

CariScreen Guide

As you are working with this screening test, please remember it does not correlate to current decay, but is one of the three critical data points necessary to determine a patient's risk of future decay. It is normal to get high readings on patients with no decay (Category 3) and low readings on patients with current decay (Category 4).

SCREENING PROCEDURE

- Before taking a sample, turn meter on and place in meter stand (meter will count down from 60 and 4 dashes will appear when ready)
- 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 liquid snap bulb and squeeze to release liquid into tube
- While holding empty bulb, shake swab vigorously for 10 seconds
 - **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

- CariScreen test should be done prior to prophies or probing
- Do not reswab a patient within 24 hours
- Do not use swabs if expired

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)

