A.T. STILL UNIVERSITY
ARIZONA SCHOOL OF DENTISTRY & ORAL HEALTH | ATSU

Caries Management by Risk Assessment (CAMBRA)
Clinical Guidelines for Patients 6 years and Older

Risk Level###	Antimicrobials	Bacteria Test (CRT Test) Saliva Flow	Fluoride***	Frequency of Radiographs	Frequency of Periodic Oral Exams (POE)	Xylitol and/or Baking Soda	Sealants
Low Risk	Not indicated.	May be done as a BSLN reference for new patients.	OTC fluoride-containing toothpaste 2X daily.	BWXrays every 18-24 mths.	Every 12 mths to reevaluate caries risk.		
Moderate Risk	Not indicated.	May be done as a BSLN reference for new patients or if there is suspicion of high bacterial challenge.	OTC fluoride-containing toothpaste twice daily + Fluoride rinse: (0.05% NaF) daily.	BWXrays every 18-24 mths.	Every 12 mths to reevaluate caries risk.	Xylitol gum or mints. Two sticks or mints 2Xdaily.	Sealants for deep pits and fissures.
High Risk*	Chlorhexidine 0.12% 10 ml rinse for 1 min daily at bedtime for 1 wk each mth.**	Bacterial and saliva flow test initially and at every POE.	Fluoride varnish at initial visit and P.O.Es. Prevident 5000 Plus or Control Rx (1.1% NaF) twice daily instead of regular fluoride toothpaste.	BWXrays every 6-12 mths or until no cavitated lesions are evident.	Every 6-12 mths to reevaluate caries risk and apply fluoride varnish.	Xylitol gum or mints. Two sticks or mints 4Xdaily.	Sealants for deep pits and fissures.
Extreme Risk**	Chlorhexidine 0.12% 10 ml rinse for 1 min daily at bedtime for 1 wk each month.***	Bacterial and saliva flow test initially and at every POE.	Fluoride varnish at initial visit, each POE and after prophylaxis or perio recall. OTC Fluoride containing toothpaste and fluoride trays for at-home application with Prevident 5000 gel daily 5 min.	BWXrays every 6 mths or until no cavitated lesions are evident.	Every 3-6 mths to reevaluate caries risk and apply fluoride varnish.	Baking Soda rinse. 2 tsp. in 8oz. 4-6X daily. Xylitol gum or mints 4X daily.	Sealants for deep pits and fissures.

* Patients with one (or more) cavitated lesion(s) are high risk patients.

** Patients with one (or more) cavitated lesion(s) and xerostomia are extreme risk patients.

*** All restorative work to be done with the UCSF preventive and minimally invasive philosophy in mind. Existing lesions that do not penetrate the DEJ and are not cavitated should be treated with fluoride. For extreme risk patients use holding care with glass ionomer materials until caries progression is controlled. Patients with appliances (RPDs, Orthodontics) require excellent oral hygiene together with intensive fluoride therapy. E.g.. Place fluoride gel in removable appliances. Where indicated, chlorhexidine therapy to be done in conjunction with restorative work.

For all risk levels: Patients must maintain good oral hygiene and a diet low in frequency of fermentable carbohydrates.