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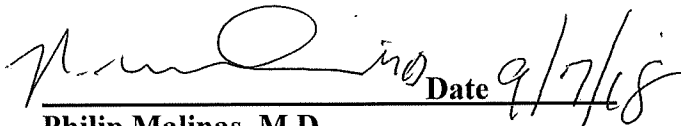
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Maternal Child Health
Child Health Protocols
Fluoride Varnish
September 2018


Date 9/7/18

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UNIVERSAL FLUORIDE VARNISH APPLICATION PROGRAM

Community Health or Public Health Nurses who have been instructed in fluoride varnish application by personnel within the Division of Public and Behavioral Health, Oral Health Program may provide fluoride varnish using this protocol.

Introduction

Fluoride varnish is a thin coating of resin that is applied to the tooth surface to protect it from decay. According to the FDA, fluoride varnish falls under the category of "drugs and devices" that presents minimal risk and is subject to the lowest level of regulation.

Purpose

The purpose of applying fluoride varnish is to retard, arrest, and reverse the process of cavity formation. Varnish is also FDA approved for desensitization of teeth.

Indications

- A. Infants, children, and adults with a moderate or high risk of developing cavities. A person is considered at risk if he/she:
- Has had cavities in the past or has white spot lesions and stained fissures
 - Continues to use a bottle past 1 year of age or sleeps with a bottle containing liquids other than water
 - Breastfeeds on demand at night
 - Has a developmental disability
 - Chronically uses high sugar oral medications
 - Has family members with a history of caries
 - Engages in prolonged or ad lib use throughout the day of a bottle, sippy cup, or a container containing liquids other than water

OR

- B. Any person, any age who requests fluoride varnish for preventive dental health or desensitization of sensitive teeth not caused by cavities.

Contraindications

- Individuals with a low risk of cavity formation who consume optimally fluoridated water or who receive routine fluoride treatments through a dental office
- Allergy to pine nuts (colophony)
- Stomatitis or ulcerative gingivitis
- Bronchial asthma

Application Procedure

Pre-application Instructions:

- Obtain individual/parental consent for fluoride varnish application and review the patient's health history. Sample consent forms are located below.
- Obtain any additional nursing program or HIPPA consent forms as applicable.
- Provide "Information for Parents About Fluoride Varnish" sheet. (Located at http://dpbh.nv.gov/Programs/OH/Fluoridation_and_Fluorides/)
- Provide Fluoride Varnish brochure. (Available from the Oral Health Program. (702) 774-2573.)
- If the child is breastfed on demand, is using a bottle at any age, or a sippy cup ad lib throughout the day with liquids other than water give the parent the pamphlet "Early Childhood Caries (cavities) Prevention". (Available from the Oral Health Program. (702) 774-2573.)
- Provide the adult with similar dental health preventive education.

- Advise the individual/parent that the teeth may become discolored temporarily if the varnish used has an orange brown tinge. Tell the individual/parent that the varnish can be brushed off the following day. See sample take home forms below.
- If person receiving varnish is under the age of 21 and is covered by Medicaid or is under the age of 18 and is covered by Nevada Check Up, obtain a copy of the medical card.
 - Additionally, Medicaid will pay for expanded dental services for adult women who are pregnant. These treatments include fluoride varnish application, dental cleanings, dental restorations, and exams. During pregnancy, regular dental exams and dental cleanings are important for overall maternal and child health.
 - Transportation to and from the dental appointment may also be covered for Medicaid recipients; call 1-844-879-7341.

Supplies:

- Gauze sponges (2 x 2)
- Fluoride varnish kit (order through Nursing supplies)
- Varnish is available in 0.25 ml and 0.4 ml packets. 0.25 ml is sufficient for an infant or toddler. For older children with many more and larger teeth and adults, use two of the 0.25 ml packets. If the fluoride varnish packets are 0.4 ml packets use one-half packet for infants and toddlers and one packet for older children and adults.

Position the Patient:

- For an infant-place the child on the parent's lap with the child's head on the parent's knees and the child's legs around the parent's waist. Position yourself knee-to-knee with the parent and treat the child from behind the head.
 - **OR**, place the infant on an exam table and work from behind the head
 - **OR**, as you gain experience, do whatever works for you.
- For a young child-place the child in a supine or sitting position and work from above the head as with an infant. Or adapt a method that works best for you
- For an adult, adapt a method that works best for you.

The Application:

- Have the patient open the mouth, or using gentle finger pressure, open the mouth.
- Remove excess saliva and any food particles with a gauze sponge.
- Use your fingers and gauze to dry the teeth and keep them dry. You will usually be able to isolate a quadrant of teeth at a time, but may have to work with fewer teeth in some children. Infants are easiest because they have only anterior teeth.
- Open package and mix the varnish with the applicator brush.
- Apply a thin layer of varnish to all dry surfaces of the teeth with the supplied brush in a painting motion. Avoid applying varnish on large open cavities or soft tissue.
- Once the varnish is applied, you need not worry about moisture (saliva) contamination. The varnish sets quickly.
- It is not necessary to use all the varnish provided. Use only enough varnish to form a thin coating on the desired treatment areas.
- Instructional videos of interest:
 - <https://youtu.be/ARkehLHmb44> “Protecting Smiles From the First Tooth”
 - <https://youtu.be/OzM4UQxP67Q> “Provider Training Fluoride Varnish”

Post-Application Instructions:

- Eat a soft, non-abrasive diet for the rest of the day.
- Do not drink any hot liquids for at least four hours.
- Do not brush or floss until the next morning.

- Give a post-care instruction sheet.
- Even though the child may fuss, the varnish application is **not** unpleasant.
- Tell the parent that the teeth will not be white and shiny until the next day.

The varnish application should be repeated:

- at **three-month intervals for high-risk children and adults which includes those that:**
 - Have white spots on teeth and/or stained fissures
 - Has/Had caries
 - Child uses a bottle past age 1 year
 - Child sleeps with a bottle containing liquid other than water
 - Child breastfeeds on demand at night
 - Person engages in prolonged or ad lib use throughout the day of a bottle, sippy cup, or container containing liquids other than water.
 - Uses high sugar oral medication long term.
 - Person has developmental disabilities.
 - Child has family members with a history of caries.
- at **six-month intervals for children and adults who are not at high risk**

Remember:

Even though the child may fuss, the varnish application is not unpleasant and will provide the child with oral health protection.

Documentation:

- Document the exam results and fluoride application on the consent form.
 - Include a notation in the patient's file if there are white spots, decay/caries, which tooth receives fluoride and if a tooth is not yet erupted or is missing.
 - Keep a copy in the patient's chart or a clinic file
 - Give a copy of your findings to the parent if they would like it or provide a referral for dental care.
 - Record the fluoride varnish dispensing in the clinic medication dispensing log
 - Mark the take home finds form

Charge and billing for the service:

- Medicaid can be billed for those under the age of 21 and for pregnant adult women. Nevada Check Up can be billed for those under the age of 18.
 - Verify eligibility/coverage prior to providing service.
 - If varnish service is provided during a well child exam, include the application in the documentation of the exam on the age appropriate Healthy Kids Screening Assessment form and submit to the Public Health and Clinical Services Central Office in Carson City.
 - If it is a stand-alone service, document the application on the age appropriate Healthy Kids Screening Assessment form or Medicaid billing form and submit the billing to the Public Health and Clinical Services Central Office in Carson City.

Billing codes: Add these to your billing form.

D1206 – Topical fluoride varnish application

D1208 – Topical fluoride varnish provided in the form of a gel, foam, or rinse

Others will be charged according to the Program's fee scale

References/Resources:

- Provide the *Fluoride Varnish: What Parents Need to Know* sheet located at: [http://dpbh.nv.gov/uploadedFiles/dpbh_nvgov/content/Programs/OH/Fluoridation and Fluorides/What%20Parent's%20Need%20to%20Know%20About%20Fluoride%20Varnish.pdf](http://dpbh.nv.gov/uploadedFiles/dpbh_nvgov/content/Programs/OH/Fluoridation%20and%20Fluorides/What%20Parent's%20Need%20to%20Know%20About%20Fluoride%20Varnish.pdf)

- Provide a Fluoride Varnish Brochure (brochures can be requested from the State Oral Health Program)
- More information and videos are available on the State Oral Health Program website:
 - http://dphh.nv.gov/Programs/OH/Fluoridation_and_Fluorides/
 - <https://youtu.be/ARkehLHmb44> “Protecting Smiles From the First Tooth”
 - <https://youtu.be/OzM4UQxP67Q> “Provider Training Fluoride Varnish”

Consents:

- Individuals 18 and older can sign for their own care.
- Parental/guardian permission is required for younger children.

Background Information

Nevada Water Fluoridation

In 1999, Assembly Bill 284 was passed which allowed the Southern Nevada Water Authority to add fluoride to Southern Nevada’s municipal water supply and maintain a 0.7ppm concentration. NRS 445A.055 requires the fluoridation of all water delivered for human consumption in a county whose population is 700,000 or more. Currently in Nevada, fluoride is not added to the water supply of any area other than Clark County. There are, however, naturally occurring areas of high fluoride concentration in the water supply of other areas in the state.

Current research states that water fluoridation should be regulated at 0.7ppm. Caries reduction occurs in water fluoridation at levels of 0.7-1.0 ppm. The Safe Drinking Water Act limits fluoride levels at 4.0 ppm and Nevada’s standard is 2.0 ppm (mg/L). Fluoride levels above 1ppm may contribute to mild fluorosis.

Fluoride Varnish

Fluoride is a mineral that incorporates itself into the crystalline structure of enamel and strengthens the teeth making them less susceptible to bacterial acids. Due to the ability of fluoride varnish to protect the tooth from demineralization caused by oral bacterial acids and to resolve oral sensitivity, fluoride varnish should be used for all age groups. It should be applied on a regular basis for those with an increased risk of developing cavities due to dietary patterns, medical status, oral hygiene routine, and parafunctional habits.

Medical professionals should be aware that an exposure to higher than optimal concentrations of fluoride will lead to a physical change in the appearance of the teeth called fluorosis. Children under eight are at greatest risk for dental fluorosis as the enamel of their permanent teeth is maturing. Once the permanent teeth erupt the signs of fluorosis will be evident. Multiple avenues of fluoride ingestion exist through dietary supplements, professional application, food, beverages, fluoridated water, and dental products. While the U.S. Environmental Protection Agency has determined that dental fluorosis is not a disease with health effects but results in questionable to severe cosmetic effects, fluoride ingestion should be carefully monitored.

Topical fluoride treatments and prescription fluoride tablets are typically offered to children predisposed to dental caries due to socioeconomic status, water fluoridation levels, and/or behavioral risk factors. Effective treatments may be administered in the form of fluoride varnish, foam, gel or rinse. For children living in an area of high water fluoridation, a professional must balance the benefit of fluoride application to reduce caries and the risk of fluorosis.

For all age groups, fluoride varnish is a preferred method of oral health prevention as peak plasma fluoride levels after topical fluoride varnish application are less than brushing with a fluoride toothpaste (#1,3,9). The fluoride varnish introduces only a modest amount of fluoride to the system and is concentrated on the external surface of the teeth.

Application

Consent should be obtained before fluoride varnish application and caution must be used as some patients may be allergic to fluoride varnish. The patient's health history should be reviewed to determine if the patient is asthmatic, has an allergy to pine nut or any nut allergy, has ulcerative gingivitis and stomatitis, and/or takes fluoride tablets at home. If the patient answers yes to any of these questions, fluoride application should not be given. While asthma and the use of home fluoride tablets are not explicitly listed as contraindication to apply fluoride varnish, caution should be exercised in these cases as fluoride varnish may be applied with minimal equipment and in areas where advanced medical services if needed may not be readily available.

A fluoride brochure, oral health tips pamphlet and other preventative literature can be requested from the State Oral Health Program. Following the screening a patient should be given a take home sheet which indicates that varnish was applied and the need for treatment ie. urgent, early care, or no obvious problems seen. If fluoride varnish was applied due to a positive signature on the consent form, provide the patient with the following reminders:

- For best results, do not brush or floss your/ your child's teeth until tomorrow morning.
- Your/your child's teeth may look yellow, but the varnish will brush off.
- You/your child should avoid eating anything sticky, crunchy, chewy, or hot until tomorrow. Give your child a soft diet for the rest of the day.
- Your child should not be given fluoride drops or tablets for two days. You may continue providing fluoride supplements two days from today.
- If any difficulties are experienced, you can quickly and easily remove the fluoride varnish by using a toothbrush and floss. You/your child should then rinse their mouth with warm water and spit.
- If you have any questions or concerns, please call the Nevada State Dental Health Officer, Dr. Antonina Capurro, at (702) 774-2573.

The take home findings sheet should include the following reminders:

- Baby teeth are important! Schedule your child's first dental visit no later than their first birthday.
- Some baby teeth stay in the mouth until a child is about 12 years old. They help with chewing and speaking, and they help guide the permanent teeth into place. Have your child see a dentist at least once a year.
- Cavities will not go away on their own, and they are less costly to fix if they are caught early.
- If your child has Medicaid, then his/her dental care is covered from birth to age 21. No referral is needed, regardless of the child's age.
- Be sure that your child brushes twice a day. Children should be assisted with brushing up to age eight so that *all* the teeth are cleaned. Floss should be used between teeth that touch.
- For pregnant adult women, Medicaid provides additional dental services. During pregnancy, regular dental exams and dental cleanings are important for overall maternal and child health.

Sample Fluoride Varnish Consent Form, Take Home Form, and Fluoride Varnish Brochure

This is only a sample of consent and take home forms for fluoride varnish. Several different versions can be created and/or are available on the web for your use.

Please note: a Spanish translation of the consent and questionnaire forms are attached below.

It's important to complete separate consent forms for each individual child.

Notes on the below sample consent form:

- #5** Zip code You may eliminate this question if you wish.
- #6** County You may eliminate this question if you wish.
- #7** Health History The questions highlighted in yellow (highlighting to be removed before sending) specifically pertain to contraindications for applying fluoride varnish. It is recommended that if the parent answers "yes" to any of the highlighted questions, that fluoride varnish not be applied. Please call the State Public Health Dental Hygienist (775-350-5275) or the State Dental Health Officer (702-774-2573) if you would like more information.
For this question, keep just the instructions to the parent highlighted, and not the individual questions.

Parental consent Do not apply fluoride varnish without written consent from the parent.

The patient questionnaire can be found below the sample consent form and is attached for your convenience. These are nationally standardized questions about a child's oral health, and their ability to access dental care in their/your community. Responses will provide the state with valuable information. Please send electronic responses to the State Oral Health Program at acapurro@health.nv.gov

Sample Fluoride Varnish Consent Form

This form may be modified for adult patients as fluoride varnish is beneficial for all age groups. Fluoride varnish application is a Medicaid covered service for adult women who are pregnant.

(Your entity name here) Fluoride Varnish Consent Form

Please answer the following questions about your child.
Complete a separate form for each child.

1. Child's Name (print) _____
2. Child's Age _____ 3. Name of Child's Dentist _____ or None
4. Gender Male Female 5. Zip code that the child lives in _____ 6. County _____
7. **Note: You must answer yes or no to all of the questions for #7 if you want your child to have a fluoride varnish application.**
Does your child have any of the following: (Circle "Y" for yes and "N" for no for each question)
Y N Asthma
Y N Allergy to pine nuts or colophony
Y N Any other allergies (list) _____
Y N Any medical condition (list) _____
Y N Taking any medication (list) _____
Y N Takes fluoride tablets or drops at home
Y N A fluoride varnish treatment within the last three months

Parental Permission for Services

IMPORTANT NOTE: You must mark "Yes", sign, and return this slip if you want your child to have fluoride varnish. No services can be provided without marking the boxes and signing your consent.

Yes, I give permission for my child to have a fluoride varnish application.

No, I do not want my child to have a fluoride varnish application.

X _____
Signature of Parent/Legal Guardian Date

The following information is important to help us understand access to dental care in your community.

- 8. About how long has it been since your child last visited (saw) a dentist?** Include all types of dentists, such as orthodontists, oral surgeons, and all other dental specialists, as well as dental hygienists. (Circle only one)
- a) 12 months or less
 - b) More than 1 year, but not more than 3 years ago
 - c) More than 3 years ago
 - d) My child has never been to a dentist
 - e) Don't know/don't remember
- 9. What was the main reason your child last visited a dentist?** (Circle only one)
- a) Went in on own for routine check-up, examination or cleaning
 - b) Was called in by the dentist for check-up, examination or cleaning
 - c) Something was wrong, bothering or hurting
 - d) Went for treatment of a condition that dentist discovered at earlier check-up or examination
 - e) Other
 - f) Don't know/don't remember
- 10. During the past 12 months, was there a time when your child needed dental care but could not get it at that time?** (Circle only one)
- a) No
 - b) Yes
 - c) Don't know/don't remember
- 11. IF YES TO QUESTION 11: What were the reasons that your child could not get the dental care she/he needed?**
(Circle all that apply)
- a) Could not afford the cost
 - b) Did not want to spend the money
 - c) No insurance
 - d) Insurance did not cover recommended procedures
 - e) Dental office is too far away
 - f) Dental office is not open at convenient times
 - g) Another dentist recommended not doing it
 - h) Afraid or do not like dentists
 - i) Unable to take time off of work
 - j) Too busy
 - k) I did not think anything serious was wrong/expected dental problems to go away
 - l) Dentist did not accept Medicaid
 - m) Other
 - n) Don't know/don't remember
- 12. Do you have any kind of insurance that pays for some or all of your child's DENTAL CARE?**
(Note: NO insurance will be billed – these services are completely free). (Check only one)
- Private dental insurance (Delta Dental, BC/BS, etc.) Medicaid Other government dental insurance (TriCare, etc.) None
- 13. During the past six months, did your child have a toothache more than once when biting or chewing?**
(Circle only one)
- a) No
 - b) Yes
 - c) Don't know/don't remember

Thank you for your participation!

Forma de Consentimiento por Tratamiento de Barniz de Fluoruro

Por favor conteste las siguientes preguntas sobre su hijo/a. Complete una hoja de permiso por cada hijo/a.

1. Nombre de su hijo/a _____

2. La edad de su hijo/a _____ 3. Nombre del dentista de su hijo/a _____

4. Sexo Masculino Femenino 5. Código Postal en donde vive su hijo/a _____

6. Condado _____

7. **Nota:** Usted debe contestar Si o No a *todas* las preguntas si quiere que le apliquen el barniz de fluoruro a su hijo/a.

Tiene su hijo/a alguno de los siguientes: (Circule "S" para sí y "N" para no para cada pregunta)

S N Asma

S N Alergia a piñones o colofonia

S N Alguna otra alergia (liste) _____

S N Alguna condición médica (liste) _____

S N Tomando cualquier medicación (liste) _____

S N Toma pastillas o gotas de fluoruro en casa

S N Un tratamiento de Barniz de Fluoruro en los últimos 3 a 4 meses

Permiso Parental para Servicios

NOTA IMPORTANTE: Usted debe marcar "SI", firmar, y regresar esta hoja de permiso si quiere que revisen a su hijo/a y que le apliquen el Barniz de Fluoruro. Los servicios no pueden ser proveídos sin marcar y firmar con su permiso.

Si, doy permiso para que mi hijo/a reciba aplicación de Barniz de Fluoruro.

No, no quiero que mi hijo/a reciba la aplicación de Barniz de Fluoruro.

X _____
Firma del Padre/Guardián Fecha

La información que sigue es importante para poder entender su acceso al cuidado dental en su comunidad.

- 8. ¿Cuánto tiempo hace que su hijo/a va al dentista?** Incluye todos tipos de dentistas, ortodontistas, cirujanos orales, y todos los especialistas dentales, incluyendo higienistas dentales. (circule uno)
- f) Dentro de un año
g) Más de un año, pero no más de 3 años
h) Más de 3 años
d) Nunca ha ido a un dentista
e) No lo sé/No me acuerdo
- 9. ¿Cuál fue la razón primaria por la última visita al dentista de su hijo/a?** (Circule uno)
- g) Fue por si solo para un chequeo de rutina, examinación o limpieza dental
h) Le llamaron para un chequeo de rutina, examinación o limpieza dental
i) Algo estaba mal, molestando, o doliendo
j) Fue por tratamiento por una condición que le descubrieron en un chequeo previo
k) Otro (Por favor especifique) _____
l) No lo sé/No me acuerdo
- 10. ¿Durante los últimos 12 meses, hubo alguna vez que su hijo/a necesitaba cuidado dental pero no pudo obtenerlo en ese momento?** (Circule uno)
3. No
4. Si
5. No lo sé/No me acuerdo
- 11. SI RESPONDISTES “SI” EN PREGUNTA 11: ¿Cuál fue la razón que su hijo/a no pudo obtener cuidado dental que necesitaba?** (Circule todas las que correspondan)
- a) No tiene seguro médico
b) No fue problema serio
c) La salud de otro miembro de familia
d) El horario del dentista no era conveniente
e) Hablan un lenguaje diferente
f) No supe a donde ir
g) Fue difícil obtener una cita
h) La espera es demasiada larga en la oficina
i) No me gustan/ no confió en los dentistas
j) No lo puedo pagar
k) No hay dentistas disponibles
l) No tengo manera de llegar
m) El dentista no acepta mi seguro médico o Medicaid
n) Otro dentista recomendó no hacerlo
o) No puedo salir del trabajo
p) No quise gastar dinero
q) No lo se
r) Otra razón: (Especifique) _____
- 12. ¿Tiene algún seguro médico que paga por una porción o todo el CUIDADO DENTAL de su hijo/a?** (Nota: NINGUN seguro médico será cobrado-estos servicios son totalmente gratis). (Cheque una)
- Seguro dental privada Medicaid Otro seguro médico del gobierno Ninguno
(Delta Dental, BC/BS, etc.) (TriCare, etc.)
- 13. ¿Durante los últimos seis meses, ha tenido su hijo/a dolor de diente cuando muerde o mastica?** (Cheque una)
- No
 Si
 No lo sé/No me recuerdo

¡Gracias por su participación!

Sample Fluoride Varnish Child Take Home Form

This form may be modified for adult patients as fluoride varnish is beneficial for all age groups. Fluoride varnish application is a Medicaid covered service for adult women who are pregnant.

(Your entity name here) Fluoride Varnish Take Home Form

Child's Name _____ Community Nurse's Name _____ Date _____

Dear Parent/Guardian,

Due to your consent for your child to receive a fluoride varnish application:

Fluoride varnish was applied.

*For best results, do not brush or floss your child's teeth until tomorrow morning.

*Your child's teeth may look yellow, but the varnish will brush off.

*Your child should avoid eating anything sticky, crunchy, chewy, or hot until tomorrow. Give your child a soft diet for the rest of the day.

*Your child should not be given fluoride drops or tablets for two days. You may continue providing fluoride supplements two days from today.

*If any difficulties are experienced, you can quickly and easily remove the fluoride varnish by using a toothbrush and floss. Your child should then rinse his/her mouth with warm water and spit.

*If you have any questions or concerns, please call the Nevada State Dental Health Officer, Dr. Antonina Capurro, at (702) 774-2573.

Fluoride varnish was not applied. Comments: _____


Notes based on application of fluoride varnish and oral assessment:


No obvious problems were seen. Remember that this was **not** a complete exam with x-ray films, and does not take the place of one. Your child should visit a dentist regularly.


Early Care. Your child has a tooth or teeth that need to be evaluated by your family dentist. Your child needs to be scheduled now for a follow-up dental visit. Your dentist will determine whether treatment is needed.


Urgent! Your child has a tooth or teeth that appear to need immediate care. Contact your family dentist as soon as possible to make an appointment for a complete evaluation.


Remember...

 Baby teeth are important! Schedule your child's first dental visit no later than their first birthday.

 Some baby teeth stay in the mouth until a child is about 12 years old. They help with chewing and speaking, and they help guide the permanent teeth into place. Have your child see a dentist at least once a year.

 Cavities will not go away on their own, and they are less costly to fix if they are caught early.

 If your child has Medicaid, then his/her dental care is covered from birth to age 21. No referral is needed, regardless of the child's age. Transportation to and from the dental appointment may also be covered; call 1-844-879-7341.



 Be sure that your child brushes twice a day. Children should be assisted with brushing up to age eight so that *all* the teeth are cleaned. Floss should be used every day between teeth that touch.

Fluoride Varnish Take Home Brochure

Please contact the State Oral Health Program at 702-774-2573 to request copies.

Oral Hygiene Tips



- Eat fruits and vegetables and drink plenty of water. Avoid sugar, soda pop, and juice. A healthy diet is important.
- Visit the dentist regularly starting when the first tooth erupts at about 6-12 months of age.
- Brush for two minutes twice a day with a fluoride toothpaste and floss regularly.
- Use a smear of toothpaste before age 3 and a pea size amount for older kids who can spit out the toothpaste.


Smear
vs

Pea size

- Remember, even baby teeth and gums are important. Never put baby to bed with a bottle and clean baby's mouth with a damp cloth after each feeding.

"You are not healthy without good oral health"
Dr. C. Everett Koop,
 Surgeon General of the United States, 1981-1989

Improving Dental Health in Nevada

Department of Health and Human Services
 Division of Public and Behavioral Health

4150 Technology Way
 Carson City, Nevada 89076

775-684-4285
<http://dpbh.nv.gov/Programs/OH/OH-Home/>

Fluoride Varnish




Your tooth's cavity fighter!

Saving Nevada Smiles One Tooth At A Time


How Is Fluoride Varnish Applied?

- * A trained health professional will dry the teeth, mix the varnish, and paint a tiny amount on the teeth with a small disposable brush.
- * The varnish application takes less than 2 minutes and may have a slightly tangy taste.
- * The sticky temporary coating dries quickly and slowly releases fluoride to the tooth surface.
- * Fluoride varnish is an easy way to brush on prevention and keep your teeth healthy.



Fluoride Varnish-Is It Safe?

Yes, fluoride varnish is safe. The sticky varnish dries quickly and creates a thin coating over the teeth.



Why Use Fluoride Varnish?

- Fluoride is a natural mineral found in water sources. Fluoride varnish contains 5% sodium fluoride
- Fluoride varnish helps strengthen the outer (enamel) layer of teeth and makes them more resistant to the bacteria that cause decay.
- Children as young as 12 months old can get cavities.
- Cavities in both baby and permanent teeth can cause real pain! Cavities can prevent children from eating, speaking, sleeping and learning.
- Fluoride varnish can help prevent cavities—some studies say up to 40%.

Fluoride Varnish Can Help Prevent Tooth Decay.

“Tooth decay is the single most common chronic childhood disease—5 times more common than asthma, 4 times more common than early childhood obesity, and 20 times more common than diabetes.”
 American Academy of Pediatric Dentistry

After The Varnish Is Applied:

- * Water is safe to drink after application.
- * Avoid chewy, crunchy, or hot foods. Instead, eat soft foods until the next day.
- * Brush and floss your teeth the next morning. Sometimes the fluoride varnish looks yellow—this will all brush off.
- * Do not take a fluoride supplement the day of application and 2 days after.



How Long Will It Last?

Fluoride varnish sticks to the teeth until it's brushed away the next day, but the benefits can last several months. Fluoride varnish can be safely applied every 3 to 4 months

References

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Oral Hygiene Tips

- Eat fruits and vegetables and drink plenty of water. Avoid sugar, soda pop, and juice. A healthy diet is important.
- Visit the dentist regularly starting when the first tooth erupts at about 6-12 months of age.
- Brush for two minutes twice a day with a fluoride toothpaste and floss regularly.
- Use a smear of toothpaste before age 3 and a pea size amount for older kids who can spit out the toothpaste.



Smear



vs Pea size

- Remember, even baby teeth and gums are important. Never put baby to bed with a bottle and clean baby's mouth with a damp cloth after each feeding.

**"You are not healthy
without good oral health"
Dr. C. Everett Koop,
Surgeon General of the United
States, 1981-1989**

Improving Dental Health in Nevada



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Fluoride Varnish

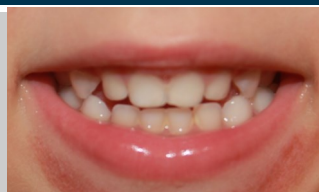
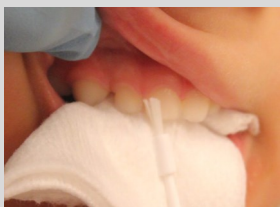


Your tooth's cavity fighter!

Saving Nevada Smiles One Tooth At A Time

How Is Fluoride Varnish Applied?

- * A trained health professional will dry the teeth, mix the varnish, and paint a tiny amount on the teeth with a small disposable brush.
- * The varnish application takes less than 2 minutes and may have a slightly tangy taste.
- * The sticky temporary coating dries quickly and slowly releases fluoride to the tooth surface.
- * Fluoride varnish is an easy way to brush on prevention and keep your teeth healthy.



Why Use Fluoride Varnish?

- Fluoride is a natural mineral found in water sources. Fluoride varnish contains 5% sodium fluoride
- Fluoride varnish helps strengthen the outer (enamel) layer of teeth and makes them more resistant to the bacteria that cause decay.
- Children as young as 12 months old can get cavities.
- Cavities in both baby and permanent teeth can cause real pain! Cavities can prevent children from eating, speaking, sleeping and learning.
- Fluoride varnish can help prevent cavities—some studies say up to 40%.

Fluoride Varnish Can Help Prevent Tooth Decay.

“Tooth decay is the single most common chronic childhood disease—5 times more common than asthma, 4 times more common than early childhood obesity, and 20 times more common than diabetes.”
American Academy of Pediatric Dentistry

After The Varnish Is Applied:

- * Water is safe to drink after application.
- * Avoid chewy, crunchy, or hot foods. Instead, eat soft foods until the next day.
- * Brush and floss your teeth the next morning. Sometimes the fluoride varnish looks yellow—this will all brush off.
- * Do not take a fluoride supplement the day of application and 2 days after.



Fluoride Varnish-Is It Safe?

Yes, fluoride varnish is safe. The sticky varnish dries quickly and creates a thin coating over the teeth.

How Long Will It Last?

Fluoride varnish sticks to the teeth until it's brushed away the next day, but the benefits can last several months.

Fluoride varnish can be safely applied every 3 to 4 months