

PSILENT PRODUCTIONS

Dr. Gregory Psaltis

Phone and FAX: (360) 413-5760

Cell phone: (360) 789-1185

e-mail: drpsaltis@orcalink.com

Website: www.psaltis.info

Baby Steps

Infant and Preschool Care for the General Dentist

I. Initial comments about infant and preschool care

- A. Dental Home should be established no later than _____
 1. Recommendation grew out of Surgeon General C Everett L Koop's 2000 report, which connected _____ with _____
 2. Why start by this age of a child?
 - a. Percentage of children who experience caries by age 5: _____
 - b. Age when high-risk dietary practices appear to be established: _____
 - c. Newly erupted teeth are at risk for caries because of _____
- B. Two principal emphases for the infant exam
 1. Coaching the parents and educating them
 2. Preventing Early Childhood Caries
 - a. EEC definition: the presence of _____ decayed, missing or filled tooth surface in any primary teeth in a child under the age of _____
 - b. Severe EEC definitions:
 - i. Any sign of smooth-surface caries in a child younger than _____
 - ii. One or more DMF smooth surfaces on primary anterior teeth by age _____
 - iii. DMF scores of >4 at age 3, >5 at age 4 or >6 at age 5
- C. If you cannot/will not see children at 6-12 months:
 1. Do NOT say, "We don't see children until the age of _____."
 2. Recommend an exam with a pediatric dentist=
- D. Importance of infant oral health

II. Infant Oral Health

- A. Establish a Dental Home
 1. Advantages of Dental Home:
 - a. Cost-effective
 - b. Higher quality of care
 - c. More likely to provide _____
 - d. Creates time-critical opportunities to reduce risk of oral diseases
 2. Dental Home provides:
 - a. Preventive services
 - b. Comprehensive assessment of diseases and conditions
 - c. Caries-risk assessment
 - d. Anticipatory guidance for _____
 - e. Plan for acute trauma
 - f. Information about proper _____

- g. Diet counseling
 - h. Appropriate referrals
- B. Caries Risk Assessment
1. Emphasizes treatment of disease process rather than the _____
 2. Helps patient understand disease process and preventive steps
 3. Customizes preventive program
 4. Anticipates caries _____
 - 5 Specific risk associations
 - a. Sugar-caries relationship may not be as great as previously thought
 - b. Evidence suggests night-time use of a bottle is a factor
 - c. Socioeconomics plays an _____ role
 - d. Lack of fluoride and regular brushing are both predictors
- C. Teething
1. Educate parents regarding expected time or arrival of teeth
 2. Delineate _____ from _____
 3. Oral analgesics and chilled rings for pain are recommended
 4. Topical anesthetics are to be discouraged due to _____
- D. Oral hygiene
1. Implement upon eruption of _____
 2. Use of soft toothbrush is recommended
 3. Start flossing as soon as adjacent tooth surfaces cannot be brushed
 4. Tooth brushing is to be done _____ times daily
 5. Discuss after-nursing cleaning
- E. Diet
1. High-sugar diets are usually established by 12 months of age
 2. Frequent night-feeding and/or ad-lib nursing associated with ECC
 3. Juices are not recommended for night-time feeding
 4. Two other factors in increased caries rate are:
_____ and _____
 5. Diet Counselling relative to obesity
 - a. Increased sugar consumption is also linked to obesity
 - b. Prevalence of obesity has _____ for 6-11 year olds in past 25 years
 - c. Prevalence of obesity has _____ for 12-19 year olds in past 25 years
 - d. Obesity predisposes to Type 2 diabetes, heart disease, respiratory, orthopedic and liver problems
 6. Human breast milk
 - a. Uniquely superior in nutrition and, by itself, is _____
 - b. In combination with other carbohydrates is _____
 - c. Frequent night-bottle and adlib nursing are associated with, but not consistently linked to ECC
 - d. Studies reveal that breastfeeding may be protective against _____
 - e. Parents' behaviors influence their children's _____ and _____
- F. Fluoride
1. Optimal exposure to fluoride important to all infants and children with teeth
 2. Well documented as _____ and _____
 3. Individualize the plan for each patient
 4. Amount of fluoridated toothpaste is dependent upon the child's _____
 5. Fluoride ingestion
 - a. Water fluoridation shows _____ reduction in caries without significant fluorosis
 - b. Review all sources of fluoride (water, beverages, prepared foods and toothpaste)

6. Mechanisms of action
 - a. Enamel remineralization
 - b. Altering bacterial metabolism
7. Varnishes prevent or reverse enamel demineralization
8. Toothpaste amounts
 - a. A “smear” for the under-2-year old will provide approximately _____ mg
 - b. A “pea-sized” amount for 2-5 year olds provides approximately _____ mg
 - c. Ingested toothpaste was greater if a child uses fruit-flavored dentifrice
9. Supplementation (assuming less than 0.3 ppm F in child’s diet)
 - a. Birth to 6 months= none
 - b. 6 months to 3 years= .25 mg F (.55 mg NaF)
 - c. 3 years to 6 years= .5 mg F (1.1 mg NaF)
 - d. 6 years to 16 years= 1 mg F (2.2 mg NaF)
- G. Injury prevention
 1. Most common trauma occurs due to _____
 2. Emphasize need for car seats
 3. Toothbrushes and pacifiers can be problems when children are running
 4. Electrical cords are potential problems
 5. Greatest incidence of trauma occurs at _____ years of age
 6. Causes of dental trauma
 - a. Falls
 - b. Traffic accidents
 - c. Violence
 - d. Sports
- H. Non-nutritive habits
 1. Can contribute to negative changes in occlusion and facial development
 2. Early visits provides opportunity to encourage parents help them stop
 3. Types of habits
 - a. Finger sucking
 - b. Pacifier usage
 - c. Nail biting
 - d. Tongue thrusting

III. Child development

- A. One year olds
 1. Learn by conditioning, when two stimuli are paired together
 2. _____ behavior is likely to occur again
 3. Fear of strangers is very common
 4. They startle easily
- B. Two year olds
 1. Language skills begin to develop
 2. They will exert their _____, testing their _____
 3. Role model observation is primary instructor for their own behaviors
 4. Discipline should not be _____
 5. Tantrums are normal and should best be left _____
- C. Three year olds

1. Increased _____ behavior demonstrated
 2. A unique identity begins to emerge
 3. Fear of strangers is replaced by greater capacity for _____
 4. New situations are less likely to have a negative responses
 5. They can understand _____
- D. Preschoolers
1. Ability to reason grows considerably
 2. Child becomes able to think with mental imagery or symbols
 3. They can group objects and use more complex thoughts
 4. A sense of _____ begins to emerge
 4. Value system develops and _____ is shown

IV. Behavior Management of the Young Patient

- A. The three C's are the critical elements of success
- B. Confident
1. Be in charge
 2. Children can “smell _____”
 3. Remain positive
 4. C-B-A
 - a. If you can C _____ of something
 - b. Then you B _____ in it
 - c. You will A _____ it
- C. Calm
1. Keep voice quite
 2. Look at child (at eye level) when speaking
 3. Do not show _____
 4. Nasal breathing is a way to calm yourself down
- D. Child-friendly
1. Smile and engage the child
 2. Show-tell-do
 3. Terminology
 - a. Descriptive terms
 - b. Avoid _____ labels
 - c. Child-friendly words
 - d. Understandable

V. Treatment Planning

- A. Must consider age of patient for length of visit
1. Young children need shorter, earlier appointments
 2. Older children (6+) can handle longer, later appointments
- B. Number of visits
1. Always try for 1 or 2 visits, with a maximum of 4
 2. Consolidate treatments during each visit
- C. Prioritizing
1. Posteriors should always be treated first
 - a. Longevity of teeth
 - b. Chew food during child's growth
 - c. Less traumatic for treatment
 - d. Often *NOT* the parents' preference
 2. Anteriors should be saved for last

- a. Function for speech and smiling are secondary to mastication
- b. More difficult to treat comfortably
- c. Incentive for parents to continue with treatment of posteriors
- 3. Referral of abscessed teeth
 - a. Let oral surgeon complete care with general anesthetic
 - b. Have exodontia done *out of your practice*
- D. Sequencing of treatment
 - 1. Generally start with mandibular arch first, if possible
 - 2. Try to relieve pain at first visit
 - 3. Save short, simple quadrant for last, as that memory will be held

VI. Local anesthesia

- A. Infiltrations vs. Blocks
- B. Needles
 - 1. 27 ga. short
 - 2. 30 ga. short
 - 3. 30 ga. extra short
- C. Septocaine 4%
 - 1. Especially effective for _____
 - 2. NOT recommended for children under _____ years of age
 - 3. NOT recommended for mandibular blocks
 - 4. Effective for hard-to-get-numb patients
 - 5. Maximum dose is _____ mg per pound
- D. Lidocaine 2%
 - 1. For children under 3 years of age
 - 2. Exclusively for _____
 - 3. Can be used for infiltrations, too
 - 4. Maximum dose is _____ mg per pound
- E. Topical Anesthetic
 - 1. Caine sticks
 - 2. Can give to kids for soft-tissue extractions at home
- F. Safety techniques
 - 1. Assistant hands of child's forehead and child's hands
 - 2. Mouth prop
- G. Terminology

VII. Rubber Dam

- A. Advantages
 - 1. No tongues to lips to fight
 - 2. Maintains a _____
 - 3. Easier access
 - 4. Segregates work in child's mind to "the other side"
- B. Currently consider the standard of care
- C. Useful clamps
 - 1. 8A for primary molars
 - 2. 14A for partially erupted permanent molars
 - 3. 3 for fully erupted permanent molars

VIII. Stainless Steel Crowns

- A. Studies indicate SSCs have greater longevity than restorations
- B. Indications for stainless steel crowns
 - 1. Significant interproximal caries—extending to B & L line angles
 - 2. Multiple surfaces involved
 - 3. Teeth to be present for 3 or more years
- C. Large restorations often fail, necessitating extraction or SS crown
- D. Family practitioners generally underuse SS crowns

X. Sedation

- A. Special requirements
 - 1. Training
 - 2. Monitoring
 - 3. Licensure and _____
 - 4. Total focus
- B. Do not use sedation without being fully _____