



# Dental Screening Calibration and Data Collection



October 2019

# Importance of Data Calibration

Caries diagnosis varies among clinicians

- 10 clinicians – 1 patient = 10 different treatment plans

Purpose of training is to assure consistency



# Calibration Acknowledgements

Thank you to...

- The Association of State and Territorial Dental Directors (ASTDD) for developing this slide set, which we adapted slightly.
- Drs. John Warren, Amid Ismail and Eugenio Beltran for providing the clinical photos.

# Dental Screening: Primary Indicators

	1	2	3
<b>Mark to indicate primary indicator</b>			
Suspected decay	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Suspected arrested decay	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Missing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Filled	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Partially erupted	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sealant present	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Prescribe sealant	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Recommend reseal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Treatment Urgency**

No obvious problem

Early dental care

Urgent care

**Referred for treatment**

Yes

No

- Open mouth screening
- Clinical exam

# Consistency Versus Perfection



CONSISTENCY

PERFECTION

Consistency  
Is The



the idea of  
perfection  
is so  
imperfect.  
WORDGONER.COM

# Consistency Versus Perfection



## CONSISTENCY

Is possible if simple diagnostic criteria are used

## PERFECTION

Probably not possible  
Dentists do not agree

# Screening Logistics

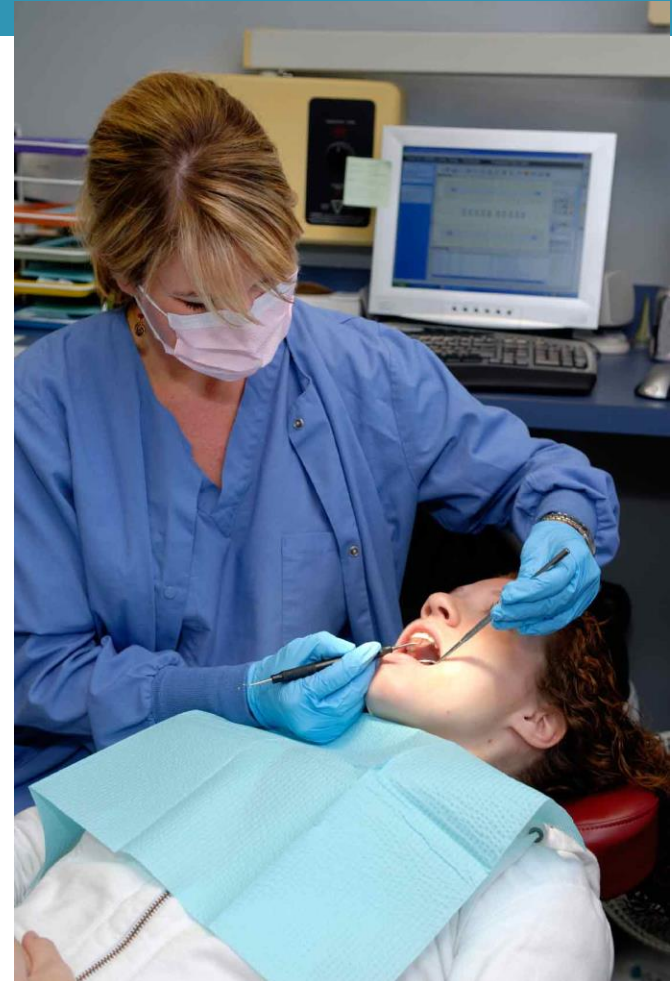


# Set Your Clinical Hat Aside

**NOT** a clinical exam with diagnosis and treatment planning

The assumption is that you are doing an open mouth screening. If you are a dentist and using this form and doing a clinical exam, there is a spot on the form to mark that under **Screening:**

- Open mouth screening
- Clinical exam





# Put on Your Public Health Hat

Quick screening with  
recording of obvious findings  
About 1 minute per child



# Good Lighting is Essential



**NEVER RELY ON NATURAL LIGHT.**

# Retraction & Visualization



# Removing Food Debris

Toothbrush

Toothpick

**Sealants or Crackers?  
Caries or Oreos?**



# Instrumentation

Dental explorers will NOT be used.



# Damaged Enamel From Explorer

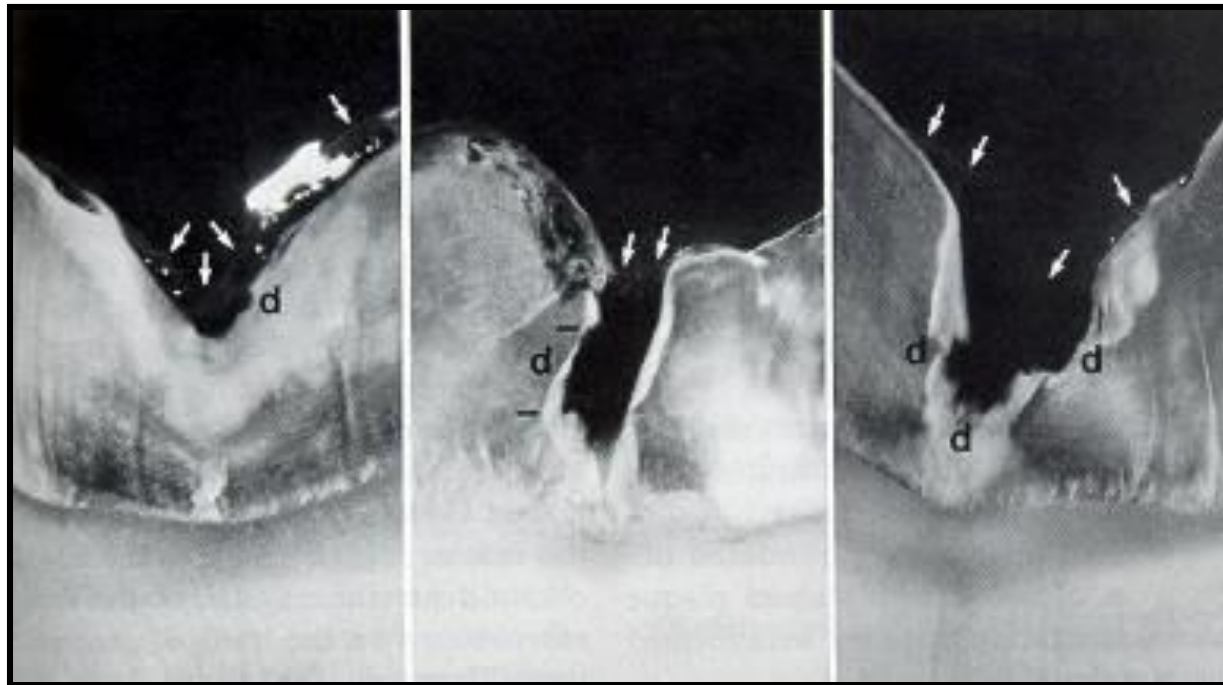


Photo courtesy of Professor Ekstrand.

# What About My Loupes?

**NOT** recommended

- Use only if your eyesight is so bad that you absolutely can't see the teeth without them



# Infection Control







## Infection Control



**Avoid touching the child**  
**Don't let the flashlight touch the child**

# Infection Control Protocol

## Wear gloves

- Not required by CDC but good for public relations
- Change gloves between each child – good for public relations

## If you *do not* touch the child

- No need to wash hands

## If you *do* touch the child

- Use antiseptic agent

## NOT necessary ...

- Masks, gown, eye protection

# Criteria



# Suspected Untreated Decay

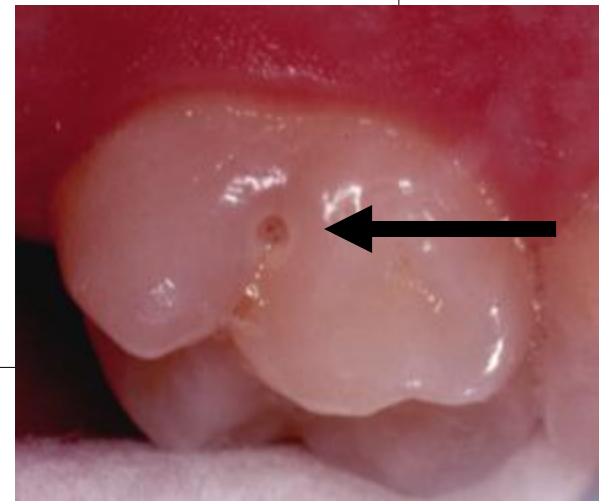
A measure of untreated disease

***Does this child have any cavities that have not been treated?***

# Untreated Decay

A tooth has untreated decay when you can easily see breakdown of the enamel surface

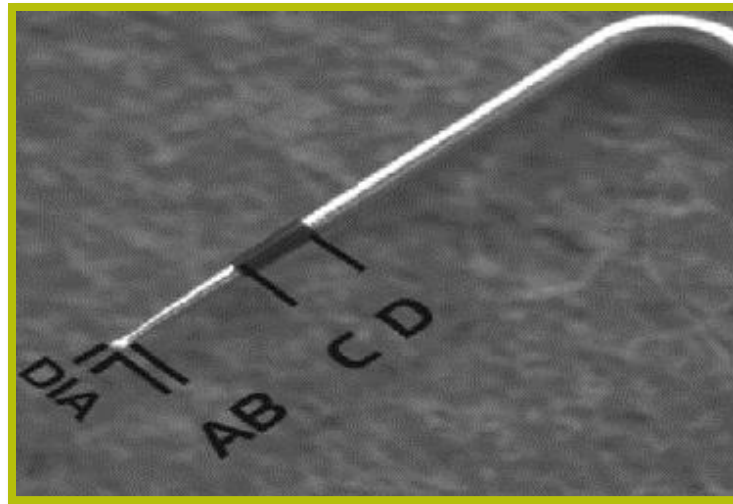
*Only cavitated lesions are considered untreated decay*



# Untreated Decay

Reference – detectable using PSR/CPI perio probe

If you gently moved the PSR/CPI perio probe over a lesion, the probe would “catch” a cavitated lesion.



# Untreated Decay



**Pits & Fissures**

# Untreated Decay

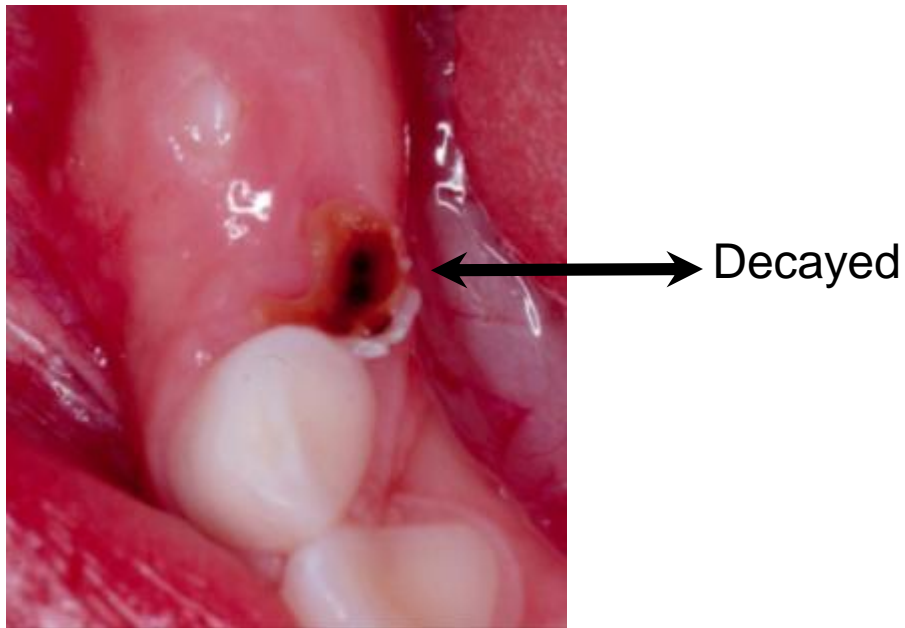


**Smooth Surface**



# Untreated Decay

Retained roots = untreated decay



# Suspected untreated decay = Suspected decay

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Mark to indicate primary tooth				○	○	○	○	○	○	○	○	○	○			
				A	B	C	D	E	F	G	H	I	J			
Suspected decay	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Suspected arrested decay	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Missing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Filled	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Partially erupted	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sealant present	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Prescribe sealant	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Recommend reseat	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	32	31	30	29	28	27	26	25	24	23	22	21	20	19	18	17
Mark to indicate primary tooth				○	○	○	○	○	○	○	○	○	○	○		
				T	S	R	Q	P	O	N	M	L	K			
Suspected decay	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Suspected arrested decay	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Missing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Filled	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Partially erupted	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sealant present	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Prescribe sealant	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Recommend reseat	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Mark the appropriate teeth that have suspected untreated decay.

The default for these boxes is permanent teeth. If there are primary teeth, be sure to mark the circle for the corresponding primary teeth.

# Suspected Arrested Decay



# Marking Arrested Decay

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Mark to indicate primary tooth				○	○	○	○	○	○	○	○	○	○			
				A	B	C	D	E	F	G	H	I	J			
Suspected decay	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Suspected arrested decay	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Missing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Filled	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Partially erupted	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sealant present	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Prescribe sealant	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Recommend reseal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	32	31	30	29	28	27	26	25	24	23	22	21	20	19	18	17
Mark to indicate primary tooth				○	○	○	○	○	○	○	○	○	○	○	○	
				T	S	R	Q	P	O	N	M	L	K			
Suspected decay	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Suspected arrested decay	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Missing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Filled	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Partially erupted	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sealant present	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Prescribe sealant	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Recommend reseal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Mark the appropriate teeth that have arrested decay.

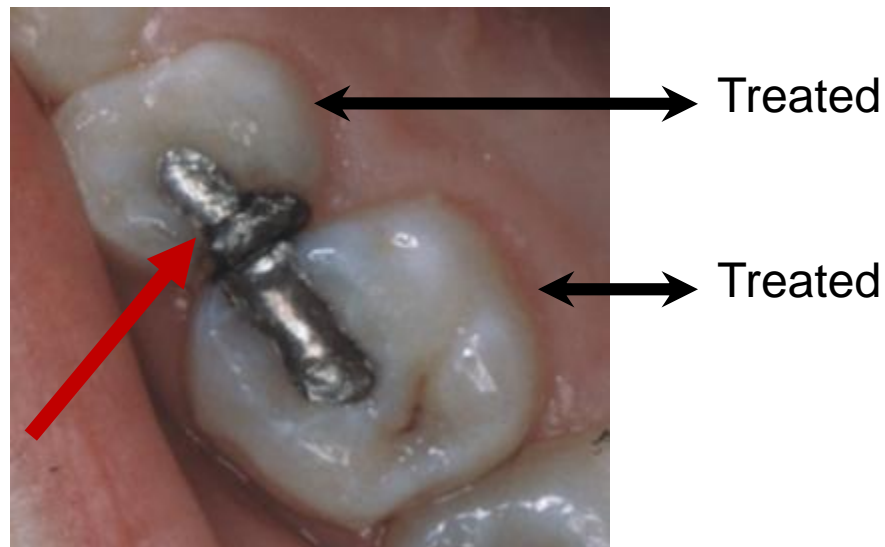
The default for these boxes is permanent teeth. If there are primary teeth, be sure to mark the circle for the corresponding primary teeth.

# Proximal Surface Caries



# NOT Untreated Decay

Broken fillings without recurrent decay are coded as treated not untreated decay



# NOT Untreated Decay

Teeth with stained pits & fissures and **NO** enamel break are considered sound



This tooth has stain but **NO** enamel break so it is **SOUND**.

# NOT Untreated Decay

“White spot” lesions are not untreated decay



These teeth have “white spots” but no break in the enamel surface. Do not code as untreated decay.



# NOT Untreated Decay

Arrested decay is not untreated decay







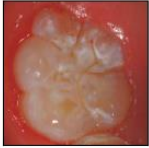




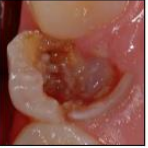






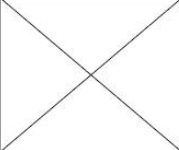



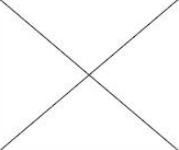
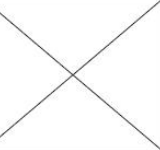


This tooth has black-brown staining, suggestive of SDF treatment; the caries lesion is no longer active. Do not code as untreated decay.

## **Rule of Thumb**

**When in doubt, be conservative.  
That means that if you are not sure  
if a cavity is present, assume it is  
not.**

# A Few Examples – UniViSS Handout

Universal Visual Scoring System for pits and fissures (UniViSS occlusal) <span style="float: right;">UniViSS (2008)</span>						
Second step: Discoloration Assessment	First step: Lesion Detection & Severity Assessment					
	First visible signs of a caries lesion	Established caries lesion	Microcavity and/or localised enamel breakdown	Dentin exposure	Large cavity	Pulp exposure
	Score F	Score E	Score M	Score D	Score L	Score P
Sound surface (Score 0)	No cavitations or discolorations are detectable.					
White (Score 1)						
White-brown (Score 2)						
(Dark) Brown (Score 3)						
Greyish translucency (Score 4)						

# White Discoloration



Not visible without  
prolonged air drying  
**Untreated caries = NO**



May be visible without  
drying, fissures appear  
wider but no “break” in  
enamel integrity  
**Untreated caries = NO**

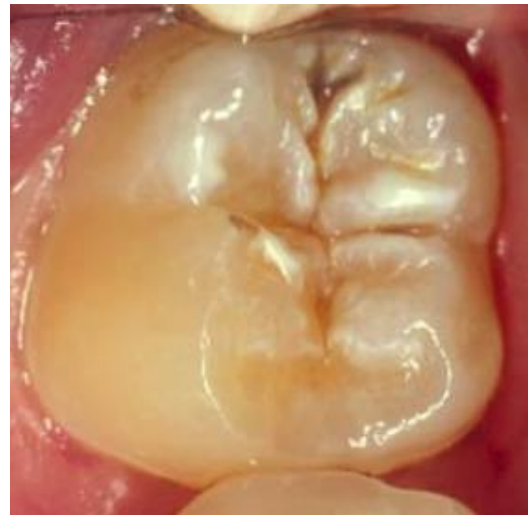


Has definitive break in  
enamel surface  
**Untreated caries = YES**

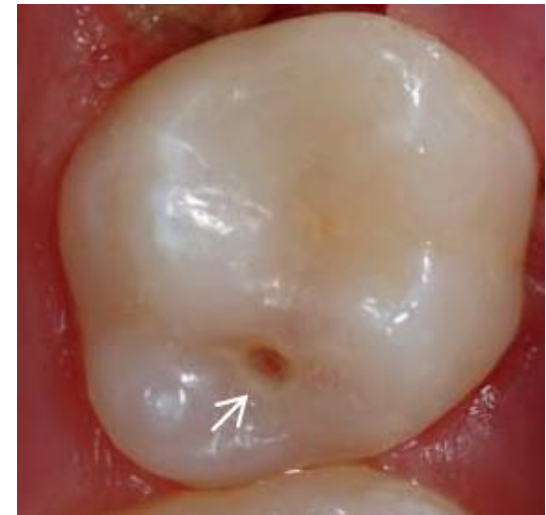
# White-Brown Discoloration



Not visible without  
prolonged air drying  
**Untreated caries = NO**



Visible without drying,  
fissures appear dark &  
wider but no “break” in  
enamel integrity  
**Untreated caries = NO**



Has definitive break in  
enamel surface  
**Untreated caries = YES**

# Dark Brown Discoloration



Visible without air  
drying, stain

Untreated caries = NO



Visible without air  
drying, stain

Untreated caries = NO



Has definitive break in  
enamel surface

Untreated caries = YES

# Treated Decay

Has the child had dental treatment because of decay?

Includes

- Amalgam and composite restorations
- Glass ionomer restorations
- Temporary restorations
- Crowns placed because of decay
- Extractions because of decay



# Treated Decay

Teeth with temporary fillings are classified as filled  
This includes glass ionomers places for palliative reasons



←→ Treated



**Be Aware of  
Composites!**



**Amalgam  
Fillings**

**SAME INDIVIDUAL**

**Composite  
Fillings**



# NOT Treated Decay

Crowns placed because of trauma are not treated decay



←→ Not Treated Decay

# Extracted Teeth

Has a tooth been extracted because of decay?

- Do NOT include teeth extracted for orthodontic reasons



# Marking Treated Decay

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Mark to indicate primary tooth				○	○	○	○	○	○	○	○	○	○			
				A	B	C	D	E	F	G	H	I	J			
Suspected decay	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Suspected arrested decay	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Missing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Filled	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Partially erupted	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sealant present	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Prescribe sealant	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Recommend reseal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	32	31	30	29	28	27	26	25	24	23	22	21	20	19	18	17
Mark to indicate primary tooth				○	○	○	○	○	○	○	○	○	○	○	○	○
				T	S	R	Q	P	O	N	M	L	K			
Suspected decay	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Suspected arrested decay	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Missing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Filled	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Partially erupted	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sealant present	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Prescribe sealant	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Recommend reseal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Mark the appropriate teeth that have treated decay.

The default for these boxes is permanent teeth. If there are primary teeth, be sure to mark the circle for the corresponding primary teeth.

# Special Circumstances



# Marking Missing

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Mark to indicate primary tooth				○	○	○	○	○	○	○	○	○	○			
				A	B	C	D	E	F	G	H	I	J			
Suspected decay	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Suspected arrested decay	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Missing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Filled	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Partially erupted	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sealant present	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Prescribe sealant	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Recommend reseal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	32	31	30	29	28	27	26	25	24	23	22	21	20	19	18	17
Mark to indicate primary tooth				○	○	○	○	○	○	○	○	○	○	○	○	
				T	S	R	Q	P	O	N	M	L	K			
Suspected decay	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Suspected arrested decay	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Missing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Filled	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Partially erupted	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sealant present	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Prescribe sealant	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Recommend reseal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Mark the appropriate teeth that are missing.

The default for these boxes is permanent teeth. If there are primary teeth, be sure to mark the circle for the corresponding primary teeth.

# Congenitally Missing Teeth

Ignore congenitally missing teeth





# Teeth Extracted for Ortho Reasons

Teeth extracted for orthodontics are not treated decay



This person has missing premolars because of orthodontics so they do NOT have treated decay.

Treated Decay = NO

# Injured Teeth

Do not code teeth that are injured or treated because of injury.



**Not Untreated Decay**

**Not Treated Decay**

# Enamel Hypoplasia



Opaque Defect



Pitted Defect

***Also referred to as Developmental Enamel Defects.***

# Generalized Lack of Enamel



**7 year old**  
**Untreated Caries = No**

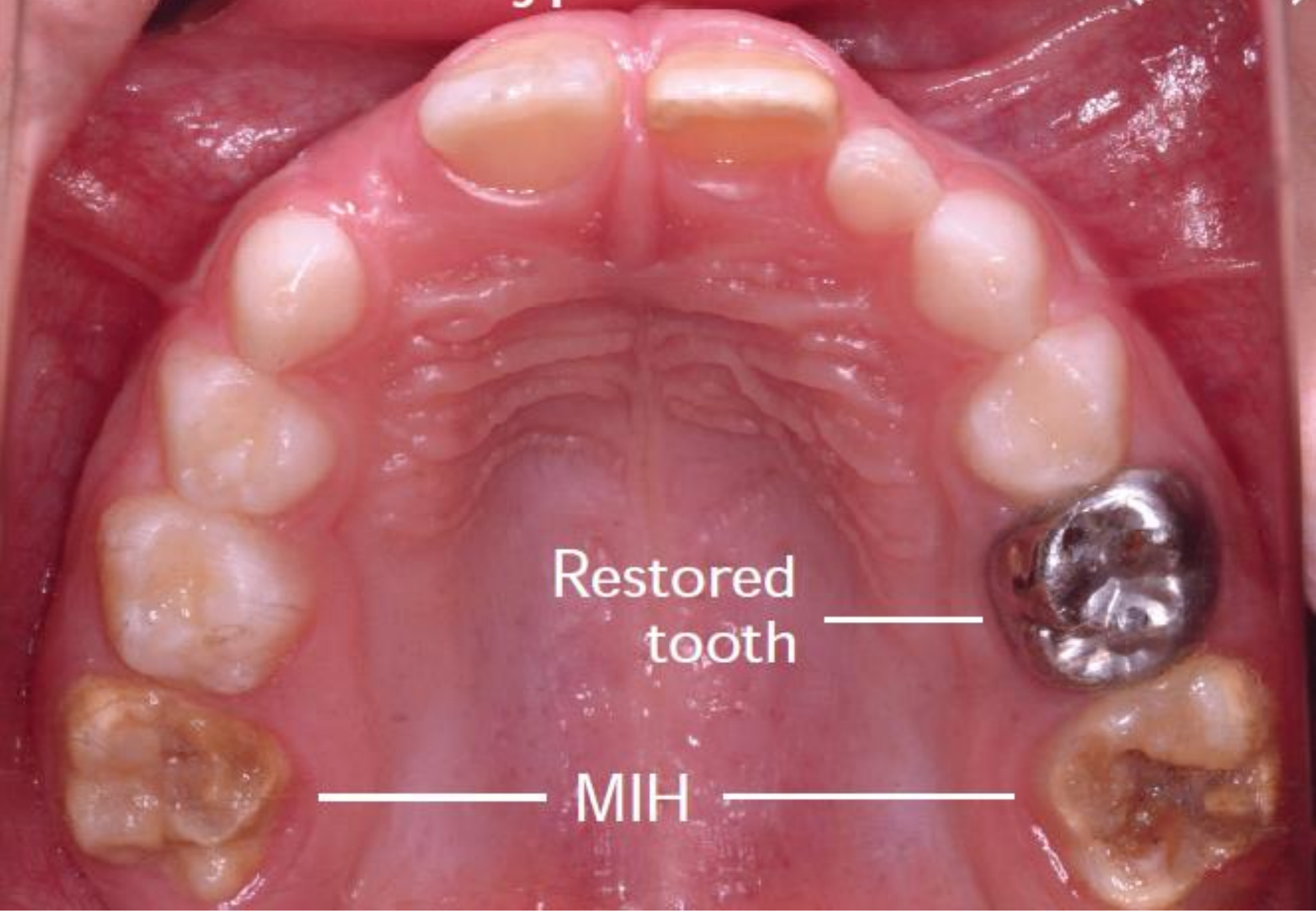
# Pitted Hypoplasia



**8 year old**

**Untreated Caries = No**

# Molar-incisor hypomineralisation (MIH)



# Enamel Hypoplasia & Decay



**Untreated Decay = Yes**

# Enamel Hypoplasia & Caries



Linear EHP  
Untreated Decay = No



Linear EHP plus caries  
Untreated Decay = Yes



# Enamel Hypoplasia & Caries



Untreated Decay = Yes

# Dental Sealants

# Dental Sealants

## Permanent molars only

Can use toothpick to lightly “feel” occlusal surface for sealants



Transparent



Opaque



Glass Ionomer

# Dental Sealants

Partially and fully retained sealants



Partially Retained Sealant



Fully Retained Sealant

Sealant present

Prescribe sealant

Recommend reseal

<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

# Codes for Sealants

Sealant present



Prescribe sealant



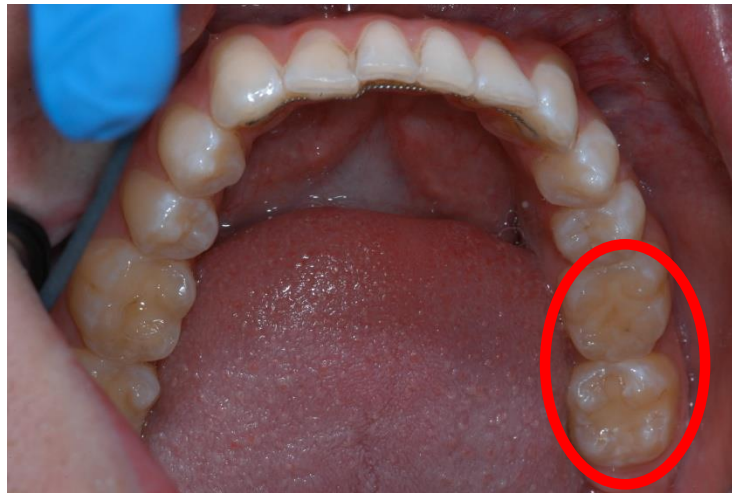
Recommend reseal



# Is it a PRR or a Dental Sealant?

It can be difficult to determine if a tooth has a preventive resin restoration (PRR) or a sealant

If you see a definitive cavity preparation, code the tooth as having treated decay. A PRR is treated decay.



Preventive Resin Restorations  
Treated Decay = Yes

# Treatment Urgency

3 levels based on how soon a child should visit the dentist for a clinical diagnosis and any necessary treatment

- Urgent need
- Early care needed
- No obvious problem (None)

## Treatment Urgency

- No obvious problem
- Early dental care
- Urgent care

# Treatment Urgency

## Urgent need

- Needs dental care within the next week because of signs or symptoms that include ***pain, infection, or swelling***
- A child with an abscess should always be coded as urgent
  - Even if the abscess is draining



# Treatment Urgency



This child has an abscess so they need URGENT care

# Treatment Urgency



This child has a draining abscess and should be coded as URGENT care

# Treatment Urgency

## Early dental care

- Needs to see a dentist because of untreated decay or broken restorations but they do not have pain or an infection
- Should see a dentist within the next several weeks or before their next regularly scheduled dental appointment

# Treatment Urgency



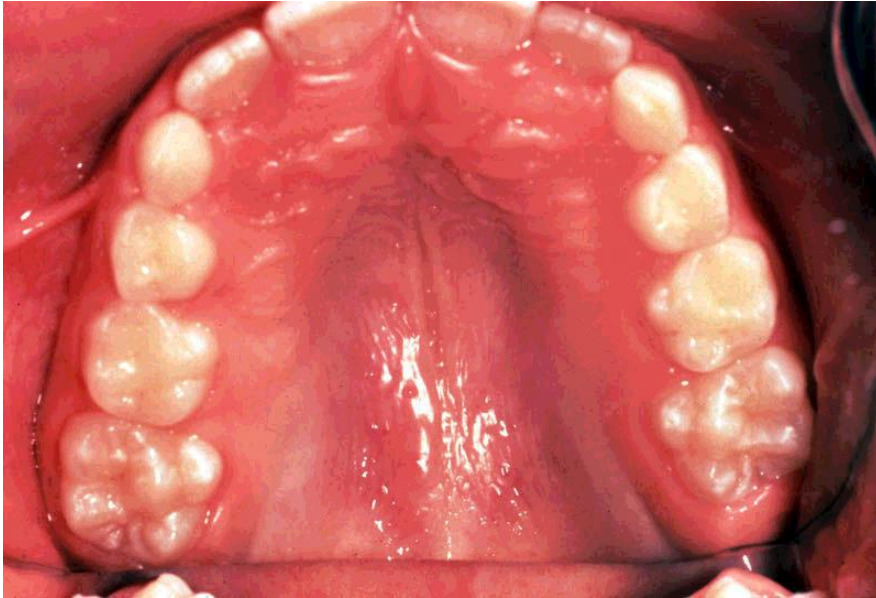
This child needs EARLY dental care

# Treatment Urgency

## No obvious problems

- Individuals with no cavitated decay or other dental problems requiring early attention are considered to have no obvious problem, which means that they should receive routine dental checkups
- Decay only on primary teeth about to be exfoliated
  - Child can have decayed teeth but not need treatment

# Treatment Urgency



This child has no obvious need for dental care

# Codes for Treatment Urgency

## **Treatment Urgency**

- No obvious problem
- Early dental care
- Urgent care

## **Referred for treatment**

- Yes
- No

# Screening Protocol

Arrive at site 30 minutes early

Check-in at school office

Get class rosters

Find out about recess/lunch

Set up screening site & equipment



# Screening Protocol

Have child bring consent form to screening

Check for positive consent

Review demographic information & fill in missing items (if possible)

- Age, gender, race/ethnicity

# Screening Protocol

Complete direct observation portion of screening

Enter results on oral health screening form

Complete referral letter

Give child/teacher letter, toothbrush, etc

Thank staff - remove garbage

# Providing services and/or follow-up?

See instructions for completing forms for more information.

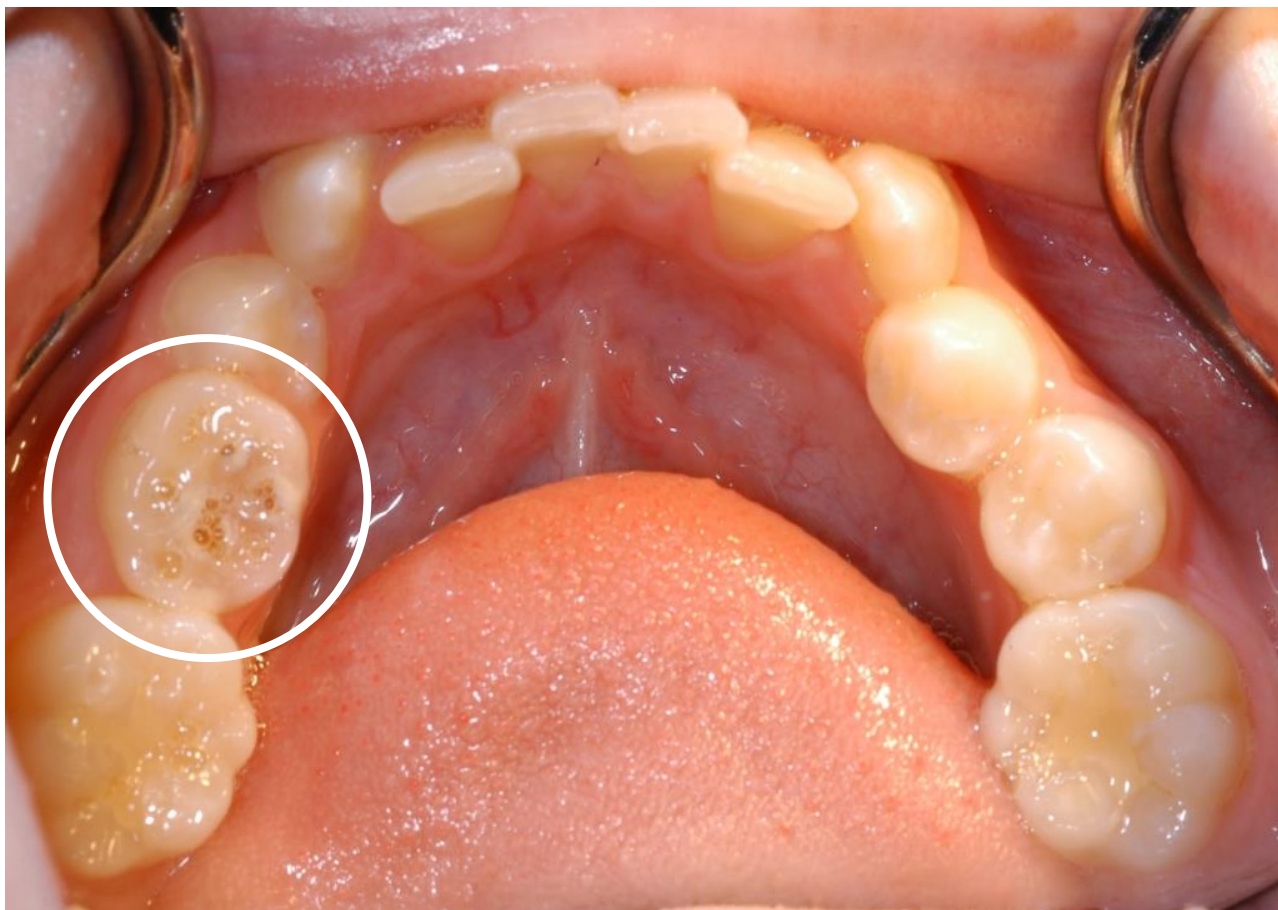
# Training Test

# **Training Test**

**Do These Teeth Have  
Untreated Decay?**

**No/Yes**

# #1: Untreated Decay?



## #2: Untreated Decay?



## #3: Untreated Decay?





## #4: Untreated Decay?



## #5: Untreated Decay?



## #6: Untreated Decay?



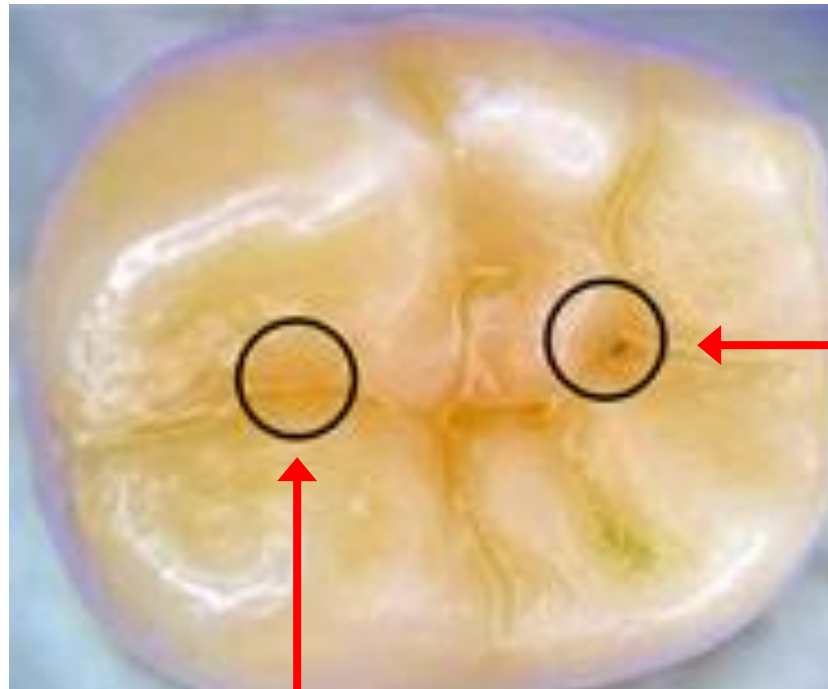
## #7: Untreated Decay?



## #8: Untreated Decay?



# #9 & #10: Untreated Decay?



#9

#10

# #11-#14: Untreated Decay?



## #15: Untreated Decay?

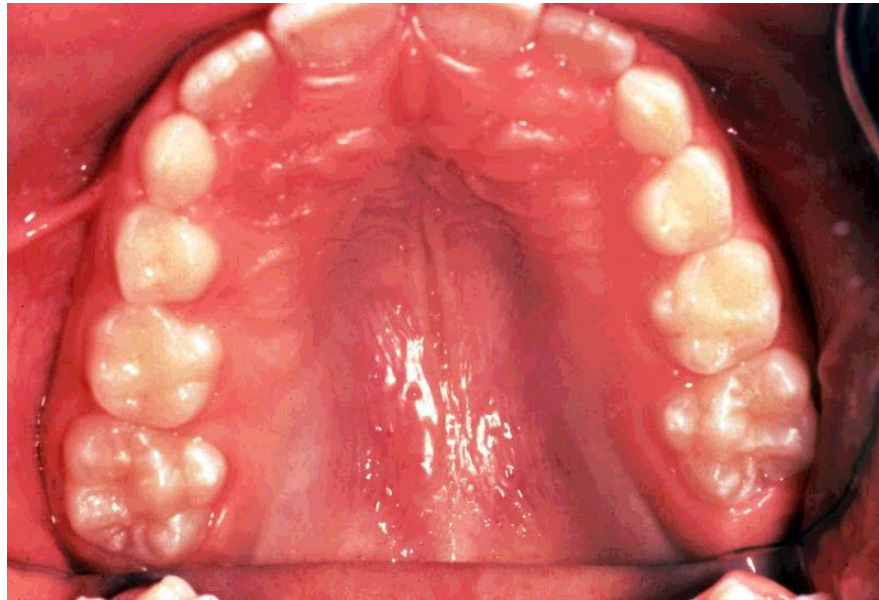




## #16: Untreated Decay?



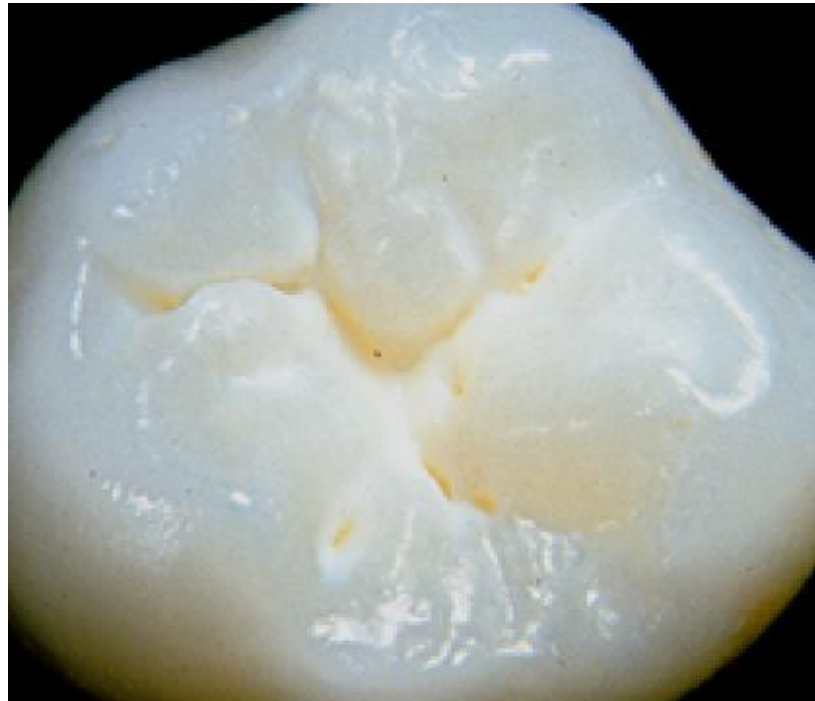
## #17: Untreated Decay?



## #18: Untreated Decay?



## #19: Untreated Decay?



## #20: Untreated Decay?



# Answer Key

1: Enamel hypoplasia

2: Yes

3: No

4: Yes

5: No

6: No

7: No

8: Yes

9: No

10: No

11: No

12: No

13: No

14: Yes

15: No

16: Yes

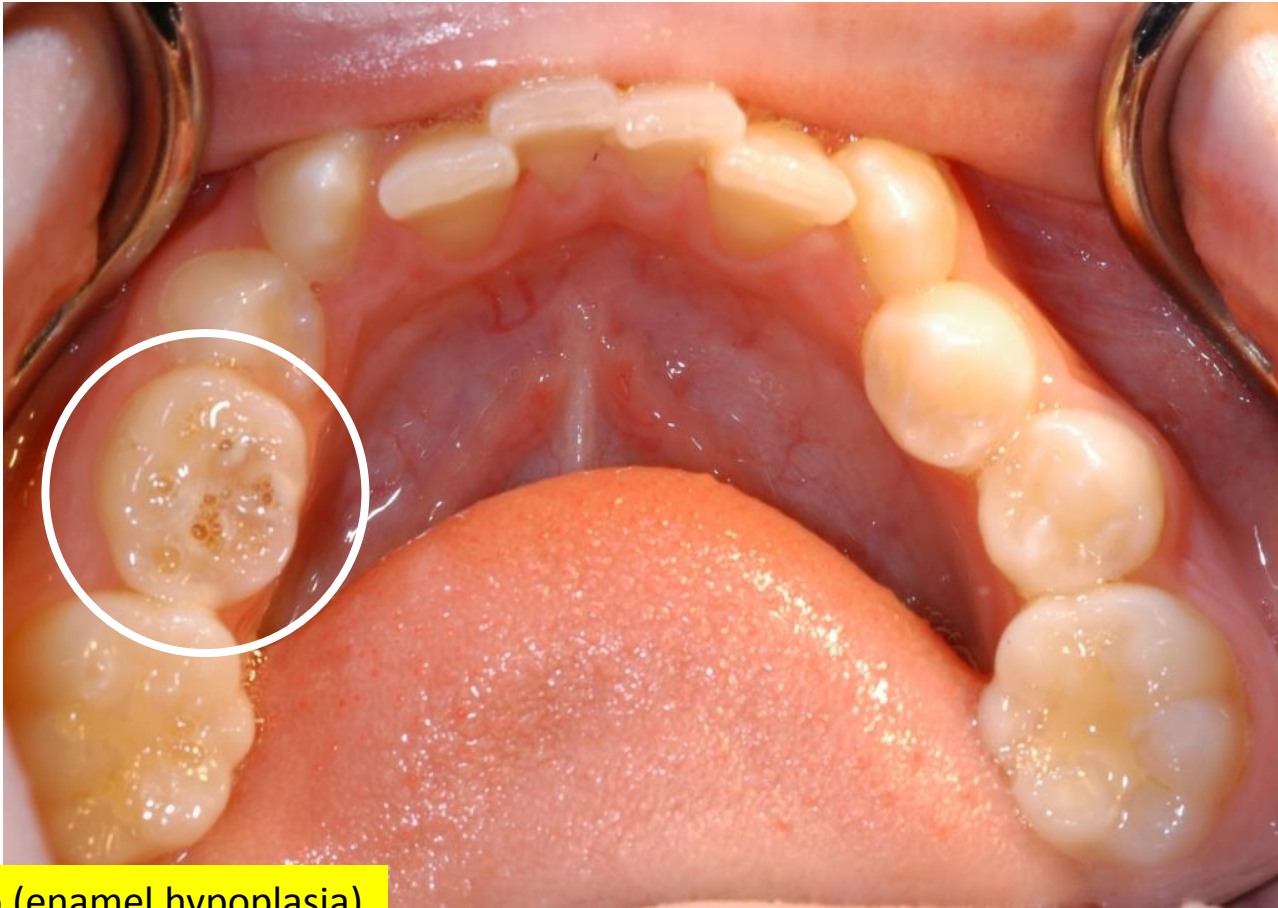
17: No

18: Yes

19: No

20: No

# 1: Enamel Hypoplasia



Untreated = No (enamel hypoplasia)  
Treated = Yes (molars have PRRs)  
Tx Urgency = None

## 2: Obvious Break in Enamel



Untreated = Yes

Treated = Yes

Tx Urgency = None (decayed tooth about to exfoliate)



### 3: Stain but no Break in Enamel



Arrested Decay = Yes  
Tx Urgency = None

## 4: Break in Enamel & Shadow



Untreated = Yes  
Treated = No  
Tx Urgency = Early

## 5: Fracture Due to Accident - No Caries



Untreated = No

Treated = No

Sealants = Yes

Tx Urgency = Early (child is not in pain)

## 6: Abscess but No Caries



Untreated = No

Treated = Yes

Tx Urgency = Urgent

## 7: “White Spot” but no Break in Enamel



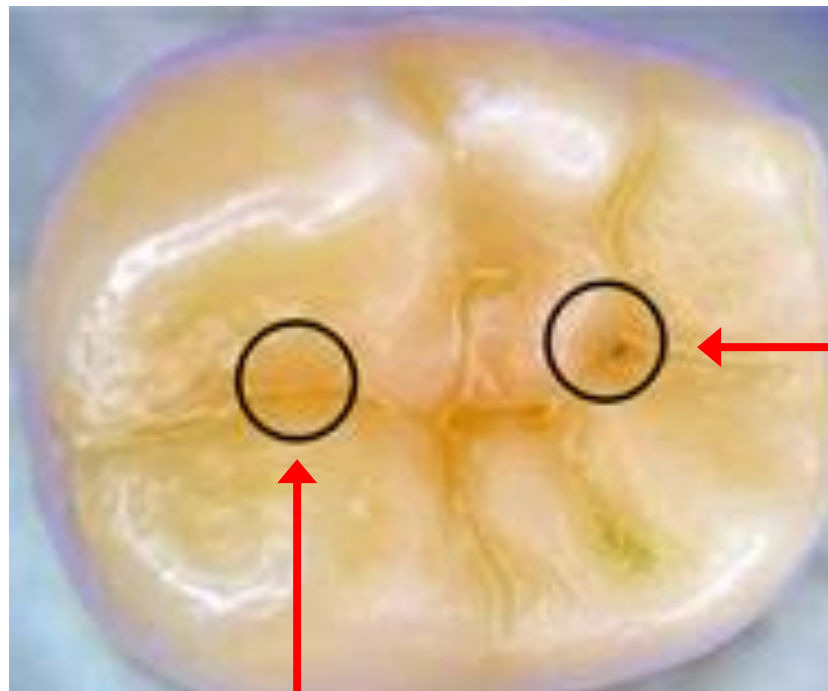
Untreated = No  
Tx Urgency = None

## 8: Break in Enamel



Untreated = Yes  
Tx Urgency = Early

# No Break in Enamel

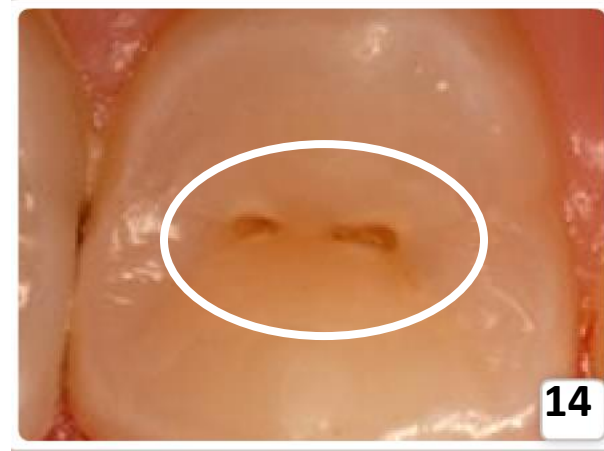


#9

#10

Untreated = No  
Tx Urgency = None

# These are Tricky - Only 14 is Caries





# 15: Discoloration but No Enamel Break



Untreated = No (no enamel break)

Treated = No

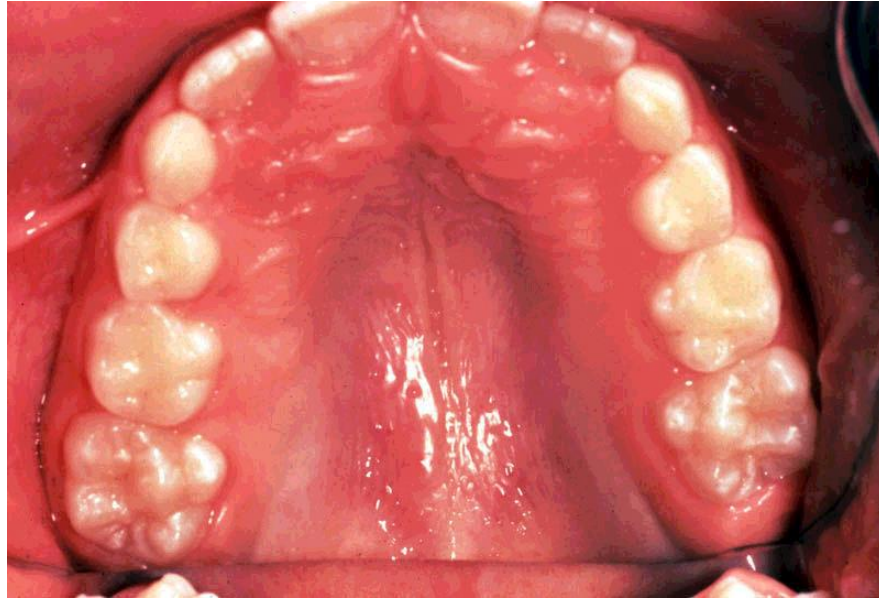
Tx Urgency = None

# 16: Enamel Break & Discoloration



Untreated = Yes  
Tx Urgency = Early

# 17: No Caries



Untreated = No

Treated = No

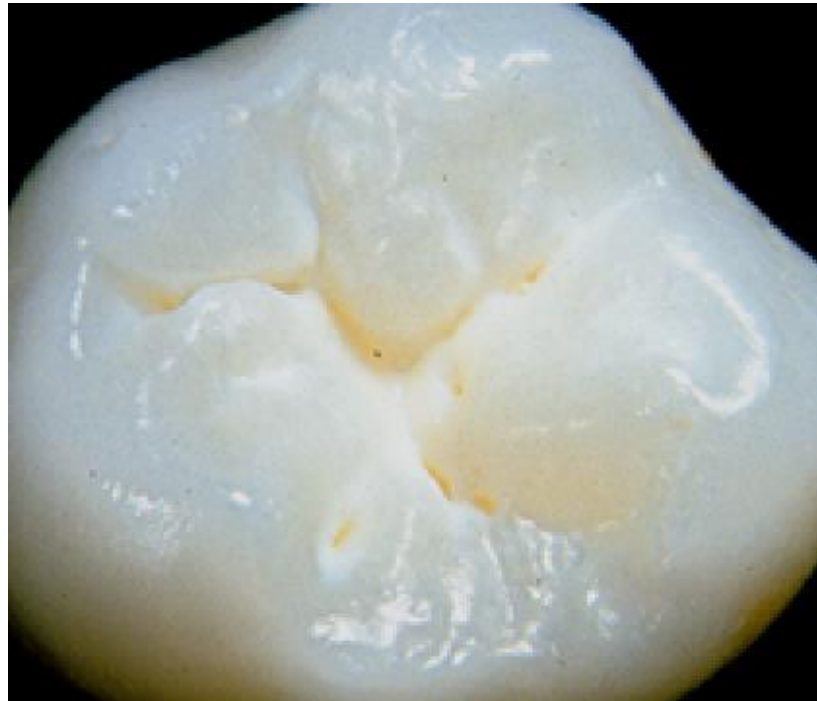
Tx Urgency = None

# 18: Enamel Break



Untreated = Yes  
Tx Urgency = Early

# 19: Demineralization But no Enamel Break



Untreated = No  
Tx Urgency = None

## 20: Discoloration But no Enamel Break



Untreated = No  
Tx Urgency = None

**MORE EXAMPLES**



**PLEASE**



Untreated Decay = Yes  
Treated Decay = No  
Tx Urgency = ?? (Is child in pain)

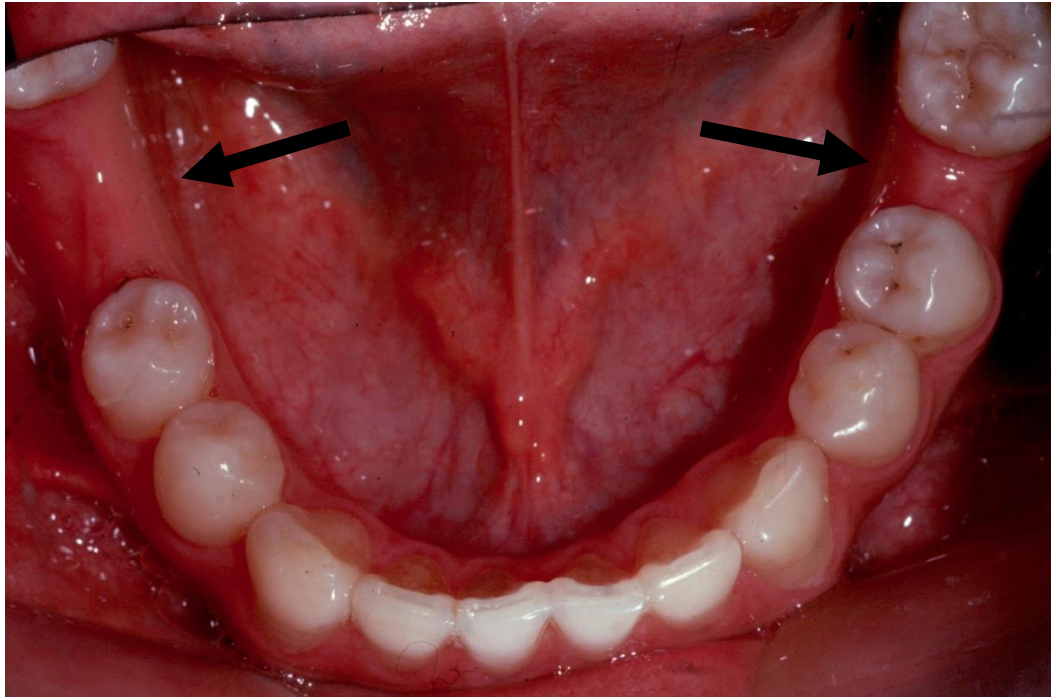




Untreated Decay = Yes  
Treated Decay = No  
Tx Urgency = Urgent



Untreated Decay = No  
Treated Decay = Yes  
Tx Urgency = 0

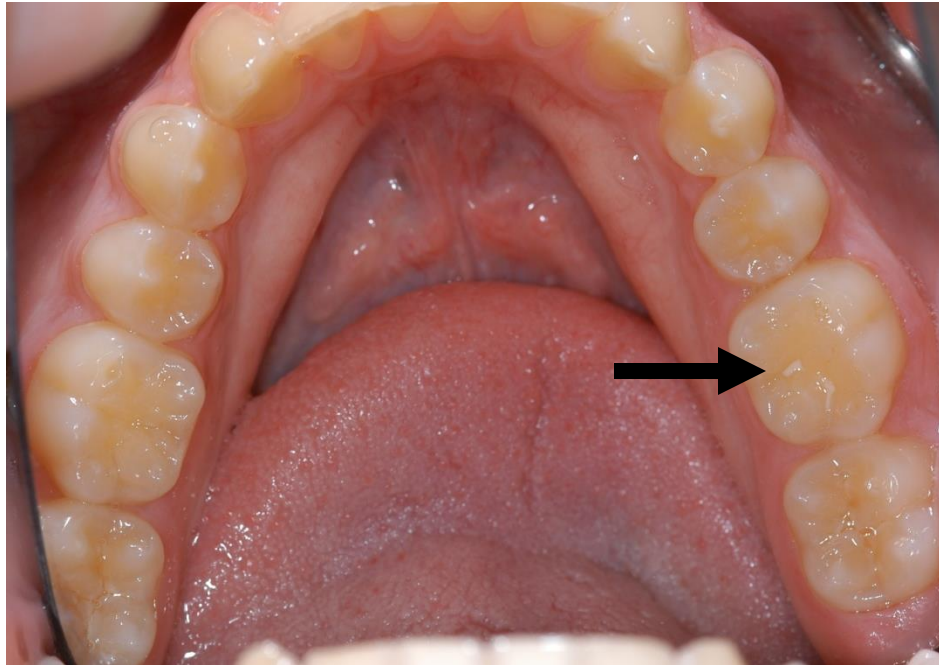


Untreated Decay = Yes (enamel break on 2<sup>nd</sup> premolar)

Treated Decay = Yes (1<sup>st</sup> molars extracted)

Sealants = No

Tx Urgency = Early

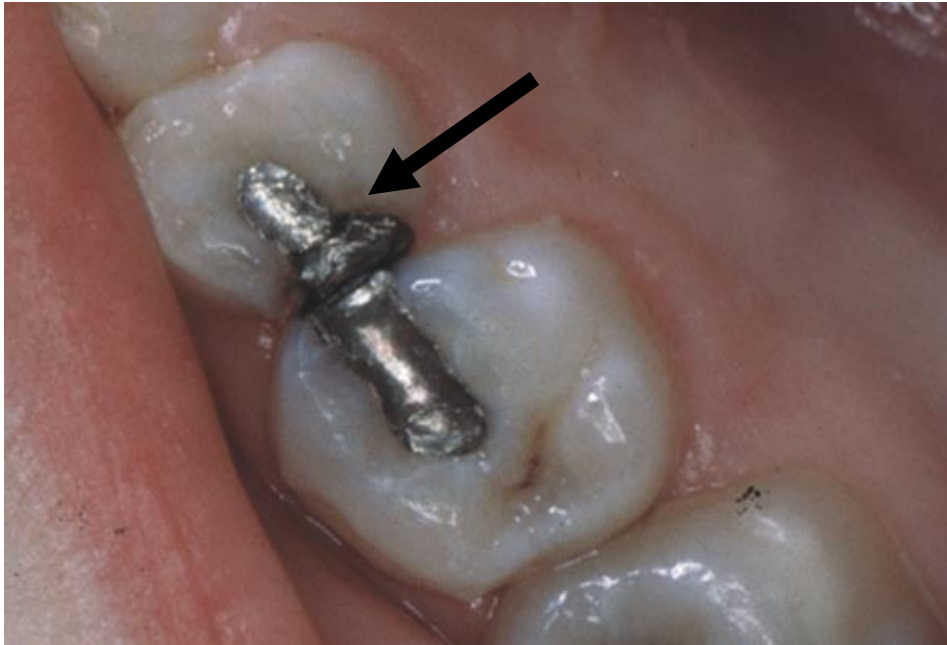


Untreated Decay = No

Treated Decay = No

Sealants = Yes (partially retained sealant)

Tx Urgency = 0



Untreated Decay = No  
Treated Decay = Yes  
Sealants = No  
Tx Urgency = Early (Broken filling)

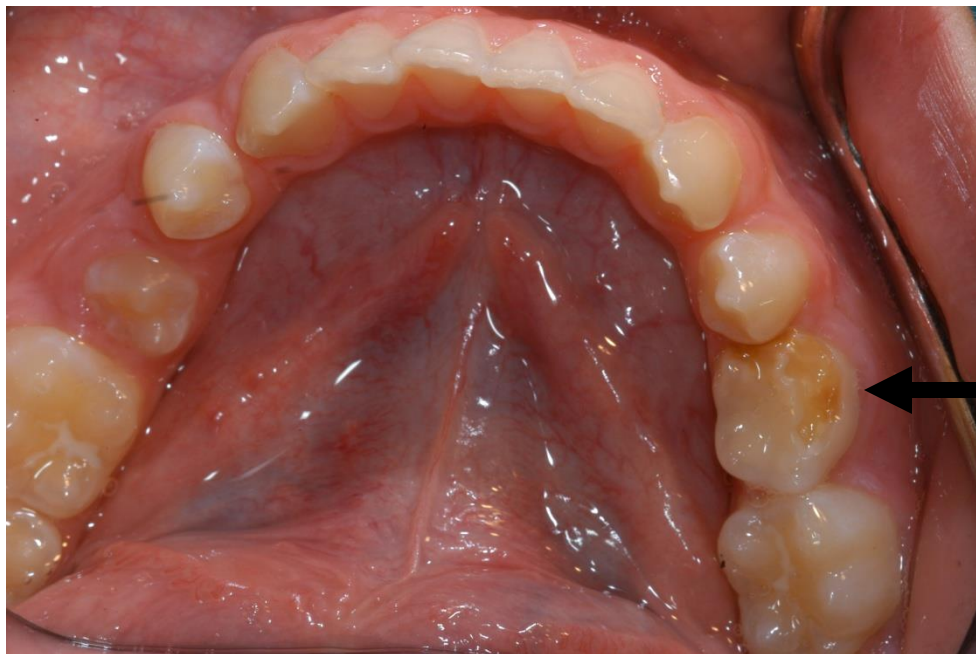


Untreated Decay = No

Treated Decay = No

Tx Urgency = None

Individual has dental fluorosis



Untreated Decay = No

Treated Decay = No

Sealants = Yes

Tx Urgency = None

Individual has enamel hypoplasia but no caries