Fluoride Varnish Manual

HAPPY CHILD

BRIGHT SMILE

Texas Department of State Health Services

Publication #E08-13077
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As the state agency dedicated solely to safeguarding the health of all Texans, The Texas Department of State Health Services (DSHS) Oral Health Program strives to ensure the continuing focus on oral health issues and serves as the coordinator and provider of health-focused state and federal resources.

On behalf of our partners, DSHS would like to welcome and thank you for your interest in improving the oral health of children. The purpose of the Fluoride Varnish Manual, Happy Child, Bright Smile is to provide information and learning opportunities for those who work with children.

This manual serves as a resource guide to help you with the implementation of a fluoride varnish program. The manual contains basic information about fluoride varnish advantages, protocol, and application. A list of resources, including the various types of fluoride varnish, ordering information, and costs are included. For your reference, the manual includes sample documents such as: program reporting forms, parent letters and handouts. It also includes the ADA evidence-based clinical recommendations for professionally applied topical fluoride.

We encourage you to take the opportunity to contact our regional Oral Health Program staff to receive additional information or assistance in setting up a fluoride varnish program within your organization. A contact list is included in the back of this manual.

We thank you in advance for your efforts in improving oral health in Texas!

Sincerely,

Linda Altenhoff, DDS
Oral Health Program
State Dental Director

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What is Fluoride Varnish?

Fluoride varnish is a concentrated topical fluoride with a resin or synthetic base. It contains 5% sodium fluoride, xylitol, (non-cavity causing sugar) with a flavoring agent. Varnish is easy to apply. Traditional fluoride gels or foams possess a high potential for ingestion when used with infants or very young children. The potential for ingestion of fluoride varnish is minimal because the varnish hardens when applied to the teeth and is therefore safe for use with children of all ages. The fluoride varnish remains on the teeth until it is brushed away the next day.

Fluoride Varnish Advantages

• Does not require special dental equipment.

• Does not require a professional dental cleaning prior to application.

• Is easy to apply.

• Dries immediately upon contact with saliva.

• Is safe and well tolerated by all, especially convenient for use on infants, young children, and individuals with special needs.

• Is inexpensive.

• Requires minimal training for placement.

• Allows the ability to eat or drink immediately after application.

• Prevents and reverses decay.

• Shows caries reduction up to 45% compared to 30-35% for other fluoride systems.
Fluoride Varnish Application Protocol

**Introduction:**
Fluoride varnish is a thin coating of resin that is applied to the tooth surface to protect it from decay or cavities. 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 prevent, arrest, and reverse the process of cavity formation.

**Indications:**
Anyone can receive fluoride varnish application, especially infants and children with a moderate or high risk of developing cavities. A child is considered at risk if he/she:

- Has had a cavity in the past or has white spot lesions or stained pits and fissures.
- Continues to drink from 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 and caretakers with untreated cavities.
- Needs to suck to fall asleep.
- Has a prolonged or frequent use of a bottle or sippy cup containing liquids other than water.

**Not indicated for:**
Children with a low risk of cavity formation, who consume optimally fluoridated water or children who receive routine fluoride treatments through a dental office.

**Application procedure:**

**Pre-application instructions:**
- Ideally, brush child’s teeth prior to application.
- Advise the parent that the child’s teeth may become discolored temporarily as some types of varnish leave a dull or yellowish tinge. Tell the parent that the varnish can be brushed off the following day.

**You will need to have:**
- Disposable gloves
- Gauze sponges (2 x 2)
- Fluoride varnish
- Small disposable fluoride applicator brush
- Paper towels or disposable bibs to place under the child’s head (optional)
Position the Child:

- 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, move the child’s head to your knees/lap, and treat the child from behind the head.
- Place the infant on an exam table and work from behind the head.
- Place the child on a chair in a sitting position. Sit in chair with the child directly facing you and tilt the child’s head back for visibility OR have the child stand in front of you and tilt their head back.
- For a young child – place the child in a prone or sitting position and work from above and from behind the head as with an infant.
- Or, adapt a method that works best for you.

The application:

- Using gentle finger pressure to open the child’s mouth (if infant).
- Remove excess saliva with a gauze sponge.
- Use fingers and sponges to isolate the teeth and keep them dry. Normally a quadrant of teeth is isolated at a time, but sometimes it is necessary to work with fewer teeth in some children. Infants are easiest to handle because they have only anterior teeth.
- Apply a thin layer of the varnish to all surfaces of the teeth. Generously dab the varnish towards the interproximal (between the teeth) and along the gum line.
- Once the varnish is applied, it will set quickly. Saliva will not wash away or contaminate the varnish after it has been applied.
- Child can rinse, spit, or drink some water after varnish application.

Post-application instructions:

- Eat a soft, non-abrasive diet for the rest of the day.
- Avoid eating hard, crunchy, or sticky foods or candy.
- Do not drink hot liquids.
- Do not brush or floss until the next morning, or for at least four hours.

Remember:

- Even though the child may fuss, the varnish application is painless.
- Tell the parent that the teeth may look discolored until brushed the next morning.
- It is recommended that the varnish application be repeated at three-month intervals for high-risk children and at six-month intervals for children who are at moderate risk.
Application

- Using gentle finger pressure, open the child’s mouth (if infant).

- Wipe teeth or have child bite on gauze to remove excess saliva.

- Apply a thin layer of varnish to all surfaces of the teeth. (The varnish will harden immediately once it comes in contact with saliva).
Options for Positioning the Provider and Child

Knee-to-Knee  
Younger Child  
6 Months to 3 Years of age

Front Facing  
Older Child  
Over 3 Years of age
Dear Parent/Guardian,

The Texas Department of State Health Services Oral Health Program will come to ________________ during the next year to provide preventive dental services. A dentist and support personnel will conduct FREE dental screenings to check for tooth decay and other dental problems. This screening does not take the place of regular dental checkups and you should continue to take your child to their dentist for on-going dental checkups and treatment.

After the screening and at a later date, dental sealants and/or fluoride varnish will be provided for children who are eligible. In order to be eligible for sealants and/or fluoride varnish through this program, your child must be enrolled in the free- or reduced-lunch program.

Dental sealants are thin, plastic coatings that are applied to the chewing surfaces of the back teeth. They fill in the deep pits and grooves where food and plaque (bacteria) accumulate, and can prevent tooth decay (cavities) in the teeth that are sealed. No shots or anesthesia are necessary for the application. Sealants prevent bacteria from lodging in the grooves of these teeth, thus preventing up to 60% of all tooth decay (cavities). Fluoride varnish is a protective coating that is placed on the teeth to help prevent new cavities and to help stop very small cavities that have already started.

Please complete the attached Preventive Dental Services Parental Permission Form (all lines must be completed) and return it to your school nurse by __________, if you want your child to be screened. This signed form serves as permission for your child to participate in the preventive dental services program.

The screening is scheduled to be done the week of _________________. After the dental screening, a written report will be provided for your child to take home, stating his/her dental condition.

Thank you for working with us to help improve your child’s smile.
Estimado Padre / Madre / Tutor legal,

El Programa de Salud Oral del Departamento Estatal de Servicios de Salud de Texas estará en __________ durante el año que viene para proporcionar servicios dentales preventivos. Un dentista y personal de apoyo llevarán a cabo exámenes dentales GRATUITOS para detectar las caries y otros problemas dentales. Este examen no toma el lugar de los exámenes dentales rutinarios y usted debe continuar llevando a su niño al dentista para sus exámenes dentales y tratamiento.

Después del examen y en un día en el futuro, se proporcionarán los selladores dentales y / o el barniz de fluoruro a los niños que reúnen los requisitos por los mismos. Para poder recibir el sellador dental y / o el barniz de fluoruro, su niño tiene que estar inscrito en el programa de almuerzo gratuito o de precio rebajado.

Los selladores dentales son capas delgadas de plástico que se aplican a las superficies trituradoras de las muelas. Los selladores rellenan las grietas y ranuras donde se acumulan alimentos y placa (bacteria) y pueden prevenir caries en los dientes sellados. No se necesitan inyecciones ni anestesia para la aplicación. Los selladores impiden que las bacterias se metan en las ranuras de esos dientes, así previniendo hasta un 60% de todas las caries. El barniz de fluoruro es una capa protectora que se aplica a los dientes para ayudar a prevenir nuevas caries y para ayudar a detener caries pequeñas que ya hayan dado comienzo.

Rellene el formulario adjunto Permiso de los padres para recibir servicios dentales preventivos (deben llenar todas las líneas) y devuélvalo a la enfermera de la escuela al más tardar el __________, si usted quiere que su niño reciba un examen. Ese formulario, al estar firmado, sirve como permiso para que su niño participe en el programa de servicios dentales preventivos.

Se ha programado los exámenes durante la semana de _________________. Después del examen dental, se proporcionará un informe escrito que indicará la condición dental de su niño para que él o ella lo lleve a la casa.

Gracias por colaborar con nosotros para mejorar la sonrisa de su niño.
Information for Parents
About Fluoride Varnish

Why do we recommend putting fluoride varnish on children’s teeth?
Tooth decay (cavities) is one of the most common preventable diseases seen in children. Children as young as 12-18 months can get cavities. Cavities in baby teeth can cause pain and even prevent children from being able to eat, speak, sleep and learn properly. Children do not lose all their baby teeth until they are about 11 or 12 years old. Fluoride varnish can help slow or prevent cavities in most children.

What is fluoride varnish?
Fluoride varnish is a protective coating that is put on teeth to help prevent new cavities and to help stop cavities that have already started.

Is fluoride varnish safe?
Yes, fluoride varnish can be used on babies from the time they have their first teeth. Only a very small amount of fluoride varnish is used. This method of providing fluoride to teeth has been used in Europe for more than 25 years. Fluoride varnish is approved by the Food and Drug Administration (FDA) and is endorsed by the American Dental Association (ADA).

How is it put on the teeth?
The varnish is applied to the teeth using a small, disposable brush. It is quick and easy to apply and does not have a bad taste. There is no pain, but your child may cry just because babies and children don’t like having things put in their mouths, especially by people they don’t know! Your child’s teeth will be yellow after the fluoride varnish is applied, but the yellow color will come off when you brush your child’s teeth the next morning.

How long does the fluoride last?
The fluoride will only last until it is brushed off the next day, but the effects of the fluoride will last for several months. The fluoride coating works best if it is applied to the teeth 3-4 times a year.

Baby Teeth are Important!
Remember, do not brush your child’s teeth today and do not give them hard or sticky foods. Start brushing your child’s teeth tomorrow morning. The yellow color will come off when you brush your child’s teeth.
Información para los padres sobre el barniz de fluoruro

¿Por qué recomendamos aplicar el barniz de fluoruro a los dientes de los niños?
Las caries es una de las enfermedades prevenibles más comunes que se observan en los niños. Los niños tan jóvenes como los de 12 a 18 meses de edad pueden tener caries. Las caries en los dientes de leche pueden causar dolor y hasta impedir que los niños coman, hablen, duerman y aprendan normalmente. Los niños no pierden todos los dientes hasta que se cumplan aproximadamente 11 ó 12 años. El barniz de fluoruro puede ayudar a frenar o prevenir las caries en la mayoría de los niños.

¿Qué es el barniz de fluoruro?
El barniz de fluoruro es una capa protectora que se aplica a los dientes para ayudar a prevenir nuevas caries y ayudar a frenar las caries que ya han dado comienzo.

¿Es seguro el barniz de fluoruro?
Sí. Se puede aplicar el barniz de fluoruro a los bebés desde que tengan sus primeros dientes. Se usa solamente una pequeña cantidad de barniz de fluoruro. Este método de suministrar el fluoruro a los dientes se ha usado en Europa hace más de 25 años. El barniz de fluoruro es aprobado por la Administración de Alimentos y Medicamentos (FDA) y es respaldado por la Asociación Dental Americana (ADA).

¿Cómo se aplica a los dientes?
El barniz se aplica a los dientes con un pequeño cepillo desechable. Es rápido y fácil de aplicar, y no tiene mal sabor. No le va a doler, pero es posible que su niño llore simplemente porque a los bebés y niños pequeños no les gusta que otras personas les pongan algo en la boca, ¡especialmente si son personas desconocidas! Es posible que los dientes de su niño se pongan amarillos después de que se aplique el barniz de fluoruro, pero se quitará el color amarillo cuando usted le cepille los dientes de su niño la siguiente mañana.

¿Cuánto tiempo dura el fluoruro?
El fluoruro solamente dura hasta que se lo quite el día siguiente al cepillarse los dientes, pero los efectos del mismo duran varios meses. La capa de fluoruro funciona mejor si se aplica a los dientes 3 a 4 veces por año.

¡Los dientes de leche son importantes!
Acuérdese, no cepille los dientes de su niño hoy, y no le ofrezca comidas duras o pegajosas. Empiece a cepillarse los dientes de su niño mañana por la mañana. Se quitará el color amarillo cuando usted le cepille los dientes de su niño.
RESULTS OF DENTAL SCREENING

Dear Parent/Guardian:
A dental screening has been provided for ____________________________ . The results are indicated below. Please note that this was a visual examination only. The results of the screening do not replace the need for regular dental checkups. For a thorough examination, including x-rays, it is suggested that you visit your family dentist regularly, preferably twice a year.

0. No obvious dental problems noted.
   A. But several areas need watching.
   B. But be sure to continue regular dental care.
   C. Decay (cavities) on baby teeth about to be lost – does not require treatment.

1. Dental care is needed at the earliest convenience.
   A. Decay (cavity) was detected on baby teeth.
   B. Decay (cavity) was detected on permanent teeth.
   C. Bleeding gums (infection) noted - teeth need to be cleaned.
   D. Suspicious white or red soft tissue areas need checking.

2. Dental problem requires immediate attention.
   A. Pain
   B. Infection (abscess) on _______ baby teeth and/or _______ permanent teeth.
   C. Severe decay (cavity) on _______ baby teeth and/or _______ permanent teeth.

3. Other:
   A. X-ray needed.
   B. Sealants were applied to some of your child's teeth today.
   C. Sealants will be applied to some of your child’s teeth at a future date.
   D. Fluoride varnish was applied on your child’s teeth today.
      ✷ To keep the varnish on the teeth as long as possible and to achieve the best results, your child should eat soft foods for the rest of the day and their teeth should not be brushed until tomorrow morning.
   E. Fluoride varnish will be applied to your child’s teeth at a future date.
   F. Other

To see if your child is eligible for Medicaid or the Children’s Health Insurance Program (CHIP) call the free 2-1-1 Texas help information line or visit the Texas benefits website at https://www.yourtexasbenefits.com/wps/portal.

If your child is on Medicaid and needs help with transportation to healthcare appointments, please call the THSteps Program at: 1-877-THSTEPS or 1-877-847-8377.

If your child is on Medicaid and you need help finding a dentist, call the THSteps Program at: 1-877-THSTEPS or 1-877-847-8377 or visit the Texas Medicaid Health Partnership (TMHP) website at http://www.tmhp.com/OPL/providerManager/AdvSearch.aspx.

DATE: ___________ SIGNED: ____________________________
Regional Dentist’s Signature and Phone #
RESULTADOS DEL EXAMEN DENTAL

Estimado Padre / Madre / Tutor legal:
Se le hizo un examen dental a _____________________________________________.

Se indican los resultados a continuación. Tome nota que éste fue solo un examen visual. Los resultados del examen sistemático no reemplazan la necesidad de ir al dentista para exámenes rutinarios. Para un examen meticuloso, incluso con radiografías, se sugiere que vayan a su dentista familiar con regularidad, preferiblemente dos veces al año.

0. No se notaron ningunos problemas dentales obvios.
   A. Pero varias áreas necesitan observación.
   B. Pero asegúrese de continuar la atención dental con regularidad.
   C. Caries en los dientes de leche que pronto se caigan—no requiere tratamiento.

1. Obtenga atención dental cuando le convenga.
   A. Se observó caries en los dientes de leche.
   B. Se observó caries en los dientes permanentes.
   C. Se notó sangre en las encías (infección) - necesita una limpieza de los dientes.
   D. Áreas blancas y rojas sospechosas en el tejido blando necesitan atención.

2. Un problema dental que necesita atención inmediata.
   A. Dolor
   B. Infección (absceso) en ________ dientes de leche y/o ________ dientes permanentes.
   C. Caries severa en ________ dientes de leche y/o ________ dientes permanentes.

3. Otro:
   A. Se necesita una radiografía.
   B. Se aplicaron selladores dentales a algunos de los dientes de su niño hoy.
   C. Se aplicarán los selladores a algunos de los dientes de su niño en un futuro.
   D. Se aplicó el barniz de fluoruro a los dientes de su niño hoy.
   E. Se aplicará el barniz de fluoruro a los dientes de su niño en un futuro.
   F. Otro ____________________________________________

Para saber si su niño reúne los requisitos para Medicaid o el Programa de Seguro Médico para Niños (CHIP) llame a la línea de información gratuita de 2-1-1 Texas o consulte al sitio de Internet de prestaciones de Texas en https://www.yourtexasbenefits.com/wps/portal. Haga clic en "español" para la versión en español.

Si su niño tiene Medicaid y necesita ayuda con el transporte a sus citas de atención médica llame al Programa de Pasos Sanos de Texas al 1-877-847-8377.


FECHA: ____________________________ FIRMA: ________________________________
### Professionally Applied Topical Fluoride: Evidence-based Clinical Recommendations

#### Assess

**Caries Risk**
- Low
- Moderate
- High

**Patient Age**

#### Decide
- **whether** to apply fluoride
- **type** of fluoride
- **frequency** of application
- **how often** to re-evaluate

#### Advise

<table>
<thead>
<tr>
<th>Risk group / Age</th>
<th>&lt;6 years</th>
<th>6-18 years</th>
<th>18+ years</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Low</strong></td>
<td>Patient may not receive any additional benefit*</td>
<td>Patient may not receive any additional benefit*</td>
<td>Patient may not receive any additional benefit*</td>
</tr>
<tr>
<td><strong>Moderate</strong></td>
<td>Varnish every 6 months</td>
<td>Varnish or Fluoride gel every 6 months</td>
<td>Varnish or Fluoride gel every 6 months</td>
</tr>
<tr>
<td><strong>High</strong></td>
<td>Varnish every 6 or 3 months</td>
<td>Varnish every 6 or 3 months or Fluoride gel every 6 or 3 months</td>
<td>Varnish or Fluoride gel every 6 or 3 months</td>
</tr>
</tbody>
</table>

*Fluoridated water and fluoride toothpastes may provide adequate caries prevention in this risk category.

- ✓ Application time for fluoride gel and foam should be 4-minutes.
- ✓ Due to limited evidence these recommendations have not been extrapolated to foams.
- ✓ There is limited evidence differentiating NaF and APF gels.

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Based substantially on clinical evidence

**Levels of evidence and strength of recommendations:**

Each recommendation is based on the best available evidence. The level of evidence available to support each recommendation may differ. Lower levels of evidence do not mean the recommendation should not be applied for patient treatment.

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1ADA Council on Scientific Affairs. Professionally applied topical fluoride: Evidence-based clinical recommendations. JADA 2006;137(8):1151-59. Copyright © 2006 American Dental Association. All rights reserved. Adapted 2008 with permission. To see the full text of this article, please go to [http://jada.ada.org/cgi/reprint/137/8/1151](http://jada.ada.org/cgi/reprint/137/8/1151).

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**Professionally Applied Topical Fluoride: Evidence-based Clinical Recommendations**

**Determination of Caries Risk**

There are many systems to determine caries risk. One such system is offered below that can be used for caries risk assessment.

Individuals’ risk factors increasing risk for developing caries may also include, but are not limited to:

- High titers of cariogenic bacteria
- Poor oral hygiene
- Prolonged nursing (bottle or breast)
- Poor family dental health
- Developmental or acquired enamel defects
- Genetic abnormality of teeth
- Many multisurface restorations
- Chemo/radiation therapy
- Eating disorders
- Drug/alcohol abuse
- Irregular dental care
- Cariogenic diet
- Active orthodontic treatment
- Presence of exposed root surfaces
- Restoration overhangs and open margins
- Physical or mental disability with inability or unavailability of performing proper oral health care

<table>
<thead>
<tr>
<th>Risk group</th>
<th>Age</th>
<th>Primary or Secondary Carious lesions in the past three years</th>
<th>Risk factors listed above</th>
</tr>
</thead>
<tbody>
<tr>
<td>Low</td>
<td>All age groups</td>
<td>None</td>
<td>None and</td>
</tr>
<tr>
<td>Moderate</td>
<td>&lt; 6 years</td>
<td>None</td>
<td>and At least one risk factor</td>
</tr>
<tr>
<td></td>
<td>&gt; 6 years</td>
<td>One or two</td>
<td>or At least one risk factor</td>
</tr>
<tr>
<td>High</td>
<td>&lt; 6 years</td>
<td>Any</td>
<td>or Multiple risk factors or Low Socioeconomic status or Xerostomia* or suboptimal fluoride exposure</td>
</tr>
<tr>
<td></td>
<td>&gt; 6 years</td>
<td>Three or more</td>
<td>or Multiple risk factors or Xerostomia* or suboptimal fluoride exposure</td>
</tr>
</tbody>
</table>

*Medication, radiation or disease induced xerostomia.

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1ADA Council on Scientific Affairs. Professionally applied topical fluoride: Evidence-based clinical recommendations. JADA 2006;137(8):1151-59. Copyright © 2006 American Dental Association. All rights reserved. Adapted 2008 with permission. To see the full text of this article, please go to [http://jada.ada.org/cgi/reprint/137/8/1151](http://jada.ada.org/cgi/reprint/137/8/1151).

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Post-Application Instructions

- The child should eat a soft, non-abrasive diet for the rest of the day.

- Do not brush or floss the child’s teeth until the next morning.

- Inform the parent/caregiver that it is normal for the teeth to appear dull or yellow until they are brushed.

- Review this information with parent/caregiver and/or give them the *Don’t Delay- Prevent Decay* handout.
Early Tooth Decay (white spots) On Primary Teeth

Fluoride varnish can be applied to teeth with white spots and help re-mineralize (harden) the tooth’s enamel.
Don’t Delay – Prevent Decay

When your child leaves today, his/her teeth will have been coated with fluoride varnish and will not look as bright and shiny as usual. They will look as they usually do tomorrow, when the varnish has had time to have its maximum effect and the teeth have been brushed.

To keep the varnish on the teeth as long as possible and to achieve the best result:

- Your child should eat soft foods for the rest of the day.
- Teeth should not be brushed until tomorrow morning.
- In the morning, clean the mouth and teeth as usual.
No demore--Prevenga las caries

Cuando se vaya su niño hoy, sus dientes se habrán cubierto con el barniz de fluoruro y no lucirán como suelen lucir. Parecerán mañana como parecen normalmente, ya después que el barniz haya surtido su máximo efecto y se hayan cepillado los dientes.

Para asegurar que el barniz quede en los dientes por el máximo tiempo posible y que logre los mejores resultados:

- Su niño deberá comer cosas blandas el resto del día.

- No se le debe cepillar los dientes hasta mañana por la mañana.

- Por la mañana, lávele la boca y los dientes como de costumbre.
Fluoride Varnish Ordering Information
Possible resources such as, but not limited to:

**Henry Schein**
1 (800) 372-4346
[https://www.henryscheindental.com](https://www.henryscheindental.com)

**Patterson Dental**
1 (800) 873-7683
[https://www.pattersondental.com](https://www.pattersondental.com)

**Massco Dental**
1 (800) 227-1296
FAX 1 (479) 787-9918
[https://www.masscodental.net](https://www.masscodental.net)

**Zenith Dental**
1 (800) 662-6383
FAX 1 (201) 894-0213
[https://www.zenithdental.com](https://www.zenithdental.com)
Fluoride Varnish Types

**PreviDent**  
(5% Sodium Fluoride) **Available in a unit-dose with an applicator.** - Henry Schein

**Duraphat**  
(5% Sodium Fluoride) - Henry Schein

**ALL Solutions**  
(5% Sodium Fluoride) **Available in a unit-dose with an applicator.** - Henry Schein

**Cavity Shield**  
(5% Neutral Sodium Fluoride) **Available in a unit-dose with an applicator.** - Henry Schein

**Duraflor**  
(5% Sodium Fluoride) - Henry Schein

**Duraflor Halo**  
(5% Sodium Fluoride) **Available in a unit-dose with an applicator.** - Henry Schein

**DuraShield**  
(5% Sodium Fluoride) **Available in a unit-dose with an applicator.** - Henry Schein or Patterson Dental

**Enamel Pro Varnish with ACP**  
(5% Sodium Fluoride with amorphous calcium phosphate) **Available in a unit-dose with an applicator.** - Henry Schein

**Kolorz ClearShield**  
(5% Sodium Fluoride) **Available in a unit-dose with an applicator.** - Henry Schein or Zenith Dental

**Vanish**  
(5% Sodium Fluoride) **Available in a unit-dose with an applicator.** - Henry Schein or Patterson Dental

**Eclipse**  
(5% Sodium Fluoride) **Available in a unit-dose with an applicator.** – Massco Dental

**Varnel - Cetylite**  
(5% Sodium Fluoride) **Available in a unit-dose with an applicator.** – Patterson Dental
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<th>Prod name</th>
<th>Flavor</th>
<th>strength</th>
<th>dose size</th>
<th># in package</th>
<th>price</th>
<th>dose price</th>
<th>volume order</th>
<th>price with volume</th>
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<td>5%</td>
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<td>200</td>
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<td>5%</td>
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<td>melon wht</td>
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</table>
Supplies

• Disposable gloves

• Paper towels or disposable bibs (to place under child’s head if the child’s head is being cradled in the provider’s lap.)

• Gauze sponges (2x2)

• Fluoride Varnish

• Disposable applicator brush (if not included with the varnish)
References


**Recommendations for Using Fluoride to Prevent and Control Dental Caries in the United States.** MMWR. Aug. 17, 2001

**Fluoridation Facts.** American Dental Association, 2005.

Dental Home
It is good for you to take your child to the same dentist each time. This regular dentist office is their “Dental Home.”
To keep your child’s teeth and gums healthy, you should:
• Give them healthy foods, snacks, and drinks;
• Clean your child’s mouth every day; and
• Take your child to their dental home for regular visits starting at 6 months of age.
Please call 1-877-847-8377, if you need help in finding a dental home for your child.

El hogar dental
Es bueno llevar a su niño al mismo dentista siempre. Este consultorio dental es su “hogar dental”.
Para mantener sanos los dientes y encías de su niño, usted debe:
• Ofrecerle comidas, botanas y bebidas sanas;
• Limpialo la boca cada día; y
• Llevarlo a su hogar dental para visitas periódicas a partir de los 6 meses de edad.
Llame al 1-877-847-8377 si necesita ayuda para encontrar un hogar dental para su niño.
Oral Health Regional Staff Contact Information

**HSR 1 and 2-Lubbock**
Rick Howard, DDS
6302 Iola Avenue
Lubbock, TX 79424
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Rene Comey, RDH
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Lubbock, TX 79424
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806-783-6455 fax

**HSR 3, 4 and 5N-Tyler**
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Tyler, TX 75702
903-533-5202
Teresa Hubbell, RDH
2521 West Front Street
Tyler, TX 75702
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903-593-4187 fax

**HSR 9 and 10-Midland**
VACANT
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Midland, TX 79705
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432-571-4153 fax
Sondra McDonald, RDH
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Midland, TX 79705
432-571-4157
432-684-3932 fax

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San Antonio, TX 78229
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Cynthia King, RDH
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San Antonio, TX 78229
210-949-2106
210-949-2010 fax

**HSR 5S, 6 and 7-Houston**
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Austin, TX 78754
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Diana Beeman, RDH
5425 Polk Ave., Ste. J, MC 1906
Houston, TX 77023-1497
713-767-3402
713-767-3408 fax

http://www.dshs.texas.gov/dental/default.shtm

Revised 08/31/2016
Free continuing education hours

Ready to learn more about Texas Health Steps (Medicaid for children) and other health-care services? Take advantage of the free, online education program for health-care providers developed by the Texas Department of State Health Services and the Texas Health and Human Services Commission. This comprehensive program offers free continuing education hours, and all courses are accredited.*

To view the courses online, visit www.txhealthsteps.com.

Current Topics – 26 Courses
Under These Categories

- Genetic Screening
- Developmental/Mental Health Screening and Assessment
- Prevention and Wellness
- Adolescent Health
- Overview of Best Practices and Children’s Services
- Laboratory Services
- Sensory Screening
- Pharmacy
- Oral Health
- Acute and Chronic Medical Conditions
- Case Management

New Topics – 7 Courses
Under Development

- Pediatric Referral Guidelines

Courses are updated annually to reflect most current information and best practices.

*Accredited by the Texas Medical Association, American Nurses Credentialing Center, National Commission for Health Education Credentialing, Texas State Board of Social Worker Examiners, Accreditation Council of Pharmacy Education, and UTHSCSA Dental School, Office of Continuing Dental Education.