

Fluoride Varnish

Why do we recommend putting fluoride varnish on children's teeth?

Tooth decay 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, are unsightly, can cause economic hardships for families, and can prevent children from being able to eat, speak, sleep, and learn properly. Children do not lose all of their baby teeth until they are about 11 or 12 years old.

What is fluoride varnish?

Fluoride varnish is a protective coating that is painted on teeth to help prevent new cavities and to help stop cavities that have already started. Its primary effect is on teeth that have already erupted, but fluoride has also been shown to be beneficial for the permanent teeth that are developing beneath the gums.

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. Adverse effects from fluoride varnish are uncommon, but may include swelling of the gums and nausea (especially after extensive application). Rarely, children with asthma may feel short of breath after fluoride application.

How is it put on the teeth?

The varnish is painted on the teeth by your pediatrician. It is quick and easy to apply. It is well accepted by children, 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 dull yellow after the fluoride varnish is painted on, but the yellow color will come off when you brush your child's teeth the next morning.

After application do not give your child hard or sticky foods for 24 hours and remember to wait until the morning after the application of fluoride varnish to brush/clean your child's teeth.

How long does the fluoride last?

The fluoride coating will work best if it is painted on the teeth 2-4 times per year. There are fluoride gels and foams that can be applied to the teeth as an alternative, but this must be done by a dentist. The examination and fluoride application we provide in our pediatric clinic is not a substitution for evaluation and care by your child's dentist.

Patient Name:

Date:

Pre-existing Risk Factors for Dental Caries (check box if affirmative)

- Early tooth eruption < 6 months of age
- Overlapping/crowded incisors
- Poor parental/sibling dental health
- Frequent snacking (3 or more per day)
- Enamel defects/pits
- Prolonged bottle/breastfeeding > 1 year of age
- Drinks well water/bottled water only
- Greater than 3 weeks continuous use of liquid medicine

Oral Health Care Questions

Y/N Does someone clean child's teeth daily? Who? _____

Y/N Do they use toothpaste with fluoride?

Y/N Does the child take fluoride supplements? Type: _____

Y/N Does the child go to bed with a bottle?

Y/N Does the child use a pacifier? Dipped in anything? _____

Y/N Does the child drink juice? How much? _____

Informed Consent regarding Fluoride Varnish Application:

I have received and read the written information entitled "Fluoride Varnish" describing the risks, benefits, and alternatives of fluoride application to the teeth of my child as well as how to care for my child after the application of fluoride varnish. I consent to the performance of this procedure by Dr. Catherine White or Major Renee Vincent and have been given the opportunity to ask any questions that I may have.

Parent/Guardian

Date

Witness