

CariScreen Guide

The CariScreen Test should be performed with a Caries Risk Assessment Form. [Click here](#) for access to the downloadable forms or contact us at 866.928.4445 to have them emailed directly to you.

SCREENING PROCEDURE

- › Before taking a sample, turn meter on and place in meter stand (a timer will appear on the display and count down. The meter will display a "ready" screen with 4 dashes)
- › Remove swab from plastic protective tube
- › With gloved hands, hold swab near cotton tip (like a pencil) and **firmly** swipe lingual surface of lower anteriors (#22 to #27)
 - **Helpful hint:** Flex tip of swab for more accurate angle if needed.
- › While taking sample, avoid all soft tissue (lips, cheek, tongue and gingiva)
 - **Helpful hint:** Focus on incisal third of tooth to avoid interproximal papilla
- › After taking sample, place swab back in plastic protective tube
- › Break the tab inside the bulb and squeeze to release liquid into the tube
- › While holding empty bulb, shake swab vigorously for 10 seconds (Reading must be taken within 30 seconds including the 10 seconds of shaking swab to mix solution)
 - **Caution:** Do not remove swab from tube at any point after liquid has been released
- › Confirm 4 dashes are showing on the screen, open lid and place swab into meter and close lid tightly (2 dashes should appear on meter screen)
- › Place meter back in meter stand
- › Confirm 2 dashes on meter screen and press "OK", meter will countdown from 15
- › Once countdown is complete, reading will appear on screen (meter reads from 0-9999)
- › Circle high or low on CRA Form based on meter reading (<1500=low, ≥1501=high)

CRITICAL POINTS

- Have patients avoid brushing in-office prior to test
- CariScreen test should be done prior to prophies or probing
- Do not reswab a patient within 24 hours
- Do not use swabs if expired
- Avoid any soft tissue

ALTERNATIVE PROTOCOLS

- If patient is missing any lower anteriors, extend the protocol to the posterior teeth
- If necessary, it is acceptable to swipe restorative surfaces or appliances
- For infants and toddlers: start with lingual of lower anteriors (if fewer than 6 teeth, then move to facial of maxillary incisors equaling 6 surfaces)

