

[Redacted]

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[Redacted]

- Developing Tx Plans
- Advantages
- Considerations during Tx Planning
  - Quadrant Dentistry
  - Local Anesthesia
  - Incipient Lesions
  - Priorities
  - External Factors
- Presentation to Parents
- Referrals

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- Initiated only after a complete & comprehensive diagnosis is obtained.
- Caries Risk Assessment
  - Clinical, historical and social risk factors are used to determine if the child is likely to have caries or not.
- Anticipatory Guidance
  - Co-active counseling prior to the event happening.
- Diagnosis
  - Medical Record
  - Clinical Exam
  - Radiographic Exam

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# [Redacted Title]

- Most critical step in the successful future management of the child and parent.
- A poorly developed Tx Plan
  - Disorganized
  - Inefficient
  - Dissatisfaction
  - Confusion



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# [Redacted Title]

- Sequences the care.
- Allows for prioritization of care.
- Elimination of the need for repeated decision making for each appointment.
- Saves time
  - Shortens the chair time
  - Allows the dental assistant to be prepared in advance
  - Provides for an estimate for the time required for the appointment
  - Fee arrangements can be made in advance

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# [Redacted Title]

- Essential for many reasons
  - Allows for effective use of the appointment time
  - Allows for effective use of LA
  - Since caries progresses very quickly in the primary dentition, allows for the teeth to be treated in a timely fashion

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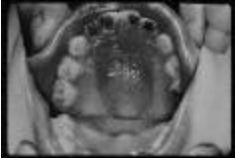
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# [Redacted Title]



- May want to restore the anterior teeth last.
- Anterior teeth are primarily for esthetic purposes.
- Posterior teeth are of greater importance in mastication, space maintenance, vertical dimension and are retained for a much longer time.

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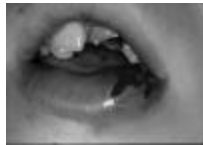
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# [Redacted Title]

- The first priority is always to get the child out of pain if that is what the child presents with.
- Trauma seen immediately after it happens is another condition that requires treatment immediately.



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# [Redacted Title]



- If the case has minimal needs, consider complete arch or half mouth restorations.
- Maxillary local infiltrations may be easier to ease a patient in to if they have never had any dental procedure before.
- Avoid bilateral mandibular blocks in young children.

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[Redacted Title]

- If the tooth is going to exfoliate within a year, then do not restore.
- Child's past dental experience.
- Parent and child cooperation.
- Caries active child must have the incipient lesions restored.

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[Redacted Title]

- Emergencies always get priority!
  - Minimally necessary Tx to relieve the pain and infection
- Plaque-control program should be instituted
  - Plaque removal
  - Diet counseling
  - Topical Fluoride
  - Education on home oral hygiene care
- Restorative Tx completed
- Prosthodontic or Orthodontic Tx completed if necessary
- Recall visit schedule decided and followed



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[Redacted Title]

- Dental I.Q.
- Interest level
- Past Experiences
- Finances
- Availability for appointments
- Social and Medical Problems



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[Redacted Title]

- Good communication in a manner that the parent can understand
- Do not criticize the parent for the child's condition
- Relaxed and informative environment
- Use of visual Aids
- Accurately inform the parent of
  - Dental needs of the child
  - Restorative procedures
  - Amount of time required
  - Total cost
  - Preventive measures necessary to maintain the completed Tx.

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[Redacted Title]

- Proper referrals should not be considered an admission of incompetence but a realization that the child's need may be best handled elsewhere.
- 80% of children are excellent patients.
- There may be some instances when you may want to refer a child to a Pediatric DDS
  - Your comfort level working with children
  - Very young children (<2 yrs with rampant caries needing hospitalization)
  - Developmental disturbances affecting the oral cavity
  - Medically compromised children
  - Congenitally and Developmentally handicapped conditions
  - Severe management problem patients

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- Discuss the rationale for referring with the parent.
- Have the receptionist contact the specialist's office and make the appointment.
- Communicate with the child specialist.
- Forward records and radiographs.
- Your office should receive some communication of the patients condition etc.



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- Tx Planning is a critical step in the successful treatment of children.
- It helps sequence the care with proper prioritization of the child's dental needs.
- It saves time and energy.
- "Definitely, definitely" a good idea!

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