. Obtain the fluoride level in wells near the family’s home from the local health department before prescribing a dietary fluoride supplement

6. What does this photograph of a child’s mouth depict?
   A. Fluorosis
   B. White spots
   C. Moderate Early Childhood Caries
   D. Iron staining

7. To what is the arrow on this photograph of a child’s mouth pointing?
   A. A normal tooth
   B. Fluorosis
   C. White spots
   D. Severe Early Childhood Caries

(Clark et al, 2010)
8. What is the first step in performing a knee-to-knee oral examination of a child’s mouth?
A. Have the caregiver hold the child on his or her lap facing the examiner
B. Have the caregiver hold the child facing him or her in a straddle position
C. The examiner looks in the child’s mouth
D. Have the caregiver separate the child’s jaws

9. What guidance about teething should a primary care clinician provide to a toddler’s caregiver?
A. Teething can cause ear infections and diarrhea
B. The caregiver should bring the toddler to the office if the child starts to drool
C. Teething sometimes causes upper respiratory infections
D. A child who is teething may be fussy

10. The arrow is pointing to a darkened feature in a child’s mouth. What is this feature called?
A. Fluorosis
B. An avulsed tooth
C. An eruption hematoma
D. Early childhood caries in an unerupted tooth
1. The mother of a 9-month old patient asks what causes Early Childhood Caries (ECC). Which is the most accurate reply?
   A. The majority of ECC results from thin or “weak” tooth enamel inherited from the parents
   B. Bacteria in the child’s mouth break down dietary sugars into acids which break down tooth enamel
   C. A lack of protective saliva is the most common cause of ECC
   D. A calcium deficiency during the time teeth are formed produces teeth that lack a sufficiently thick covering of enamel

2. Which of the following factors places a child at the most risk for developing early childhood caries?
   A. Having a diagnosis of severe asthma
   B. Living with family members who smoke tobacco or drink excessive amounts of alcohol
   C. Breast feeding for longer than six months
   D. Having plaque on the teeth

3. Which is NOT a mechanism of action for topical fluoride?
   A. It inhibits demineralization of the teeth
   B. It promotes remineralization of the teeth
   C. It inhibits bacterial metabolism
   D. It promotes the release of saliva

4. Which of the following is a benefit of fluoride varnish?
   A. Fluoride varnish permanently seals the pits and fissures of teeth
   B. Fluoride varnish decreases the need for routine dental care
   C. Fluoride varnish can reverse early decay (i.e., the “white spots”) and slow enamel destruction
   D. Fluoride varnish replaces the need to take systemic fluoride supplements

5. While performing an exam on one of your young patients, you observe the following (see photograph). Describe what you see:
   A. The teeth are normal and have no white spots or tooth decay
   B. The gingiva are pathologically pigmented
   C. The tooth’s enamel is thin, so fluoride varnish must be applied to strengthen the enamel
   D. The color of the tooth indicates that the child is at risk for developing fluorosis

6. What guidance would you provide the mother of your 20 month old patient who expresses concern about her child developing fluorosis? The family lives in a town that adds fluoride to the water supply, and the child has already had 2 cavities:
   A. Tell the mother to use only a small smear of fluoridated toothpaste when brushing the child’s teeth
   B. Tell the mother to use a non-fluoridated toothpaste
   C. Brush the child’s teeth every other day
   D. Only give bottled drinking water to the child

7. Which children should receive fluoride varnish in the medical office?
   A. All children at high risk for caries
   B. High risk children without a dental home
   C. Low risk children
   D. All children

(Clark et al, 2010)
8. While performing an exam on one of your young patients, you observe the teeth indicated by the yellow arrows. Describe the tooth’s condition.
A. The teeth are normal and have no visible decay.
B. The brown areas represent caries where loss of overlying enamel has exposed underlying dentin.
C. The brown areas indicate that the child has chipped his teeth.
D. The brown color indicates that the child has developed fluorosis.

9. While applying fluoride varnish to an infant what is the gauze used for?
A. The gauze is the vehicle used to apply the flourish varnish to the teeth.
B. The gauze is used to hold the tongue out of the way.
C. The gauze is used to dry the child’s teeth and to remove gross plaque.
D. The gauze is shown to the child to stimulate her to open her mouth.

10. What guidance do you give the grandmother of a child who has just had fluoride varnish applied to his teeth?
A. The child’s teeth will be discolored for about a week.
B. Do not brush the child’s teeth for at least 48 hours.
C. Brush the child’s teeth in about one hour.
D. Avoid giving the child hot or hard food for 24 hours.
**APPENDIX 4**

### Health Assessment Across Lifespan

#### Smiles for Life Module 3 Quiz: Adult Oral Health

<table>
<thead>
<tr>
<th>Question</th>
<th>Options</th>
</tr>
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</table>
| 1. Which dental procedure does NOT require prophylaxis for individuals at high risk of bacterial endocarditis?                                                                                                     | A. Dental extractions  
B. Periodontal procedures  
C. Post-operative suture removal  
D. Prophylactic cleaning of teeth if bleeding is anticipated  
E. Re-implantation of avulsed teeth                                                                 |                                                                                                                                               |
| 2. Periodontal disease can be clinically distinguished from gingivitis in which of the following ways?                                                                                                             | A. Inflammation of the gums  
B. White discoloration of the permanent teeth  
C. Enlarged pockets at the gum base  
D. Gingival hypertrophy                                                                                                         |                                                                                                                                               |
| 3. Which of the following is NOT a common site for oral cancers?                                                                                                                                                                                                                     | A. Tongue  
B. Floor of mouth  
C. Hard palate  
D. Lower lip                                                                                                                      |                                                                                                                                               |
| 4. Which of the following is most likely to lead to poorer oral health in the elderly?                                                                                                                                                                                                   | A. Alzheimer's dementia  
B. Coronary artery disease  
C. Hypothyroidism  
D. All of the above                                                                                                      |                                                                                                                                               |
| 5. Risk factors for adult caries may include all the following except:                                                                                                                                                                                                               | A. Low socioeconomic status  
B. Existing tooth restoration  
C. Decreased salivary flow  
D. A vegetarian diet  
E. Physical disabilities                                                                                                              |                                                                                                                                               |
| 6. Which of the following patients requires bacterial endocarditis antibiotic prophylaxis?                                                                                                                                                                                               | A. A 26 year old woman with mitral valve prolapse undergoing routine teeth cleaning with no anticipated bleeding.  
B. A 64 year old man with a prosthetic mitral valve who is undergoing a tooth extraction.  
C. A 16 year old boy with a ventricular septal defect completely repaired in infancy who requires extraction of an impacted wisdom tooth.  
D. A 32 year old man who had bacterial endocarditis 5 years ago who is undergoing orthodontic appliance adjustment.  
E. A 78 year old man who is undergoing orthodontic appliance adjustment.                                                                                   |                                                                                                                                               |
| 7. Which of the following is not a normal age-related tooth change?                                                                                                                                                                                                              | A. Gingival recession  
B. Root caries  
C. Yellowing of teeth  
D. Wearing away of teeth with exposed dentin                                                                                                                |                                                                                                                                               |
| 8. Which of the following statements, concerning xerostomia or dry mouth, is not true?                                                                                                                                                                                                        | A. Xerostomia is caused by a decrease in the production of saliva  
B. Xerostomia can cause a burning sensation, change in taste, and difficulty swallowing  
C. Medications can contribute to xerostomia  
D. Xerostomia can increase the development of caries  
E. Xerostomia is rarely a problem for patients wearing complete dentures                                                                                    |                                                                                                                                               |
| 9. Which of the following has been implicated in the development of recurrent aphthous ulcers?                                                                                                                                                                                          | A. Trauma  
B. Vitamin C deficiency  
C. Sickle Cell Anemia  
D. Herpes simplex virus infection                                                                                                          |                                                                                                                                               |
| 10. Which of the following factors is NOT involved in the development of “Meth Mouth”:                                                                                                                                                                                                 | A. Poor oral hygiene  
B. Increased carbohydrate consumption  
C. Nighttime mouth breathing  
D. Teeth grinding  
E. Xerostomia                                                                                                                                      |                                                                                                                                               |

*(Clark et al, 2010)*
**APPENDIX 5**  
*Health Assessment Across Lifespan*

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### Smiles for Life Module 5 Quiz: Oral Health In Pregnancy

1. Which of the following is a **FALSE** statement?  
   - A. Gingivitis is very common in pregnancy  
   - B. Periodontitis is associated with preterm birth  
   - C. Treatment of periodontitis in pregnancy decreases the risk of preterm birth  
   - D. Deep root scaling to improve periodontitis is safe during pregnancy  

2. Which of the following is a **TRUE** statement?  
   - A. Mothers with caries pass their genetic predisposition for caries on to their babies  
   - B. Mother with caries pass caries-causing bacteria to their babies in utero  
   - C. Mother with caries pass caries-causing bacteria to their infants early in life via saliva transmission  
   - D. All of the above  

3. A **pregnancy granuloma:**  
   - A. Has malignant potential and should be biopsied  
   - B. Should be excised during pregnancy even if asymptomatic to avoid complications  
   - C. Can be observed  
   - D. Is not likely to recur if excised  

4. A **pregnant patient asks you for guidance about having dental treatment during her pregnancy. What would you say?**  
   - A. Dental treatment should only be done during the second and third trimester  
   - B. Dental treatment should only be done during the third trimester because organogenesis is complete  

5. **What guidance should you give a pregnant patient about having dental x-rays during her pregnancy?**  
   - A. Dental x-rays should be avoided during pregnancy  
   - B. Dental x-ray should be limited to only one film per pregnancy  
   - C. Dental x-rays should be taken as necessary to reach a full diagnosis  
   - D. Dental x-rays are rarely needed during pregnancy  

6. **What oral health guidance should you give a pregnant patient?**  
   - A. Brush twice daily with fluoridated toothpaste  
   - B. Use chlorhexidine mouthwash three times per day  
   - C. Avoid sugary drinks and snacks between meals  
   - D. Take fluoride dietary supplements  
   - E. A and C only  

7. **All of the following conditions can cause worsening gingivitis EXCEPT:**  
   - A. Onset of puberty  
   - B. Monthly menses  
   - C. Menopause  
   - D. Use of oral contraceptives  
   - E. Pregnancy  

8. If a pregnant woman has an oral abscess in the first trimester, what should she do regarding its treatment?  
   - A. Take antibiotics and pain medication only and wait until her second trimester to see the dentist  
   - B. Avoid x-rays for further diagnosis  
   - C. Have the tooth treated or extracted under local anesthesia immediately  
   - D. Delay definitive treatment until after delivering her baby  

9. Amalgam restorations placed during pregnancy can lead to which negative outcome in the fetus?  
   - A. Birth defects  
   - B. Neurologic sequelae  
   - C. Spontaneous abortions  
   - D. None of the above  

10. What could pregnant women do after vomiting to reduce the risk of enamel erosion?  
    - A. Swish with baking soda and water  
    - B. Vigorously brush her teeth  
    - C. Immediately take a dose of a proton pump inhibitor  
    - D. Immediately take 3-4 antacid tablets  

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*(Clark et al, 2010)*
# APPENDIX 6  Health Assessment Across Lifespan

## Smiles for Life Module 7 Quiz: Oral Examination

1. **What constitutes a tooth’s outer layer?**
   - A. Enamel
   - B. Dentin
   - C. Pulp

2. **What is a full complement of adult teeth?**
   - A. 26
   - B. 28
   - C. 30
   - D. 32

3. A caregiver asks you how many teeth her 3 year old child should have. What would you respond?
   - A. 20
   - B. 22
   - C. 24
   - D. 28

4. **At what age do teeth typically begin to erupt in children?**
   - A. 3-9 months
   - B. 9-15 months
   - C. 15-21 months
   - D. 21-27 months

5. **Oral cancer is most common in which area of the mouth?**
   - A. Hard palate
   - B. Surface of tongue
   - C. Inside of cheek
   - D. Posterolateral tongue

6. **When performing the “knee-to-knee” oral exam on a young child, in what position should the child start?**
   - A. Facing the examiner
   - B. Standing up
   - C. Sitting on the exam table
   - D. Facing the caregiver

7. **Which of the following is NOT needed by a primary care clinician to conduct a thorough oral exam?**
   - A. An exam light to illuminate key features in the mouth
   - B. Tongue depressors to lift the lip and retract the cheek
   - C. A mouth mirror to view lingual surfaces of teeth
   - D. Dental explorer
   - E. Gauze pads to grasp the tongue

8. **When examining a 9 month old child’s mouth, what is a reason for an early referral to a dentist?**
   - A. The child has only 4 incisors
   - B. Developmental tooth defects are present
   - C. No molars have erupted
   - D. No canine teeth have erupted
   - E. Counting less than 20 teeth

9. **You are performing an oral exam on your 21 year old patient who has been using smokeless tobacco for 4 years. What part of this patient’s oral cavity is especially important for you to examine?**
   - A. The sun-exposed areas of the patient’s cheeks
   - B. The inner aspect of the patient’s lips and cheeks
   - C. Any discoloration or pitting of the patient’s teeth
   - D. Any plaque build-up along the patient’s gum line
   - E. The patient’s posterior pharynx

10. **A complete oral examination includes each of the following EXCEPT:**
    - A. Temporomandibular joint (TMJ) exam
    - B. Cervical node exam
    - C. Palpation of the floor of the mouth
    - D. Sinus exam
    - E. Exam of the skin around the mouth

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Clark et al, 2010
1. What is the most common site for caries in the elderly?
A. Site of a previous restoration (filling)
B. On a root that is exposed due to gingival recession
C. On coronal surface of tooth
D. On the buccal surface of molars

2. Which of the following is an absolute contraindication for placing dental implants?
A. Diabetes mellitus that is controlled
B. Root caries in the teeth that are to be replaced
C. Use of IV bisphosphonates
D. Use of medication known to cause xerostamia

3. What is the adverse intraoral effect with which calcium channel blockers are most associated with?
A. Stomatitis
B. Thrush
C. Gingival hyperplasia
D. Osteonecrosis of mandible

4. Which statement is true regarding dental prostheses?
A. Implants are commonly placed in a jaw to replace teeth lost due to severe osteoporosis
B. Dentures should be removed and cleaned daily
C. Bridges should be removed daily to facilitate cleaning of teeth
D. A partial denture is permanently fixed to adjacent teeth and therefore does not need to be removed to perform a complete oral assessment

5. HPV influenced oral cancers have which of the following characteristics?
A. Account for the rise in oral cancers in younger individuals, age 40-64
B. Are usually seen in the anterior portion of the mouth, especially the buccal mucosa or the lip
C. Epidemiologically related to exposure to HPV 18
D. Less likely to be associated with oral cancer than other sexually transmitted infections such as syphilis and gonorrhea

6. What is the most significant reason why complete tooth loss has declined in the US from 50% to 18% in the last 60 years?
A. Increased use of dental insurance in the elderly
B. Increased use of bottled and filtered water products among adults
C. Addition of fluoride to most community water systems
D. Increased use of multiple prescription medications in the elderly

7. While performing an oral exam on a 72 year old patient, you observe the finding in the photograph. How should you manage this finding?
A. Refer the patient to an oral surgeon for immediate biopsy of probable oral cancer
B. Schedule the patient to return in 2 weeks to reassess the lesion. If the lesion is still present, you should then refer the patient for biopsy
C. Treat the patient with an antifungal solution and reassess in 2 weeks
D. Document this finding as sublingual varicosities that are normal in this age group and require no further evaluation
8. Which of the following statements is true regarding the oral health of elderly patients with dementia?
A. Aging alone is the major contributor to poor oral health of older individuals with dementia
B. Medications used to treat hypertension, depression and behavioral disturbances seen in this population have little effect on their oral health
C. Since this population struggles with Activities of Daily Living (ADLs), they are at high risk for poor oral health unless caregivers assist with oral care
D. Reminding these individuals to brush their teeth each day is adequate to achieve and maintain good oral health

9. After a hip fracture, a 76 year old woman is admitted to a long-term care facility for rehabilitation. While examining her mouth shortly thereafter, you see the condition in the photograph. What is the most likely cause of what you see?
A. The patient developed cellulitis of her palate during her recent hospital stay
B. The patient’s palate was damaged during intubation for anesthesia
C. The patient’s dentures were improperly cleaned while she was in the hospital
D. The patient probably has an oral cancer

10. Elderly with poor oral hygiene, missing teeth and dental pain are at risk for worsening oral health due to which of the following nutritional factors?
A. Lack of foods rich in vitamins such as vitamin C and beta carotene
B. Compensating for taste alteration due to prescribed medication with soft, sugared foods such as ice cream, pudding and white bread which can lead to caries in remaining teeth
C. Use of mints or sweetened beverages to relieve dry mouth
D. All of the above

11. Which of the following is an appropriate use of fluoride in older adults?
A. Topical fluoride treatments for exposed roots
B. Oral fluoride supplementation for patients with multiple carious lesions
C. Oral fluoride supplementation for patients with multiple carious lesions
D. Topical fluoride for gingival hyperplasia caused by phenytoin therapy
E. Topical fluoride as a routine preventive measure in patients with excellent oral care (no caries or periodontal disease)
## Smiles for Life Answer Key

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(Clark et al, 2010)
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.

<table>
<thead>
<tr>
<th>Patient Name</th>
<th>Date of Birth</th>
<th>Date of Visit</th>
<th>Age (in years)</th>
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**RISK FACTORS**

- ▲ Mother or primary caregiver had active decay in the past 12 months
- ▲ Mother or primary caregiver does not have a dentist
- Continual bottle/pippo cup use with fluid other than water
- Frequent snacking
- Special health care needs
- Medicaid eligible

**PROTECTIVE FACTORS**

- Existing dental home
- Drinks fluoridated or water like fluoride supplements
- Fluoride varnish in the last 6 months
- Has teeth brushed twice daily

**CLINICAL FINDINGS**

- ▲ White spots or visible decalcifications in the past 12 months
- ▲ Obvious decay
- ▲ Restorations (fillings) present
- ▲ Visible plaque accumulation
- ▲ Gingivitis (swollen/bleeding gums)
- ▲ Teeth present
- ▲ Healthy teeth

**ASSESSMENT/PLAN**

- Caries Risk: _Low_ _High_
- Completed: _Anticipatory Guidance_ _Fluoride Varnish_ _Dental Referral_
- Self Management Goals: _Regular dental visits_ _Dental treatment for parents_ _Brush twice daily_ _Use fluoride toothpaste_ _Wear off bottle_ _Loose/No juice_ _Only water in sippy cup_ _Drink tap water_ _Healthy snacks_ _Loose/Junk food or candy_ _No soda_ _Xylitol_

[www2.aap.org/oralhealth/docs/RiskAssessmentTool.pdf](http://www2.aap.org/oralhealth/docs/RiskAssessmentTool.pdf)
American Dental Association Caries Risk Assessment Form (Age 0-6)

<table>
<thead>
<tr>
<th>Contributing Conditions</th>
<th>Low Risk</th>
<th>Moderate Risk</th>
<th>High Risk</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fluoride Exposure (through drinking water, supplements, professional applications, toothpaste)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sugary Foods or Drinks (including juice, carbonated or non-carbonated soft drinks, energy drinks, medicinal syrups)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Eligible for Government Programs (WIC, Head Start, Medicaid or SCHIP)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Caries Experience of Mother, Caregiver and/or other Siblings</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dental Home: established patient of record in a dental office</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>General Health Conditions</th>
<th>Check or Circle the conditions that apply</th>
</tr>
</thead>
<tbody>
<tr>
<td>Special Health Care Needs (developmental, physical, medical or mental disabilities that prevent or limit performance of adequate oral health care by themselves or caregivers)</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Clinical Conditions</th>
<th>Check or Circle the conditions that apply</th>
</tr>
</thead>
<tbody>
<tr>
<td>Visual or Radiographically Evident Restorations/ Carved Carious Lesions</td>
<td></td>
</tr>
<tr>
<td>Non-cariated (incipient) Carious Lesions</td>
<td></td>
</tr>
<tr>
<td>Teeth Missing Due to Caries</td>
<td></td>
</tr>
<tr>
<td>Visible Plaque</td>
<td></td>
</tr>
<tr>
<td>Dental/Orthodontic Appliances Present (fixed or removable)</td>
<td></td>
</tr>
<tr>
<td>Salivary Flow</td>
<td></td>
</tr>
</tbody>
</table>

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

Instructions for Caregiver:
Table 1. Caries-risk Assessment Form for 0-3 Year Olds\textsuperscript{59,60}
(For Physicians and Other Non-Dental Health Care Providers)

<table>
<thead>
<tr>
<th>Factors</th>
<th>High Risk</th>
<th>Low Risk</th>
</tr>
</thead>
<tbody>
<tr>
<td>Biological</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mother/primary caregiver has active cavities</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>Parent/caregiver has low socioeconomic status</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>Child has &gt;3 between meal sugar-containing snacks or beverages per day</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>Child is put to bed with a bottle containing natural or added sugar</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>Child has special health care needs</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>Child is a recent immigrant</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>Protective</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Child receives optimally-fluoridated drinking water or fluoride supplements</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Child has teeth brushed daily with fluoridated toothpaste</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Child receives topical fluoride from health professional</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Child has dental home/regular dental care</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Clinical Findings</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Child has white spot lesions or enamel defects</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>Child has visible cavities or fillings</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>Child has plaque on teeth</td>
<td>Yes</td>
<td></td>
</tr>
</tbody>
</table>

Circling those conditions that apply to a specific patient helps the health care worker and parent understand the factors that contribute to or protect from caries. Risk assessment categorization of low or high is based on preponderance of factors for the individual. However, clinical judgment may justify the use of one factor (e.g., frequent exposure to sugar containing snacks or beverages, visible cavities) in determining overall risk.

Overall assessment of the child’s dental caries risk: High ☐ Low ☐

APPENDIX 9
Health Assessment Across Lifespan

Pediatric Oral Health Checklist

Please identify each item:
- Decalcification of teeth (A)
- Early childhood decay (B)
- Mucocele (C)
- Enlarged tonsils (D)
- Short frenulum (E)
- Gingivitis (F)
- Plaque accumulation (G)

Images from:
APPENDIX 9  Health Assessment Across Lifespan

Pediatric Oral Health Answer Key

Answers
- Decalcification of teeth (A)
- Early childhood decay (B)
- Plaque accumulation (C)
- Enlarged tonsils (D)
- Mucocèle (E)
- Ankyloglossia (tongue-tie) (F)
- Gingivitis (G)

Images from:
American Dental Association Caries Risk Assessment Form (Ages >6)

### Caries Risk Assessment Form (Age >6)

<table>
<thead>
<tr>
<th>Patient Name:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Birth Date:</td>
<td></td>
</tr>
<tr>
<td>Date:</td>
<td></td>
</tr>
<tr>
<td>Age:</td>
<td></td>
</tr>
<tr>
<td>Initials:</td>
<td></td>
</tr>
</tbody>
</table>

#### Contributing Conditions

<table>
<thead>
<tr>
<th>Low Risk</th>
<th>Moderate Risk</th>
<th>High Risk</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ Yes</td>
<td>□ No</td>
<td>□ Yes</td>
</tr>
</tbody>
</table>

- **I.** Fluoride Exposure (through drinking water, supplements, professional applications, toothpaste)
- **II.** Sugary Foods or Drinks (including juice, carbonated or non-carbonated soft drinks, energy drinks, medicinal syrups)
- **III.** Caries Experience of Mother, Caregiver and/or other Siblings (for patients ages 6-14)
- **IV.** Dental Home: established patient of record, receiving regular dental care in a dental office

#### General Health Conditions

<table>
<thead>
<tr>
<th>Low Risk</th>
<th>Moderate Risk</th>
<th>High Risk</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ Yes</td>
<td>□ No</td>
<td>□ Yes</td>
</tr>
</tbody>
</table>

- **I.** Special Healthcare Needs (developmental, physical, medical, or mental disabilities that prevent or limit performance of adequate oral healthcare by themselves or caregivers)
- **II.** Chemo/Radiation Therapy
- **III.** Eating Disorders
- **IV.** Medications that Reduce Salivary Flow
- **V.** Drug/Alcohol Abuse

#### Clinical Conditions

<table>
<thead>
<tr>
<th>Low Risk</th>
<th>Moderate Risk</th>
<th>High Risk</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ Yes</td>
<td>□ No</td>
<td>□ Yes</td>
</tr>
</tbody>
</table>

- **I.** Caries or Non-Caries Lesions or Restorations (usually or radiographically evident)
- **II.** Tooth Missing Due to Caries in past 36 months
- **III.** Visible Plaque
- **IV.** Unusual Tooth Morphology that compromises oral hygiene
- **V.** Interproximal Restorations - 1 or more
- **VI.** Exposed Root Surface Present
- **VII.** Restorations with Overhangs and/or Open Margins: Open Contacts with Food Impaction
- **VIII.** Dental/Orthodontic Appliances (fixed or removable)
- **IX.** Severe Dry Mouth (Xerostomia)

#### Overall assessment of dental caries risk:

- □ Low
- □ Moderate
- □ High

**Patient Instructions:**

© American Dental Association, 2009, 2011. All rights reserved.

[www.ada.org/~media/ADA/Public_Programs/Files/topics_caries_educational_over6.ashx](http://www.ada.org/~media/ADA/Public_Programs/Files/topics_caries_educational_over6.ashx)
Adult Oral Health Checklist

Please check as you identify each item:
- Strep throat (A)
- Periodontal disease (B)
- Black hairy tongue (C)
- Herpetic lesion (D)
- Gingival recession (E)
- Canker sore (F)
- Angular cheilitis (G)
- Tori mandibularis (H)

Images from:
- CDC public health images library
APPENDIX 11  Health Assessment Across Lifespan

Adult Oral Health Answer Key

**Answers**
- Strep throat (A)
- Periodontal disease (B)
- Black hairy tongue (C)
- Herpetic lesion (D)
- Gingival recession (E)
- Canker sore (F)
- Angular cheilitis (G)
- Tori madibularis (H)

Images from:
- CDC public health images library
Geriatric Oral Health Checklist

Please check as you identify each item:

- Melanoma (A)
- Candidiasis (B)
- Denture sores (C)
- Denture Stomatitis (D)

Images from CDC Public Health Images Library
APPENDIX 12  
Health Assessment Across Lifespan

Geriatric Oral Health Checklist

Answers
- Melanoma (A)
- Candidiasis (B)
- Denture sores (C)
- Denture Stomatitis (D)

Images from
CDC Public Health Images Library
## FNP Curriculum Integration of Interprofessional Oral Health Competencies in Health Promotion of Families

### Constructs

**CONSTRUCTS**

© Oral Health Nursing Education and Practice (OHNEP)

<table>
<thead>
<tr>
<th>HEALTH PROMOTION OF FAMILIES</th>
<th>ENTRY LEVEL</th>
<th>ASSESSMENT</th>
<th>ENTRY-TO-PRACTICE</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>1) EXPOSURE: INTRODUCTION</strong></td>
<td><strong>KNOWLEDGE: HEALTH PROMOTION IN CHILDREN</strong>&lt;br&gt;Goal: Understand importance of maintaining good oral health in children</td>
<td><strong>SKILL/BEHAVIOR</strong>&lt;br&gt;Goal: Integrate oral health into care of children</td>
<td><strong>SKILL/BEHAVIOR</strong>&lt;br&gt;Goal: Advocate for oral public health within your community</td>
</tr>
<tr>
<td>• Review <em>Smiles for Life Modules</em> #1, 2, 6</td>
<td>• Write advice column in parenting journal detailing specific oral health issue commonly encountered by parents/caregivers</td>
<td>• Read&lt;br&gt;Water Fluoridation, Dentition Status and Bone Health of Older People in Ireland (O’Sullivan &amp; O’Connell, 2014)</td>
<td></td>
</tr>
<tr>
<td>• Read:</td>
<td>• Participate in interprofessional oral health clinical experience with medical and dental students in head start, community health center, pre-school health fairs or school-based clinic</td>
<td>• Sources of Drinking Water in a Pediatric Population (Jadav et al, 2014)</td>
<td></td>
</tr>
<tr>
<td>• Getting Fluoride for Your Child (Appendix 1)</td>
<td>• Help Your Patients Quit (ADA) (Appendix 5)</td>
<td>• Visit Oral Health Advocates (AAP), access your state’s resource page and determine any fluoridation issues in your state</td>
<td></td>
</tr>
<tr>
<td>(National Center on Health, 2014)</td>
<td>• Let’s Talk Teeth &amp; Let’s Set Goals (Appendix 3)</td>
<td>• Develop and present an evidence-based campaign for community water fluoridation</td>
<td></td>
</tr>
<tr>
<td>• Lift the Lip (Appendix 2) (Horowitz, 2013)</td>
<td>• Oral Health Self-Management Goals for Parents/Caregivers (AAP)</td>
<td><strong>3) COMPETENCE: ENTRY-TO-PRACTICE</strong></td>
<td></td>
</tr>
<tr>
<td>• Visiting the Dental Clinic with your Child</td>
<td>• Visiting the Dental Clinic with your Child (Appendix 4) (National Center on Health, 2014)</td>
<td><strong>SKILL/BEHAVIOR</strong>&lt;br&gt;Goal: Advocate for smoking cessation in adults</td>
<td></td>
</tr>
<tr>
<td>(NYU College of Dentistry)</td>
<td>• Watch <em>Partners in Prevention</em></td>
<td>• Develop and engage smoking adults in evidence-based smoking cessation program</td>
<td></td>
</tr>
</tbody>
</table>

### Health Promotion of Families

**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 patients throughout lifespan; Distinguishes between normal and abnormal change across lifespan; Identifies and plans interventions to promote health with families at risk
APPENDIX 1

Health Promotion of Families

Healthy Habits for Healthy 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.

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.

Lift the Lip

Healthy Baby Teeth

Look closely along the gum line for white lines or brown spots on the front or back of teeth.

To Check Baby’s Teeth:
- Lift the lip once a month.
- Look for early cavities—white lines or spots near the gum line.
- Never put a baby to bed with a bottle unless it contains water only.
- Wean baby from the bottle by age 12-14 months.
- Clean baby’s teeth daily with a soft toothbrush or clean washcloth.
- Take your child to the dentist by their first birthday.

Germ that cause cavities spread from person to person. Avoid sharing cups, eating utensils or toothbrushes.

Mild Decay
Chalky white lines at the gum line. May be reversed—see a dentist soon!

Moderate Decay
Looks like teeth are “melting or chipping.” See a dentist before decay gets worse.

Severe Decay
Must see a dentist to avoid future damage to permanent teeth.

http://phpa.dhmf.maryland.gov/oralhealth/docs1/LifttheLip-English.pdf
(Herschel S. Horowitz Center for Health Literacy, 2013)
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.)

1. **If your child has teeth, do you brush them?**
   - **Yes**
   - **No**
   - **NA**
   - **Time per day:** ________ **Time of day:** ________ **Days per week:** ________

2. **Does your child drink anything besides water between meals and snacks?**
   - **Yes**
   - **No**
   - **What does she drink?** ________ **How often?** ________

3. **Does your child go to bed with a bottle filled with anything besides water?**
   - **Yes**
   - **No**
   - **What type of drink?** ________

4. **Does your child eat between meals?**
   - **Yes**
   - **No**
   - **What does he/she eat?** ________ **When?** ________ (times of day) ________ **How often?** ________

5. **Does your child have a dentist?**
   - **Yes**
   - **No**
   - **When?** ________ **By whom?** ________

6. **Have you had your child’s teeth checked by a dentist or medical provider?**
   - **Yes**
   - **No**
   - **When?** ________ **By whom?** ________

7. **Does your child have cavities or pain in his/her mouth?**
   - **Yes**
   - **No**
   - **If yes:** ________

8. **Do you have concerns about his/her teeth or mouth?**
   - **Yes**
   - **No**
   - **NA**

**If you are pregnant, answer the following questions:**

1. **Do you brush your teeth?**
   - **Yes**
   - **No**
   - **NA**
   - **Time per day:** ________ **Time of day:** ________ **Days per week:** ________

2. **Do you drink anything but water between meals and snacks?**
   - **Yes**
   - **No**
   - **What do you drink?** ________ **How often?** ________

3. **Do you eat between meals?**
   - **Yes**
   - **No**
   - **What?** ________ **When?** ________ (times of day) ________ **How often?** ________

4. **Do you have a dentist?**
   - **Yes**
   - **No**
   - **When?** ________ **By whom?** ________

5. **Have you seen the dentist during your pregnancy?**
   - **Yes**
   - **No**
   - **NA**

6. **Do you have cavities or pain in your mouth?**
   - **Yes**
   - **No**
   - **NA**

7. **Do you have concerns about your teeth or mouth?**
   - **Yes**
   - **No**
   - **NA**

**Let’s Set Goals**

Select the oral health goals you’d 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:** __________________________

[Cavity Free Kids Oral Health Education for Home Visiting with Pregnant Women and Parents of Children Born in Age New - Copyright © 2014 WDSF](http://cavityfreekids.org/resources/home-visiting-resource/)

(Washington Dental Service Foundation, 2014)
Healthy Habits for Happy Smiles

At the Dental Clinic, the Dental Team Will:
- Check your child’s teeth and mouth.
- Talk to you about the best way to take care of your child’s teeth. For example, brushing your child’s teeth with fluoride toothpaste after breakfast and before bed.
- Share other ways to help prevent tooth decay (cavities). For example, putting fluoride varnish on children’s teeth.

Tips for Visiting the Dental Clinic
- If your child asks what will happen at the dental clinic, give a simple answer. For example, say:
  - “They may count how many teeth you have.”
  - “They may clean your teeth to make them shiny and bright!”
- If you don’t like going to the dental clinic, don’t tell your child. That might make your child worry about going, too.
- Set up a pretend dental chair. Pretend to be the dentist or dental hygienist. Look in your child’s mouth and count her teeth; then talk to her about brushing her teeth.
- Read books or watch videos with your child about visiting the dental clinic. Don’t use books or videos that have words like hurt, pain, shot, drill, afraid, or any other words that might scare your child.
- Let your child bring his favorite toy or blanket to the clinic.
- If you find out that your child will receive a small toy or new toothbrush at the end of the visit, remind your child of this reward.
- Plan a fun activity for after the clinic visit.

Children need to visit the dental clinic to keep their teeth and mouth healthy. If children have regular dental visits, the dentist and dental hygienist can take care of their teeth and find oral health problems early. Having regular dental visits also teaches children to value good oral health.

**Tobacco Cessation**

**ASK**
Tobacco use (current, former, never) is a vital sign. Chart patient response.

**ADVISE**
Give clear, strong, personalized advice to quit. “Quitting tobacco is the most important thing you can do for your health. I will help.”

**ASSESS**
Is the tobacco user willing to make a quit attempt at this time?
“Are you ready to try to quit tobacco?”
- Yes – Help the patient create a quit plan
- No – Enhance the patient’s motivation to quit.

**ASSIST**
Help create a quit plan
- Set a quit date within two weeks
- Review past quit attempts
- Avoid other tobacco users
- Tell family and friends
- Remove tobacco from home, work, and car
- Avoid Alcohol

Recommend or prescribe pharmacotherapy

**Enhance motivation to quit**
- **Relevance** – Ask the patient why quitting is personally relevant
- **Risks** – Ask the patient to identify consequences of tobacco use
- **Rewards** – Ask the patient to identify benefits of quitting tobacco
- **Roadblocks** – Ask the patient to identify barriers to quitting and ways to circumvent them
- **Repetition** – Enhance motivation at every visit

Refer to tobacco counselor, telephone quidline for help.

**ARRANGE**
Schedule in-person or phone follow-up, offering reinforcement and encouragement.
APPENDIX 5  Health Promotion of Families

Help Your Patients Quit (part II)

Pharmacotherapy

- **Bupropion SR (Zyban)**
  - Dose: 150 mg q AM for 3 days, then 150 mg bid 7-12 weeks. Begin 1-2 weeks before quit date.
  - Contraindications: History of seizures, eating disorder, current use of bupropion (Wellbutrin SR) or other antidepressants; use of MAO inhibitor in past 14 days.

- **Nicotine polacrilex (nicotine gum)**
  - Dose: 2 mg and 4 mg (per piece), at least 1 piece every 1-2 hours, no more than 24 pieces per day, for 1-3 months. Recommend 4 mg gum for smokers of >25 cigarettes per day.
  - Patient Instructions: Chew slowly until a tingling sensation appears, then "park" between cheek and gum. Avoid eating or drinking acidic beverages (i.e. coffee, soda, wine) 15 minutes before or during chewing.

- **Nicotine transdermal patch**
  - Dose: Various doses according to manufacturer. Heavier smokers should start with higher-dose patches. Treat for 6-8 weeks. Rotate placement of patch site. Do not cut the patch.

- **Nicotine polacrilix lozenge (Commit)**
  - Dose: 2 mg and 4 mg (per lozenge), at least 1 lozenge every 1-2 hours, no more than 20 lozenges per day, for 1-3 months. Recommend 4 mg lozenge if tobacco is used within 30 minutes of walking.
  - Patient Instructions: Allow the lozenge to slowly dissolve (20-30 minutes). Minimize swallowing. Do not chew or swallow lozenge. Do not eat or drink 15 minutes before or during use.

- **Nicotine inhaler (Nicotrol Inhaler)**
  - Dose: 4mg cartridges, 6-16 cartridges per day for up to 6 months. Taper dosage over 3 months.
  - Dispense: 3 month supply (168 cartridge pack = 1 month supply).

- **Nicotine nasal spray (Nicotrol NS)**
  - Dose: 0.5 mg to each nostril, 1-2 times per hour. Max. of 5 times per hour, for 3 months. 10 mg/mL. Dispense: 110 mL bottle (1 month therapy = 4 bottles).

- **Varenicline (Chantix)**
  - Dose: 0.5 mg per day for 3 days, then 0.5 mg twice per day for 4 days, then 1 mg per day for 11 weeks.
  - Patient Instructions: If quit at 12 weeks, consider another 12 weeks; Eat and drink full glass of water.

---

Precautions for all Nicotine Replacement Therapy: Use caution in patients within 2 weeks post-MI, arrhythmias, or serious or worsening angina pectoris. Studies show nicotine replacement therapy is safe and effective in post-MI patients.

Combinations of patch, gum, and nasal spray are generally safe and effective. Combination of bupropion and nicotine replacement is more effective than either alone.

Who Should Receive Pharmacotherapy?
Pharmacotherapy can be a valuable adjunct to cessation treatment for most patients making a quit attempt.

The exceptions to this recommendation include, but are not limited to:
- Patients with medical contraindications, such as an MI or stroke within the last 2 weeks
- Women who are pregnant or breastfeeding

The efficacy of these drugs has not been established for use with adolescents.

Generally, pharmacotherapy is not indicated in individuals who use less than 10 cigarettes in one day.

(American Dental Association)
### FNP Curriculum Integration of Interprofessional Oral Health Competencies in Primary Care of Families

#### PRIMARY CARE OF FAMILIES

<table>
<thead>
<tr>
<th>CONSTRUCTS</th>
</tr>
</thead>
<tbody>
<tr>
<td>INTER-PROFESSIONAL PARTNERSHIP &amp; COLLABORATIVE PRACTICE FOR OPTIMIZATION OF CIENT/PATIENT HEALTH OUTCOMES</td>
</tr>
<tr>
<td>PRIMARY CARE OF FAMILIES</td>
</tr>
<tr>
<td>IPEC Competencies: Values and Ethics, Roles and Responsibilities, Interprofessional Communication, Teams &amp; Teamwork</td>
</tr>
<tr>
<td>NONPF Competencies: Delivers evidence-based practice for patients throughout lifespan; Develops patient-appropriate educational materials that address language and cultural beliefs of patient; Works with individuals of other professions to maintain climate of mutual respect and shared values</td>
</tr>
</tbody>
</table>

### 1) EXPOSURE: INTRODUCTION

#### KNOWLEDGE: ADULT WITH CHRONIC DISEASE

**Goal:** Recognize oral manifestations of chronic disease in adults

- **SKILL/BEHAVIOR**: Provide comprehensive health maintenance services to adults with chronic diseases
  - Review adult oral health photographs (Appendix 1)

- **Read:**
  - *Association between Celiac Disease, dental enamel defects and aphthous ulcers in a U.S. cohort* (Cheng et al., 2010)
  - *Oral manifestations of gastroesophageal reflux disease* (Ranjitkar et al., 2012)
  - *Oral Hygiene Status of Individuals with Cardiovascular Disease* (Shetty et al., 2012)
  - Develop care plan for patient with either chronic disease and include HEENOT in history, risk assessment, exam and plan

#### KNOWLEDGE: ADOLESCENT WITH INFECTIOUS DISEASE

**Goal:** Recognize oral manifestations of infectious diseases in adolescents

- **SKILL/BEHAVIOR**: Provide comprehensive health maintenance services to children/adolescents with infectious diseases
  - Review pediatric oral health photographs (Appendix 2)

- **Read:**
  - *Oral Manifestations of STIs* (DePaola, 2013)
  - *HPV and Oropharyngeal Cancer* (CDC 2013)
  - *Statement on HPV and Squamous Cell Cancers of the Oropharynx* (ADA)
  - *HPV Vaccine Hesitancy* (McRee et al., 2014)
  - *HIV and oral health needs* (Gardner et al., 2009)

#### KNOWLEDGE: PRIMARY CARE IN OLDER ADULT

**Goal:** Recognize oral health needs of older adults

- **SKILL/BEHAVIOR**: Provide comprehensive health maintenance services to older adults
  - Review older adult oral health photographs (Appendix 4)

- **Read:**
  - *Reducing care-resistant behaviors during oral hygiene in persons with dementia* (Jablonski et al., 2011)

### 2) IMMERSION: DEVELOPMENT

#### SKILL/BEHAVIOR

**Goal:** Collaborate interprofessionally on adult chronic disease case with oral health needs

- FNP and dental students to collaborate on developing a management plan for adult with Celiac Disease and oral health needs (Appendix 6)
- FNP and dental students to present one article from list (Appendix 7) on Celiac Disease and report findings on oral health

### 3) COMPETENCE: ENTRY-TO-PRACTICE

#### COLLABORATIVE CASE PRESENTATION- ADULT

**Goal:** Collaborate interprofessionally on adult chronic disease case with oral health needs

- FNP and dental students to collaborate on developing a management plan for adult with Celiac Disease and oral health needs (Appendix 6)

#### COLLABORATIVE CASE STUDY- CHILD/ ADOLESCENT

**Goal:** Collaborate interprofessionally on pediatric infectious disease case with oral health needs

- FNP and dental students to collaborate on developing a management plan for:
  - Child with infectious disease and oral health needs (Appendix 8)
  - Adolescent with STI and oral health needs (Appendix 9)

#### COLLABORATIVE CASE STUDY- OLDER ADULT

**Goal:** Collaborate interprofessionally on geriatric case with cognitive decline and oral health needs

- Read *Opportunities for Nursing-Dental Collaboration: Addressing Oral Health Needs Among the Elderly* (Coleman, 2005)
- FNP and dental students to collaborate on developing management plans for case studies of older adults with cognitive decline and oral health needs
- FNP and dental students to develop one interprofessional strategy to decrease care resistant behaviors for older adults with dementia

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APPENDIX 1

Family Primary Care

Adult Oral Health Checklist

- Strep throat (A)
- Periodontal disease (B)
- Black hairy tongue (C)
- Herpetic lesion (D)
- Gingival recession (E)
- Canker sore (F)
- Angular cheilitis (G)
- Tori madibularis (H)

Images from:
CDC public health images library
Pediatric Oral Health Checklist

- Decalcification of teeth (A)
- Early childhood decay (B)
- Plaque accumulation (C)
- Enlarged tonsils (D)
- Mucocele (E)
- Ankyloglossia (tongue-tie) (F)
- Gingivitis (G)

Images from:
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 (Figure 1) and desquamation of the hands and feet (Figures 2 and 3) were noted.

What is the differential?
What is your clinical diagnosis?
What is your treatment plan?
What are your follow-up recommendations?
Geriatric Oral Health Checklist

- Melanoma (A)
- Candidiasis (B)
- Denture sores (C)
- Denture Stomatitis (D)

Images from CDC Public Health Images Library
A 65 year old Hispanic male Mr. M. was referred by the Dental clinic because of early evidence of periodontal disease. The patient has family history of Type 2 Diabetes (T2D) and history of caring for his diabetic grandfather for many years. He described himself as an expert in diabetes because of the years of caring for his ailing diabetic grandfather. During the health history, he complained of symptoms of hyperglycemia: fatigue, thirst, and weight loss. On physical exam, his blood pressure was 160/95, BMI of 31, random blood sugar of 332 mg/dl, and HgbA1c > 13%. He was diagnosed with T2D and obesity. He was started on Metformin twice a day and was counseled on diet and physical activity. The patient was referred back to dentistry for continued periodontal care in light of his new diagnosis of T2D.

What is the follow-up nursing primary care action plan for Mr. M.?
What are the 3 months follow-up outcomes?

- Oral Health History
- Physical Health Exam
- Oral-Systemic Risk Assessment
- Action Plan
- Preventive Interventions
- Interventions
- Collaboration
- Referrals
Celiac Disease Case Study

A 39-year-old woman presents with symptoms of diarrhea, nausea, flatulence, colic, difficulty with falling asleep, lack of appetite and a weight loss of 20lbs in the last two years.

She also complains of the appearance of lesions in the mouth, particularly on the tongue.

She has had frequent dental problems over the years, including dental caries and root canals.

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?

APPENDIX 7

Family Primary Care

Celiac Disease Reference List


APPENDIX 8  Family Primary Care

Case Study: Infectious Disease

**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.
- HEENT – 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?
Case Study: STI

**Chief Complaint:** 18 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:** multiple partners over past 3 years, intermittent condom use.

**Physical Exam:**
Alert, oriented, 18 yo old female.
HEENT – 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


www.OHNEP.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.HartfordIngn.org
Hartford Institute Geriatric Oral Health

www.UKY.edu/NursingHomeOralHealth
Nursing Home Oral Health

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


