

SAMPLE

STANDING MEDICAL ORDER FOR PUBLIC HEALTH NURSES APPLICATION OF FLUORIDE VARNISHES

Name of Physician, MD, medical advisor to the <Local Health Department> authorizes the applications of fluoride varnishes for a one-year period of time from month/date/year to month/date/year. This standing order will be reviewed on an annual basis.

Program Requirements

1. <The <Agency authorized registered nurse> will provide fluoride varnish to infants and children that present with the following:
 - A. A signed informed consent has been secured from the parental/legal custodian/guardian of the child

AND

- B. The child must be under age 21 with documented risk for dental caries* and meets one or more of the following criteria:
 1. Enrollment as a North Dakota Medicaid/Health Tracks client;
 2. Enrollment in a WIC or Head Start program; or
 3. Enrollment in a public, private or parochial school.

*Populations believed to be at increased risk for dental caries are those with low socioeconomic status or low levels of parental education, those who do not seek regular dental care, and those without dental insurance or access to dental services. Individual factors that possibly increase risk include active dental caries; a history of high caries experience in older siblings or caregivers; root surfaces exposed by gingival recession; high levels of infection with cariogenic bacteria; impaired ability to maintain oral hygiene; malformed enamel or dentin; reduced salivary flow because of medications; radiation treatment, or disease; low salivary buffering capacity (i.e., decreased ability of saliva to neutralize acids); and the wearing of space maintainers, orthodontic appliances, or dental prostheses. Risk can increase if any of these factors are combined with dietary practices conducive to dental caries (i.e., frequent consumption of refined carbohydrates). Risk decreases with adequate exposure to fluoride. (CDC, MMWR, 2001)

2. An oral health screening shall be conducted and documented and fluoride varnish applied by a public health nurse who meets the criteria set forth in North Dakota Century Code 43-28-02.6 and has successfully completed a fluoride varnish training program approved by the Board of Dentistry.

Schedule and Dosages

1. The <Local Health Department authorized registered nurse> will apply the initial fluoride varnish application as a thin layer of 5% sodium fluoride varnish to all surfaces of erupted primary or permanent teeth.
2. Repeat the fluoride varnish application at least twice for a high-risk child and up to three times over a period of one year.

Prescription

Fluoride varnishes to be used include: (You may choose to list any of the varnishes approved by the Food and Drug Administration as a medical device here.)

1. Omni Cavity Shield, available in unit dosages –
 - One .25 ml unit dose for children 6 months through 5 years of age.
 - One .40 ml unit dose for children 6 years of age and older.

2. Colgate Oral Pharmaceuticals Duraphat – 1-2 drops per child depending on number of erupted primary or permanent teeth.
 - One drop for 4-8 erupted primary teeth
 - Two drops for full compliment of primary/permanent teeth

Contraindications

1. Gingival stomatitis
2. Ulcerative gingivitis
3. Intra-oral inflammation
4. Known sensitivity to colophony or colophonium or other product ingredients which include:
 - A. Ethyl alcohol anhydrous USP 38.58%
 - B. Shellac powder 16.92%
 - C. Rosin USP 29.61%
 - D. Copal
 - E. Sodium Fluoride 4.23%
 - F. Sodium Saccharin USP 0.04%
 - G. Flavorings, Cetostearyl Alcohol
5. Known sensitivity to pine nuts.

Precautions

Do not apply varnish on large open carious lesions. Referral to licensed dentist is indicated.

Pre-application Instructions

1. Remind the parent/legal custodian/guardian to provide the child something to eat or drink before receiving the fluoride varnish application.
2. Advise the parent/legal custodian/guardian that the child's teeth may become temporarily discolored, as some fluoride varnish has an orange-brown tint.
3. Explain the discoloration will be brushed off the following day, yet the protective qualities of the fluoride varnish will remain.

Post-application Instructions

1. The child may drink water immediately following the varnish application.
2. After the fluoride varnish application, instruct the parent/legal custodian/guardian not to administer other fluoride preparations that day (e.g., gels or foams).
3. The routine use of fluoride tablets and rinses should be interrupted for several days after initial application.
4. The child should eat a soft, non-abrasive diet for the remainder of the day. Avoid sticky foods.
5. Do not brush or floss the child's teeth for 24 hours after the varnish placement.

Side Effects

It is normal for the teeth to appear dull and yellow in appearance until the teeth are brushed.

Adverse Reactions

Edematous swellings have been reported in rare instances, especially after application of extensive surfaces. Dyspnea, although extremely rare, has occurred in asthmatic people. Nausea has been reported when extensive applications have been made. If indicated, varnish film can be removed with a thorough brushing.

Caution

Store varnish in a safe location at room temperature. Store out of the reach of children.