

1. A child's first oral health exam should occur at what age?

- a. 0-2 months
- b. 6-12 months
- c. 2-3 years
- d. 4-5 years

The infant's first oral exam should be within 6 months of the first primary tooth and no later than 12 months of age.

Casamassimo, P. & Holt, K. (2004). *Bright Futures in practice: Oral Health – Pocket Guide*. Washington, DC: National Maternal Child Oral Health Resource Center, p. 27.

2. The following groups of children are at high risk of tooth decay except:

- a. Children with special health care needs
- b. Children whose mothers have tooth decay
- c. Children who are first born
- d. Children eligible for free and reduced lunch

Children who are high risk for tooth decay include those with previous tooth decay, special health care needs, gastric reflux, frequent and prolonged bottle feedings, eating disorders, frequent snacking, inadequate fluoride, parents with poor oral health, and late-order offspring and children in poverty.

Casamassimo, P. & Holt, K. (2004). *Bright Futures in practice: Oral Health – Pocket Guide*. Washington, DC: National Maternal Child Oral Health Resource Center.

Evidence supports that the first child in the family has better oral health than later-born children. Children who were second or later in the birth order are significantly more likely to have decayed, missing or filled teeth. So birth order should be considered when assessing oral health risks.

Mucci, L. A., Hsieh, C., Williams, P.L., Dickman, P.W., Bjorlman, L. & Pedersen, N.L. (2004). Birth order, sibship size, and housing density in relation to tooth loss and periodontal disease: A cohort study among Swedish twins. *American Journal of Epidemiology*, 159, 499-506.

Nicolau, B., Marcenes, W. & Sheiham, A. (2003). A life course approach to assessing causes of dental caries experience: the relationship between biological, behavioural, socioeconomic and psychological conditions and caries in adolescents. *Caries Res*, 37(5): 319.

Nicolau, B., Marcenes, W., Bartley, M. and Sheiham, A (2005). Associations between socioeconomic circumstances at two stages of life and adolescent's oral health status. *J Public Health Dent*, 65(1): 14-20.

3. It takes approximately how long for a school nurse to perform an oral health screening?

- a. 2- 3 minutes
- b. 7-10 minutes
- c. 15 – 18 minutes
- d. Oral health screenings are not within the school nurse's scope of practice.

Oral health screening takes 2-3 minutes. Screenings are not examinations. Health professionals can provide screenings, but only an oral health professional, a dentist or dental hygienist, can conduct and oral health examination.

Casamassimo, P. & Holt, K. (2004). *Bright Futures in practice: Oral Health – Pocket Guide*. Washington, DC: National Maternal Child Oral Health Resource Center, p. 11.

4. The equipment necessary for a child's oral health screening includes gloves, lighting and:
- Dental chair
 - Dental mirror
 - Tongue depressor
 - Water

Casamassimo, P. & Holt, K. (2004). *Bright Futures in practice: Oral Health – Pocket Guide*. Washington, DC: National Maternal Child Oral Health Resource Center, p. 12.

5. Caregivers transfer bacteria that cause dental caries to their children by:
- Sharing eating utensils
 - Dropping pacifier on floor
 - Washing baby bottles with family dishes
 - None of the above

Parents should not test temperature of bottle with mouth, share utensils, or orally clean pacifiers or bottle nipples. These practices transfer the bacteria that cause tooth decay through saliva.

Casamassimo, P. & Holt, K. (2004). *Bright Futures in practice: Oral Health – Pocket Guide*. Washington, DC: National Maternal Child Oral Health Resource Center, p. 29.

6. If a permanent tooth is knocked out, the avulsed tooth should be:
- Placed in container of tap water
 - Placed in container of milk
 - Placed in dry sterile gauze
 - Reinserted into socket

Never try to reinsert an avulsed primary tooth to prevent damage to the underlying permanent tooth. Permanent teeth should rinse under cold water gently and reinsert with front of tooth facing out. Seek a dentist immediately. If not possible to replace, put in a container of cold milk or in a cold wet cloth and take the child and tooth to a dentist immediately.

Casamassimo, P. & Holt, K. (2004). *Bright Futures in practice: Oral Health – Pocket Guide*. Washington, DC: National Maternal Child Oral Health Resource Center pp. 41, 54.

Teeth replaced in socket within 15 minutes have a 98% chance of survival.

Roberts, G., Scully, C., & Shotts, R. (2000). ABC of oral health: Dental emergencies. *British Medical Journal*, 321, 559–562.

7. Toothpaste can be introduced at age:

- a. 6 months
- b. 1 year
- c. 2 years
- d. 4 years

Children age 2 and above should brush teeth twice a day with a pea sized amount of fluoridated toothpaste. The child should spit, but not rinse, as the fluoridated toothpaste remaining helps prevent tooth decay.

Casamassimo, P. & Holt, K. (2004). *Bright Futures in practice: Oral Health – Pocket Guide*. Washington, DC: National Maternal Child Oral Health Resource Center, p. 37.

8. Children can brush teeth without parental help once they master:

- a. Holding their own bottle
- b. Feeding themselves with utensils
- c. Toilet training
- d. Tying their own shoelaces

Children require parental help and supervision with teeth brushing until they acquire the fine motor skills at age 7 or 8 or when they can tie their own shoes.

Casamassimo, P. & Holt, K. (2004). *Bright Futures in practice: Oral Health – Pocket Guide*. Washington, DC: National Maternal Child Oral Health Resource Center p. 37.

9. Frequent consumption of the following food leads to tooth decay:

- a. Fruit juice
- b. Yogurt
- c. Peanuts
- d. All the above

Frequent consumption of foods high in sugar, including fruit juice, increase risk for tooth decay.

Casamassimo, P. & Holt, K. (2004). *Bright Futures in practice: Oral Health – Pocket Guide*. Washington, DC: National Maternal Child Oral Health Resource Center, p. 39.

10. Historically, the most common school dental trauma is:

- a. Tooth displaced from socket
- b. Broken tooth
- c. Swallowed tooth
- d. Torn frenulum

The incidence of dental avulsion in school age children accounts for 0.5 to 16% of dental trauma. Many of these teeth are knocked-out during school activities or sporting events such as contact sports, football, basketball, and hockey. Mouth guards reduce risk of tooth avulsion.

Andreasen, J.O. (1970). Etiology and pathogenesis of traumatic dental injuries. A clinical study of 1,298 cases. *Scandinavian Journal of Dentistry Research*, 78, 329-342.

Gelbier, .S. (1967). Injured anterior teeth in children. A preliminary discussion. *British Dental Journal*, 123, 331-335.

Hedegard, B., & Stalhane, I. (1973) A study of traumatized permanent teeth in children 7-15 years. *I. Sven Tandlak Tidsskr*, 66, 431-452.

- Ravn, J.J. (1974). Dental injuries in Copenhagen schoolchildren, school years 1967-1972. *Community Dental and Oral Epidemiology* 2, 231-245
- Krause-Parello, C. (2005). Tooth avulsion in the school setting, *Journal of School Nursing*, 21, 279-282. <http://jsn.sagepub.com/content/21/5/279.full.pdf>
- Qin, M. (2009). Pulp treatment of young permanent teeth after traumatic dental injury. *Hua Xi Kou Qiang Yi Xue Za Zhi* [Abstract], 27, 237-240.

11. Consuming which of the following is an evidence-based intervention to prevent tooth decay?
- Diet soda
 - Sugarless gum**
 - Raisins
 - Bottled water

Clinical studies show chewing sugarless gum for 20 minutes following meals can help prevent tooth decay. Raisins and other foods that easily adhere to teeth increase risk for tooth decay. Diet soda, besides being non-nutritive, contains acids that erode enamel. Bottled water does not contain fluoridation and fluoridated tap water is preferred.

- American Dental Association. (2011). Chewing gum. Retrieved from <http://www.ada.org/1315.aspx>
- American Dental Association. (2002). Diet and tooth decay. *Journal of the American Dental Association*, 133,527.
- Casamassimo, P. & Holt, K. (2004). *Bright Futures in practice: Oral Health – Pocket Guide*. Washington, DC: National Maternal Child Oral Health Resource Center, p. 37.

12. More than 4% of boys who use spit / chew tobacco start before:
- 5th grade**
 - 7th grade
 - 9th grade
 - 11th grade

Smokeless tobacco use within the previous month rose from 3.4% in 2002 to 4.4% percent in 2007 in 12 year olds. Initiation of smokeless tobacco use is more likely under the age of 17 than in older age groups.

- Substance Abuse and Mental Health Services Administration [SAMHSA], Office of Applied Studies. (February 19, 2009). *The NSDUH Report: Smokeless Tobacco Use, Initiation, and Relationship to Cigarette Smoking: 2002 to 2007*. Rockville, MD. <http://oas.samhsa.gov/2k9/smokelessTobacco/smokelessTobacco.htm>

13. The risk of dental caries is significantly higher for children with which condition?
- Autism
 - Asthma**
 - Food allergies
 - None of the above

Alavaikko, S., Jaakkola, M. S., Tjäderhane, L. & Jaakkola, J. J. K. (2011). Asthma and caries: A systematic review and meta-analysis. *American Journal of Epidemiology*, 174, 631-641.

14. Community water fluoridation decreases dental caries:

- a. Not at all
- b. Minimally
- c. 5% - 15%
- d. 30%– 50%

Truman, B. I., Gooch, B. F., Sulemana, I., Gift, H. C., Horowitz, A. M., Evans, C. A., Griffin, S. O., & Carande-Kulis, V. G. (2002). Reviews of evidence on interventions to prevent dental caries, oral and pharyngeal cancers, and sports-related craniofacial injuries. *American Journal of Preventative Medicine*, 23(1 Suppl), 21–54.

15. The evidence on preventative oral health practices for all children to prevent dental caries recommends:

- a. Dental sealant application
- b. Dental sealant application, Fluoride varnish
- c. Dental sealant application, Fluoride varnish , Fluoride dietary supplements
- d. None of the above

ADA Center for Evidence Based Dentistry. (2011). *ADA Clinical evidence based dentistry*.
<http://ebd.ada.org/>