

PEDIATRIC DENTISTRY WRAP UP

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ALL I REALLY NEED TO
KNOW I LEARNED IN
KINDERGARTEN

Most of what I really need to know about how to live and what to do and how to be I learned in kindergarten. Wisdom was not at the top of the graduate school mountain but there in the sand pile at Sunday school. **These are the things that I learned:**

- *Share everything*
- *Put things back where you found them*
- *Wash your hands before you eat*
- *Play fair*
- *Clean up your own mess*
- *Don't hit people*
- *Don't take things that aren't yours*
- *Flush*
- *Warm cookies and cold milk are good for you*
- *Take a nap every afternoon*
- *Say you are sorry when you hurt somebody*
- *Live a balanced life- learn some and think some and draw and paint and sing and dance and play and work every day some*
- *When you go out into the world, watch out for traffic, hold hands and stick together*
- *Be aware of wonder*

SEVERAL REASONS THAT BOTH PARENTS AND CHILDREN EXPERIENCE ANXIETY REGARDING THE DENTAL VISIT:

**DENTIST'S MANNER
GENERAL ATMOSPHERE
FEAR OF NEEDLES
FEAR OF EXTRACTIONS
FEAR OF TOOTH PREPARATION
FEAR THAT A CHILD WITH CAVITIES
MEANS THEY ARE A BAD PARENT**

LIKE:

***AN INTERESTING WAITING ROOM
BACKGROUND MUSIC/ TV
DENTIST TALKING WHILE WORKING
WATCHING THE WORK IN A MIRROR
EXPLANATION OF TREATMENT
GIGING A SIGNAL TO STOP WORK***

DISLIKE:

BEING KEPT WAITING

UNATTRACTIVE OR HOSTILE ROOM

COTTON ROLLS

DRILLING

OPERATING LIGHT IN EYES

LYING ABOUT PAINFULL PROCEDURES

BEING COMPARED TO OTHER CHILDREN

***CHOOSE YOUR WORDS
WITH CARE***

Potentially Threatening Words

- This part will hurt (“hurt” tends to increase anxiety)
- The medicine will burn
- This medicine will taste (smell) bad
- As big as.....
- As long as....

less Emotionally Charged Words

- It may feel sore, achy, tight etc. (use manageable, descriptive terms.)
- Some children have said the medicine feels very warm
- This medicine may taste or smell different from anything you have ever had before. After you take it you can tell me how it was for you
- Smaller than....
- For less than it takes you to.....

Kid Speak

- *Explorer*
- *High Speed Handpiece*
- *Slow Speed Handpiece*
- *Local anesthetic*
- *Numb*
- *Rubber dam*
- *Mouth Prop*
- *cavity*
- *Tooth Counter*
- *Fire Engine*
- *Mr. Bumpy*
- *Sleepy Juice*
- *Sleepy*
- *Raincoat*
- *Tooth Pillow*
- *Cookie Bug*

TEMPERMENT

ONE'S PERSONAL STYLE AND
WAY
OF INTERACTING WITH OR
RESPONDING TO THE
ENVIRONMENT

CHARACTERISTIC OF TEMPERMENT

ACTIVITY LEVEL

BIOLOGIC RYTHMS

APPROACH/ WITHDRAWL

ADAPTABILITY

MOOD

INTENSITY OF REACTION

SENSITIVITY

DISTRACTIBILITY

PERSISTENCE

FLEXIBLE/ EASY

HAVE REGULAR RYTHMS
ADAPT QUICKLY TO
ENVIRONMENT
GENERALLY (+) MOOD
LOW SENSITIVITY
LOW INTENSITY IN RXNS

FEARFUL/CAUTIOUS

SLOW TO ADAPT TO ENVIRONMENT

WILL WITHDRAW/BE SHY

CAUTIOUS IN NEW SITUATIONS

MAY OFTEN SEEK OUT CAREGIVER

NEED SECURITY OF PROXIMITY OF

1*CAREGIVER

MAY NEED MORE TIME TO WARM UP

TO NEW

SITUATIONS OR SETTINGS

FEISTY/DIFFICULT

ACTIVE

INTENSE IN THEIR REACTIONS

DISTRACTIBLE

SENSITIVE

IRREGULAR BIOLOGIC RYTHMS

MOODY

OFTEN EXERT A STRONG INFLUENCE

ON THEIR CAREGIVERS AND

ENVIRONMENT

Infant Oral Health Care

- Infant oral health care visit should be seen as a foundation on which a lifetime of preventative education and dental care can be built.
- Oral examination, anticipatory guidance including preventive education and appropriate therapeutic intervention for the infant can enhance the opportunity for a lifetime of freedom from preventable oral disease
- Infant oral health care ideally begins with prenatal oral health counseling for parents.
- An initial oral evaluation visit should occur within 6 months of the eruption of the first primary tooth and no later than 12 months of age

- At the infant oral evaluation visit, the dentist should:
 - Record a thorough medical and dental history (prenatal, perinatal and postnatal periods)
 - Complete a thorough oral examination
 - Assess the patient's risk of developing oral and dental disease and determine appropriate prevention plan and interval for periodic reevaluation based on that assessment
 - Discuss and provide anticipatory guidance regarding dental and oral development, fluoride status, non-nutritive oral habits, injury prevention, oral hygiene and effects of diet and medications on the dentition

- ◆ Risk assessment before age 1 affords opportunity to identify high risk patients and provide timely referral and intervention
- ◆ Primary thrust of early risk assessment is to screen for parent-infant groups that are at risk for ECC



RECOMMENDATIONS FOR PREVENTIVE PEDIATRIC ORAL HEALTH CARE

	AGE 6-12 MONTHS	12-24 MONTHS	2-6 YEARS	6-12 YEARS	12+ YEARS
CLINICAL ORAL EXAM	X	X	X	X	X
ASSES ORAL HEALTH AND DEVELOPMENT	X	X	X	X	X
CARIES-RISK ASSESMENT	X	X	X	X	X
RADIOGRAPHIC ASSESMENT	X	X	X	X	X
PROPHYLAXIS AND TOPICAL FLOURIDE	X	X	X	X	X
ANTICIPATORY GUIDANCE COUNCELING	X	X	X	X	X
ORAL HYGIEN COUNSELING	PARENT	PARENT	PARENT/PATIENT	PARENT/PATIENT	PATIENT
DIETARY COUNSELING	X	X	X	X	X
INJURY PREVENTION COUNSELING	X	X	X	X	X
COUNSELING FOR NONNUTRITIVE HABITS	X	X	X	X	X
COUSELING FOR SPEECH/LANGUAGE DEVELOPMENT	X	X	X		
SUBSTANCE ABUSE COUSELING				X	X
COUNSELING FOR INTRAORAL/PERIORAL PIERCING				X	X
ASSESMENT AND TREATMENT OF DEVELOPING MALOCCLUSION			X	X	X
ASSESMENT FOR PIT AND FISSURE SEALANTS			X	X	X
ASSESMENT AND/OR REMOVAL OF THIRD MOLARS					X
TRANSITION TO ADULT DENTAL CARE					X



CONSIDERATIONS BY AGE

Age	Characteristics	Implications
0-2	Sit/crawl/babble/express single words/ Point to few body parts/follow simple commands/ listen to simple stories or songs	Child in stroller Knee to knee exam Remember their mouths are everything
2-3	Toilet training/ "terrible two's"/ separation anxiety/ vocab of 5-200 words/ Attention span of 1-5 min/ understand differences in meanings 3yr old likes to please	Talk in short sentences Simple vocabulary Unintimidating words
3-4	Attn span 4-8min/can count to ten/ vocab 800-900 words/ learning abc's	Simple instructions Child in dental chair independently
4-5	Tell fanciful/long stories/ clearer sentences/ know abc's/ capable of pretending an object symbolizes another	Independent in chair Carry on conversation Appropriate descriptive words Egocentrism is a limitation
5-7	Attn span 12-25 min/ speak more fluently/ interact with many people outside the home	Need to dispel myths of others Tend to believe everything they hear
7-12	Influence of peers and outside interests Developing ability to think abstractly	Talk on their level Talk about their interests Explain reasons for necessity of TX
12-17	Problematic period/ strong need for control and independence/ appearance of teeth and mouth important/ arrogant/ disrespectful/ distrustful of authority	Allow time for pt to adjust Allow them as much control as possible Let know you are aware they are doing the work Provide choices whenever possible

BASIC 3 C's

EFFECTIVE COMMUNICATION WITH THE PEDIATRIC PATIENT

- **Concise**
 - Simple vocabulary
 - Short message
 - Limit number of instructions or rules
 - Be clear about acceptable behavior
- **Commanding**: speak directly to child
 - Be child focused
 - Get eye contact
 - Commands better at starting than stopping behavior
- **Concrete**
 - Say what you mean
 - Don't ask questions if there isn't a choice

FUNDAMENTALS OF COMMUNICATION

- *POSITIVE APPROACH*
- *TEAM ATTITUDE*
- *ORGANIZATION*
- *TRUTHFULNESS*
- *TOLERANCE*
- *FLEXIBILITY*

GOALS OF EFFECTIVE BEHAVIOR MANAGEMENT

- Establish rapport, trust and communication
- Alleviate fear and anxiety
- Build a positive and trusting relationship
- Promote positive attitudes towards oral health
- Deliver quality dental care



***THIS IS NOT
ALWAYS EASY!***



