



A Provider's Guide to Fluoride Varnish Applications

Presented by:





Well-Ahead Louisiana Provider Education Network





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Importance of Oral Health in Youth Populations

Presented by

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43% of children ages 2-11 have dental decay

-As reported by the NIDCR (National Institute of Dental and Craniofacial Research)



- About 1 of 5 (20%) children aged 5 to 11 years have at least one untreated decayed tooth
- 1 of 7 (13%) adolescents aged 12 to 19 years have at least one untreated decayed tooth
- Children aged 5 to 19 years from low-income families are twice as likely (25%) to have cavities, compared with children from higher-income households (11%)

-Reported by Center for Disease Control



In recent years, 25% of missed school days was the result of tooth-related pain.

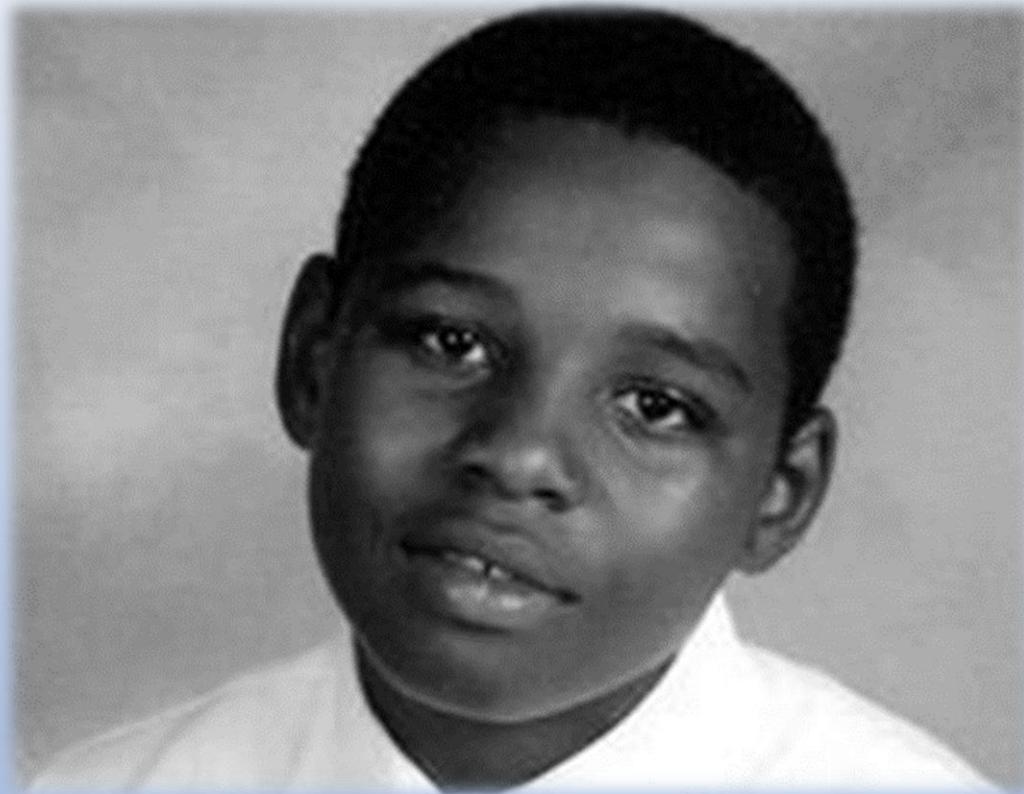
-Reported by the NIDCR



Major Effects of Untreated Dental Decay:

- Nutritional
- Educational
- Psychological
- Physiological





-image origin National Maternal and Child Oral Health Resource Center



THE ROLE FLUORIDE PLAYS IN PROTECTING TEETH

Presented by

Dr. Robert Barsley, DDS, JD

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Medical Treatment of Caries

- **Chlorhexidine – antimicrobial**
 - Rinse, varnish
- **Fluoride – remineralization and antimicrobial***
 - Rinses, varnish, restorative material
- **Xylitol – cidial and reduces acid**
 - Gums, mints
- **MI (minimal intervention) Paste**
 - Paste - remineralization (calcium / phosphate)



Fluoride

• Water Fluoridation

- 30-45% caries reduction
- 65.8% of U.S. population (Louisiana just under 40%)
- Systemic- F incorporated into developing tissue. Produces large HA crystal rather than many smaller crystals.* Still most effective delivery system for public health

• Topical – F facilitates precipitation of Ca and PO₄

- “fluoride concentration in enamel plays a role of minor importance in caries reduction.”
 - Groeneveld 1988

• Bottled Water

- Low fluoride content (<0.3 ppm) in 34 of 39 products



Susceptible Tooth - Fluoride

- **Mechanisms of Action**

- **Topical***

- Inhibits demineralization
 - Promotes remineralization
 - Reduces enamel solubility

- **Antibacterial**

- Concentrates in plaque
 - Disrupts enzyme systems

- **Systemic (?)**

- Improves enamel crystallinity
 - Reduces acid solubility
 - Improves tooth morphology



Fluoride

- Greatest concentration of fluoride at outermost layer of enamel
- Proximal and smooth surfaces benefit the most
- Converts hydroxyapatite to fluorapatite



Susceptible Tooth – Fluoride Supplements

- Inadequately fluoridated water
- Must consider ALL sources of F
- Must have water analysis
- Compliance low
- Maximum 120 mgs per Rx
- Prenatal F – not shown to be effective
- Effect is mostly topical

AGE	LESS THAN 0.3 ppm F	0.3-0.6 ppm F	MORE THAN 0.6 ppm F
Birth-6 mos	0	0	0
6 mos-3 yrs	0.25 mg	0	0
3 yrs-6 yrs	0.50 mg	0.25 mg	0
6 yrs up to at least 16 yrs	1.00 mg	0.50	0

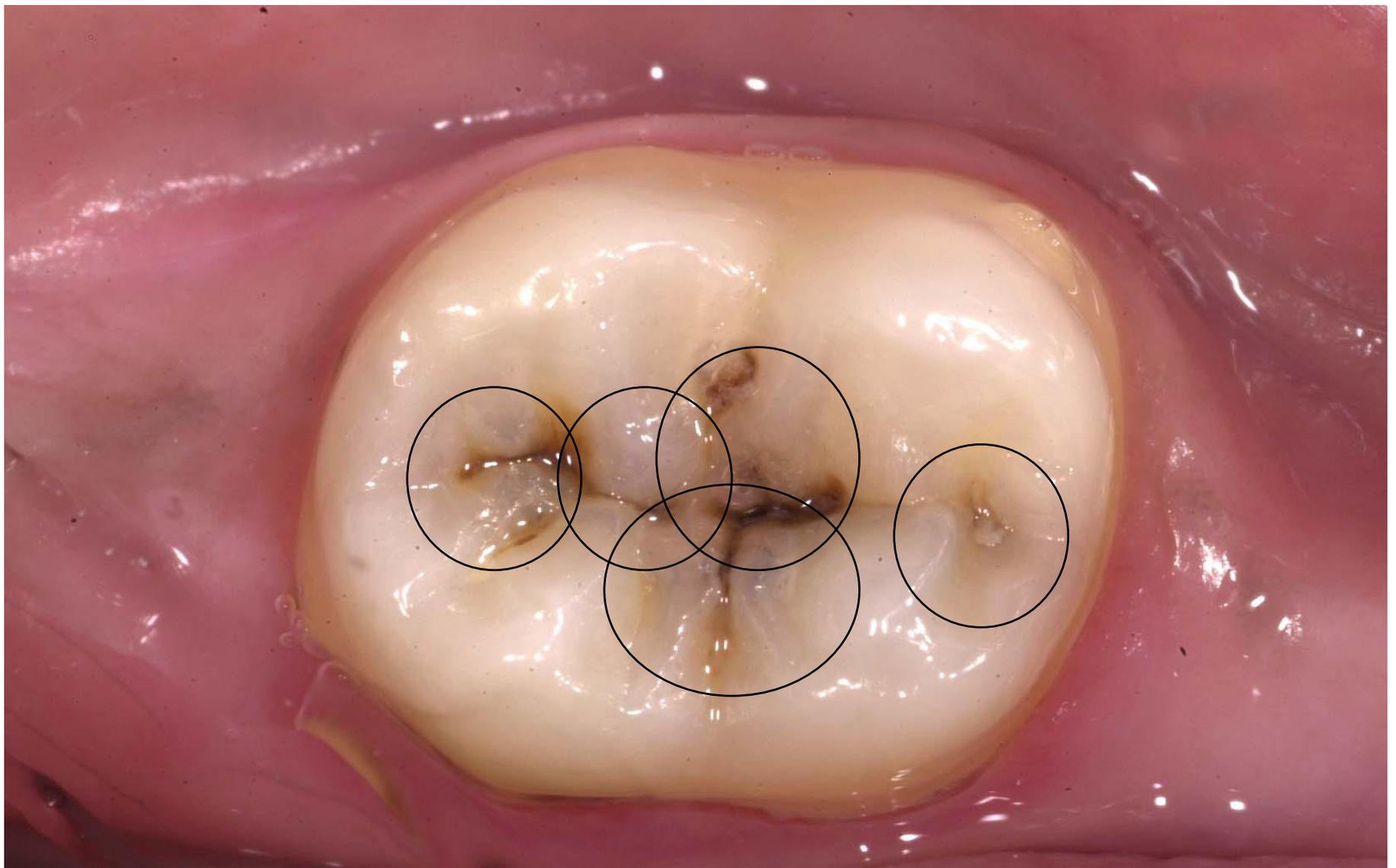
From American Academy of Pediatric Dentistry: Guideline on fluoride therapy, *Pediatr Dent* 24(7 suppl):66, 2002 (special issue: Reference manual 2002-2003).



Susceptible Tooth – Water Fluoridation

- Most cost-effective reliable method of providing fluoride
- Optimal range - 0.7-1.2 mg/L (ppm)***
- 66% of US fluoridated
- Caries reduction
 - 50-60% in Permanent Teeth
 - 40-50 % in Primary Teeth
- Less marked effects now due to “halo effect”
 - Multiple sources beyond HOH
- Bottled water?





Bite Wings:



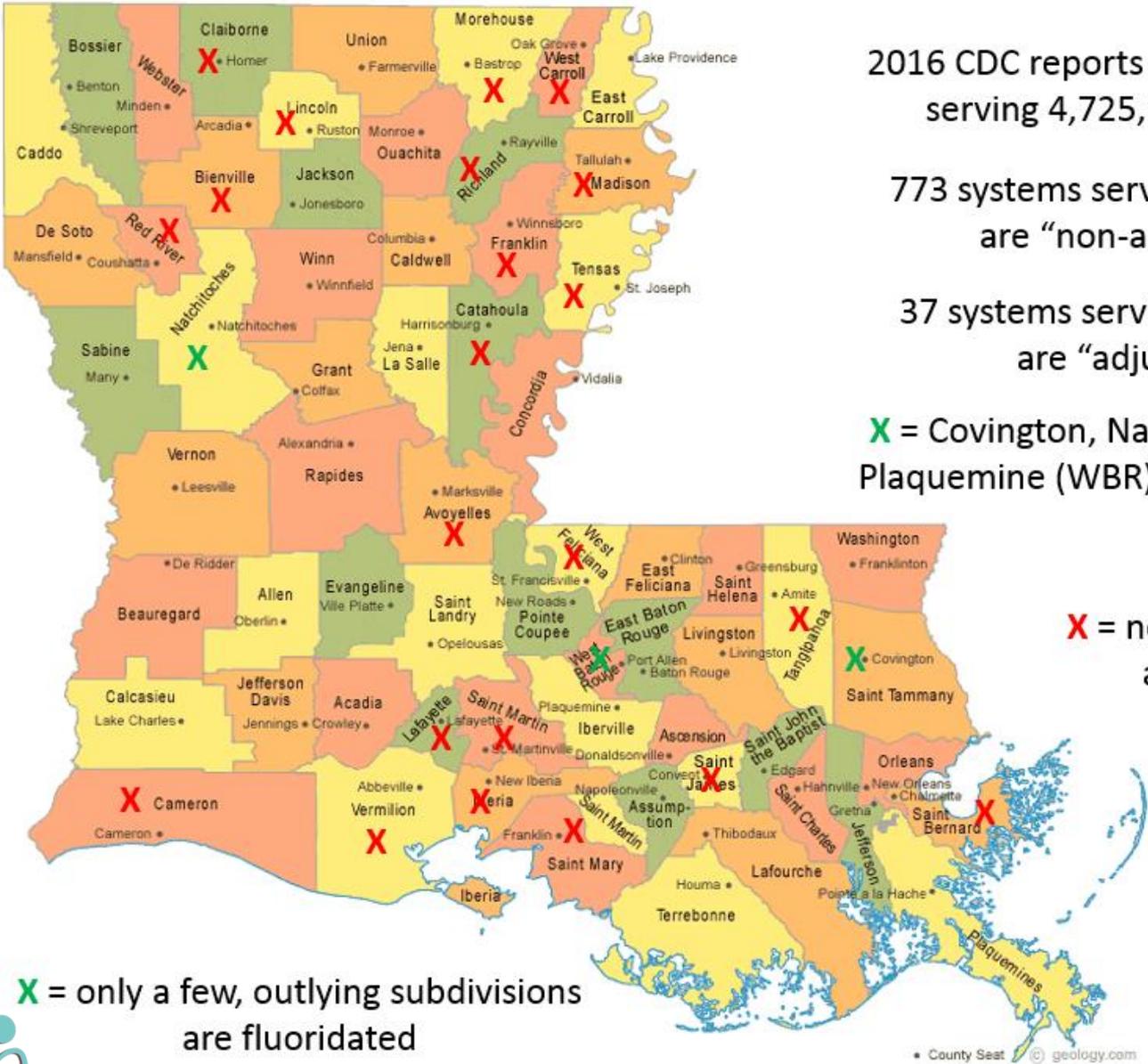
2016 CDC reports 1,025 CWF Systems serving 4,725,100 in Louisiana

773 systems serving 2,326,910 are “non-adjusted”

37 systems serving 1,876,558 are “adjusted”

X = Covington, Natchitoches, and Plaquemine (WBR) not fluoridated

X = no systems in parish are fluoridated



Fluorosis

- Permanent intrinsic white/brown discoloration
- Occurs during tooth formation
- Sources of ingested fluoride
 - Diet/halo effect
 - Dentrifice consumption
 - Inappropriate supplementation
 - Naturally high fluoride in water (above 1.3 ppm risk for fluorosis)
 - Topical fluoride does not cause fluorosis



Topical Fluoride

In office - High concentration

9,040 to 22,500 ppm fluoride

(CaF reservoir), antimicrobial, reduces solubility

Nightly home use - Low concentration

225 to 5,000 ppm fluoride

Remineralization, reduces solubility



Fluoride reactions in the oral environment

- Fluoride toothpaste and calcium fluoride
 - 500 – 1500 ppm fluoride
 - NaF
 - Monofluorophosphate (MFP, $\text{Na}_2\text{PO}_3\text{F}$)
 - No significant calcium fluoride (CaF_2) production
- Rx 5000 ppm NaF toothpaste



Fluoride reactions in the oral environment

- Dissolution of calcium fluoride

- Precipitated CaF_2 acts as temp storage
- Dissolution of CaF_2 gives increased F in saliva
- Reduced caries incidence

- Commercial fluoride varnish

- 5% NaF
- F release to saliva and to enamel surface
- Locally high concentration, slowly worn away



Fluoride Varnish

- **Effective in reducing caries experience young children**

- Mohammadi 2015 JIOH; Arruda 2012 CDOral Epi; Weintraub 2006 JDR; Petersson 1998 JPHD

- **Original research 1960s in Europe**

- **For high risk infants/children**

- Cavities, White Spots, Stained Fissures
- Use of bottle over 1 year of age or during sleep with ANYTHING other than water
- On-demand nightly breast feeding
- Developmental disability
- Taking high sugar containing oral medicines

- **Contra-indications**

- Low caries risk with optimal CWF or routine dental care including application of optical fluoride



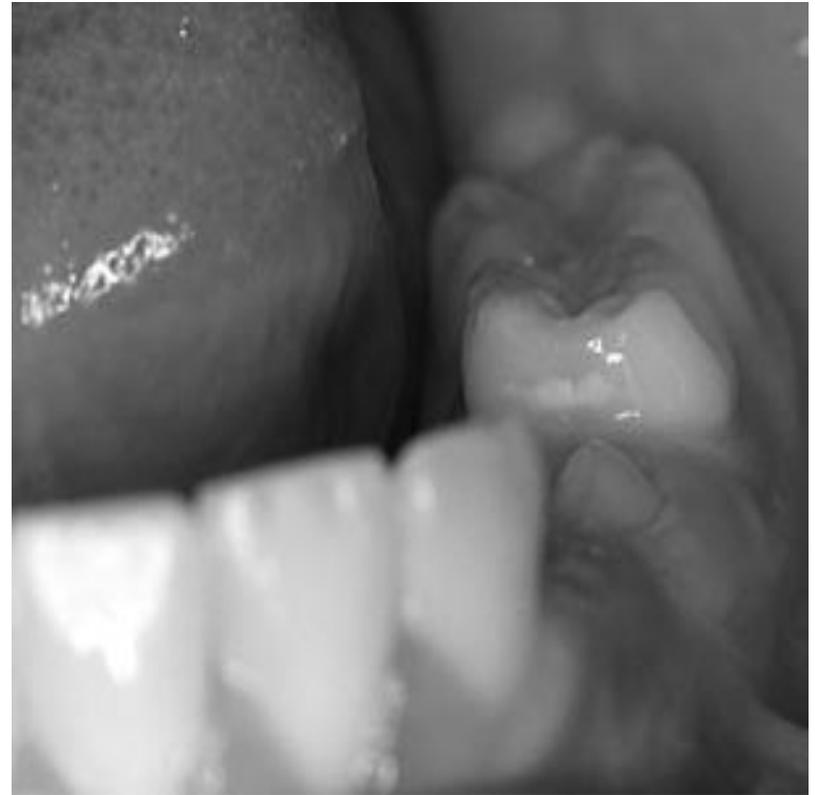
Fluoride Varnish

- **5% NaF varnish in a colophium (resin)base – dries yellow**
 - Duraphat[®], Duraflor[®]
 - Flor-Opal[®]
 - Shen C 2002 JADA
- **A 1% difluorsilane varnish (polyurethane) base – dries clear**
 - Fluor Protector[®]
- **Easily applied**
- **Less ingested**
- **Longer contact time**
- **Apply 3 X in one week and reevaluate at recall**
 - Glassman 2003 Spec Care Dentist



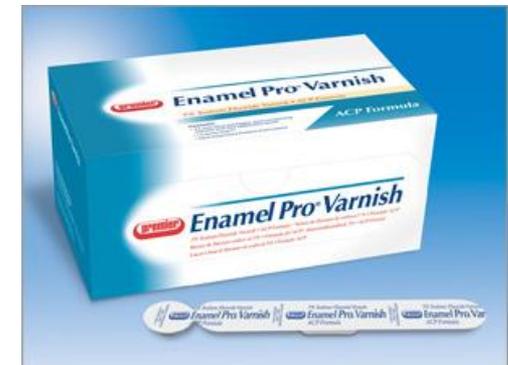
Susceptible Tooth – Fluoride Varnish

- Can use remineralization therapy to reverse caries – patients come in periodically for application and reinforce OH
- This is how to treat incipient decay – not just “watch” (it progress)!



Susceptible Tooth – Fluoride Varnish

- Very small amount needed so OK for preschool
- 5% NaF varnish = 25,000 ppm
- High substantivity (adherence)
- Do not need cooperation
- Do not brush until next day



Preventive Products – Fluoride Varnish

- Fluoride Varnish
 - AllSolutions® (5% NaF) – Dentsply
 - Cavity Shield® (5% NaF)* – Omni Products
 - Durafluor® (5% NaF) – Medicom
 - Duraphat® (5% NaF) – Colgate Oral Pharmaceuticals
 - Flor-Opal® (5% NaF)* – Ultradent
 - Fluor-Protector® (0.1% difluorosilane) – Ivoclar North America
 - VarnishAmerica® (5% NaF)* – Medical Products Laboratories
- * Available in unit dose packs



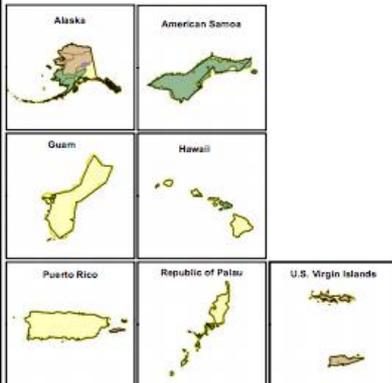
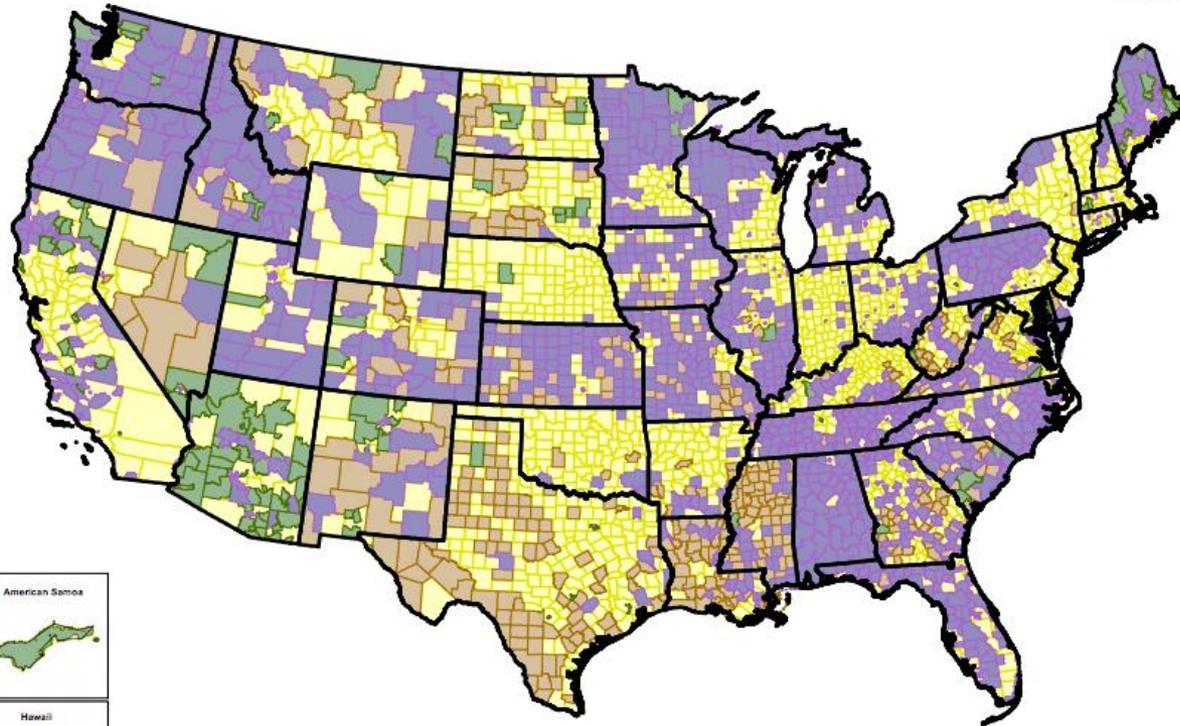
HPSAs are defined service areas that demonstrate a critical shortage

of primary care physicians, dentists, or mental health providers.

A HPSA can be a distinct geographic area such as a parish or grouping of census tracts, a specific population group within a defined geographic area (such as a population under 200% poverty)

If an area is designated as a HPSA it does not mean it is a rural area.

There are several HPSAs in our state that are in metropolitan areas.

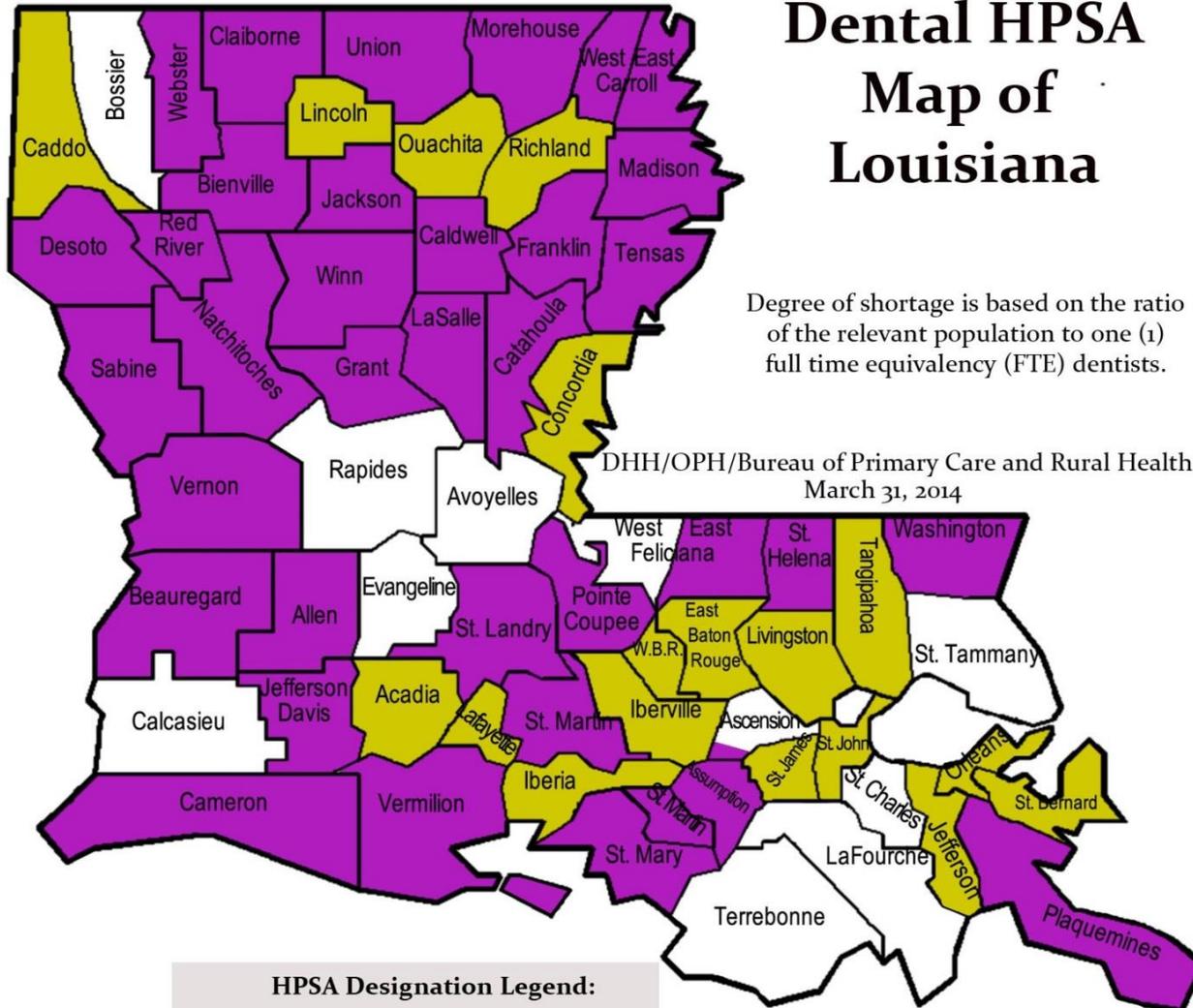


Prepared by: HRSA, Office of Information Technology
from the HRSA Data Warehouse,
datawarehouse.hrsa.gov

Dental HPSA Map of Louisiana

Degree of shortage is based on the ratio of the relevant population to one (1) full time equivalency (FTE) dentists.

DHH/OPH/Bureau of Primary Care and Rural Health
March 31, 2014



HPSA Designation Legend:

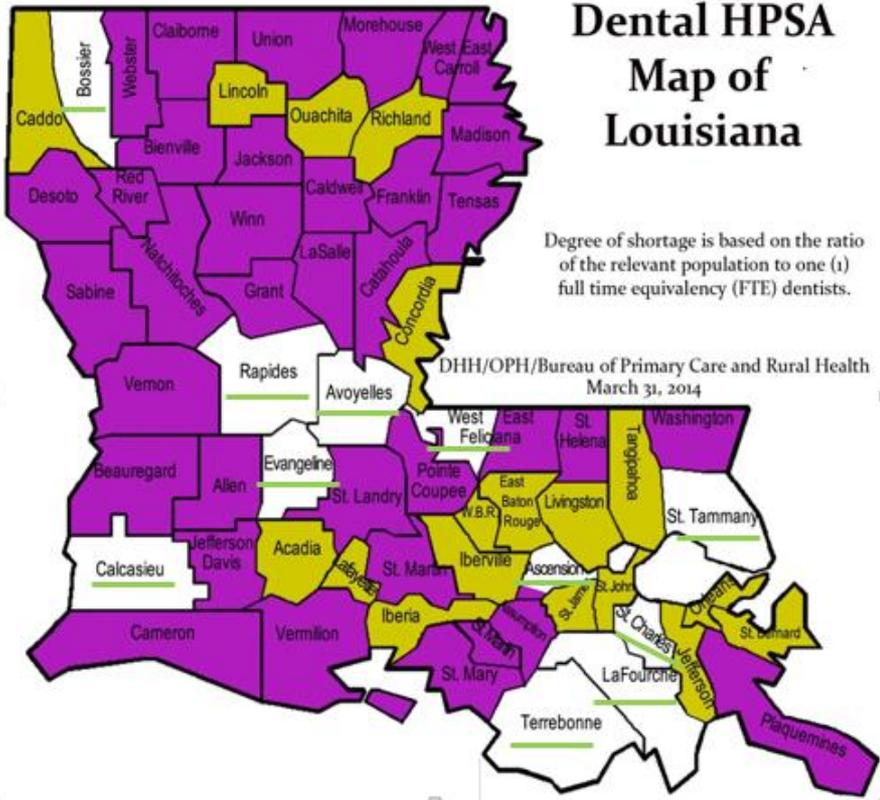
- Geographic Designation
- Low-Income Population Designation
- Pending Designation



Dental HPSA Map of Louisiana

Degree of shortage is based on the ratio of the relevant population to one (1) full time equivalency (FTE) dentists.

DHH/OPH/Bureau of Primary Care and Rural Health
March 31, 2014



FLUORIDE VARNISH APPLICATION FOR MEDICAL PROVIDERS

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BRIEF HISTORY OF FLUORIDE VARNISH

- THE POSSIBLE BENEFICIAL EFFECTS OF FLUORIDE ON THE DENTITION WERE FIRST RECOGNIZED WELL OVER ONE HUNDRED YEARS AGO.
- BY THE LATE 1930'S AND EARLY 1940'S, A CONSIDERABLE AMOUNT OF RESEARCH WAS FOCUSED ON THE POSSIBLE EFFECTS OF FLUORIDE ON THE PREVENTION OF DENTAL CRIES, WITH WATER FLUORIDATION FIRST BEING INTRODUCED IN THE 1940'S.
- FIVE PERCENT SODIUM FLUORIDE VARNISH WAS FIRST INVESTIGATED BY SCHMIDT, A DISCOVERY THAT WAS REPORTED IN STOMA IN 1964, WHEN IT WAS DESCRIBED AS “A NEW APPLICATION METHOD WITH A SPECIAL LONG-LASTING INTENSIVE FLUORIDATING EFFECT.” THIS WAS FOLLOWED BY THE FIRST REPORTED CLINICAL TRIAL ON ITS EFFICACY IN 1968, BY HEUSER AND SCHMIDT, AND SUBSEQUENT USE BY DENTAL PROFESSIONALS FOR MANY YEARS.
- FLUORIDE VARNISH FOR APPLICATION BY OTHER HEALTH PROVIDERS MADE ITS US DEBUT IN 2000, BY NORTH CAROLINA MEDICAID.

- **BATON ROUGE IS THE LARGEST METROPOLITAN AREA IN THE U.S. WITHOUT FLUORIDATED WATER.**



LOUISIANA GETS ON BOARD!



IN DECEMBER 2011, LOUISIANA APPROVED EXPANDING MEDICAID COVERAGE TO ALLOW NON-DENTAL PROVIDERS TO APPLY FLUORIDE VARNISH UNDER SPECIFIC CIRCUMSTANCES. IT'S FAST, EASY, SIMPLE TO IMPLEMENT IN YOUR OFFICE... AND PROFITABLE! IT'S ALSO SOMETHING REALLY WORTH DOING FOR KIDS.

BRIGHT FUTURES ADDS FLUORIDE VARNISH

34. SEE USPSTF RECOMMENDATIONS
([HTTP://WWW.USPREVENTIVESERVICESTASKFORCE.ORG/ USPSTF/USPSDNCH.HTM](http://www.uspreventiveservicestaskforce.org/uspstf/uspsdnch.htm)).
ONCE TEETH ARE PRESENT, FLUORIDE
VARNISH MAY BE APPLIED TO ALL CHILDREN
EVERY 3–6 MONTHS IN THE PRIMARY CARE
OR DENTAL OFFICE. INDICATIONS FOR
FLUORIDE USE ARE NOTED IN “FLUORIDE
USE IN CARIES PREVENTION IN THE
PRIMARY CARE SETTING”
([HTTP://PEDIATRICS.AAPPUBLICATIONS.ORG/CONTENT/134/3/626](http://pediatrics.aappublications.org/content/134/3/626)).

American Academy of Pediatrics
Bright Futures/American Academy of Pediatrics
Recommendations for Preventive Pediatric Health Care
Bright Futures/American Academy of Pediatrics
This recommendation is a consensus statement from the American Academy of Pediatrics (AAP) and Bright Futures. The AAP continues to recommend that your pediatrician or family physician provide preventive health supervision and counseling for your child's health and development. For more information, visit www.brightfutures.org.
This recommendation is based on the best available evidence and is subject to change as new information becomes available. It is not intended to replace clinical judgment or individualized care. For more information, visit www.brightfutures.org.
The recommendations in this document do not address the full range of preventive services available. For more information, visit www.brightfutures.org.
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WHY PEDIATRICIANS

- POOR ACCESS TO DENTAL CARE FOR YOUNGEST PATIENTS, WHOM PEDIATRICIANS SEE MOST FREQUENTLY DURING THE FIRST YEARS OF LIFE.
- PEDIATRIC PROVIDERS ARE IN A UNIQUE POSITION TO EDUCATE PARENTS, ENCOURAGE HEALTHY HABITS, AND OFFER PREVENTIVE CARE.
- PREVENTION IS CHEAPER THAN TREATMENT FOR TOOTH DECAY (NOT COUNTING THE COSTS OF HOSPITALIZATIONS AND ER VISITS WHERE NO DENTAL CARE OCCURS AND THAT HAVE NO REAL LASTING BENEFIT).
- LOUISIANA HAS THE HIGHEST PERCENTAGE OF EDENTULOUS ADULTS IN THE NATION.
- CHANGING THE ORAL HEALTH CULTURE OF OUR PATIENTS WILL EVENTUALLY PRODUCE BENEFIT FOR THE ORAL HEALTH OF ADULTS.

LA RULES UPDATED THIS YEAR

LA. MEDICAID FLUORIDE VARNISH RULES:

[HTTP://LDH.LA.GOV/ASSETS/DOCS/BAYOUHEALTH/INFORMATIONAL_BULLETINS/16-07/IB16-07_REVISED6.27.17.PDF](http://LDH.LA.GOV/ASSETS/DOCS/BAYOUHEALTH/INFORMATIONAL_BULLETINS/16-07/IB16-07_REVISED6.27.17.PDF)

IMPORTANTLY, NP'S, PA'S, RN'S AND LPN'S AND NOW CERTIFIED MEDICAL ASSISTANTS- CAN ALL BE CERTIFIED TO APPLY VARNISH IN THE CLINIC AS WELL AS MD'S. THIS IS CRITICAL TO SUCCESS, EFFICIENCY AND EFFECTIVENESS.



EASY, FREE TRAINING

REQUIRED TRAINING MODULE:

WWW.SMILESFORLIFEORALHEALTH.ORG

SELECT THE FLUORIDE VARNISH MODULE (#6)

Smiles for Life
A national oral health curriculum

THE ONLY REQUIRED TRAINING, TAKES ABOUT 35 MINUTES. BE SURE TO REGISTER; TAKE THE TEST (EASY, BRIEF), PRINT OUT YOUR CERTIFICATE, FILE IT AWAY AND YOU ARE READY TO GO. PHYSICIANS AND NURSES CAN BOTH RECEIVE CME CREDIT FOR THIS! YOU MUST BE ABLE TO CERTIFY THAT YOU AND ALL PROVIDERS (**BILLERS AND APPLICATORS**) IN YOUR OFFICE ARE ADEQUATELY TRAINED, AND RETAIN COPIES OF THEIR CERTIFICATES ONSITE.

WHAT AND HOW OFTEN

- FLUORIDE VARNISH IS SIMPLY A RESIN WITH 22 TIMES THE CONCENTRATION OF FLUORIDE FOUND IN FLUORIDE TOOTHPASTE.
- IT DRIES ALMOST INSTANTLY WHEN APPLIED TO THE TEETH AND PROVIDES EXCELLENT PROTECTION AGAINST DENTAL CARIES FOR MONTHS.
- APPLIED EVERY SIX MONTHS (FREQUENCY REIMBURSABLE IN LA), A REDUCTION IN DENTAL CARIES OF BETWEEN 40 – 50% MAY BE EXPECTED (NORTH CAROLINA DEMONSTRATED ABOUT 42 %).
- APPLICATION FOUR TIMES A YEAR OFFERS EVEN GREATER PROTECTION, BUT IN PRACTICE IT MAY BE HARD TO APPLY EVEN TWICE A YEAR WITH OLDER KIDS, AS WE SEE THEM LESS OFTEN.
- IT CAN BE APPLIED EVEN WHEN A MILD ILLNESS BRINGS THEM IN (IF NOT INAPPROPRIATE).

THINK OF IT AS A VACCINE AGAINST
TOOTH DECAY!



CONSENT OR NO CONSENT

MANY CLINICS OBTAIN ONLY A GENERAL “CONSENT TO TREAT” AT REGISTRATION AND DO NOT OBTAIN A SEPARATE SPECIFIC CONSENT FOR VARNISH APPLICATION. THIS VARIES FROM PRACTICE TO PRACTICE - THERE IS NO CONSENSUS.

PHYSICIAN
AUTHORIZATION FOR INDIVIDUALS INVOLVED
IN THE CARE OF A PATIENT

Patient's name: _____ DOB: _____

From time to time it may be necessary for individuals other than the person(s) granted power of attorney of a patient to accompany the patient to our office. In such cases, the person(s) granted power of attorney must formally designate the individual(s) who has been asked to serve on behalf of them. If you wish to designate such an individual, please complete the following:

In my absence, I authorize the following individual(s) to act on my behalf in allowing the patient to receive medical treatment, including lab work, injections, treatments or procedures, etc., deemed necessary for the patient. At the time of service, medical and/or billing information may be relayed to the individual present with the patient.

It is the responsibility of the person(s) with power of attorney to keep this form updated with any additions and/or deletions. I understand that this consent will remain in effect until I request otherwise in writing.

Authorized persons names (please print) _____
Relationship to the patient _____

RECOMMENDED REGARDLESS OF RISK

- NOW A STANDARD OF CARE IN PEDIATRICS (AAP ORAL HEALTH POLICY/BRIGHT FUTURES) FOR ALL KIDS, 6 MTHS - THROUGH 5 YRS OF AGE, REGARDLESS OF RISK.
- HALF OF KIDS IN OUR STATE REACH KINDERGARTEN WITH DENTAL CARIES, WHICH PERSISTS AND OFTEN WORSENS INTO ELEMENTARY SCHOOL.
- RECENTLY, THE USPSTF RECOMMENDED VARNISH FOR ALL CHILDREN, THEREFORE ACA NOW REQUIRES ALL PRIVATE INSURANCE TO COVER IT AS WELL FOR NEW POLICIES AFTER 2010.



LOGISTICS

- APPLY WHEN THE VERY FIRST TOOTH ERUPTS
- MEDICAID PAYS FOR IT FROM 6 MONTHS THROUGH 5 YEARS OF AGE, AS OFTEN AS EVERY 6 MONTHS
- MEDICAID PAYS \$24.06 EACH TIME
- MUST BE DONE DURING A SCHEDULED WELL OR SICK VISIT; NO "VARNISH ONLY" VISITS.
- IT'S FAST, EASY, SAFE AND EFFECTIVE, AND HAS NEVER BEEN ASSOCIATED WITH FLUOROSIS
- FLUORIDE BINDS TO THE ENAMEL, ENHANCING RE-MINERALIZATION, AND IT TASTES GOOD!

HOW TO APPLY

- WITH INFANTS AND TODDLERS, USE THE KNEE TO KNEE POSITION (SEE VIDEO IN TRAINING MODULE).
- OLDER KIDS ARE SUPINE ON THE EXAM TABLE WHILE WE STAND AT THE HEAD. SOME LIKE TO STAND WHILE YOU PAINT IT ON (LIKE HAVING THEIR FACES PAINTED).
- STIR THE VARNISH BRIEFLY AFTER OPENING AS COMPONENTS TEND TO SEPARATE.
- DRY THE TEETH WITH GAUZE AS YOU GO.
- USE WHAT WORKS FOR YOU, APPLYING JUST ENOUGH VARNISH TO THINLY COVER EVERY TOOTH SURFACE.
- NOTE THAT "VANISH" WHITE VARNISH REQUIRES NO DRYING PRIOR TO APPLICATION.



CAUTIONS & CONTRAINDICATIONS

- ALLERGY TO PINE NUTS – NO CROSS-REACTIVITY WITH PINE POLLEN
- GINGIVOSTOMATITIS – IT MAY CAUSE IRRITATION OF THE LESIONS



FLUORIDE VARNISH FACTS

- BLOOD FLUORIDE LEVELS THE NEXT DAY ARE ABOUT THE SAME AS THOSE FOLLOWING BRUSHING TEETH WITH FLUORIDE TOOTHPASTE.
- METHODS STILL BEING USED BY MANY DENTISTS (FOAMS AND GELS) RESULT IN GREATER AMOUNTS OF SWALLOWED FLUORIDE. SOME ARE SWITCHING TO VARNISH, BUT NOT ALL PROVIDE FLUORIDE TREATMENT.
- VARNISH IS CONCENTRATED, BUT THE APPLIED VOLUME (DOSE) IS SMALL.
- ALL THIS HELPS WITH THE ANTI-FLUORIDE PARENTS; IT'S TERRIFIC FOR KIDS LIVING IN AREAS WITHOUT FLUORIDATED WATER SUCH AS BATON ROUGE.
- ADA RECOMMENDATION IS FOR APPLICATION 4 TIMES A YEAR. IT'S EFFECTIVENESS IS DIRECTLY RELATED TO FREQUENCY OF APPLICATION.
- IF YOUR PATIENTS USE FLUORIDE SUPPLEMENTS, SIMPLY HAVE THEM HOLD OFF FOR 2-3 DAYS FOLLOWING VARNISH.

AFTER VARNISH INSTRUCTIONS

- AVOID EATING AND HOT DRINKS FOR A FEW HOURS, NO HARD OR STICKY FOODS
- NO TOOTH BRUSHING OR FLOSSING UNTIL THE NEXT MORNING
- OK TO APPLY TO AN EXISTING CAVITY - IT MAY HELP THE PAIN (IT'S ALSO A DE-SENSITIZING AGENT), BUT IT WILL HAVE NO OTHER THERAPEUTIC EFFECT ON EXISTING CAVITIES.
- CAN HELP REVERSE WHITE SPOTS
- TASTES GOOD (CAVITY SHIELD = BUBBLEGUM FLAVOR; VANISH (BY 3M ALSO) = RASPBERRY, MINT).
- IT'S INEXPENSIVE ("CAVITY SHIELD" OR "VANISH" COSTS ABOUT \$1.39 A DOSE IN 1000 COUNT QUANTITY)
- SHELF LIFE IS 2 YEARS



HOW TO BILL

BILLING CPT CODE: **99188** -SIMPLY INCLUDE THIS WITH YOUR OTHER, STANDARD E&M, AND ICD-M CODES USED FOR THE VISIT DURING WHICH THE VARNISH WAS APPLIED. SUBMIT ALL SIMULTANEOUSLY! HEALTHY LOUISIANA WILL NOT PAY IF SUBMITTED SEPARATELY. ADD MODIFIER "25" FOR THE PROCEDURE AND YOU ARE DONE!

MAY USE DIAGNOSIS CODE: **Z41.8 NEED FOR PROPHYLACTIC FLUORIDE ADMINISTRATION**



WHERE TO BUY VARNISH

HENRY SCHEIN AND PATTERSON DENTAL HOUSES ARE LEADING SOURCES. SEE WEB CATALOG PRICES

FOR HENRY SCHEIN; CALL “LOCALLY” FOR PRICES FROM PATTERSON. SEE DR. BIENVENU’S NOTES IN ATTACHMENTS. EXAMPLES: WE WERE QUOTED CAVITY SHIELD 100 COUNT BOX: 0.25 ML @ ABOUT \$200+ 0.4 ML SLIGHTLY HIGHER. OTHER BOX SIZES ARE AVAILABLE (@HIGHER UNIT COST). SEE THE SOURCES/ TELEPHONE NUMBERS SHEET. BUY 1000 COUNT TO REDUCE PRICE DRAMATICALLY! PATTERSON SELLS ONLY TO HOSPITALS/DENTISTS; HENRY SCHEIN WILL SELL TO PHYSICIANS.

AAP ORAL HEALTH SECTION PAGE: [HTTP://WWW.AAP.ORG/EN-US/ABOUT-THE-AAP/COMMITTEES-COUNCILS-SECTIONS/ORAL-HEALTH/PAGES/ORAL-HEALTH.ASPX](http://www.aap.org/en-us/about-the-aap/committees-councils-sections/oral-health/pages/oral-health.aspx)

MATERIALS AVAILABLE THERE: AFTER VARNISH PATIENT INSTRUCTIONS (MANY LANGUAGES), OTHER STUFF



LA Oral Health Coalition at Kids' Healthy Fun Fest

Kids' Healthy Fun Fest is an annual free, fun event for the whole family sponsored by Our Lady of the Lake Children's Hospital, which offers health and safety information, activities, games, giveaways, balloons, face painting and more. Representing the Louisiana Oral Health Coalition, OHC Chair Dr. Diane Kirby along with OLOL Community Development Outreach Nurses Anna Babin Neal and Angela Herpin distributed toothbrushes and oral health care tips to hundreds of children. Fluoride varnish donated by the Louisiana Department of Health Oral Health Program was applied to teeth of approximately 100 young children, as well as one ferocious Fighting Tiger!!



TIPS FOR SUCCESS

- EDUCATE ALL STAFF, INCLUDING FRONT DESK PERSONNEL, ON CARIES RISK ASSESSMENT AND THE VALUE OF FLUORIDE VARNISH.
- TREAT APPLICATION OF VARNISH AS JUST ANOTHER VACCINE, AND ORDER IT AS SUCH.
- TRAIN ALL CLINICIANS ON APPLICATION PROCEDURES.
- ASSIGN A VARNISH CHAMPION WHO ANSWERS QUESTIONS, UNDERSTANDS BILLING ISSUES, ASSIGNS TASKS, ORDERS VARNISH, AND MAINTAINS EXAM ROOM SUPPLIES.
- ASSIGN A STAFF PERSON TO KEEP DENTIST REFERRAL LIST UPDATED.
- DIVIDE TASKS AMONG STAFF TO AVOID TIME BURDENS FOR ONE PERSON.
- STORE SUPPLIES IN EXAM ROOMS OR IN A PORTABLE KIT.
- UPDATE BILLING FORMS WITH VARNISH CODE(S).
- HAVE COPIES OF EDUCATIONAL HANDOUTS PREPRINTED TO GIVE TO PARENTS (POST THEM IN ROOMS, TOO!)

COMING SOON: Fluoride Varnish Outreach Near You

**FLUORIDE VARNISH CAN HELP PREVENT TOOTH DECAY.
ASK YOUR DOCTOR ABOUT IT TODAY!**

Did You Know? Children ages 6 months to 5 years are eligible for dental care during their regular wellness visits with their pediatrician. Ask your doctor about fluoride varnish. It's a gel substance that is applied directly to the teeth. It takes less than two minutes to apply and dries almost instantly. It's safe and it prevents tooth decay. The best part? It's a service that is covered by Medicaid. So, ask your doctor about it today!

A healthy smile is important. Be sure your child is brushing two times a day for two minutes each time. Don't forget to help them floss! Limit sugary drinks and snacks. Encourage them to drink water and eat fruits and veggies instead!

To learn more about dental health, visit www.wellaheadla.com/oralhealth.



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You can learn more about fluoride varnish on

wellaheadla.com/OralHealth

628 N. 4th Street Baton Rouge, LA 70802



Resources

Resources provided by [Dr. Steven Bienvenu, LSU School of Medicine.](#)

- [Read me first \(informational handout\)](#)
- [Ask your pediatrician about fluoride varnish \(pictured handout\)](#)
- [Fluoride varnish rules \(updated 6/27/17\)](#)
- [Fluoride varnish toolbox sheet update](#)
- [Fluoride varnish manufacturers](#)
- [Varnish prices](#)
- [Let's Talk: Pediatricians and Oral Health](#)
- [American Academy of Pediatrics, Oral Health](#)
- [Improving the oral health of young children fluoride varnish training materials and oral health information for child health care providers](#)

Ask your pediatrician about fluoride varnish

HELPS PREVENT CAVITIES

What is fluoride varnish?
Fluoride varnish is a coating that is painted on a child's teeth to prevent or stop cavities. If your child does not see a dentist regularly, you should ask your pediatrician about fluoride varnish.

Why is fluoride varnish recommended for children's teeth?
Cavities can cause pain and infections that can be bad for children's general health and lead to problems with eating, speaking, playing, and learning. Fluoride varnish makes teeth stronger, stops cavities from getting bigger, and prevents new cavities from forming.

Is fluoride varnish safe?
Yes. Fluoride varnish is safe for children of any age; it can be used on babies from the time their first teeth come in.

How is fluoride varnish put on teeth?
Fluoride varnish is painted on teeth with a brush. A trained doctor, nurse, or dentist can do it easily and quickly. There is no pain and the varnish does not taste bad. The varnish may change the color of the teeth just after it is applied. Some kinds of varnish will make the teeth look yellowish, other kinds may make the teeth look less shiny. These changes are normal, and will go away when you brush your child's teeth the next day.

How long does fluoride varnish last?
The varnish sticks to the teeth until it is brushed away the next day, but the fluoride keeps working for several months to protect teeth. Varnish works best if it is painted on teeth 2 to 4 times a year, as recommended by your child's health care provider.



HELPFUL TIPS FOR PARENTS AFTER FLUORIDE VARNISH APPLICATION

- Wait until the next day to brush your child's teeth.
- Give your child only soft foods for the rest of the day after treatment.
- Avoid giving your child hot, hard, or sticky foods for 24 hours after the fluoride varnish application. Hard or chewy foods might chip the varnish off.

Children should see a dentist by their first birthday and visit a dentist at least once a year.

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INFORMATION FOR PARENTS

THANK YOU!

