Oral Health Care
For Children With
Special Health Care Needs

A Guide for Family Members/Caregivers and Dental Providers

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How to Use This Guide

This guide is designed to be a general guide and provide resources for additional and more detailed information. It is in no way meant to be a substitute for dental or medical care. None of the information in the guide should be taken as a diagnosis or used as medical advice. Medical/dental information changes and the reader is responsible for determining the accuracy or efficacy of any statements made in this guide. If there are any misstatements or questionable information given in this guide, the reader should consult with a medical/dental professional for clarification. Additionally, listings of resources and acknowledgements do not constitute an endorsement by any of the funders or sponsors.

Since many diagnoses display similar oral effects, this guide was written based on conditions and behaviors, not on various diagnoses. Two special sections, however, have been included for Down syndrome and cerebral palsy as both of these conditions have many specific implications for oral care. A special sub-section on autism is also included.

Special note about insurance coverage:

Throughout this guide, suggestions are made for easing the child with special health care needs into the dental setting. Often it is suggested to plan for multiple visits to the dental office to conduct pre-appointment interviews and/or desensitization sessions. These suggestions do not indicate that these additional appointments are covered by insurance. It is up to the family member/caregiver to know what the child's individual insurance coverage will allow.

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Introduction

- **Good oral care is fundamentally important to overall health.**

Daily oral care, regular dental check ups, cleanings and restorative work are all a part of life. We need our teeth to help us chew food, speak properly, and to give us a smile. When our mouths are not well cared for, it can lead not only to tooth decay and gum disease, but also to other health issues from the disease process. Children need to be helped and taught about daily oral care, and they need to be brought to the dentist for regular check ups, cleanings and fillings or other dental treatment if needed. The child's age, developmental disabilities and/or special health care needs may make it difficult or impossible for a child to perform daily oral care for themselves. Family members/caregivers may need to assist with or perform these tasks for them.

- **This guide is designed to be a tool kit for family members/caregivers to help provide good oral care for the children they care for.**

- **It is also designed to be a quick reference guide for dental providers on how to best provide oral care for children with special health care needs.**

Once the family member/caregiver has found a dentist and the child is comfortable and well cared for, this office should become the child's dental home. Try to schedule appointments for the same time of day for each visit. Use the same chair and when possible have the same staff members work with the child. A consistent routine will go a long way to build trust in the child. Be sure and train any new staff before the child arrives for an appointment and give the child a chance to get to know them before starting dental treatment.

- **Because developmental disabilities and many special health care needs continue into adulthood, establishing good oral care during childhood is critically important to ensuring comfort and cooperation throughout the child's life.**

Ensure the dentist chosen has experience in dealing with the child's condition(s). Pediatric dentists receive formal training in treating patients with special health care needs and are often the child's first dental home. Some general dentists also have training and experience in treating children with special health care needs and may also be able to care for the individual into adulthood. If a pediatric dentist is chosen, keep this guide handy for the day when the child may need to transfer to a general dentist. The information in this guide will apply equally well to adults.

Providing good dental and oral care for children with special health care needs can be accomplished with a little planning and consideration. The people who ensure this care is provided will be rewarded with bright smiles for a lifetime.

See the resource section for a link to a list of Medicaid (SoonerCare) contracted dental providers.

Considerations for Children with Special Health Care Needs

- **Providing oral care for children with special health care needs should generally follow the same standards of practice for typically developing children.**

Much of what happens in an ordinary dental visit will still occur. Visits may be more frequent or may require some extra personal attention or modification of equipment or procedures. Most visits, however, will be routine. The primary concern in treating children with special health care needs is that the dental provider be informed of all physical/medical conditions, medications, allergies, and/or behaviors that will require accommodation.

A variety of protocols are given in the resource section of this guide for dental professionals. It is a good resource for family members/caregivers also in understanding what to expect from a dental provider.

- **Trust is the first and most important thing to develop between the dentist, the child and the family member/caregiver**.

Many children come to the dentist for the first time when they are already having oral problems. All children display some anxiety with their first trips to the dentist. Having oral discomfort combined with disabilities may make oral care more difficult and will only add to their insecurity. Patience and assurance from both the family member/caregiver and the dental staff will, in most cases, overcome these concerns.

Pre-appointment interviews, either in person, or over the phone, should be conducted to find out how various disabilities affect the child's ability to cooperate with oral care. A full medical history is also very important as many disorders and several medications directly affect how, when and in what condition teeth erupt. The dentist will need all of this information as well as any behavioral concerns, such as if the child is combative or has oral aversions, in order to provide the best oral care.

- **Consistency and routine are also important factors in dealing with children.**

Consistency brings reassurance, as one success builds on another. When possible, have the same staff members work with the child, include the receptionist greeting them by name, and use the same dental chair each time.

- **Simple modifications and accommodations can be made to make the child with special health care needs feel comfortable going to the dentist.**

Special training materials listed in the resource section of this guide will aid in making the dental staff more knowledgeable and confident in making the necessary modifications. When both family members/caregivers and dental providers work together, an accommodating setting will be created that makes good oral care a part of everyday life.

Before the First Appointment

- **Set a pre-appointment interview.**

Providers can send copies of initial visit paperwork to the family member/caregiver to fill out before the first appointment. This will help gather all the needed information, but will also avoid completing this task in the waiting area with an anxious child.

Fill out the "Checklist for Going to the Dentist" in this guide. Use this checklist, along with medical history records, to give the dentist the most complete picture of the child's conditions and/or behavioral issues. Be sure and discuss any concerns that you have before the first appointment.

- **Sometimes the dentist will need to consult with the child's primary care physician before starting dental treatment.**

This is especially true if the child has underlying medical conditions affecting the heart, lungs or other internal systems. In some cases a course of antibiotics may need to be taken before dental visits. Consultation may be necessary when the child is taking medications or if the child has a history of allergies to latex or drugs. If the child sees many specialists, a list of doctors and/or therapists with contact information should also be included with the initial paperwork.

- **Set goals for this first appointment.**

In the case of children with severe anxiety, combative behavior and/or aversions, success on the first visit may simply be arriving to the dental office, meeting the dentist and perhaps sitting in the dental chair. Be prepared to make several appointments to give the child time to become familiar with oral care. Forcing children to comply, will only delay, and in some cases destroy, trust building efforts and can negatively affect their ability to receive good oral care now and later in life. Keep a logbook of what works and what does not, including preferences and comfort items.

- **Desensitize the child at home so oral care seems like a normal part of life.**

Talk about going to the dentist and show them what the dentist will do. Play dental office with children who can understand and let them switch between being the patient and being the dentist. Lap to lap positioning is the most common way of providing oral care for small children. In this position, a family member/caregiver holds the child facing them and then lays the child backwards across their legs with their head cradled in the lap of the dentist. This can be practiced at home so the child will be accepting of this position later. The same is true for older children, or those who use a wheelchair. They can be sat in a reclining position to "practice" dental treatment. Picture books or homemade experience books are also an excellent way to help a child understand what will happen once they get to the dentist.

Checklist for Going to the Dentist

This checklist can be filled out before visiting the dentist and used as a reminder when talking with the staff. It is also a good tool for the dental office receptionist.

Make Some Lists

- Current and past medicines
- Diagnosis summary
- Contact information for doctors/therapists/previous dentists
- Insurance info./ID/legal guardianship/consent forms
- Things that make the child fearful or resistive. Effective rewards for good behavior

Check	Medical Concerns	Check	Behavioral Concerns
	Cerebral palsy		Aloof
	Chemo or radiation treatments		Aversion
	Cleft lip or palate		Bruxism
	Craniofacial deformity		Combative
	Cystic Fibrosis		Fearful
	Developmental delays		Mouth breathing
	Diabetes		Non-verbal
	Down syndrome		Perseveration
	Dysphagia		Pica
	Feeding tube		Pouching
	Hearing impaired		Rumination
	Heart:		Self Injury
	Lung:		Tantrums
	Oral surgery or trauma		Tongue thrusting
	Reflux		Unable to understand
	Requires Oxygen therapy		
	Requires special positioning		
	Seizures		
	Spina Bifida		
	Tracheostomy		
	Unable to sit in dental chair		
	Uses a wheelchair		
	Visually impaired		
	Cognitive disability Severity:		
	Autism Type:		
	Other:		

Daily Oral Health Care Strategies

Good oral care begins at home. Children need a daily routine of care for their teeth and gums to stay healthy. Many children can be taught how to brush, rinse and floss independently. Some will need continued supervision through adulthood, and others will need this task performed for them. All will benefit from this routine activity becoming a standard part of everyday life. Daily home care is the best way to prepare the child for care in a dental office.

The person teaching or providing home oral care will face many of the same challenges as the dentist in getting the child to cooperate. Other sections of this guide have useful information about behavioral and/or physical challenges. The following tips will also help to overcome the challenges of creating or providing an oral care routine.

Set the Stage

- Choose a comfortable location – the bathroom is not the only place to brush teeth
- Have adequate light, fresh water for rinsing, and a mirror if needed
- Have a toothbrush, floss and/or flosser, gloves if used, toothpaste and any rinses and/or swabs ready in advance
- For children who might gag or swallow the toothpaste, use ½ a pea sized amount of paste, plain water or diluted fluoride mouthwash on the brush
- Use adaptive toothbrushes and flossers to make things easier for both of you. See the resource section of this guide for specialty dental products

Set the Atmosphere

- Approach oral care with a positive attitude and make it fun for the child
- Use a tell, show, do approach when introducing new items or steps (see pg. 10)
- Build trust and take it slow. Make the first several attempts positive to gain more cooperation later on. If you have used force in the past, start over and give the child a chance to comply. It may take time to rebuild trust
- Use picture books, homemade experience books and puppets or toys to demonstrate.
- Give lots of positive feedback to reinforce good behavior

Set the time

- Have a routine. Same place, same time, same steps. This consistent routine builds confidence and the child will look forward to daily oral care
- Read Dental Care Every Day, a free booklet listed in the resource section of this guide
- Brush, rinse, floss and/or apply dental agents according to the dentist’s instructions. Some children will need to have oral care several times each day
- Keep a logbook of what works, what doesn’t, and questions for the next dental visit
- Stay positive and keep working at it. The rewards are worth it for you and the child

Aversions (Oral and Touch)

Children who have had trauma of any kind to their mouths can develop oral aversions. Aversion is a strong dislike of something. Oral aversion can be caused by a dislike of strong tastes or textures, cleft lip or palate, use of ventilator or feeding tubes, or from something more direct such as oral/facial surgery or trauma. Some may have an aversion to touch and dislike being handled by dental staff. This can make oral care in a typical setting challenging or in some cases impossible. It is important to determine the level of aversion before proceeding with care.

Oral Effects

There are no specific oral effects from aversions, however, children with aversion are often unable to undergo routine oral care and may not have visited a dentist for some time.

Strategies for Care

Pre-appointment interviews are critical in dealing with aversions. Discuss how to approach the child and gain the most cooperation. Discuss if the child will require anesthesia or stabilization methods. When practical, allow comfort items such as stuffed animals or blankets to stay with the child. Give lots of praise for effort.

Physical/Behavioral Concerns	Strategies for Care
Fearfulness Mild oral aversions	• Use a clear face shield instead of a mask • Tell, show, do • Slowly place instruments into the mouth and avoid sudden movements and noises • Allow the child to handle instruments that are safe • Start the oral exam with something familiar like a toothbrush or just fingers
Moderate oral aversions	• Make several appointments to give the child a chance to get used to the dental office • Include physical and/or speech therapy • Sedation
Severe oral aversions	• Anesthesia
Touch aversions	• Go slowly and avoid touching when possible • Tell, show, do • Ask permission either directly or with body language • Allow the child to get in/out of chair unassisted • The child or dental provider may wish to stand • Minimize lights and noise to avoid overstimulation

Cognitive, Communication, and Social Disabilities

- **It is important for the dental staff to know the child's level of understanding.**

The family member/caregiver will need to communicate this in the pre-appointment interview. Make sure you are speaking at a level the child can understand. Give simple, matter of fact instructions and repeat often to deal with any memory issues.

Start out slow. Allow the child to get comfortable in the dental office. Start with just fingers and step into using instruments slowly. It may take several visits to accomplish a thorough exam, but after several positive experiences the child is very likely to become more and more cooperative.

- **Many children understand far more than they can communicate.**

Many others can communicate if given enough time. Each child should be spoken to directly and in a friendly tone, even when they are resisting treatment. Children are more likely to be acting out of fear than defiance, so keeping a calm tone and having a smile ready will communicate more than words.

Some children are overly curious and impulsive. Others may engage in perseveration, a steady repetition of words, sounds, actions or gestures. Providers should expect that children may do and say things that do not seem appropriate. Keep dental instruments out of reach to avoid injury, and do not leave a child unattended at any time. The family member/caregiver should be allowed to be with the child during the visit. In some cases extra dental staff may be needed.

Tell, Show, Do

Tell the child what you are about to do with a dental instrument before starting. **Show** them on a model or their hand what the instrument will do. This is especially important for instruments that make vibrations or sounds. Once they are comfortable with it, then get their permission and **Do**, by slowly introducing it into their mouths. When handled this way, most children will comply and may even have fun with it.

Use the tell, show, do approach even when the child does not acknowledge the dental staff. It is impossible to know just how much the child understands, and this approach ensures they are treated with respect, even when they are unable to communicate it back.

Picture books are an excellent tool to prep a child for dental treatment. Puppets also work well and give the child a sense of comfort and familiarity. It may be a good idea to let them "play dentist" in the chair with a puppet or doll using safe plastic instruments. Allow comfort items such as stuffed animals or blankets to stay with the child during dental treatment.

Cognitive, Communication, and Social Disabilities - Continued

Special Notes on Autism

Children with autism spectrum disorders can display a variety of behaviors and reactions that can complicate oral care. Coexisting conditions will be covered elsewhere in this guide. Use the following strategies to deal with behavioral issues and unusual responses to stimuli.

Desensitization

- Family member/caregiver pre-appointment interviews are critical
- Ask what time of day the child is the most calm and cooperative
- Some children display quick frustration and violent tempers. Keep a clear path around the dental area to avoid injury and keep instruments out of reach
- Plan a desensitization appointment, see section on Aversion (See Pg. 9)
- Let the child sit alone in the chair, or wherever they are comfortable until they adjust to the environment. Be creative, an exam can be given standing up for example
- Begin the exam with fingers only
- Use a toothbrush before instruments if the child is old enough to recognize the familiar object
- Ask permission with words or body language before starting dental treatment
- Do not expect the child to give a verbal ok before proceeding. If they don't try to stop you, then you have permission
- Make appointments short and positive

Avoiding Overstimulation

- Keep light out of the child's eyes
- Turn down or off any music or intercom/PA systems
- Praise good behavior and ignore inappropriate behavior as much as possible
- Try to gain cooperation in the least restrictive manner before considering stabilization
- See the Behavioral Management section in this guide (See Pg. 18)
- Use the same staff, dental office/chair and appointment time
- Minimize distractions. Reduce sounds, odors (including perfumes or cologne) or anything else that might be disruptive to the child
- Allow time for the child to adjust to the noise level and get fully comfortable before starting dental treatment

Damaging Oral Habits, Oral Defects, Tracheostomy and Trauma

Some children can display damaging oral habits. Many types of disabilities are accompanied by behavior issues, difficulty in movement and/or seizures which can often lead to oral trauma or damage to the face or mouth. Some will have congenital defects such as cleft lip or palate.

Physical/Behavioral Concerns	Strategies for Care
Trauma Tooth loss	• Helmets and/or mouth guards • Expect oral aversion • Tooth saving kits
Picking at teeth or gums	• Soft gloves • Keep hands clean and nails trimmed
Mouth breathing Pouching (storing food in the mouth) Tongue thrusting	• Frequent rinsing with water to reduce dry mouth and prevent damage to tongue and lips • Lip balm to soothe dry lips • Thorough inspection of mouth after meals/snacks • Avoid sugary snacks • Rinse after sugary medicines. Use sugar free medicines • More frequent brushing/flossing and dental visits
Bruxism (grinding teeth)	• Mouth guards
Pica (eating non-food items, such as gravel)	• Mouth guards • Frequent oral inspection • Prevention
Reflux (Stomach acid that splashes back up) Rumination (throwing up food to re-chew it)	• Rinse mouth frequently • Place child in a more upright position to keep acid down • Sealants • More frequent brushing/flossing and dental visits
Cleft Lip Cleft Palate	• Expect aversions • Keep feeding bridges clean • Modify rubber dams to fit and use suction frequently
Tracheostomy	• Expect aversions and a hypersensitive gag reflex • More frequent brushings and dental cleanings • Use a rubber dam if tolerated • Do not block or cover an uncapped tracheostomy as this may cause CO_2 build-up or suffocation

Mobility and Physical Disabilities

Physical Impairments

Children with physical and mobility impairments need to have accommodation for their bodies to be comfortable receiving oral care. Determine beforehand what modifications will need to be made, so the dental visit will go smoothly.

Use pads to position the child and give comfort to sensitive areas. Do not attempt to force limbs, backs and necks into positions that are not natural to the child, instead adjust the chair and move the instruments. In some cases it will be necessary that the dental provider sit in a different place or stand to provide care. See the resource section of this guide for information on safe wheelchair transfer and how to treat children who cannot be moved from their chairs.

Visual Impairments

When a child has difficulty seeing, the dental staff will need to use the child's other senses to move them around the dental office and to warn and/or ask permission before starting dental treatment. Talk to them as you work and look for creative ways to communicate what you are about to do. Face the child when speaking so they can locate you. For children with partial sight, large print (16 point or larger) flash cards can be used as well to give instructions.

Hearing Impairments

Communicate with the family member/caregiver beforehand and when at all possible with the child to explain what will happen at each dental visit. It may then be advisable to remove hearing aids and disconnect cochlear implants before doing dental treatment that involves loud noises and vibration. Use creative communication. For example, tap once before putting something in their mouth, tap twice before starting the suction, and so on. You can also use flash cards as you would for visual impairments.

If the child can read lips, face them when speaking, use a normal cadence and tone and remove your face mask or wear a clear face shield. A child who uses sign language may need to have their interpreter in the room with them. Eliminate background noise when talking. Turn off music and the suction before speaking. Many children will just need you to raise your voice some for them to understand. Raise your voice in stages until you find a level they are comfortable with.

Seizure Disorders

Seizures can occur as a result of several medical issues including developmental disabilities. Seizures can occur spontaneously or as a result of stimuli, or triggers, such as certain sounds or sudden movements. A pre-appointment interview will be needed to understand the child's seizure triggers if any. Being prepared to manage a seizure is the most important factor in providing oral care for children with seizure disorders. Knowing that the dental staff understands and is able to handle a seizure will go a long way toward building trust in the child and the family member/caregiver.

Oral Effects

Trauma
Gingival overgrowth (gingival hyperplasia)

Physical/Behavioral Concerns	Strategies for Care
Seizures Seizure triggers	• Ensure anti-seizure medications are taken before appointments • Consult about seizure triggers before dental treatment begins
Medication induced gingival overgrowth	• See section on medications that affect the teeth and gums • Frequent dental visits and cleanings • Twice daily home oral care

How to manage a seizure

- Attach dental floss to instruments before dental treatment begins so they could be quickly removed if needed
- Remove instruments from the mouth and clear the area around the chair
- Do not insert any objects between the teeth during a seizure
- Stay with the child, turning him or her to one side and monitor their airway until the seizure passes
- Once passed, comfort the child and ensure they understand to the best of their ability that they are ok and the treatment will go on or stop as determined beforehand

Cerebral Palsy and Other Neuromuscular Disorders

Cerebral palsy is a complex group of motor abnormalities and functional impairments that affect muscle control and coordination. Children with this type of disorder can experience uncontrolled body movements, stiffness, weakness in parts or all of their bodies, seizures, sensory problems, balance and mobility problems and in many cases different levels of mental retardation.

Typical symptoms of cerebral palsy fall into many categories. This section intends to cover only those medical issues that are unique to this disorder. Other conditions and/or behaviors will be covered in other sections of this guide and the resource section.

Oral Effects

There are no specific oral effects, however, there are symptoms that can affect how a person is positioned and handled for dental treatment.

Physical/Behavioral Concerns	Strategies for Care
Uncontrolled body movements	• Do not force limbs into unnatural positions, allow the child to settle comfortably in the chair • Do not attempt to stop movements. However, firm, gentle pressure can calm a shaking limb. Anticipate movements and work around them, keeping equipment out of the area of movement • Tone down lights and prevent sudden unexpected sounds as these may increase movements • Take breaks and consider muscle relaxants or sedation • If a wheelchair is used, the child may do better staying in it rather than being transferred
Primitive reflexes	• Often triggered by movement of the head and neck or sudden sounds. See the resource section
Hyperactive bite and gag reflexes	• Place dental instruments slowly into the mouth • Schedule appointments early before eating and drinking • Place child's chin in a downward position • Use a mouth prop if tolerated well
Dysphagia (difficulty swallowing)	• Rinse mouth frequently to remove food particles • Keep airway open by placing the child in a slightly upright position, head turned to one side • Use suction frequently or as tolerated • In some cases a rubber dam might be tolerated

Down Syndrome and Other Genetic Conditions

Chromosomal conditions such as Down syndrome are lifelong genetic conditions that range in complexity and severity. Children may have underlying medical conditions and a consultation with their primary physician may be needed before beginning dental treatment.

Typical symptoms of Down and other genetic syndromes fall into many categories. This section intends to cover only those issues that are unique to these disorders. Other conditions and/or behaviors will be covered in other sections of this guide and the resource section.

Oral Effects

Oral ulcers and infections, ulcerative gingivitis
Increased periodontal disease and dental caries
Malocclusion and tooth anomalies

Physical/Behavioral Concerns	Strategies for Care
Conical teeth, shallow roots Malocclusion (crooked bite)	• Orthodontia should be carefully thought out • Consult with an orthodontic specialist
Atlantoaxial instability	• Use great care in moving the spine and neck • Consult with primary physician • Use pillows and/or pads for support
Periodontal disease Dental caries	• Avoid sugar in foods, snacks and treats • Frequent rinsing & twice daily home oral care • Consider topical fluoride, fluoride varnish and sealants • Frequent cleanings • Consider Chlorhexidine • Ensure home oral care is properly done
Gingival lesions, prolonged wound healing or bleeding	• Consult with primary physician about the possibility of underling medical conditions
Cardiac disorders Compromised immune system	• Antibiotics before appointments may be needed • Consult with primary physician • Treat infections aggressively • Perform twice daily home oral care
Delayed eruption Congenitally missing teeth	• Oral exams should begin by the first birthday • Use panoramic X-rays to look for missing teeth • Maintain primary teeth as long as possible • Consider using spacers where teeth are missing

Medicines That Affect Teeth and Gums

There are three primary ways that medications can affect the teeth and gums.

Xerostomia, or dry mouth syndrome, accelerates the rate that plaque and tarter build up on the teeth and increases the child's chances of having periodontal disease and dental caries.

This website lists many drugs that cause dry mouth. It includes their brand names, generic names and what they are most commonly prescribed for. www.laclede.com/learn/medlist.asp. They also offer products that help with dry mouth. http://www.laclede.com/

Increased dental caries and periodontal disease due to sugary liquid medicines. This is complicated by several conditions that make swallowing and/or clearing the mouth out properly after swallowing more difficult.

Strategies:

- Rinse the child's mouth with water after giving medicines that contain sugar
- Brush frequently if the child takes sugary medicines several times each day
- Combine medicines with water in a cup to dilute the sugar
- Speak to a pharmacist about getting sugar free versions of medicines

Gingival Hyperplasia, commonly called gingival overgrowth, where the soft tissues of the gums grow out of control. Gingival overgrowth can be controlled, but not always prevented with good oral hygiene. Treatment includes, regular dental visits, cleanings, and in some cases surgical repair.

Partial List of Common Medications that cause Gingival Overgrowth

Anticonvulsants – Commonly prescribed to treat seizures	
Brand Name	Generic Name
Celontin	methsuximide
Depakote	valproic acid
Dilantin	phenytoin
Epimid	phensuximide
Zarontin	ethosuximide
Immunosuppressants – Commonly used to prevent rejection of transplanted tissues and psoriasis	
Brand Name	Generic Name
Restasis	cyclosporine
Calcium Channel Blockers – Commonly used to treat high blood pressure	
Brand Name	Generic Name
Calan	verapamil
Procardia	nifedipine

Behavioral Management During Dental Treatment

When a child is unable or unwilling to cooperate with oral care, and all methods of behavioral management have been tried without success, the next step is some form of physical stabilization. Stabilization methods include sedation, anesthesia and physical restraints. Each method has advantages and risks and should be used only when the safety of the child and dental staff are in jeopardy. Keep in mind that a child that initially requires sedation or anesthesia may improve after having several positive dental experiences.

Sedation

Moderate sedation (sometimes called conscious sedation) is when the child is given medication that helps them to relax and become more cooperative, but keeps them awake so they can respond to commands. These medications can be given orally, intravenously with a needle or by inhaling a gas through a mask.

Advantages: The child is still awake and can remember a calm and positive experience. This method works well when there is a willingness to cooperate once calmed down.
Risks: While very low, there is a risk of reaction to the medication.

General Anesthesia

During general anesthesia, the child is asleep. While asleep their oral care is performed without any fear or discomfort and with maximum safety. This has traditionally been provided in a hospital, however, it is now available in many dental offices.

Advantages: Elimination of fear and anxiety.
Risks: While low, there is a risk of reaction to the anesthesia.

Note: State law regulates the training and licensing for providing moderate sedation and general anesthesia for dental patients. Family members/caregivers should be informed of or ask about risks, and the dentist's experience and licensing before giving permission for these procedures.

Physical Restraints

When a child will not respond to sedation and anesthesia is not available, the use of restraints must be weighed against the effects of not providing oral care for the child. All efforts must be made to reduce pain or stress on the child. These types of experiences can influence a child for the rest of their lives and must therefore be carefully planned.

Do not use restraints right after other efforts have failed. Set a new appointment. Discuss with the family member/caregiver what type of restraint will be used, how it will be used and where it will be used. In some cases, it may be necessary to restrain the child before entering the dental office. Consider using a mild sedative before restraints are applied. Some children may have less stress when a family member/caregiver participates in applying restraints.

Advantages: Care can be provided when other methods have failed or are unavailable.
Risks: Any form of physical restraint carries the risk of injury.

Resources

SoonerCare Helpline 1-800-987-7767

http://www.okhca.org/WorkArea/showcontent.aspx?id=6433 List of Medicaid (SoonerCare) contracted dental providers

http://www.aapd.org Guidance on management of persons with special health care needs

www.saiddent.org/modules.asp. Southern Association of Institutional Dentists – Training modules for dental providers

www.saiddent.org/literature.asp Southern Association of Institutional Dentists - Literature list on special needs

http://www.mchoralhealth.org/PediatricOH/index.htm A Health Professional's Guide to Pediatric Oral Health Management – Contains training modules for Dentists – Specific oral conditions and for children with special health care needs

www.scdaonline.org Special Care Dentistry Association – This is the main organization in oral care for special needs patients. Membership includes a monthly journal, newsletter and forum

www.comfortabledentalcare.com Ambulatory Anesthesia Associates – Oklahoma Company that provides mobile, in-office general anesthesia for treating children and special needs patients

www.adsahome.org American Dental Society of Anesthesiology – The leading organization in the field of anesthesiology and sedation for dentistry. There are links to training courses in the use of sedation for dental patients

www.aaortho.org American Association of Orthodontists

www.specialolympics.org They offer an oral care guide for their athletes on this website

www.specializedcare.com Online catalog of the Specialized Care Company - They make many special items, dental equipment and oral hygiene products tailored to special needs patients

www.lassiterdrug.com Oklahoma compounding pharmacy - Many medications can be formulated and compounded for use with special needs, including flavors, anti-nausea, special administration, gluten, dye, and sugar free

www.nidcr.nih.gov/educationalresources National Institute of Dental and Craniofacial Research, a branch of the National Institute of Health. They offer many free booklets and continuing education. Some of the topics include:
1. Dental Care Every Day - A Caregivers Guide
2. Practical Oral Care for Autism, Cerebral Palsy, Down Syndrome, and Mental Retardation
3. Wheelchair Transfer: A Healthcare Provider's Guide

Resources - Continued

State Agencies and Organizations

www.okhca.org Oklahoma Health Care Authority

www.ok.gov State website that also contains links to all other state agencies

www.ouhsc.edu OU Health Sciences Center - College of Dentistry

http://oasis.ouhsc.edu OASIS office at OU Health Sciences Center - Statewide information and referral service in Oklahoma for people with special needs. 800-426-2747

www.okdf.org Oklahoma Dental Foundation

www.okda.org Oklahoma Dental Association

Books and Articles

Exceptional Parent Magazine – www.eparent.com

http://www.mvdsa.org/JimS/DentistryforChildrenwithDowns.pdf
Article concerning dental care for children with Down Syndrome

Dental Care for the Medically Compromised Patient 5th Edition. Lockhart, Peter. (Elsevier Limited 2007)

Dental Management of the Medically Compromised Patient 6th Ed. Little, James. (Mosby 2002)

Management of Pain and Anxiety in the Dental Office. Dionne, Raymond. (W.B. Saunders 2002)

Sedation: A Guide to Patient Management. Malamed, Stanley. (Mosby 2003)

Anesthesia for the Developmentally Disabled Patient. Bennet, J.D.; Leyman, J.W. (W.B. Saunders 2002)

Conditions of Developmental Disturbances. Marx, R.E.; Stern, D. (Quintessence Pub. 2003)

Dental Management of the Down and Eisenmenger Syndrome Patient. Chung, E.M.; Sung, E.C., Sakurai, K.L. (Journal of Contemporary Dental Practice. 5(2): 070-080. May 2004)

D-Termined Program of Repetitive Tasking and Familiarization in Dentistry. Hampton, N.H. (Specialized Care Company 2004) Computer software program that helps dentists deliver care to their patients with autistic disorders with the intent of avoiding physical or chemical restraints

Acknowledgements

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317 NE 13th Street Oklahoma City, OK 73104

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August 15th, 2008