## **Assessment of Clinical Oral Risk and Need (ACORN)** Do it well once per year



### **Expectations for Adults** Tooth Decay Low Risk No Active Decay Active Decay • Rx high concentration fluoride toothpaste 2800 - 5000ppm and daily F- rinse • FV applied more than 2x year in practice hits to mealtimes Keep pain free, stabilise and review Address identified risk e.g. xerostomia • Fluoride varnish 2 x a year in practice • Consider high F- toothpaste if there is enamel decay • Address identified risk factors e.g. sugar hits, sports drinks And review At Risk

### **Expectations for Adults** Periodontal Health 12+

# Active Disease

- Keep patient pain free and ensure no plaque retentive factors
  - Set targets for toothbrushing and plaque control
- Establish if compliant and engaged - improving self care or not If engaged, commence advanced periodontal therapy If not repeat advice to improve plaque control - use skill mix

# Low Risk No Disease

- Keep brushing effectively to remove plaque
- Discuss patients preference for interdental plaque control
- Review and repeat ACORN after a minimum of 12 months

- Ensure no plaque retentive factors
- Advise pts who smoke they risk losing teeth
  - Observe patient brushing own teeth
    - Advise interdental brush use
- Address priority identified risk factors e.g. smoking



### **Toothbrushing advice for all adults**

Brush effectively last thing at night and one other time daily using fluoride toothpaste containing

### **Bitewing radiograph for all Adults**

Active Decay and/or Active Periodontal Disease Posterior bitewings at six-month intervals PLUS Radiographs (periapicals) of code 4 sextants At Risk Decay and/or Periodontal Disease Posterior bitewings at one-year intervals

No active Disease /Low Risk Decay and /or Periodontal Disease – Posterior bitewings at two-year intervals

