

NEVADA POLICY FOR THE APPLICATION OF SILVER DIAMINE FLUORIDE BY LICENSED PUBLIC HEALTH ENDORSED DENTAL HYGIENISTS

Introduction

Silver Diamine Fluoride (SDF) is an antimicrobial topical medicament used to slow or completely arrest dental caries in both primary and permanent teeth. In 2014, the United States Food and Drug Administration (FDA) approved SDF for use as a desensitizing agent. By 2017, the FDA granted a “Breakthrough Therapy Designation” to silver diamine fluoride (SDF) (38%) for clinical trials on its ability to arrest dental caries. SDF continues to be used for the off-label purpose of caries arrest.

The American Academy of Pediatric Dentistry (AAPD) acknowledges that traditionally surgical interventions have been required for removal of dental decay and placement of restorative materials to repair a tooth’s form and function. However, alternative strategies may be needed for those that require behavioral modifications, have limited finances, or experience difficulties accessing care. In such instances, silver diamine fluoride may be indicated as an effective approach to manage the oral disease process. AAPD cautions that before SDF is applied a comprehensive dental examination and treatment plan for ongoing patient care should be developed.

SDF has been used globally for many years to arrest, treat and prevent cavities and as an anti-hypersensitivity agent. Bi-annual applications of SDF are suggested for maximum benefit of an almost 80% reduction in both the progression and development of carious lesions (Horst, 2017).. In instances where the patient cannot be seen for a second application, the placement of glass ionomer can be applied over a cavitated area as an interim restoration. The silver modified atraumatic restorative technique (SMART) is one such method, offering an interim solution to the patient’s restorative needs. Promising results of laboratory studies and clinical trials have suggested that SDF is more effective than other fluoride agents to halt the caries process. A literature review concluded that SDF is a safe, effective, efficient, and equitable caries control agent that has a potentially broad application in dentistry (Mei, Lo, Chu, 2016).

The costs associated with SDF is minimal. It is estimated that application of SDF is approximately \$.91 per patient (\$0.80 for one drop of SDF, \$0.11 for the micro brush). To improve esthetics as well as function, a temporary restoration using glass ionomer cement can be placed immediately after the SDF application, similar to the placement of a dental sealant. Previously mentioned as SMART is a viable solution to treat Nevadans in school based or public health settings in which access to dental care is limited. Additional training in this technique can be found through numerous continuing educational course taught throughout the U.S. SDF with placement of glass ionomer is not intended to replace a permanent restoration and should only be used as a temporary restoration. Furthermore, patients should always be referred to a dental home. According to NAC 631.210 1(I), a dental hygienist can place a non-permanent restoration for palliative treatment before the patient is examined by a dentist. Since there is no need for an anesthetic and drill, nor is there any permanent removal of dentition, not only does SMART greatly reduce anxiety and discomfort for the patient, it falls well within the scope of practice for the Public Health Endorsed Dental Hygienist.

Mechanism of Action

SDF is a colorless liquid although blue tinted SDF is now also available. It contains 38% (44,800 ppm) fluoride ion that consist of 25% silver, 8% ammonia, 5% fluoride, and 62% water. It can be applied with a micro brush in a simple and noninvasive fashion. During the carious process, bacterial acids demineralize enamel and if left untreated will eventually lead to exposure of the dentinal tubules. SDF releases silver and fluoride ions that penetrate into the enamel and dentin forming a protective layer of mineral deposits that block the dentin tubules,

strengthen the tooth from future bacterial acids, and promote remineralization. Caries arrest occurs through the free silver ions that act as an antimicrobial agent to inactivate bacterial metabolism and prevent the formation of new biofilm and remineralization occurs through topical fluoride release. SDF has also been shown to have an indirect preventive effect which means that it can help prevent caries on teeth that are not treated by SDF (Horst, 2017). By placing SMART restorations, bacteria that have been treated with SDF are cut off from nutrient rich saliva and the use of glass ionomer ensures that remineralization continues preserving tooth structure and enhancing pulp vitality until a final restoration can be placed (Fa, Jew, Wong, & Young, 2016).

Indications

- SDF is a safe effective, non-invasive caries management product that can be used for patients of all ages.
- As an interim treatment for patients that cannot receive traditional restorative treatment.
- Around margins of cavities to prevent secondary decay.
- For carious lesions that cannot be treated in one visit.
- For patients who have difficulty accessing dental care due to location or finances.
- Special needs patients who have behavioral or developmental concerns that inhibit their ability to receive dental treatment or are medically compromised.
- For difficult to treat carious lesions due to location in the mouth etc.
- Patients with a high caries risk to arrest the progression of cavitated lesions on crown and root surfaces.

OR

- Treatment of dentinal hypersensitivity.

Contraindications

SDF is contraindicated in patients with:

- ulcerative gingivitis or stomatitis
- a known sensitivity to silver or other heavy-metal ions, and
- a tooth that is pulpally involved.

Patients having had full mouth gingivectomies and patients showing abnormal skin sensitization in daily circumstances are recommended for exclusion. Riva Star brand which includes a potassium iodide solution as a non-staining additive is also contraindicated in people undergoing thyroid gland therapy.

Note: SDF will stain teeth and informed consent including pictures of the staining should be used before beginning treatment.

Warnings

SDF is intended for local application only. Not for ingestion. Protect the patient's eyes. Use caution to avoid contact with skin or clothing due to staining. In the event of exposure to eyes, flush the area copiously with water and immediately seek medical consultation.

Application Procedure

Pre-application Instructions:

- Obtain individual/parental consent for SDF application and review the patient's health history. Sample consent form can be found at the end of this report.
- Provide "Information for Parents About Silver Diamine Fluoride" sheet. Sample sheet can be found at the end of this report.

- 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 about staining!

Staining is an indicator of antimicrobial effectiveness.

The functional indicator of effectiveness is when the silver oxide is bound to the diseased collagen and intrinsic pigmentation of a carious lesion occurs. These oxides don't polish away because the blackened lesion retains its dark color for a long period, which is why the antimicrobial effect is long lasting.

SDF stains demineralized areas and soft-tissues. Soft tissue stains can be reduced by gentle polishing with tincture of weak iodine solution.

The staining is not immediate but will be noticed within hours. It will be limited to direct areas of contact. For soft-tissue, it will fade over a period of 24 to 72 hours.

SDF does not stain sound or healthy enamel or dentin.

SDF stains clothing, counters, floors and instruments

- If person receiving SDF 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. 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)
- Personal protective equipment
- Preferred brand of Silver Diamine Fluoride 38%
- Most SDF is supplied in boxes of (30) .1 mL unit dose and applied with an applicator brush
- One brand of 38% SDF-Advantage Arrest- contains 160 drops in one bottle and instructs that 1 drop can treat four to six lesions.
-

Position the Patient:

- For a young child-place the child in a supine or sitting position and work from above the head. Or adapt a method that works best for you
- For an adult, adapt a method that works best for you.

The Application:

- Wear proper personal protective equipment when handling SDF.

- Patient should wear protective eyewear and care should be exercised to prevent SDF contact with skin. An application of petrolatum jelly on the lips and surrounding areas aids in protecting skin from staining is recommended.
- Protect hard surfaces with plastic and use care not to get SDF on clothing because stain is permanent.
- Place a unit-dose upright on a plastic lined tray or protected countertop.
- Tap the unit on the counter/tray to ensure the liquid is at the bottom of the container.
- Hold 2x2 gauze over the ampule and snap off the cap while holding the base.
- Dispose of the gauze and cap inside of your gloves in proper receptacle.
- Isolate the affected area of the tooth with cotton rolls or protect the gingival tissue of the affected tooth with petroleum jelly. Alternatively, a rubber dam can be used for isolation.
- Clean and dry the affected tooth surface.
- One drop can cover up to 5 sites per patient.
- Transfer material directly to the tooth surface with an applicator.
- Scrub the material into the tooth and allow it to absorb for 1 minute.
- Allow to air-dry for up to 60 seconds.
- Wipe any excess material from the tooth with a 2x2 or cotton roll.
- Use superfloss to access interproximal lesions by applying SDF to the floss from both the buccal and lingual aspects.
- Apply fluoride varnish to the tooth surface after SDF application.
- Video demonstrating the application of SDF plus glass ionomer or (SMART) application on a young child by simply cleaning the perimeter of the carious lesion with cotton tip applicator. <https://www.youtube.com/watch?v=0kiqG0z66qs>
- Video supporting the medically compromised children/adults can avoid general anesthesia with the use of SDF with oftentimes greater success <https://www.youtube.com/watch?v=zUAJkqcltco>

Post-Application Instructions:

- Do not eat or drink for one hour after treatment.
- There may be a slight metallic taste for a short period after application.

The SDF application can be repeated:

- It is recommended that two applications be administered within one year and may be re-applied at intervals of one week.
- If it is not feasible to apply two applications then SMART is recommended.

Remember:

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

Documentation:

- Document the exam results and SDF application on the consent form.
 - Include a notation on the patient's consent form of which tooth received SDF 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 patient or parent indicating that SDF is not a permanent solution and provide a referral to dentist for a permanent restoration.
 - Record the SDF 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 SDF 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.

D1354 –interim caries arresting medicament application. Effective January 1, 2018, it should be recorded as per tooth application.

References/Resources:

1. ADA - Fluoridation Facts. (2005). Retrieved October 24, 2016, from http://www.ada.org/~media/ADA/Member_Center/Files/fluoridation_facts.ashx.
2. ADHA – Dental Hygienists Restorative Duties – State Chart (2016). Retrieved November 8, 2018, from http://www.adha.org/resources-docs/7516_Restorative_Duties_by_State.pdf.
3. Alvear Fa B, Jew JA, Wong A, Young D. Silver Modified Atraumatic Restorative Technique (SMART): an alternative caries prevention tool. *StomaEduJ*. 2016;3(2)
4. American Academy of Pediatric Dentistry. (2017). Fact Sheet on Silver Diamine Fluoride in Arresting Dental Caries and its use in Medicaid Population.
5. American Dental Hygienist’s Association. [Dental Hygiene Practice Act Overview: Permitted Functions and Supervision Levels by State](#). Rev. Dec. 2016. www.adha.org. Accessed 5.3.2019.
6. Bendit, J., Young, D. A. (2017). Silver diamine fluoride: The newest tool in your caries management toolkit. https://www.dentalacademyofce.com/courses/3347/PDF/1707cei_Bendit_Young_web.pdf
7. Chu CH, Lo ECM, Lin HC. [Effectiveness of silver diamine fluoride and sodium fluoride varnish in arresting dentin caries in Chinese pre-school children](#). *J Dent Res*. 2002;81(11):767–770.
8. Crystal. Y., Niederman, R. Silver diamine fluoride treatment considerations in children’s caries management brief communication and commentary. *Pediatric Dent*. 2016; 38(7): 466-471.
9. Gao SS, Zhang S, Mei ML, Lo EC, Chu CH. [Caries remineralisation and arresting effect in children by professionally applied fluoride treatment - a systematic review](#). *BMC Oral Health*. 2016;16:12.
10. Horst, J. (2017). <https://www.youtube.com/watch?v=zUAJkqcltco>
11. Horst JA, Ellenikiotis H, Milgrom PL. [UCSF protocol for caries arrest using silver diamine fluoride: rationale, indications and consent](#). *J Calif Dent Assoc*. 2016;44(1):16-28.
12. Li R, Lo EC, Liu BY, Wong MC, Chu CH. [Randomized clinical trial on arresting dental root caries through silver diamine fluoride applications in community-dwelling elders](#). *J Dent*. 2016 Aug;51:15-20. doi: 10.1016/j.jdent.2016.05.005. Epub 2016 May 18.
13. Liu BY, Lo ECM, Chu CH, Lin HC. [Randomized trial on fluorides and sealants for fissure caries prevention](#). *J Dent Res*. 2012;91(8):753-758.
14. Llodra JC, Rodriguez A, Ferrer B, Menardia V, Ramos T, Morato M. [Efficacy of silver diamine fluoride for caries reduction in primary teeth and first permanent molars of schoolchildren: 36-month clinical trial](#). *J Dent Res*. 2005;84(8):721–724.

15. Monse B, Heinrich-Weltzien R, Mulder J, Holmgren C, van Palenstein, Helderma WH. [Caries preventive efficacy of silver diammine fluoride \(SDF\) and ART sealants in a school-based daily fluoride toothbrushing program in the Philippines](#). BMC Oral Health. 2012 Nov 21;12:52.
16. Mei ML, Lo EC, Chu CH. [Clinical use of silver diamine fluoride in dental treatment](#). Compend Contin Educ Dent. 2016;37(2):93—98.
17. Rosenblatt A, Stamford TC, Niederman R. Silver diamine fluoride: a caries “silver-fluoride bullet.” J Dent Res. 2009;88(2):116—125.
18. Santos Dos VE, de Vasconcelos FMN, Ribeiro AG, Rosenblatt A. [Paradigm shift in the effective treatment of caries in schoolchildren at risk](#). Int Dent J 2012;62(1):47–51
19. Twetman S. [The evidence base for professional and self-care prevention--caries, erosion and sensitivity](#). BMC Oral Health. 2015;15 Suppl 1:S4. doi: 10.1186/1472-6831-15-S1-S4. Epub 2015 Sep 15.
20. Wittach CM, Burkle CM, Lanier WL. Ten common questions (and their answers) about off-label drug use. Mayo Clin Proc. 2012;87(10):982—990.
21. Yee RC, Holmgren C, Mulder J, Lama D, Walker D, Helderma W. Efficacy of silver diamine fluoride for arresting caries treatment. J Dent Res. 2009;88(7):644—647
22. Zhang W, McGrath C, Lo EC, Li JY. [Silver diamine fluoride and education to prevent and arrest root caries among community-dwelling elders](#). Caries Res. 2013;47(4):284–290.

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

Silver diamine fluoride is safe.

Silver diamine fluoride prevents tooth decay and stops some cavities from growing bigger. SDF is the least aggressive/invasive treatment to stop active tooth decay in your child's mouth.

The silver kills germs; the fluoride makes teeth stronger.

Silver diamine fluoride has been used in other countries for more than 80 years.

It is simple and painless to apply. A very small amount is used.

Because it can stop cavities from growing bigger, by killing the germs in the cavity, there may not be a need for a filling.

After silver diamine fluoride is applied to a cavity, the cavity will get dark brown or black over time. This means that it is working. Where the cavities were will be black, but this means there is less disease and less chance your child will have pain because of cavities.

An appointment with a dentist is needed following application of SDF to make sure the cavity is not still growing bigger. A dentist must decide if a filling or crown or other restoration is needed.

Silver diamine fluoride is effective after one application, but multiple applications make it more effective. It may be reapplied every six months for up to two years.

Silver diamine fluoride is best for:

- Treating sensitive teeth
- Stabilizing tooth decay for patients at high risk for getting more new decay
- Treating patients with high risk for getting tooth decay
- Treating patients with limited access to restorative care
- Treating very young children that may be uncooperative for having teeth restored

Silver diamine fluoride should **not be used** if a patient:

- Is pregnant or nursing;
- Has an allergy to silver;
- Has mucosal irritation – including oral ulcers, desquamative gingivitis, or mucositis; or
- Has tooth decay with symptoms of pulpal involvement.

SAMPLE INFORMED CONSENT FOR SILVER DIAMINE FLUORIDE

Authorization for Dental Treatment

I hereby authorize Dr./RDH _____ and his/her associates to provide and/or administer the dental service Silver Diamine Fluoride that he/she or his/her associates deem, in their professional judgement, necessary or appropriate in my care.

I am informed and fully understand that there are inherent risks involved in the administration of any drug, medicament, antibiotic, or local anesthetic. I am informed and fully understand that there are inherent risks involved in any dental treatment. The most common risks for this treatment can include,, but are not limited to:

- *The affected area will stain black permanently. Health tooth structure will not stain. Stained tooth structure can be replaced with a filling or crown.*
- *Tooth-colored fillings and crowns may also discolor if SDF is applied to them. Normally this color change is temporary and can be polished off.*
- *If accidentally applied to the skin or gums, a brown stain may appear that causes no harm, cannot be washed off, and will disappear in 1-3 weeks.*
- *You may notice a metallic taste. This will go away rapidly.*
- *If tooth decay is not arrested, the decay will progress. In that case the tooth will require further treatment, such as repeat SDF, a filling or crown, root canal treatment, or extraction.*
- *These side effects may not include all of the possible situations reported by the manufacturer. If you notice other effects, please contact your dental provider.*

Silver Diamine Fluoride (SDF) is an antibiotic liquid. We use SDF on cavities to help stop tooth decay. We also use it to treat tooth sensitivity.

Treatment with SDF does not eliminate the need for dental fillings or crowns to repair function or esthetics. Additional procedures will incur a separate level of consent.

I should not be treated with SDF if I (or my child) is allergic to silver, or there are painful sores or raw areas on my gums (ie., ulcerative gingivitis) or anywhere in my mouth (ie. Stomatitis).

I realize that it is mandatory that I follow any instruction given by the dentist/dental hygienist. Alternative treatment options, including no treatment, have been discussed and understood. No guarantees have been made as to the results of treatment. A full explanation of all complication is available to me upon request from the dentist.

I CERTIFY THAT I HAVE READ AND FULLY UNDERSTAND THIS DOCUMENT, AND ALL OF MY QUESTIONS WERE ANSWERED:

I CERTIFY THAT TEETH NUMBER/LETTER _____ WILL BE TREATED WITH SDF.

(Signature of Guardian/Patient) _____ DATE

(Signature of Witness) _____ DATE



Photo: Gao, S.S.; Zhao, I.S.; Duffin, S.; Duangthip, D.; Lo, E.C.M.; Chu, C.H. Revitalising Silver Nitrate for Caries Management. *Int. J. Environ. Res. Public Health* 2018, 15, 80.

Silver Diamine Fluoride (SDF)

38% Silver Diamine Fluoride is an FDA-approved liquid antibiotic that helps with:

- active tooth decay
- tooth sensitivity

It is easy and does not require numbing or drilling.

Why do we use this medicine?

SDF is a liquid antibiotic that can be applied to teeth with certain kinds of cavities or sensitivity. SDF kills the bacteria causing the cavity and strengthens that part of the tooth. It makes the cavity hard like concrete so the cavity does not get bigger and the tooth becomes less sensitive. Using SDF “buys time” to fix the cavities – especially if your child is young or anxious and cannot cooperate for fillings or crowns.

How do we do it?

1. The dentist will dry the affected tooth or teeth.
2. The dentist will paint a small drop of SDF on the tooth with a small brush.
3. The dentist will allow SDF to dry for up to one minute.
4. The dentist will rinse the area or apply fluoride varnish on top of the SDF.

The dentist will re-evaluate the tooth in about a month and then may re-apply this medicine to the teeth in the dental clinic every 6 to 12 months after that.

Things you should know:

- This medicine will stain the cavity dark black. The healthy parts of the tooth will not be stained. The black color indicates that the SDF is working. Stained areas can later be covered with fillings or crowns.
- This medicine will not put back tooth structure that has been lost because of the cavity. Thus, if your child has a hole in the tooth, we may still recommend a filling or crown (cap) for the tooth.
- Not all tooth decay can be treated with SDF.
- Tell other doctors or dentists treating your child that SDF has been used. They may wonder why the cavities are stained black.
- Tooth decay treated with SDF is not guaranteed to stop. It is possible that multiple applications of SDF may be required. Decay that continues to progress will require further treatment with SDF and/or fillings, crowns, root canal treatment or extraction.
- We do not use SDF in patients with a silver allergy or with painful sores or cuts anywhere in the mouth.
- If SDF accidentally gets on the skin, tongue, gums, cheek, or lip, you will see a stain that causes no harm, like a temporary tattoo. This stain should disappear on its own within one to three weeks.
- Tooth-colored fillings that are exposed to SDF may change color. These may be able to be polished off.
- SDF may cause a temporary metallic taste. This is why we rinse or apply fluoride varnish afterwards.
- Additional side effects are possible. Please contact your doctor or dentist if you notice anything.

Alternatives to SDF include:

- No treatment, which may lead to progression of tooth decay.
- Alternative treatments depend on location and extent of tooth decay and may include fluoride varnish,

fillings/crowns, extraction, or referral for advanced treatment.

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

- 7. 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 10: 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!

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

7. **¿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)
1. No
2. Si
3. 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 confié 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 (Delta Dental, BC/BS, etc.)
 Medicaid
 Otro seguro médico del gobierno (TriCare, etc.)
 Ninguno
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 acuerdo

¡Gracias por su participación!

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/>

Silver Diamine Fluoride

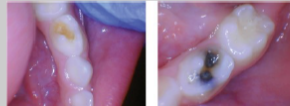


Stop cavities in their tracks!

Saving Nevada Smiles One Tooth At A Time

How Is Silver Diamine Fluoride Applied?

- * A trained health professional will dry the teeth that will be treated, and paint a tiny amount on with a small disposable brush.
- * The SDF application takes less than 2 minutes and may slightly stain the gums but will go away in 12-24 hours.
- * As the coating dries, the cavity will turn dark but this is how we know that the tooth is being protected.
- * SDF is an easy way to treat small cavities without drilling, anesthesia or sedation.
- * If needed, a temporary filling will be placed.
- *



Why Use Silver Diamine Fluoride?

- Fluoride is a natural mineral found in water sources. SDF contains 38% Fluoride and is an antimicrobial topical medication that can slow down cavities on both baby teeth and permanent teeth.
- SDF keeps the cavity from getting bigger by releasing fluoride which remineralizes the cavity.
- Children as young as 12 months old can get cavities.
- SDF is much easier for the patient. There is no drilling, anesthesia or sedation.
- If a temporary filling is placed after SDF, see a dentist as soon as possible to get a permanent restoration.

After The SDF Is Applied:

- * Do not eat or drink for at least an hour after treatment.
- * SDF will harden the soft tooth structure and will turn the damaged portion of the tooth black in color.
- * You will need to continue seeing your dentist for routine exams and cleanings and for a permanent restoration on the treated teeth.
- * Brush and floss your teeth everyday to help protect your healthy teeth from cavities.



Silver Diamine Fluoride-Is It Safe?

Yes, SDF is safe. SDF is approved by the US Food and Drug Administration as a safe way to treat tooth sensitivity as well as smaller cavities and is found to be 70-90% effective

Ask your dentist if SDF is right for you or your child

"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

How Long Will It Last?

SDF can last for years however it may need to be reapplied several times for best results. The best defense to keep your teeth healthy is to brush at least twice a day with a fluoridated toothpaste, floss daily and see your dental professional at least twice a year.