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

• 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
Most critical step in the successful future management of the child and parent.

A poorly developed Tx Plan
- Disorganized
- Inefficient
- Dissatisfaction
- Confusion

Advantages of Developing a Tx Plan
- 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 an estimate for the time required for the appointment
  - Fee arrangements can be made in advance

Quadrant Dentistry in Children
- 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
Anteriors versus Posteriors Consideration

- 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.

Emergency versus Non-Emergency Visit

- 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.

Local Anesthesia Considerations

- 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.
• 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.

Determination of Tx priorities
• 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 in home oral hygiene care
• Restorative Tx completed
• Prosthodontic or Orthodontic Tx completed if necessary
• Recall visit schedule decided and followed

External Factors Influencing Parental Acceptance
• Dental I.Q.
• Interest level
• Past Experiences
• Finances
• Availability for appointments
• Social and Medical Problems
• 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.

• 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

• 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 patient’s condition etc.
Summary

• 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!