

# Silver Diamine Fluoride (SDF) Clinical Guideline



CareOregon Dental is committed to supporting our providers with evidence-based clinical guidelines and recommendations to help achieve the best health outcomes for our members. In 2016, Silver Diamine Fluoride (SDF) was added as a benefit under OHP, but there has been no clear consensus on the use of SDF.

In order to provide support around the application, use, and coding of SDF, we developed, in collaboration with our provider network, a clinical recommendation for SDF application as a covered benefit for our members. This practice guideline is not intended to address all individual variations, but to reflect population-based recommendations and promising practices.

## GUIDELINE

1. The dentist shall provide and document the caries diagnosis and treatment plan for SDF.
2. Clinical criteria for SDF:
  - a. The carious lesion is into the dentin with dentinoenamel penetration, not just enamel breakdown.
  - b. Caries has not penetrated the pulp.
  - c. Radiolucency (periapical or intraradicular) is not present.
  - d. SDF is appropriate for any surface on any tooth with the above criteria.
3. Patients who are appropriate candidates for SDF:
  - a. The member is unable to cooperate and engage in restorative treatment and/or sedation.
  - b. Application of SDF will buy more time for the member to receive definitive care, including, but not limited to:
    - i. Children/ adults presenting with extensive treatment plans and the following:
      - a. Rampant decay, but who are not good candidates for oral surgery, restorative treatment and/or sedation.
      - b. Extended wait times for sedation/hospital dentistry.
    - ii. Stabilization prior to radiation/chemotherapy or other medical procedures.
    - iii. Members who are non-tolerant at time of treatment.
      - a. SDF as non-definitive treatment for a child who may be cooperative for restorative treatment in the future.
      - b. SDF for members whose disability prevents them from receiving care in a routine office setting, and when sedation dentistry is not available or a clinically appropriate procedure.
4. The provider shall obtain written informed consent from the member.
  - a. Consent should include that restorative treatment is the best practice whenever possible and that SDF is not regarded as definitive treatment.
  - b. Providers may use the CareOregon Dental consent form or create their own form that contains essential elements.
  - c. We strongly recommend that the consent form include color photos that show the discoloration of SDF on carious lesions. In the absence of photos on the consent form, the consent must include documentation that the patient/guardian has been shown and understands color photos.
3. Documentation of a self-management goal for the patient and/or care-giver as part of oral hygiene instructions or health coaching is required.
4. Proper use of and documentation for SDF may be verified during CareOregon Dental member chart audits.

## OTHER RELATED DOCUMENTS

1. SDF Patient Consent Form
2. American Academy of Pediatric Dentistry: [Policy on the Use of Silver Diamine Fluoride for Pediatric Dental Patients](#)

### INFORMED CONSENT FOR SILVER DIAMINE FLUORIDE

#### Facts for consideration:

- Silver diamine fluoride (SDF) is a liquid that helps stop tooth decay.
- SDF can be applied every 6 or 12 months.
- A small amount of SDF is applied to the decayed tooth area.
- After SDF application, don't eat or drink for 60 minutes and don't brush teeth until the following morning.
- **The decayed area will stain black permanently.** Healthy tooth structure will not stain.
- SDF is not considered to be final dental treatment and restorative dental work is the best option whenever possible.
- I should not be treated with SDF if:
  - I am allergic to silver.
  - There are painful sores or raw areas on my gums or anywhere in my mouth.



#### Benefits of receiving SDF:

- SDF helps stop tooth decay.
- SDF can be placed quickly.
- SDF placement doesn't hurt.
- Teeth do not need to be numbed for SDF.

#### Risks of receiving SDF:

- **The decayed area will stain black permanently.** This means SDF is working.
- Tooth-colored fillings and crowns may discolor if SDF is applied to them.
- After SDF treatment, a filling, crown or other dental work may still be needed.
- If accidentally applied to the skin or gums, a brown or white stain may appear that causes no harm, can't be washed off, and will disappear in one to three weeks.
- SDF can stain if spilled on clothing.
- There is risk for possible allergic reaction.
- There is risk that SDF will not stop the decay.
- Not every cavity can be treated with SDF.

#### Alternatives to SDF, not limited to the following:

- No treatment, which may lead to continued break down of the tooth. Symptoms may get worse.
- Possible treatment options may include placement of fillings or crowns, extractions, or referral to a specialist.

I have read this form. I understand the treatment and have had the chance to ask questions. I have seen the photo of how teeth may look after SDF discolors the cavities. I understand that I may refuse treatment with SDF.

**I consent to the use of Silver Diamine Fluoride to help stop tooth decay.**

Signature of patient/parent/guardian \_\_\_\_\_ Date \_\_\_\_\_

Signature of witness \_\_\_\_\_ Date \_\_\_\_\_