



सत्यमेव जयते
Ministry of Health & Family Welfare
Government of India



Training Manual on Oral Care for Community Health Officer at Ayushman Bharat - Health and Wellness Centres



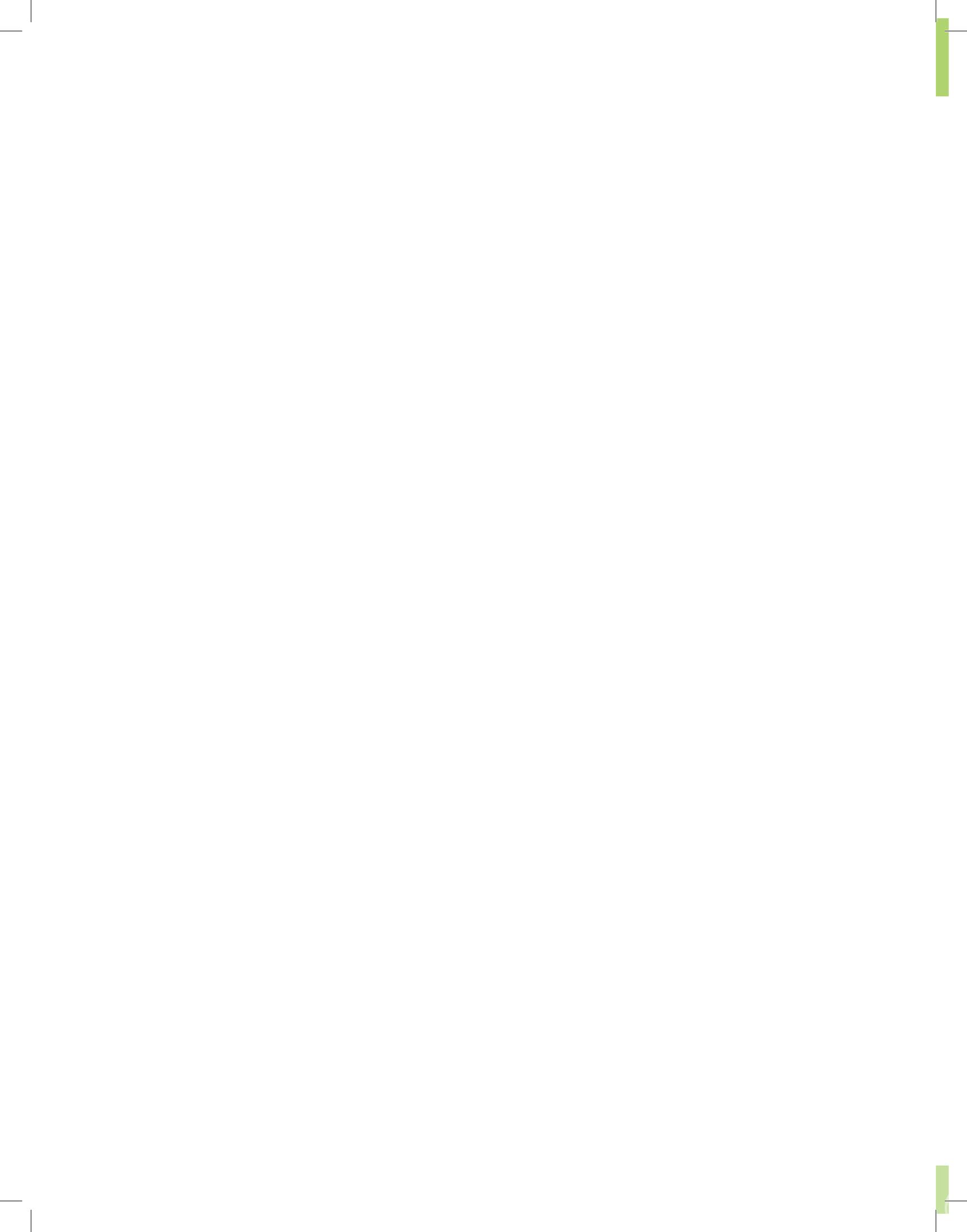
Training Manual on Oral Care for Community Health Officer
at Ayushman Bharat - Health and Wellness Centres

2021



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Chapter 1- Introduction

World Health Organization has defined 'Oral Health' as a state of being free from mouth and facial pain, oral and throat cancer, oral infection and sores, periodontal (gum) disease, tooth decay, tooth loss, and other diseases and disorders that limit an individual's capacity in biting, chewing, smiling, speaking, and psychosocial wellbeing (WHO, 2012).

Oral health is an important part of general health, affecting not only the individual, but also the broader health system and economy. The consequences of widespread poor oral health can be seen on the personal, population, and health systems level, as caries and periodontal diseases deteriorate the individual health and wellbeing, decrease economic productivity, and act as significant risk factors for other systemic health ailments. In most developing countries including India, there is a limited access to oral health care services at the primary health care level. There is a huge unmet need for primary health care for oral health. Even at the Community Health Centers and District Hospitals, where Dental surgeons are posted, comprehensive oral health services are largely unavailable due to inadequate instruments, equipment and dental materials.

Indians have relatively high incidence/prevalence of dental caries of permanent teeth and about 16% with periodontal problems. About a third of the population suffers from dental caries that require treatment. There is also a difference in oral health status between urban and rural populations, with enormous disparities in access to quality oral health care, predominantly in rural areas. India's 60-65% population is living in rural areas, where there is limited access to oral health care system. 40-45% of population has dental caries, often leading to pain and discomfort. More than 90% of the population has periodontal diseases. 19-32% of population aged more than 65 years is edentulous while 12.6 per one lakh population have oral cancer. The growing incidence of some chronic diseases like diabetes can further have a negative impact on oral health and adds to the burden.

National Oral Health Programme (NOHP), an initiative of the 12th Plan period launched in the year 2014-15, aims to strengthen the public health facilities of the country for an accessible, affordable & quality oral health care delivery. It provides support to states to set up Dental Care Units at District Hospitals or below by equipping them with Manpower, Equipment including Dental Chair, Consumables. It is also responsible for designing IEC material, organizing national, regional nodal officers training program to enhance the program management skills, review the status of the program.

In India, Health and Wellness Centres (Sub Health Center / Primary Health Centre/Urban Primary Health Centre) provide an opportunity to provide basic oral health care, and address the wide gap between the rural and urban population in accessibility and availability of the services to attain the common goal of disease-free oral cavities among all the people of the country irrespective of the ability of the patient to pay for the procedure. Basic oral health care has been introduced as one of the elements of Comprehensive Primary Health Care delivered through Health and Wellness Centers to expand the availability of all aspects of oral health including referral to appropriate health facilities. Two existing programmes that also need to be leveraged are the Screening for oral cancer under Universal Screening of Common Non-Communicable Diseases and the Rashtriya Bal Swasthya Karyakram (RBSK).

This module will elaborate on roles and responsibilities of Community Health Officer in provision of primary oral health care at Health and Wellness Centres.

¹Burden of Oral Diseases (Multi Centric survey 2007)

²Operational Guidelines National Oral Health Program, 2015

Chapter 2: Service Delivery Framework

Role of CHO in provision of oral health

1. Early identification of common oral conditions
2. Management of simple oral health problems with symptomatic treatment.
3. Referral of any complicated oral health problems
4. Follow up of all cases referred and maintenance of records
5. Community programs for promoting oral hygiene and health.
6. Mentoring HWC team and coordination with other programs

1. Early identification of common conditions

With the help of ASHAs and ANMs/MPWs, you will undertake basic dental examination as an opportunistic measure to identify any tell-tale signs of common oral problems such as: tooth decay, gum diseases, dental emergencies including the abscesses of dental origin, ulcer/growth in the mouth, dental fluorosis, cleft lip/palate, oral cancer lesions and irregular alignment of teeth. Most of these cases will need to be referred to a dental surgeon at the district hospital level for complete treatment.

2. Management of simple oral health problems with symptomatic treatment.

Some cases that present with pain, swelling etc. can be symptomatically treated with pain killers and anti-inflammatory drugs at the HWC by the CHO. You can also promote use of warm saline rinses, using mouth wash etc.

3. Referral of any complicated oral health problems

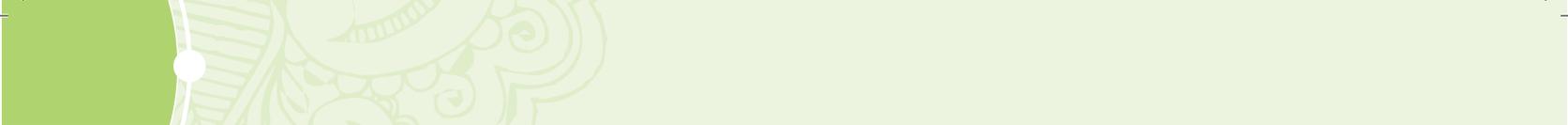
Even after symptomatic treatment of tooth decay and gum diseases, these cases need to be seen and treated by a dentist. Those that require specialist intervention must be referred early to a health centre where there is at least a medical officer, preferably where there is a dental surgeon.

4. Follow up of all cases and maintenance of records

All referred cases must be followed up after they are treated and counselled appropriately. It is important that the HWC team maintains the necessary records and registers and the CHO reviews them on a monthly basis at the staff meeting. This will include stock inventory.

5. Community based oral health promotion programs

This is a very important component of the CHO's responsibility, and She/he must plan community based



programs to promote oral hygiene, proper tooth brushing techniques and regular screening programs. These can be held for children at the anganwadi, schools and for the community during the VHND. Reinforcing consumption of raw, fibre rich foods which are protective for tooth and gum health and discouraging consumption of aerated drinks, sticky and sweet foods are important health messages. Special focus needs to be given on addressing prevalent taboos and myths that are harmful to oral hygiene.

6. Mentoring HWC team and coordination with other programs

In addition to directly providing services on oral care, you will mentor ASHA and MPW for imparting preventive and promotive oral health education in coverage area and refer cases of common oral conditions detected during CBAC updation or interaction with beneficiary. You will also coordinate with RBSK and School health program to ensure oral health check-up for all children. You will promote Oral Health care through different institutions such as Schools, Panchayati Raj Institutions, Self-help groups, Peer educators to propagate the messages on oral hygiene and seeking timely care.

A summary of the Service delivery framework for oral health services is listed in the table in the next page.

Care at Community Level	Care at SHC-HWC	Care at PHC-HWC/UPHC-HWC
<p>Awareness generation and Health promotion (ASHAs, MPW and CHO)</p> <ul style="list-style-type: none"> Through home visits, VHNDs, VHSNC, MAS meetings etc. Measures for health promotion with special focus on pregnant women, mothers, children, elderly and medically compromised. Oral Health Education- addressing oral hygiene practices, habits, myths and taboos. Prevention of common oral diseases through dietary advice and tobacco cessation. <p>Screening and early detection</p> <ul style="list-style-type: none"> Population based screening for 0-18 years (under RBSK) and completion of Community Based Assessment Checklist (CBAC) for people > 30 years. Assessment of individuals for oral health conditions using CBAC form by ASHAs. Early identification of specified common conditions including pain and any potential malignant lesion by ASHAs and MPW and referral to CHO at Health and Wellness Centres. Follow-up care of identified cases for treatment adherence during home visits and outreach activities 	<p>Community Health Officer</p> <p>Screening and Identification</p> <ul style="list-style-type: none"> Opportunistic dental screening for individuals (18-29 years) who are not covered under CBAC for NCD screening. Early detection, screening and first level management of common dental diseases Identification and referral for tooth loss, mal-alignment of teeth/jaws, dental fluorosis, premalignant lesions, and oral manifestations of systemic conditions to facility where dentist is available and dental lab is functional. <p>Management</p> <ul style="list-style-type: none"> First level management of common dental diseases like arresting bleeding, temporary pain relief, antibiotic/anti-inflammatory medication etc. Maintaining case records and providing follow up care. Coordinate with RBSK and School health program to ensure oral health check-up for all children. Mentor ASHA and MPW for imparting preventive and promotive oral health education in coverage area Oral Health Promotion Oral health Promotion among out patients through: <ul style="list-style-type: none"> IEC activities Oral Health Education – Oral hygiene practices, habits, addressing myths and taboos Prevention of common oral diseases through dietary advice and tobacco cessation 	<p>Screening and identification (MO/dentist)</p> <ul style="list-style-type: none"> Opportunistic screening for dental conditions Examination of cases referred by ASHAs, MPW, CHO <p>Management</p> <p>MBBS MO:</p> <ul style="list-style-type: none"> Emergency management of pain, uncontrolled bleeding, tooth avulsion and first aid management for maxillofacial trauma. Topical application of fluoride for caries prevention. Atraumatic Restorative Technique (ART) after adequate training. <p>Additional services if dentist available:</p> <ul style="list-style-type: none"> Restoration of carious teeth using Glass Ionomer Cement (GIC) or Composites. Sealing deep pits and fissures with sealants when indicated. Scaling, root planning and polishing of teeth. Emergency access opening and pulp therapy to address infections of dental origin. Address fractured restorations and faulty restorations. Simple extractions and abscess drainage. Emergency management of dental/ facial trauma. Referral to CHC/DH for identified cases for tooth loss, mal-alignment of teeth/jaws, cleft lip/palate, dental fluorosis, premalignant lesions, and oral manifestations of systemic conditions Coordinate with school oral health programs, RBSK, NPPCF, RCH, ICDS, NTCP. Monitoring of activities undertaken at SHC-HWCs Capacity building of primary healthcare team at SHC-HWCs.

Chapter 3: Prevention and treatment protocol for common conditions/ diseases

General Oral Examination Procedure

In all the cases you will do a general examination of all patients in the following manner:

1. Taking a good history to find out the nature of the problem and oral hygiene habits

It is important to find out details of the current problem as well as any past dental or oral health problems. Details about oral hygiene care and current symptoms are important to help make a diagnosis.

2. Examination of the oral cavity in a systematic way.

In order to make a proper oral examination, you will require specific dental instruments including:

- Mouth Mirror
- Gloves
- Torch
- Face mask

Take the assistance of the ANM/MPW to help during the oral examination if possible.

Ask the patient to rinse the mouth properly with water before starting the examination and keep open mouth wide (use torch if needed). Make sure to use gloves for the examination.

Steps in systematic examination includes:

1. **Lips:** Examine the outer surface and the inner lining of the lips along with borders. The inner part of the lip will be examined by gently turning the lip out. The inner lining would appear wet and shiny in a person with healthy oral cavity. Examine the lips for pigmentation, presence of ulcers, swelling and crusts.
2. **Cheeks:** Examine the inside of the cheeks; use a mirror to push back the inner part of the cheek to one side. The gloved index finger can also be used. The inner part should be smooth, moist, shiny and pink in color. You should inspect for change in color, presence of any swelling and patches.
3. **Gums:** Inspect the gums for color, consistency, contour and size. Healthy gingiva is pink, and regular.
4. **Floor of mouth:** Examine by asking the patient to touch the roof of the mouth with tip of his tongue.
5. **Tongue:** The top of the tongue will be examined first, followed by the sides of the tongue, which may stretch the tongue slightly. The tip of the tongue will be held with a piece of gauze and the tongue moved from one side to the other. To examine the top of the tongue ask the patient to protrude the tongue forward, keeping the mouth open. To inspect the lower surface, patient is instructed to touch the roof of the palate with tip of his tongue. Particular attention should be paid to the sides of the tongue, movements of tongue and the floor of the mouth, as cancers develop in these areas more frequently than on the top of the tongue or the palate. Oral cancers may have the appearance of ulcers, masses, red areas, or white areas.

6. **Palate** : *Hard Palate (bony part of palate)*: Examine the hard palate by using a mouth mirror. It is pink in color, firm and shows a corrugated pattern in anterior portion. Examine for change in color, swelling, ulcer, and cleft.

Soft Palate (soft part behind hard palate): Normally, it is reddish pink in color. Examine for swelling or ulcers.

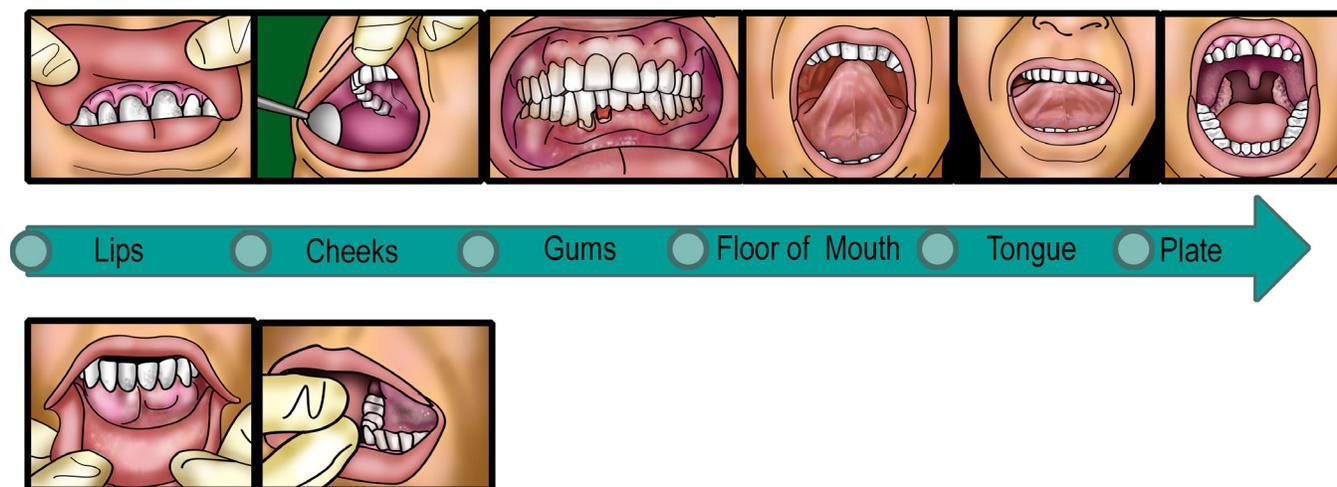


Figure 1 Steps in Systematic Oral Examination

7. **Teeth**: Humans have two set of teeth: Milk teeth/baby teeth/primary teeth and adult teeth / permanent teeth. There are total thirty two permanent teeth in adults- eight incisors, four canines, eight premolars and twelve molars in both upper and lower arches.

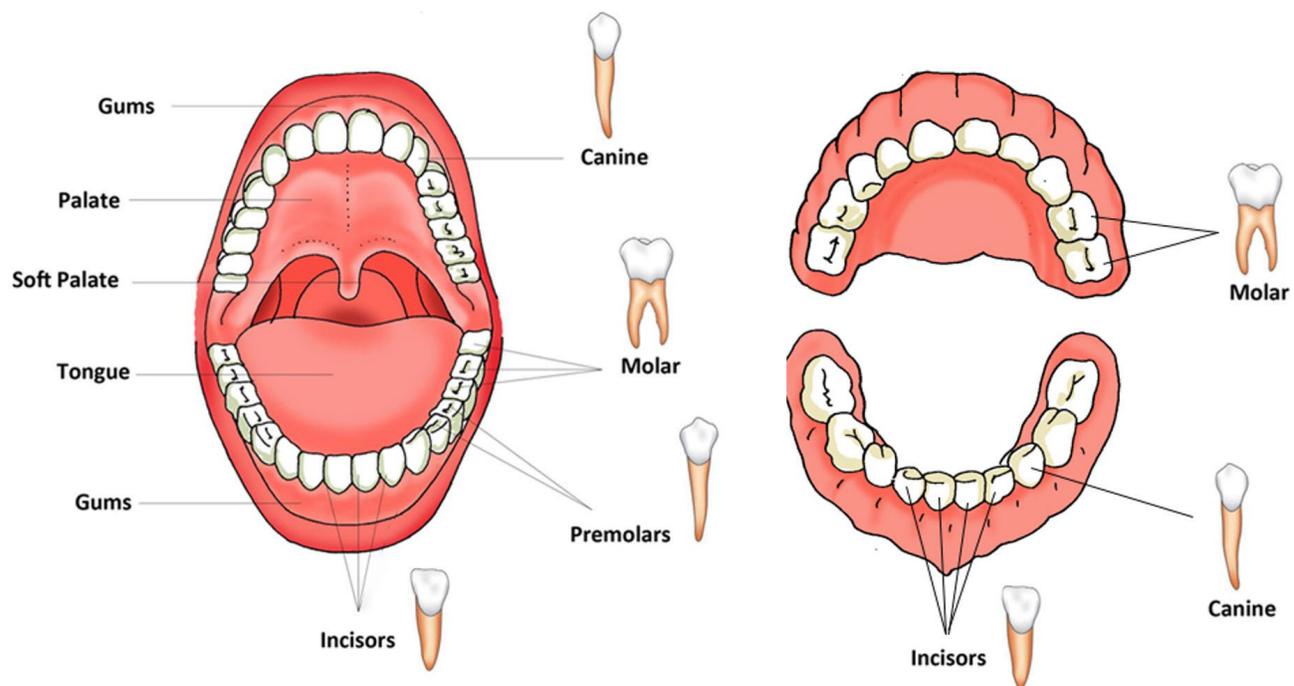


Figure 2 Different types of teeth in Adults and Children

1. **Incisors:** They are front teeth, four in upper arch and four in the lower arch. They are shaped to bite and cut food into small pieces.
2. **Canines:** They are conical teeth at the corner of the mouth. Their function is to tear or shred food.
3. **Premolars:** These are two on each side of both the jaws just behind the canine. The function of these teeth is to hold and crush food. Premolars are present only in adults.
4. **Molars:** They are three in number on each side of the jaws and have bigger chewing surface for grinding food into smaller parts.

Parts of teeth

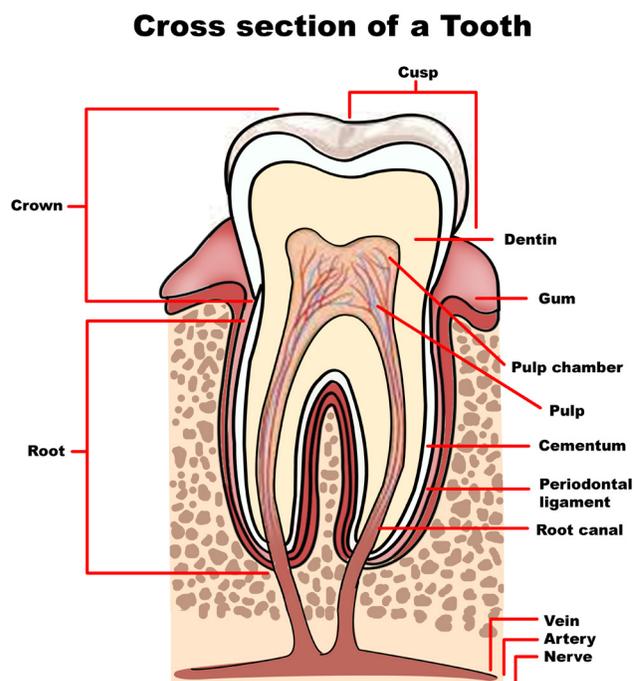


Figure 3 Cross section of a tooth

The white visible part of the tooth is the crown and the long portion inside the gums and bone is the root.

The outermost hardest white cover is called as Enamel. The inner less hard part and slight yellow in color is called as Dentin. It surrounds the Pulp containing blood vessels and nerves of the tooth

Examine the surfaces of all teeth. Look for the following- tooth decay, missing teeth, brown/black discoloration on teeth, small pits and fissures, cavities on the tooth/between teeth.

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Important points to keep in mind:

- Wash your hands before starting oral examination and use disposable gloves
- Briefly explain to the patient what the examination involves
- Instruments to be sterilized after each time they are used

Prevention of Common Oral Diseases and Conditions

1. Dental Caries/ tooth decay

It appears as brown or black discoloration on the tooth, which gradually becomes a cavity. Tooth decay affects both baby and adult teeth.

Clinical Features:	
Symptoms	Signs
<ul style="list-style-type: none"> • Pain on chewing on that particular side • Food lodgment on or in between teeth • Sensitivity to hot & cold • Swelling referred pain, severe discomfort and associated fever on leaving the decay untreated for long time. • Tooth pain on touching 	<ul style="list-style-type: none"> • Black/ brown discoloration on tooth • Cavity/hole on the tooth or in between two teeth • Broken tooth
Due to added secondary bacterial infection, there may be pus discharge from the cavity with a foul odor	



Figure 4 Dental caries affecting back and front teeth

Risk Factors:

Consumption of sweet and sticky food (refined carbohydrates), frequent in between snacking, and lack of proper oral hygiene can lead to formation of caries.

ROLE OF THE CHO IN HANDLING TOOTH DECAY

DO:

Identify the black/brown spot/discoloration or cavity

Identify any pain/pus discharge

Provide pain relief:

- Warm (not hot) saline rinses
- Clove oil application inside tooth cavity by placing piece of cotton soaked in clove oil
- Paracetamol, Ibuprofen etc. tablets for pain control

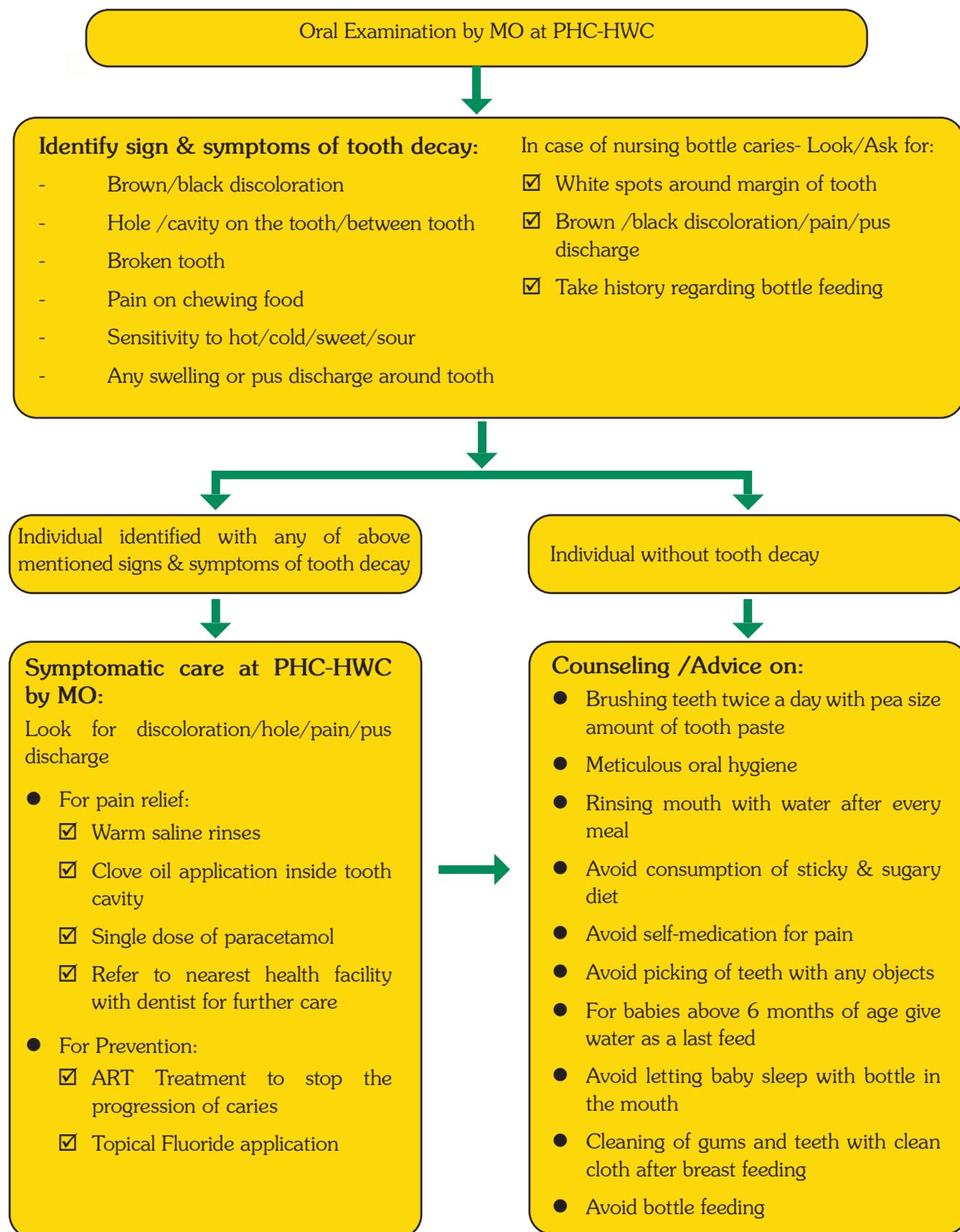
Refer to nearest health facility where dentist is available in case if you see following:

- Increased sensitivity to hot and cold for more than 2 weeks
- Pain and swelling more than week
- Pus discharge
- Black spot /discoloration on tooth

ADVISE:

- Rinsing mouth thoroughly with water after every meal and snacks
- Brushing of teeth twice a day with pea sized tooth paste
- Avoid self-medication or pain killers
- Avoid intake of extreme hot and cold food & drinks
- Reduce consumption of sugary and sticky diet
- Avoid placing camphor/tobacco/petroleum products/salt at the site of pain
- Avoid picking teeth using any objects

Standard Care Pathway for Dental Caries/Tooth Decay



2. Early Childhood Caries/Nursing Bottle caries

Early childhood caries (ECC) has also been called nursing caries, nursing bottle caries, and baby bottle tooth decay. The cavities are mostly seen on upper front teeth but can affect other teeth also. This is only seen in small children, mainly in those who are drinking bottled milk.

ECC leads to early loss of milk teeth, delayed eruption of permanent teeth, difficulty in eating, pain, abscess and malnourishment.

Clinical Features:

- White spots on teeth initially along the gum line
- Brownish/black discoloration

Risk Factors:

- Teeth exposed to sugary liquids for long periods of time.
- Children who fall asleep with a bottle in their mouths or who carry a bottle and drink sweetened liquids throughout the day.
- Lack of proper oral hygiene
- Frequent consumption of sticky/sweet food in-between meals
- Prolonged Bottle feeding



Figure 5 Early Childhood caries



Figure 6 Caries affecting Incisors

ROLE OF THE CHO IN CASE OF NURSING BOTTLE CARRIES

DO:

- Identify white/brown spots/dyscoloration /pain/pus discharge
- Refer to nearest health facility where dentist is available in case if you see above signs and symptoms

ADVISE:

- Avoid letting baby sleep with sweet nipple or bottle in the mouth
- Cleaning of gum pad/gums and teeth with clean cloth after breast feeding
- Avoid bottle feeding
- Brushing of teeth twice a day with soft bristle toothbrush
- Use of cup for milk feeding as early as possible, preferably before one year of age

Healthy gums are coral pink in color with pigmentation. The edges are firmly attached around the tooth, and do not bleed on normal brushing. When oral hygiene is neglected, gums tend to swell and bleed. Early stage of the disease is called **Gingivitis**.

If Gingivitis is not treated, the disease may progress to involve the surrounding bone, leading to gap between the gum and the tooth known as pocket, leading to **Periodontitis** or **Pyorrhoea**. The same condition if seen in children is termed as 'Juvenile Periodontitis'.

Causes:

- Gum diseases are caused by plaque accumulation. Bacteria present in plaque form toxic substances that may cause inflammation of gums.
- If plaque is not removed regularly, it may harden to form calculus (tartar).
- This tartar with its rough surface attracts further deposition of plaque and bacteria, sustaining the inflammation and destruction of supporting bone.

Clinical Features:

Symptoms	Signs
<ul style="list-style-type: none"> • Bleeding from the margins of the gum during brushing • Usually painless in the beginning • Itching sensation around tooth and on gingiva • Dull constant ache later stages • Bad odour from the mouth 	<ul style="list-style-type: none"> • Change of color to red from coral pink /pigmented • Swollen gums that might bleed even on the slightest touch • Food lodgment/ impaction • Loose teeth- increase in mobility of teeth • Migration of teeth and exposed root surfaces- gingival recession



Figure 7 Normal Healthy gingiva



Figure 8 Gingivitis or Bleeding gums

ROLE OF THE CHO IN HANDLING TOOTH DECAY

DO:

- Check gums for bleeding and change in color from normal
- Patient having diabetes, heart diseases or any regular medication will require extra care and precautions
- Refer to nearest facility where dentist is available in case you see above symptoms

ADVISE:

- Rinse mouth with warm saline water
- Brushing of teeth twice a day
- Avoid picking teeth using any objects

Standard Care Pathway for Gum Diseases

Identification of common gum diseases -

- Bleeding Gums
- Swollen Gums
- Foul Smell
- Deposits and Discoloration of Teeth
- Loose Teeth (Advanced Disease)
- Widening between Teeth (Advanced Disease)

Evaluation of associated cause -

- Poor Oral Hygiene
- Tobacco Use
- Hormonal Changes- Pregnancy, Menopause, Menstrual Phase
- Poor Nutrition
- Chronic diseases - Immuno compromised

At HWC- SHC- CHO/Mid Level Health Provider

- Do Oral Visual Examination and check for any associated oral disease.
- Reinforce maintenance of proper oral Hygiene. Demonstrate Correct Brushing Technique.
- Counsel pregnant patients, patients having chronic diseases on oral hygiene and nutrition.
- Advice tobacco users to quit tobacco.
- Referral to the HWC -PHC if PHC has a dentist with Dental Set Up for oral prophylaxis, else
- Referral to SDH/ DH for advanced periodontal disease.

4. Abnormal growth, patch or ulcers

a. Oral Ulcers/Aphthous Ulcer (Recurring Aphthous Stomatitis)

Oral ulcers are characterized by recurring ulcers confined to the oral mucosa in patients with no other signs of disease. A person presenting with symptoms of recurring oral ulcers should be asked for history of systemic diseases. If the systemic condition is ruled out, Recurrent Aphthous Stomatitis (RAS) is usually the most common condition.

Causes:

- Trauma or tissue damage- Damage from vigorous brushing, ill-fitting dentures, biting with teeth inside the mouth.
- Stress- common in teenagers
- Allergic reactions and hormonal changes
- Nutritional deficiency- Deficiency of vitamin B-12, iron, folate& zinc causes oral ulcers.
- Infections- Bacterial, viral or fungal infection causes oral ulcers.
- Foods & drinks- Some foods and drinks release acid causing ulcers.



Figure 9 Aphthous ulcer affecting tongue and floor of tongue

Clinical Features:

Symptoms	Signs
<ul style="list-style-type: none"> • Pain • Difficulty in eating, talking, brushing and drinking 	<ul style="list-style-type: none"> • Shallow painful ulcers (8-10 mm in size) on inner surface of lips, cheek and on the floor of the mouth. These ulcers heal within 10-14 day without scarring. Reddish halo around ulcer • Round or oval in shape, punched out in appearance. • Covered with a loosely attached white, yellow or greyish membrane. • Difficulty in eating, talking, brushing and drinking

ROLE OF THE CHO IN HANDLING ORAL ULCERS/APHTHOUS ULCER DO:

- Cooling mouth rinses with cold water or applying ice on ulcer
- Avoid very hot food and drinks
- Application of Topical Anesthetic agent (e.g., 2% lignocaine) for an immediate pain relief (Mentioned in the annexure)

ADVISE:

- Advise on rinsing the mouth with salt water
- Advice to follow health oral care practices as brushing twice a day
- Bland and healthy diet rich in vitamin A, B,C and zinc

(b) White Patch/ Leukoplakia

Causes:

- Smoking/tobacco/ betel nut use
- Injury to the inside the cheek, such as from biting
- Rough, uneven teeth
- Dentures, especially if improperly fitted
- Chronic alcohol abuse



Figure 10 White patch affecting buccal mucosa

Clinical Features:

Symptoms	Signs
<ul style="list-style-type: none"> • Restricted mouth opening • Decreased tongue movements associated with lesion over base of tongue or near floor of mouth. 	<ul style="list-style-type: none"> • Patch of white or grey color over inner surface of lips, cheeks, gums or tongue. • Thick, hard and raised surface over the lesion

ROLE OF THE CHO IN HANDLING WHITE PATCH/ LEUKOPLAKIA

DO:

- Identify white to red patches on tongue, inner lining of lips and cheeks
- Redness may be a sign of cancer. Refer immediately to dentist if you see any patches or patches with red spots.
- For all abnormal growths, patch and ulcers follow the protocols as per population based screening program for NCDs.
-

ADVISE:

- Stop smoking or chewing tobacco and alcohol
- Intake of food rich in antioxidants such as spinach and carrots
- Maintain good oral hygiene by brushing and mouth rinsing

5. Oral cancer

Risk factors:

- Tobacco chewing is the single most important risk factor for oral cancer.
- Other risk factors include alcohol use, betel nut chewing, and chronic trauma to oral mucosa by sharp tooth or ill-fitting dentures.
- Chronic exposure to these risk factors causes changes in the oral mucosa and these changes are visible as pre-cancerous lesions. Over a period of time, malignancy may develop in these lesions.



Figure 11 Risk factor for Oral Cancer

Clinical Features:

Symptoms	Signs
<ul style="list-style-type: none"> • Pain, burning sensation, occasional bleeding and difficulty in opening mouth and chewing. • Late stages: small, hard and painful swellings over neck • Later stage: mouth opening is severely reduced to admit one finger at a time 	<ul style="list-style-type: none"> • Small ulcer or tumor or abnormal growth in either gums, lips, tongue, palate, cheeks • precancerous lesions like leukoplakia • Cancer reaches to lymph nodes in neck and appears as small, hard and painful swellings over neck.

ROLE OF THE CHO IN HANDLING ORAL CANCERS

DO:

- Community level active screening of all adults above 30 years of age for oral cancer (as a part of screening of non-communicable diseases) and repeat screening activities every year
- Reporting and referral of suspected persons for confirmation of diagnosis and management
- Conduct awareness sessions for your area, especially for school children and at Gramsabha, during cultural fests, etc.

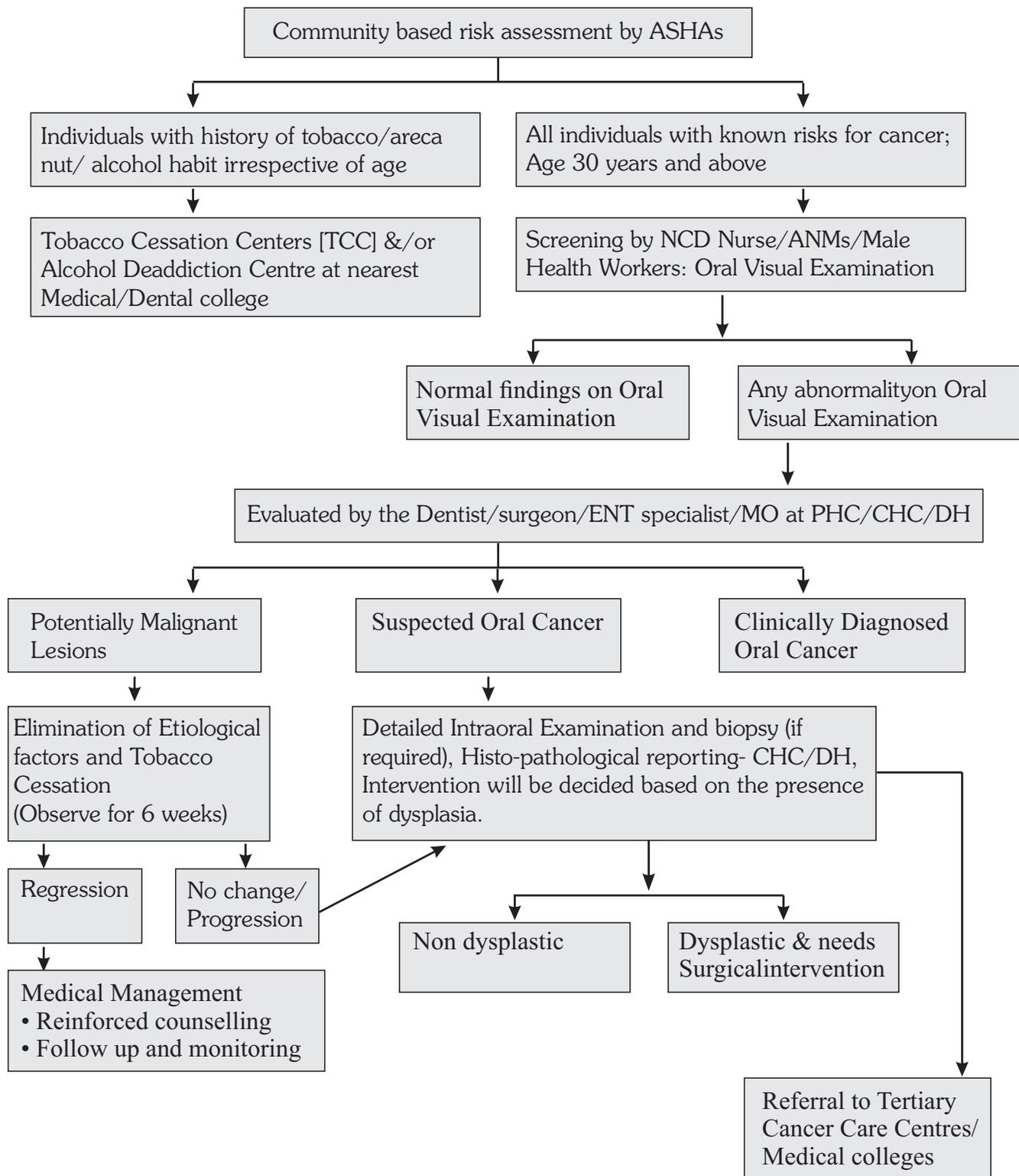
ADVISE:

- Counseling of tobacco cessation and follow up of referred persons



Figure 12 Oral cancer

Standard Care Pathway for Non-communicable Diseases



6. Structural Deformities

a. Trismus (Restricted Mouth Opening)

Inability to open the mouth fully or restriction of normal opening of mouth or lock jaw.

Causes:

- Muscle spasm
- Infections of oral cavity
- Oral ulcers
- Oral premalignant lesions
- Oral Cancer
- Oral cysts with un-erupted third molars
- Fracture of jaw
- Tetanus

Sign & Symptoms:

- Pain in the jaw, even without movement
- Difficulty in eating and swallowing of foods
- Difficulty in brushing the teeth

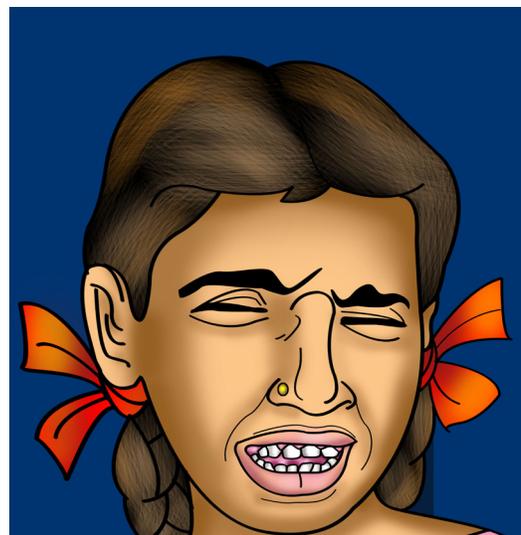


Figure 13 Trismus or Restricted Mouth Opening

b. Jaw Dislocation

It is very painful condition and occurs when lower part of jaw moves out from its normal location.

Causes:

- Excessive yawning
- Opening mouth too wide for eating
- Trauma or injury

Sign & Symptoms:

- Severe pain at rest and during the movement of jaw
- Difficulty in eating and swallowing
- Difficulty in speaking
- Drooling of saliva

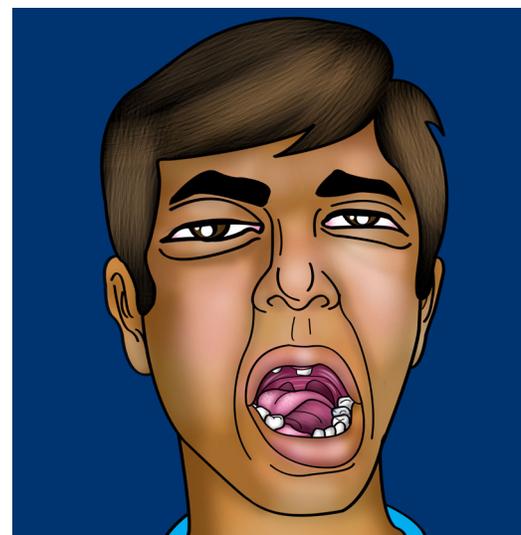


Figure 14 Jaw Dislocation

c. Irregular arrangement of teeth

Irregular arrangement of teeth leads to serious oral health problems. Different types of misalignment are:

- Crowded teeth, Forwardly placed teeth
- Reverse bite / backwardly placed upper teeth
- Space between teeth



Figure 15 Irregular arrangement of teeth

Causes:

- Early loss of milk teeth due to dental decay
- Habits such as thumb and finger sucking, tongue thrusting, mouth breathing, nail biting
- Abnormally shaped or impacted teeth
- Prolonged use of bottle feeding in early childhood

Sign & Symptoms:

- Abnormally forward or backward teeth
- Gaps between the teeth
- Uneven crowded teeth
- Cross bite/reverse bite
- Asymmetry of face
- Frequent biting of the inner cheeks or tongue
- Difficulty in pursing lips
- Difficulty in keeping teeth clean because they are crowded

d. Missing Tooth/Teeth

The jaws without teeth are called “edentulous”

- Partially edentulous- when a few teeth are missing from either from upper or lower jaw
- Completely edentulous- when all teeth are missing

Causes:

- Neglected, long standing decay of teeth



Figure 16 Missing Front tooth

- Untreated gum diseases, mobile teeth
- Trauma or road traffic accidents

Untoward effects of missing teeth

- Migration of other teeth in edentulous area leading to malocclusion
- Some sharp cusps of isolated teeth may cause a traumatic ulcer
- Difficulty in chewing, eating
- Compromised aesthetics

ROLE OF THE CHO IN STRUCTURAL DEFORMITIES OF TEETH

DO:

- Ask the person to put three fingers together (index, middle and ring fingers) in the mouth one above the other and assess the extent of mouth opening.
- Treat other symptoms as pain with Paracetamol or Ibuprofen.
- Refer to nearby health facility where dentist is available for further treatment
- Identify wrong habits, if any.
- Referral to the higher Centre for replacement of missing teeth
- If person is using dentures, look for ulcers/ epulis/ candidiasis and give symptomatic relief
- Look for faulty dentures, if any and advice corrections such as sharp edges, loose dentures.

ADVISE

- Counseling of tobacco cessation and follow up of referred persons
- Advise all those above 30 years to have annual oral screening to pick up early lesions. Advise parents on stopping bad oral habits
- Advise parents to stop bottle feeding in children
- Health education about untoward effects of missing teeth
- Advice on maintaining good oral hygiene to prevent tooth decay

7. Cleft lip or Palate

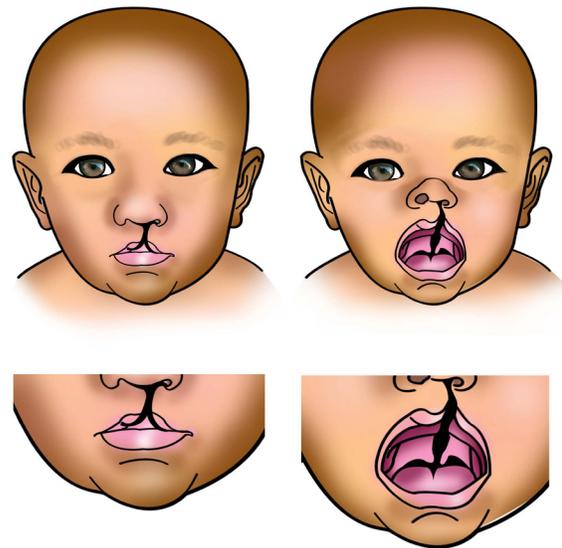
Causes:

- Genetic disorders
- Deficiency of folic acid during pregnancy
- Smoking and drinking alcohol during pregnancy

Sign & Symptoms:

- Spilt lip/palate or both
- Difficulty in feeding, swallowing and speech
- Unpleasant appearance of the face

Cleft lip or Palate



Cleft Lip

Cleft Lip and Cleft palate

ROLE OF THE CHO IN CLEFT LIP/PALATE

DO:

- Refer identified cases to RBSK teams and dental surgeon
- Do detailed examination from head to toe for screening of other deformities

ADVISE

- Advise pregnant women to take full course of Iron Folic Acid tablets during pregnancy.

8. Dental Fluorosis

- Teeth have brownish-yellow spots on them and sometimes they also have rough surfaces and jagged margins. The condition could be due to the presence of high amount of fluoride in the drinking water supply and is called Fluorosis.
- The excessive fluoride gets incorporated into the developing teeth and manifests in various forms like chalky white teeth, brownish yellow stains, and pitting on the surface.



Figure 17 Dental Fluorosis affecting all the teeth

- Many areas in our country have more than the normal limits of fluoride, which result in fluorosis. Thus cases of fluorosis are seen in clusters or groups of same village or locality. If the fluoride level is greater than 4 PPM (Parts Per Million) can also cause more debilitating conditions like skeletal fluorosis

Requirement of optimum fluoride -

It is necessary to mention here that optimum level of fluoride (1ppm) is beneficial for dental health. If optimal amount of fluoride ion gets incorporated into the tooth enamel, it makes enamel less prone to dissolution by bacterial products. One of the reasons why, the Dentist prescribes fluoridated toothpaste for children.

Clinical Features:

- Chalky white teeth
- Brownish yellow stains
- Pitting over surface of tooth

ROLE OF THE CHO IN DENTAL FLOUROSIS

DO:

- Report such cases to PHC MO, send water samples from respective villages or localities for testing presence of high fluoride levels in water.
- If high fluoride levels are confirmed, then assist your PHC MO in further management regarding defluoridation of water, conduct awareness session in community, etc.

ADVISE

- Advise on use of very little (pea size) fluoridated toothpaste for brushing.
- Advise on use alternative source of water for drinking in fluoride endemic areas
- Minimize consumption of Kala Namak

9. Dental Emergencies

a. Tooth/Pulpal pain:

- It is spontaneous, strong, often throbbing, elevated by touch, food and lasts longer even after the stimulus is removed. Pain tends to radiate to the ear, temple, or cheek and patients often have difficulty in identifying exact location of pain.
- The pain may subside spontaneously, but the patient should still be referred for dental advice because the pulp has probably necrosed, which may lead to the formation of the dental abscess. Treatment options such as Root Canal Treatment or tooth extraction may be required for some patients.
- At the SHC-HWC, the management will include identification of cause and location of pain, and pain control using analgesics. Causes may include dental abscess, loose tooth or trauma.

Periapical abscess: An abscess may present sometimes with facial swelling, fever, and illness. Incision and drainage of fluctuant abscess and treatment with antimicrobial agents (such as amoxicillin) and analgesic medication is indicated, which can be done at PHC/CHC level.



Figure 18 Dental abscess



Figure 19 Jaw Fracture due to Trauma

b. Tooth injury/ avulsion:

Fractured tooth- Fracture of the tooth involving pulp will need management similar to that of tooth pain- pulpal pain

Avulsed tooth- Avulsed permanent anterior teeth can be replanted successfully in a child, particularly if the root apex is not completely formed (children younger than 16 years). Avulsed milk tooth should not be replanted.

ROLE OF THE CHO IN DENTAL EMERGENCIES

DO:

- Symptomatic relief
- Arresting bleeding, suturing if required
- Swelling/ abscess- antibiotic, analgesic and drainage if required. Keeping the avulsed tooth intact as per protocol.

ADVISE

- Avoid self-medication
- Avoid picking teeth / in between teeth
- Avoid placing camphor/ tobacco/ petroleum products/ salt/ pain balm at site of pain
- Avoid application of heat or any pain relief cream on the cheek
- Avoid application of heat or any pain relief balm at the site of swelling
- Avoid continuous medication

Dos and Don'ts in Dental emergencies

Symptoms	Do's	Don'ts
PAIN	<ul style="list-style-type: none"> Identify the reason for pain Treat pain using Paracetamol, Ibuprofen tablets, or intramuscular inj. Diclo, etc. Refer to the nearest dentist. 	<ul style="list-style-type: none"> Avoid continuous medication without knowing the cause of pain.
SWELLING/ ABSCESS	<ul style="list-style-type: none"> Try to evaluate the cause of swelling: <ul style="list-style-type: none"> decay gum problem cancer post extraction/Trauma Rule out diabetes or any other systemic conditions Analgesic and Antibiotic prescription 	<ul style="list-style-type: none"> Do not perform any procedure for drainage of abscess at your level Do not give IV antibiotics or steroids Avoid continuous medication
TRAUMA WITH TOOTH AVULSION	<ul style="list-style-type: none"> Manage pain using analgesics Arrest the bleeding with pressure / cold pack Save the knocked out tooth /broken tooth fragment and place it in saliva/ milk /tender coconut water, it can be re-implanted. Refer the patient to nearest dentist as soon as possible If injury involves face/head , refer to the nearest health facility immediately 	<ul style="list-style-type: none"> Do not tamper with the tooth if unsure Do not rub or scrub the tooth Do not wrap the tooth in soiled cloth Do not let the tooth dry Do not throw the tooth Milk teeth of children are not to be replaced. Do not handle or touch tooth roots
UNCONTROLLED BLEEDING	<ul style="list-style-type: none"> Use a sterile, clean gauze piece and put it with some pressure at bleeding site for 5 minutes or till bleeding is stopped. Rule out systemic causes for uncontrolled bleeding Report to higher centre 	<ul style="list-style-type: none"> Do not delay in referral If patient is known to have any bleeding disorder or had similar episodes of bleeding from gums without any common reason, then do not give pain medicines like Aspirin, Ibuprofen, Diclofenac, etc.

10. Oral Thrush (Candidiasis)

It is a common oral fungal infection and mostly present in patients who are immunocompromised and poorly nourished

Risk factors:

- Poor oral hygiene, especially in individuals using artificial teeth- dentures.
- Diabetes, Nephrotic syndrome
- Patients with HIV/AIDS or cancer or on chemotherapy or auto immune disorders
- Patients using steroids for longer term- oral or inhaled steroids
- Smoking
- Undernutrition
- Newborns with Low Birth Weight
- Unnecessary and prolonged use of antibiotics

Clinical features:

Patchy white layers on tongue, inner surface of cheeks and lips, soft and hard palate.

- In individuals wearing dentures, redness will be observed on the palate and at corners of lip

Management at SHC-HWC:

- Clinical assessment with detailed examination and screening tests for Diabetes, HIV/AIDS (as per NACP protocol), Undernutrition and Cancer in adults
- Assessment of nutrition with weight gain, feeding practices, adequacy of breastfeeding, etc. in newborns
- Discuss with PHC-MO and suggest topical anti-fungal medications for both in adults and newborns and call for follow up within 7-10 days for repeat evaluation
- Advise rinsing mouth with warm saline
- Refer to dentist for patients with ill-fitting dentures
- Do not try to remove white patches in mouth by scrubbing or by any method, because these white patches are adhered well and can lead to bleeding if trial for removal is made.



Figure 20 Oral Candidiasis affecting Palate



Figure 21 Fungal infection affecting tongue

11. Linkage between Oral Health and General Health

The oral cavity is the intersection of medicine and dentistry and the window into the general health of a person. Hundreds of diseases and medications impact the oral cavity, and pathologic conditions in the mouth have a greater systemic impact .

There is association between periodontal disease and certain other systemic conditions including, diabetes, pregnancy-related complications, osteoporosis, and kidney disease. When general health is impaired, oral health will also be affected. For example, local signs of diabetes, HIV/AIDS and hepatitis can be seen in the mouth. and when oral health suffers, there is an increased risk for general/ systemic diseases.

Some of the risk factors contributing to poor general and oral health are common such as tobacco use, excessive alcohol use, poor diet/nutrition the burden of oral and general diseases can be decreased simultaneously by eliminating these common risk factors.

Some of the systemic conditions which affect the oral health are explained below:

a. Diabetes:

There is an increased prevalence of gum disease among patients with diabetes,. Also there is delayed wound healing including cases of periodontal abscesses and oral ulcers in diabetic patients with poorly controlled sugar levels. This is often a reason for postponement of dental procedures in patients with diabetics.

b. Hormones and oral health

Imbalance in adrenal and thyroid hormone levels may affect the oral cavity and can impact the development or progression of gum diseases.Hormonal changes occur throughout a woman's life during puberty, menstruation, pregnancy and menopause. The fluctuating female hormone levels can impact conditions inside the mouth, allowing bacterial growth, increase blood flow to gingival tissues, and aggravate health issues, such as fetal death, pre-term births and low birth weight.

Puberty

During puberty, there is a surge in production of the female sex hormones which can increase the blood flow to the gums and change the way gum tissue reacts to irritants in plaque, causing the gum tissue to become red, tender, swollen, and more likely to bleed during brushing.

Pregnancy

An increased level of progesterone is considered to cause gum diseases, especially during second to eighth month of pregnancy. Gums may feel sore, itchy or may even bleed while brushing. Also, pregnancy sometimes may be associated with overgrowth of gum tissue leading to formation of pregnancy epulis/granuloma.

Menopause

As a result of decline in female hormone levels, women in this phase may experience burning sensation of mouth or tongue, dryness of mouth. Also, low estrogen levels may impact the bone density during this period.

c. Medicines and Oral Health

Effect of systemic drug therapy on periodontium can range from various adverse effects on periodontal tissues to increased periodontal breakdown to affording some degree of protection.

Drug induced gingival overgrowth i.e. gum hypertrophy is a well-known adverse effect of medications like phenytoin, cyclosporine and calcium channel blockers.

Long term use of immunosuppressant medicines like steroids results in increased risk of infections in gums, dental cavities and increased burden of oral candidiasis. Dry mouth, abnormal bleeding from gums, altered taste, inflammation of soft tissues of mouth, enlarged gums, color change of teeth and gums are some of the common side effects of antibiotic, antihistamines, oral contraceptives medicines.



Figure 22 Pregnancy Induced Gingival enlargement



Figure 23 Drug Induced Gingival enlargement

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Picture Courtesy -

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2. Developed and Conceptualised at Centre for Dental Education and Research, National Centre of Excellence for the Implementation of National Oral health Programme, All India Institute of Medical Sciences, New Delhi

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Annexures:

Annexure I: Health Promotion for Oral Health

1. Proper Tooth brushing

- Brush your teeth twice daily
- Avoid aerated drinks, sticky/ sweet food, snacking between meals
- Consumption of raw food rich in fibre, Vitamin A and B
- Brushing and rinsing mouth with water and massaging the gums
- Do not quit brushing during pregnancy

Advised Brushing technique:

- For the outer portion of tooth surfaces, place the toothbrush at a 45-degree angle toward the gum margin and move the brush from above to down for the upper jaw and from down to above for the lower jaw.
- To clean the outer front tooth surfaces, hold the brush upright and use gentle up and down strokes with the tip of the toothbrush.
- For the chewing surface use gentle, short back and forth strokes. After brushing the teeth make sure to clean the tongue also, you can use the same toothbrush and apply gentle strokes. Kindly avoid using stainless steel tongue cleaners as they get rusted in time and may cause infection.

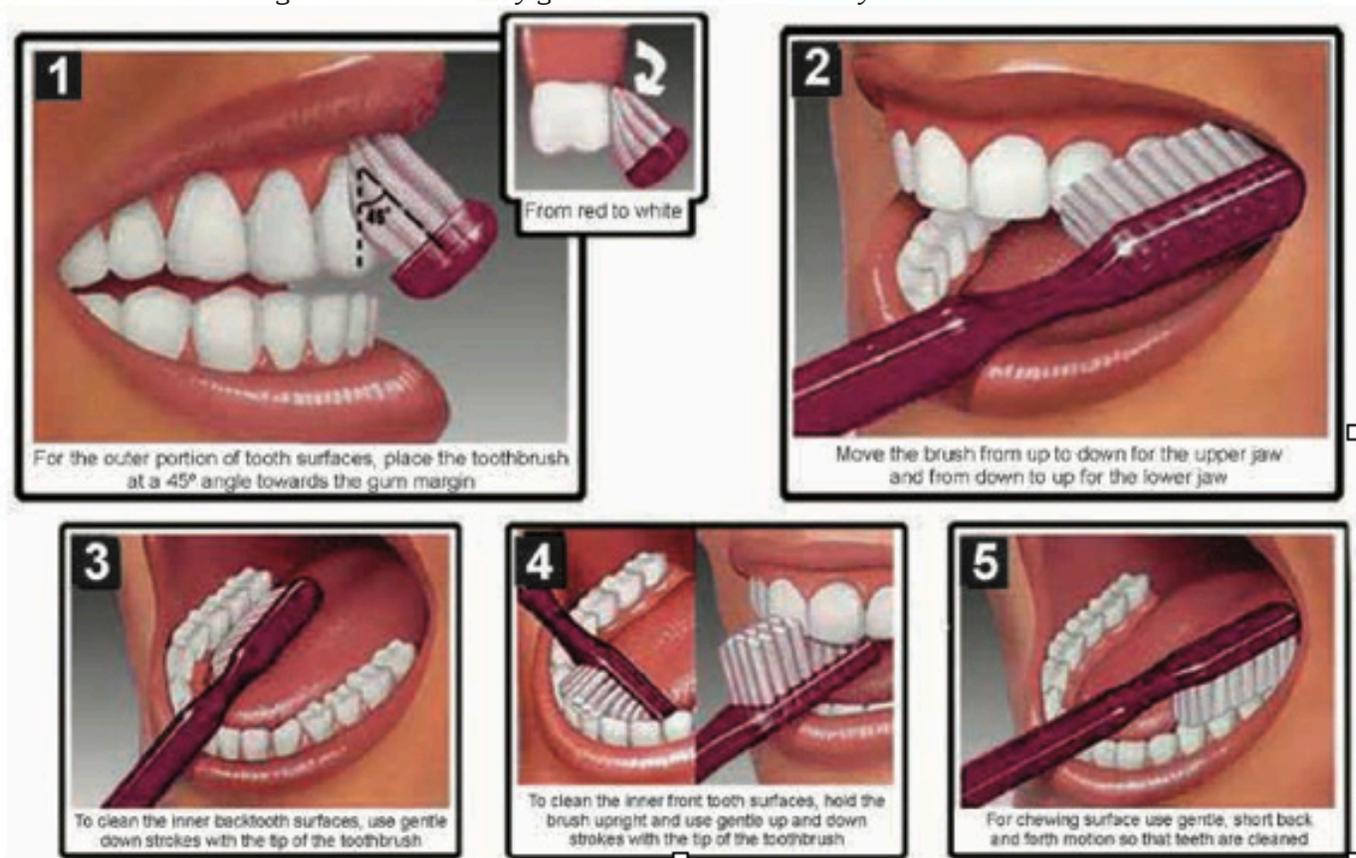
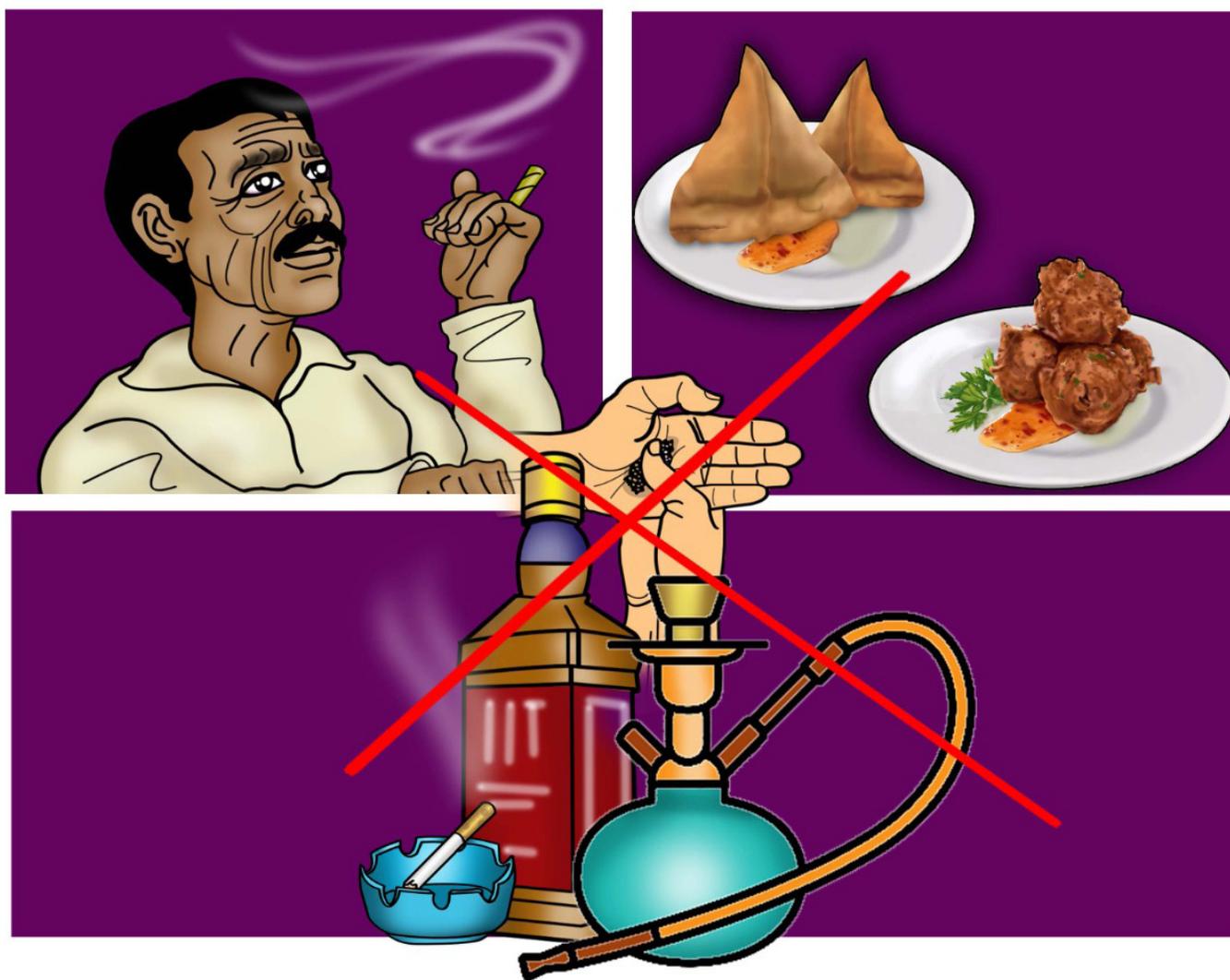


Figure 24 Brushing Technique

- After brushing do not forget to massage gums with finger and rinsing thoroughly.

2. Other Health education messages

- Maintain good oral hygiene – brush twice a day
- Gargle mouth after every meal
- Go get a checkup as soon as tooth ache begins – do not wait for it to get serious
- Stop smoking or chewing tobacco
- Avoid eating too many sweets and spicy items
- Drink plenty of water
- Have a regular annual checkup after the age of 30 years for NON-COMMUNICABLE DISEASES



Annexure II: Myths and Facts about Oral Health

1. **Myth: As you age, it is normal to lose teeth**

Fact: The life of your teeth depends on how well you keep them. Factors like diet, correct oral hygiene practices, regular dental check-up are very vital for healthy teeth. If you take care of teeth and gums they are with you all your life.

2. **Myth: Using gulmanjan, coal, brick powder, ash, and charcoal powder is beneficial to teeth.**

Fact: These substances have abrasives that wear out the tooth structure at a fast rate and are not recommended to clean your teeth. Gulmanjan has nicotine as one of its components and can get one addicted to the use of tobacco there fore, it must be avoided altogether.

3. **Myth: Keeping /chewing tobacco numbs tooth pain**

Fact: Tobacco should not be considered as a remedy for tooth pain, one can start warm saline rinses or take medicines as prescribed by a qualified doctor and visit the dentist at the earliest to identify the cause of dental pain and seek dental treatment.

4. **Myth: Tooth extraction can lead to loss of eyesight**

Fact: Tooth removal has no known impact on the vision / eyesight.

5. **Myth: Scaling weakens the teeth and loosens them.**

Fact: Scaling is done with special instruments to facilitate the removal of tartar and calculus only. They do not have detrimental effects on the teeth or the gums. Scaling is recommended at timely intervals to maintain good gum health.

6. **Myth: Tooth powder is a better alternative to toothbrush and toothpaste**

Fact: Tooth powder/dantmanjan has abrasives in high quantities that can wear off and damage teeth over a period of time. Hence, it is recommended to clean your teeth using toothbrush and toothpaste every day.

7. **Myth: Worms can be removed from teeth upon noticing decay and cavity.**

Fact: There are no worms in a tooth that are visible to naked eye. Small microscopic organisms called bacteria can damage the tooth structure and lead to cavities. However, these organisms are too small to be appreciated without microscopes. The dentist can remove the damaged tooth structure and place a filling to prevent deepening of existent cavities or perform a root canal treatment if the cavity involves pulp.

8. **Myth: Cavities on milk teeth can be left untreated as they will shed and new teeth will come in their place.**

Fact: Cavities if left unfilled, may lead to destruction and loss of milk teeth. Premature loss of milk teeth may lead to chewing and speaking difficulty in children and result in irregular alignment of permanent teeth.

9. Myth: Milk teeth should only be brushed after all of them erupt

Fact: As soon as the first tooth erupts in the mouth, one must start brushing the tooth/teeth using a baby tooth brush.

10. Myth: Cleft is caused because of curse or exposure during eclipse

Fact: Cleft of the lip or palate in a child can occur due to some reasons like lack of nutrition including Iron and folic acid in the mother, consumption of alcohol/ tobacco products during pregnancy, as a result of consanguineous marriages, or in certain genetic diseases or syndrome.

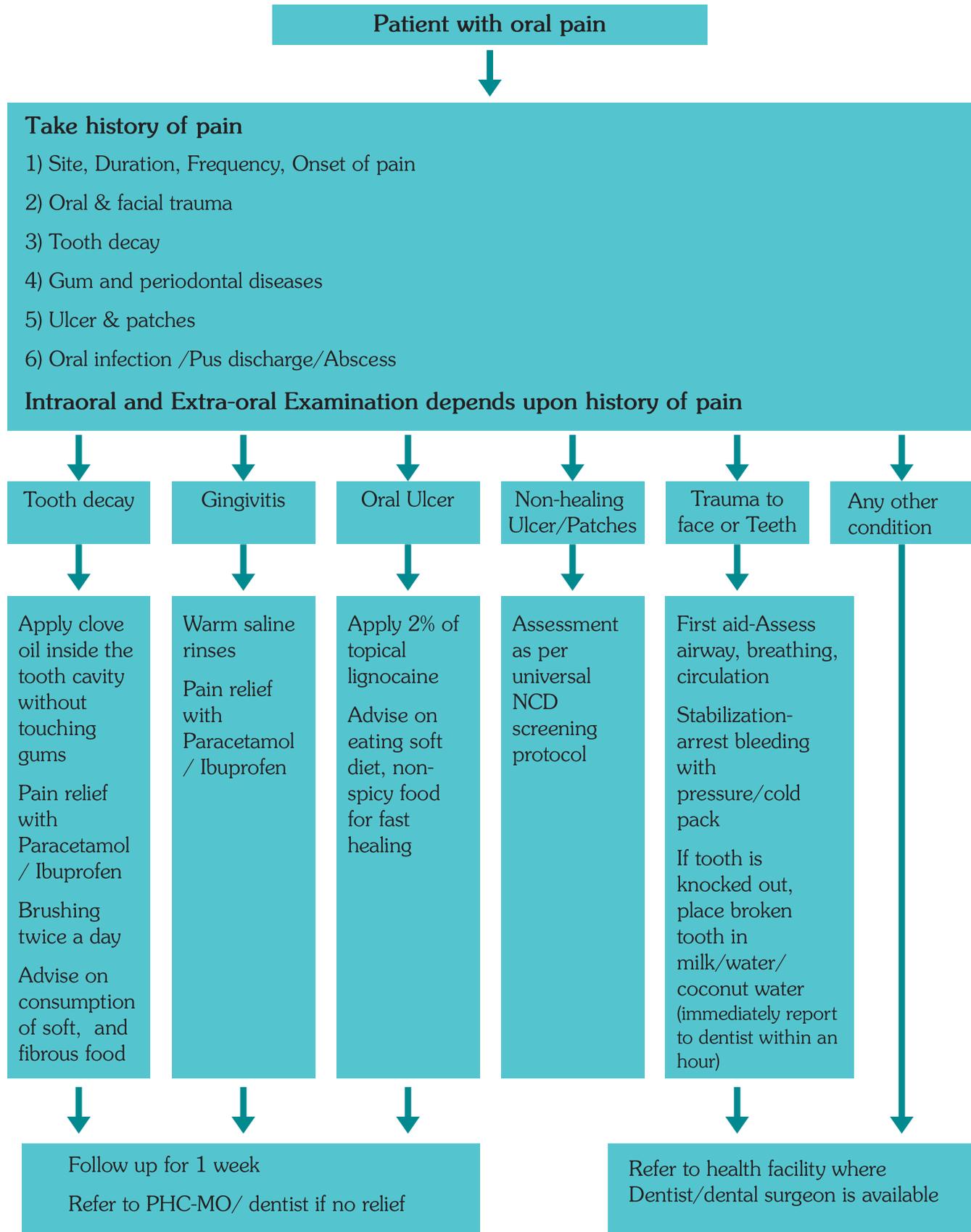
11. Myth: Brushing during pregnancy can worsen the gum bleeding/gum enlargement

Fact: The gum disease gets aggravated during pregnancy due to changes in hormone levels. Continue with brushing and consult your health worker for further advice and treatment.

12. Myth: Oral health has no impact on General Health

Fact: Oral cavity is the mirror of your body. It is very important to maintain good oral health and go for timely dental checkups. Poor oral health can impact overall health.

Annexure III: Standard Care Pathway for Oral Pain



Annexure IV: Medicines and Consumables

SL. No	Level	Essential Requirements
1	Community Level	<ul style="list-style-type: none"> • Analgesics – paracetamol • IEC material
2	Sub centre HWC level	<ul style="list-style-type: none"> • Stock of analgesics and antibiotics as per Essential drug list • 0.2% Chlorhexidine gluconate Mouth wash • Tannic Acid Astringent Gum Paint • Anesthetic gel for topical applications • Wooden spatula • Torch with white light for oral visual examination • Betadine and chlorhexidine mouthwash • Cotton • Emergency kit – cold pack/pressure pack • Instruments for Oral examination like- Mouth Mirror, Probe, Mouth Mask and Gloves

Annexure IV – Prevention and Management of Common Ailments

DENTAL DECAY				
GENERAL PREVENTION	<ul style="list-style-type: none"> • Brush your teeth twice daily for at least two minutes each time • Avoid aerated drinks sticky/ sweet food and snacking between meals • consumption of raw food rich in fiber and vitamins like carrots, corn, fruits etc. • Have your mouth checked by dentist regularly 			
LEVELS	FAMILY	COMMUNITY	HWC(CHO/MLHP)	PHC/CHC
MANAGEMENT	<ul style="list-style-type: none"> • Brushing and rinsing mouth with water • Rinse using water • Place a clove or apply clove oil at site (in case of pain) • Visit nearest Health & Wellness Centre 		<ul style="list-style-type: none"> • Examine and check for decay • Record the decay • Apply clove oil at the site of decay for temporary pain relief • Differentiate between the swelling due to decay and other swellings • Refer to Dental Surgeon for appropriate treatment 	<p>If Medical Officer available:</p> <ul style="list-style-type: none"> • Provide symptomatic relief if decay associated with pain/ swelling. • Refer to nearest dentist at CHC/DH. <p>If Dentist available:</p> <ul style="list-style-type: none"> • Final diagnosis • Preventive procedures <ul style="list-style-type: none"> - Sealant placement - Fluoride Application - ART - Oral prophylaxis • Filling of decayed teeth. • Prescribe antibiotics (if needed) • Plan for endodontic/ extraction procedures.
NOTE				
<ul style="list-style-type: none"> • Avoid self-medication • Avoid picking teeth / in between teeth • Avoid placing camphor/ tobacco/ petroleum products/ salt/ pain balm at site of pain • Avoid application of heat or any pain relief cream on the cheek • Avoid application of heat or any pain relief balm at the site of swelling • Avoid continuous medication 				

GUM DISEASES				
GENERAL PREVENTION	<ul style="list-style-type: none"> • Brush your teeth twice daily for at least two minutes • Avoid aerated drinks sticky/ sweet food snacking between meals • consumption of raw food rich in fiber and vitamins like carrots • Brushing and rinsing mouth with water • Do not quit brushing during pregnancy • Have your mouth checked by dentist regularly 			
LEVELS	FAMILY	COMMUNITY	HWC(CHO/MLP)	PHC/CHC
MANAGEMENT	<ul style="list-style-type: none"> • Brushing and rinsing mouth with water • Rinse using warm salt water • Visit nearest Health and Wellness centre. 		<ul style="list-style-type: none"> • Examine and check for gum diseases • Ask for the above symptoms • Look for deposits on teeth • Loose teeth widening gap between teeth • Check for change in color of gums and swollen gums • Instruct on brushing, rinsing and interdental hygiene • refer to dentist 	<p>If dentist available:</p> <ul style="list-style-type: none"> • Review the diagnosis • Oral prophylaxis • Advise use of Chlorhexidine (0.2% Chlorhexidine Gluconate) Mouth Wash (if needed, in case of severe gingivitis and periodontitis) • Advise application of Tannic Acid astringent gum paint in case of swollen and bleeding gums • Prescribe antibiotics (if needed) • Refer to District Hospital for gum surgeries if needed.
NOTE				
<ul style="list-style-type: none"> • Avoid self-medication • Avoid application of heat or any pain relief cream on the cheek • Avoid application of heat or any pain relief balm at the site of swelling • Avoid continuous medication 				

DENTAL EMERGENCIES				
GENERAL PREVENTION	<ul style="list-style-type: none"> • Brush your teeth twice daily • Avoid frequent sugar consumption • Keep your healthy eating plan • Have your mouth checked by dentist regularly 			
LEVELS	FAMILY	COMMUNITY	HWC(CHO/MLP)	PHC/CHC(DO)
1. PAIN	<ul style="list-style-type: none"> • Remove food lodged at the site of pain using a tooth brush or by rinsing with water. • Rinse using warm salt water • Place a clove or apply clove oil at site for temporary relief. 		<ul style="list-style-type: none"> • Identify the reason for pain • Give One Dose Paracetamol STAT • Place clove / Clove oil at site • Refer to the nearest Dentist 	<ul style="list-style-type: none"> • Review the treatment • Take necessary corrective action
2. ABSCESS/ SWELLING	<ul style="list-style-type: none"> • Visit nearest Health & Wellness Center/ PHC 		<ul style="list-style-type: none"> • Give first line of antibiotics if necessary (after consultation with dentist) • Refer to the nearest Dentist 	<ul style="list-style-type: none"> • Review the treatment • Take necessary corrective action like drainage of abscess
3. TOOTH INJURY	<ul style="list-style-type: none"> • Arrest bleeding by applying a cold pack or press with a clean cloth and hold • Save the avulsed tooth / broken tooth fragment and try placing the tooth in milk/ tender coconut water • Try to reach the nearest dentist within one hour <p>DON'T'S:</p> <ul style="list-style-type: none"> • Do not throw the tooth away. • Do not wrap it in any soiled cloth. • Do not rub/ scrub the tooth. • Do not let the tooth dry up. 		<ul style="list-style-type: none"> • Arrest bleeding • Refer to the nearest Dentist within one hour 	<ul style="list-style-type: none"> • Plan the treatment based on radio graphical examination. • Plan for endodontic/ extraction procedures.

4. NON HEALING ULCER	<ul style="list-style-type: none"> Self-examine the mouth Identify ulcer and / or red or white patch that does not disappear even after 2 weeks Visit the Health and Wellness Centre/ PHC <p>DON'T'S:</p> <ul style="list-style-type: none"> Placement of tobacco or any other external agent at the site Delay in reporting 	<ul style="list-style-type: none"> Follow the guidelines in the Population Based Screening Offer brief behavioral advice for the entire community on quitting tobacco use 	<ul style="list-style-type: none"> Identify the cause of ulcer Advise and provide appropriate referral
5. UNCONTROLLED BLEEDING	<ul style="list-style-type: none"> Arrest bleeding using a cold pack Visit the Health and Wellness Centre / PHC 	<ul style="list-style-type: none"> First aid Arrest bleeding Report to higher centre 	<ul style="list-style-type: none"> Arrest bleeding Remove the cause Advise and provide appropriate referral

NOTE

- Avoid self-medication
- Avoid picking teeth / in between teeth
- Avoid placing camphor/ tobacco/ petroleum products/ salt/ pain balm at site of pain
- Avoid application of heat or any pain relief cream on the cheek
- Avoid application of heat or any pain relief balm at the site of swelling
- Avoid continuous medication

IRREGULAR ARRANGEMENT OF TEETH AND JAWS

GENERAL PREVENTION	<ul style="list-style-type: none"> Have your mouth checked by dentist regularly between the age group of 6-12 years. Check for habits like thumb sucking and mouth breathing, Crowding of teeth and reverse bite, Night grinding, Protruding / Forwardly placed teeth, Spacing between teeth (adults) 			
LEVELS	FAMILY	COMMUNITY	HWC(CHO/MLP)	PHC/CHC
MANAGEMENT	<ul style="list-style-type: none"> Cessation of habits like thumb sucking and mouth breathing, Crowding of teeth and reverse bite, Night grinding, Protruding / Forwardly placed teeth, Spacing between teeth (adults) 		<ul style="list-style-type: none"> Difficulty in opening mouth after trauma to face. Redirect all trauma cases to the nearest CHC / DH 	<p>If dentist available:</p> <ul style="list-style-type: none"> Plan for orthodontic treatment.

NOTE

- Avoid oral habits such as thumb sucking, Night grinding and mouth breathing.

Annexure V - Frequently Asked Questions

- **Can decay occur early in childhood, what should be done when decay is noticed early in childhood?**

Yes. Continuous bottle feeding of sweetened milk to infants after weaning, particularly at night can lead to rampant decay of all teeth, sparing the lower front teeth. Immediately after the first tooth erupts, it is important that the mother consults a dentist and gets advised on importance of oral hygiene early in life.

- **What has to be done to avoid staining of teeth?**

Regular tooth brushing and mouth rinsing habits can help avoid staining on teeth. In case stains persist, a dentist has to be consulted.

- **How often should teeth be cleaned by a dentist?**

If maintained well, a regular check-up once a year would suffice. Cleaning is essential only when plaque deposits harden to form calculus tenaciously attached to the gum.

- **Can salt / manjan be used for cleaning teeth instead of tooth paste?**

Gul manjan / manjan / tooth powder or any other such material is found to contain abrasive compounds that can lead to wearing off the tooth enamel. Also, it is found that Gul manjan contains tobacco and thus can be addictive leading to oral ulcers / cancer.

- **What can be used to clean teeth?**

It is advisable to use a soft bristle brush and pea size of tooth paste to clean teeth twice a day. This avoids plaque accumulation and prevents decay and gum diseases.

- **How to keep teeth healthy?**

Brushing once in the morning and always before sleeping along with a practice of rinsing mouth with water after every meal is the best way to keep teeth healthy. Mouth rinsing should also be practised after eating sweet / sticky food like cake, bread, biscuits, chocolates, candies, rice etc.

- **What is the reason for whitish stains on teeth?**

Presence of whitish stains on teeth following a specific pattern covering multiple upper and lower front teeth is indicative of Dental Fluorosis. It occurs due to excessive fluoride in the ground water supplies of that region. It needs to be evaluated by a dentist for severity assessment and necessary action. Also, if found in excess, the authorities concerned need to be alerted about fluoride in water.

- **What are clefts and why do clefts occur? Can this be treated?**

A split or opening in the roof of the mouth or the lip is called a cleft. The cause could be genetic or certain drugs during early pregnancy or also undernourishment during pregnancy. It is important to report to a doctor immediately after birth to understand treatment protocol and feeding practices.

- **What to do when teeth do not begin to erupt even after the age of 1 year?**

Consult a dentist before any further options are considered.

- **Can irregularly aligned teeth be corrected, if yes when?**

Yes. Consult your dentist. Some children need correction of crooked teeth and bite as early as 3 years while some may need treatment around 12 years.

- **What is the best way to help a person quit smoking / chewing tobacco?**

Advising them to delay tobacco use, divert the mind from the thought of tobacco, drink about 4-5 litres of water a day, do exercise and identify a quit date to completely forgo tobacco is something any person can do. In addition, referral to the nearest health facility for personalised counselling can help.

- **How important is it to fill milk teeth?**

Milk teeth guide the eruption of permanent teeth and act as natural space maintainers for the permanent set of teeth. Also, they are important for functional aspects like chewing and speaking. It is thus important to keep milk teeth healthy and get decayed milk teeth filled.

- **Why should a child rinse mouth after using medicated syrups?**

Most medicated syrups for children are made palatable by adding sweetener. If left uncleaned, the retention of syrup on teeth can lead to decay.

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7. Dr Rupinder Sahota, Ex-Senior Consultant
8. Dr Maya Mascarenhas, External Consultant, CP-CPHC Division
9. Dr Vijaya Salkar, Junior Consultant, CP-CPHC Division

Namaste!

You are a valuable member of the Ayushman Bharat – Health and Wellness Centre (AB-HWC) team committed to delivering quality comprehensive primary healthcare services to the people of the country.

To reach out to community members about the services at AB-HWCs, do connect to the following social media handles:



<https://instagram.com/ayushmanabhwcs>



<https://twitter.com/AyushmanHWCs>



<https://www.facebook.com/AyushmanHWCs>



https://www.youtube.com/c/NHSRC_MoHFW



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