

Paediatric Dentistry: Clinic Orientation

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Highgate DMD Clinic

- Children from Highgate Primary School
 - Generally, ages 5-13 years
- Transported to OHCWA by bus
- Routine maintenance and treatment
- Do not have to hold a concession card

Waitlist Patients

- Referred to OHCWA for specialist paediatric treatment
 - May be any age up to 16 years
- May be referred from anywhere in the community (and state!)
- May be seen in DMD Clinic during school holidays
- Need to be eligible for treatment at OHCWA – health care card or pension card

Highgate Clinic

- Transported to OHCWA by bus in two groups:
 - First patient - 9am – 10:15am
 - Second patient - 10:15am – 11:30am
 - Each student takes one patient and assists for the other.
 - DMD4 = more complex treatment. Share procedures like BWs, FS
- If planned patient is absent from school, bus driver will bring a reserve patient
- Child usually on own, sometimes with a parent
- Documents tab:
 - Consent (check is uploaded and signed)
 - Medical history (completed by parents)
 - Do not need separate medical history Titanium form



Treatment Options

- Staged
- Usually least invasive to most invasive (gradually introduce child to dentist)
- Plan:
 - Examination (clinical and radiographic)
 - Oral hygiene instruction and dietary advice
 - Prophylaxis, fluoride varnish
 - Fissure sealants
 - Direct intracoronal restorations
 - *Need additional consent from parents/guardians:*
 - Stainless steel crowns, pulpotomy, Hall Technique crowns
 - Extractions
- Referral to OHCWA specialist (paeds, ortho, etc)
 - Need to be eligible for care at OHCWA
- Referral to private specialists

Paediatric Clinic Protocol

Start of Session:

- Arrive at 8am
- Review patients booked into your chair
 - Planned treatment
 - Past treatment
- Check documents tab for:
 - Consent
 - Medical history
- Present cases at huddle for group discussion
 - Receive ATS

During Appointment:

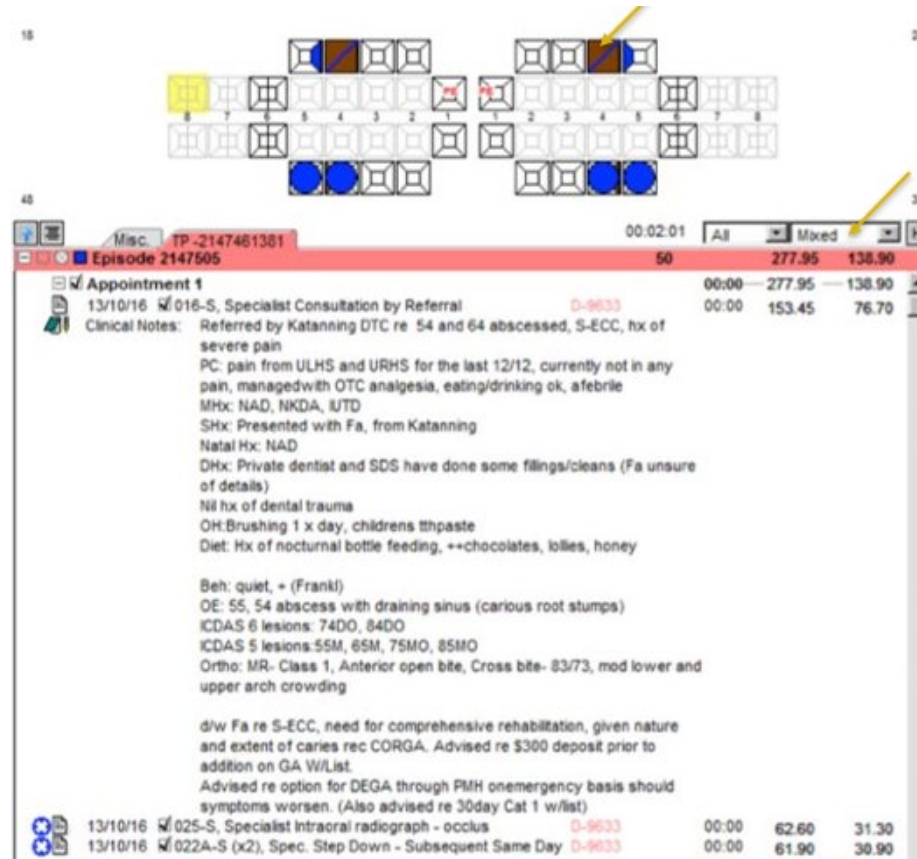
- Children will be brought in from bus by DCA and allocated to cubicles
- If you have a reserve patient you will be notified at this point
- Confirm child's name and date of birth (if they know), or other detail like parent's name
 - Many children speak English as second language
- Ask child about their teeth
 - If any changes or new presenting complaint, speak to tutor before proceeding

During Appointment:

- Complete examination – follow notes template
- Have examination checked by tutor and confirm additional diagnostics required
- Additional diagnostics: photographs, radiographs etc
 - Usual bitewings = 2x size 0s with foam tabs instead of rinn holder
 - If older may tolerate rinn holder
- Treatment plan – have checked by tutor
- Oral hygiene instruction, dietary advice
- Scale and clean, fluoride varnish, fissure sealants etc. if indicated and time available

Paediatric Clinic Protocol

- Clinical Notes
 - Base charting and written notes



The screenshot displays a dental software interface. At the top, there is a base charting grid with various colored boxes (yellow, blue, brown) representing different dental procedures or findings on the teeth. Below the grid is a table with columns for appointment details, including dates, times, and costs. The main part of the screenshot is a clinical notes window for a patient with ID TP -2147461381. The notes describe a specialist consultation for a child with abscessed teeth (54 and 64) and severe pain. The notes include a patient history, dental history, and a comprehensive treatment plan for comprehensive rehabilitation.

Appointment	Date	Time	Cost
Misc. TP -2147461381		00:02:01	All Mixed
Episode 2147505		50	277.95 138.90
Appointment 1	13/10/16	016-S, Specialist Consultation by Referral	0-9633 00:00 277.95 138.90
Clinical Notes:			00:00 153.45 76.70
13/10/16	025-S, Specialist Intraoral radiograph - occlus	0-9633	00:00 62.60 31.30
13/10/16	022A-S (x2), Spec. Step Down - Subsequent Same Day	0-9633	00:00 61.90 30.90

Clinical Notes: Referred by Katanning DTC re 54 and 64 abscessed, S-ECC, hx of severe pain
PC: pain from ULHS and URHS for the last 12/12, currently not in any pain, managed with OTC analgesia, eating/drinking ok, afebrile
MHx: NAD, NKDA, IJTD
SHx: Presented with Fa, from Katanning
Natal Hx: NAD
DHx: Private dentist and SDS have done some fillings/cleans (Fa unsure of details)
Nil hx of dental trauma
OH: Brushing 1 x day, childrens thpaste
Diet: Hx of nocturnal bottle feeding, ++chocolates, lollies, honey

Beh: quiet, + (Frank)
OE: 55, 54 abscess with draining sinus (cariou root stumps)
ICDAS 6 lesions: 74DO, 84DO
ICDAS 5 lesions: 55M, 65M, 75MO, 85MO
Ortho: MR- Class 1, Anterior open bite, Cross bite- 83/73, mod lower and upper arch crowding

d/w Fa re S-ECC, need for comprehensive rehabilitation, given nature and extent of caries rec CORGA. Advised re \$300 deposit prior to addition on GA W/List.
Advised re option for DEGA through PMH on emergency basis should symptoms worsen. (Also advised re 30day Cat 1 w/list)



Paediatric Clinic Protocol

- Make a note of the child's behaviour using the Frankl Behaviour Rating
- Can note for the whole appointment, or individual tasks e.g. (+) for exam, (--) for BWs

Definitely negative (--) refusal of treatment, crying forcefully, fearful, or any other overt evidence of extreme negativism.

Negative (-) reluctant to accept treatment, uncooperative, some evidence of negative attitude but not pronounced i.e. sullen, withdrawn.

Positive (+) acceptance of treatment. At times cautious, willingness to comply with the dentist, at times with reservation but patient follows the dentist's directions cooperatively.

Definitely positive (++) good rapport with the dentist, interested in the dental procedures, laughing and enjoying the situation.

At End of Appointment:

- Need to complete appointment by 10:00am so child is ready for the bus
- You still have duty of care of the child and need to watch them until they leave
 - Keep child in your cubicle, or in an adjacent cubicle with a friend
 - Accompany child to the bathroom if they need to go (male with male, female with female)
 - If parent present, they can return to the waiting room with the child to wait for bus
- Complete all written notes, base charting and treatment plan in Titanium
- Have appointment charged through by tutor
- Complete PebblePad for patient if time allows
- Prepare for second appointment at 10:15am

Off-Waitlist Patients

- Referred to OHCWA for specialist paediatric treatment
- May be seen in DMD Paediatric Clinic during school holidays for their initial consultation
- Will be brought directly to the appointment by family
 - Need to check if it is parent or guardian present
- Referral will be saved in documents tab
- Any radiographs sent with referral may be in documents tab or Sidexis
- Treatment plans usually complex – to complete with tutor
- Treatment plan discussions to be held with tutor
- Charge an 016 (consultation by referral) for the initial appointment, not an 011

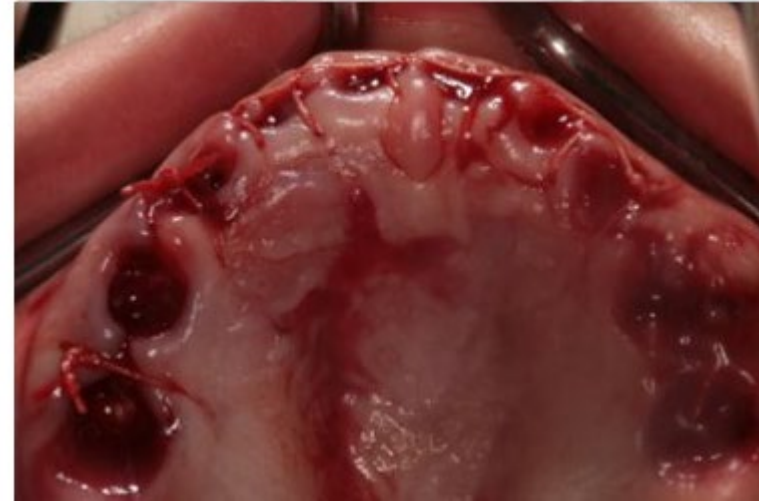
Off-Waitlist Patients

CORGA = Comprehensive Oral Rehabilitation under General Anaesthesia



Off-Waitlist Patients

DEGA = Dental Extractions under General Anaesthesia



Off-Waitlist Patients

- Take weight and height of child at start of the appointment as you bring them in (scales etc located in hallway outside Clinic 5)
- Estimate to be signed electronically by legal guardian, and copy given to them
- Patient to be added to GA waitlist – ask tutor
- Pop-Up Notes – time of GA, type of GA, height and weight
 - E.g. 120min CORGA. Height=120cm. Weight=20kg.

Off-Waitlist Clinic

- Patients requiring treatment under GA will need multiple forms completed for Perth Children's Hospital (PCH) and/or Southbank Day Surgery.
- Help the family fill in the forms
 - Do not assume parent is literate – write out the form for them so it is correct and legible
 - This is a legal document – if you make a mistake draw a single line through it, initial it, and write correct words
 - UMRN is the hospital record number – leave this blank

- Children may be under the care of the Department of Communities (child protection)
- In this case, the Director is their legal guardian
- May still live with a parent or extended family member, foster family, or residential care
- Each child will have
 - A carer – foster parent, extended family member, parent
 - A DCP case manager
 - A legal guardian – Director of Department of Communities
- If a child under the care of DCP requires treatment, you need to write a letter to the Department of Communities requesting consent

Behaviour Management

- Knee to knee technique
 - Can place towel or pillow on lap
 - Brief parent on technique before starting



Behaviour Management

- Desensitisation
 - Want a positive appointment
 - May have chair upright or semi-reclined
 - Easy treatment first



Behaviour Management

- Enhancing control
 - Give small choices, such as which sunglasses to wear



Behaviour Management

- Positive reinforcement
 - Don't forget a sticker at the end of the appointment! Boxes of stickers are in Clinic 5.

