ORAL HEALTH CARE FOR CHILDREN WITH SPECIAL HEALTH CARE NEEDS

A Guide for Family Members/Caregivers and Dental Providers

Sponsored By

Association of State and Territorial Dental Directors (ASTDD)

Health Resources and Services Administration of the Maternal and Child Health Bureau – HRSA (MCHB)

Funding was made possible by

Association of State and Territorial Dental Directors (ASTDD), Oklahoma Dental Foundation (ODF), Oklahoma Dental Association (ODA), and Oklahoma Association of Community Action Agencies (OKACAA)

Funding for printing was provided by

Delta Dental Foundation
http://ddokfoundation.org/

How to Use This Guide

This is a general guide providing 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 medical advice. Additionally, the listing of resources and acknowledgments do not constitute an endorsement by the funders or sponsors.

Since many diagnoses display similar oral effects, this guide was written based on conditions and behaviors.

Special Note about Insurance Coverage

Throughout this guide, suggestions are made for easing the child into the dental setting using multiple visits to the dental office to conduct pre-appointment interviews and/or desensitization. These suggestions do not indicate that additional appointments are covered by insurance.

Table of Contents

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.

This guide is designed to be a tool kit for family members and caregivers to help provide good oral care for a child in their care. It is designed also to be a quick reference guide for dental providers on how to best provide oral care for a child with special health care needs.

Because many special health care needs continue into adulthood, establishing good oral care during childhood is 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 have training and experience in treating children with special health care needs and may also be able to care for them 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.

Considerations for Children with Special Health Care Needs

Providing oral care for a child with special health care needs should follow generally **the same standards of practice** for a child who is developing typically. Visits may be more frequent or may require some extra personal attention or modification of equipment or procedures. The primary concern is that the dental provider be informed of all physical/medical conditions, medications, allergies and/or behaviors that may affect oral care.

Trust is the first and most important thing to develop between the dentist, the child and the family member/caregiver. 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 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 on the phone, should be conducted to find out how various disabilities affect the child's ability to cooperate with oral care.

Consistency and routine also are important factors in dealing with a child. Consistency brings reassurance, as one success builds on another. When possible, have the same staff members work with the child including the receptionist greeting him/her by name, and use the same dental chair each time. A few **simple modifications** can go a long way toward making the child with special health care needs comfortable going to the dentist.

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, and will 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, to give the dentist the most complete picture of the child's conditions and/or behavioral issues. Discuss any concerns before 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.

Set goals for this first appointment. In the case of a child with severe anxiety, combative behavior and/or aversions, success on the first visit may be simply arriving in 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.

Before the First Appointment, continued

Forcing a child to comply will only delay and in some cases destroy trust building efforts, and can negatively affect his/her 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 what the dentist will do. Play dental office with a child who can understand, and switch between being the patient and being the dentist. Lap to lap positioning is the most common way of providing oral care for a small child. In this position, a family member/caregiver holds the child facing him/her and then lays the child backward across his/her legs with the child's 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 an older child, or one who uses a wheelchair. S/he can sit in a reclining chair 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.

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

Checklist for Going to the Dentist

Use this checklist as a reminder when talking with the staff. It is also a good tool for the dental office receptionist.

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

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. Daily home care is the best way to prepare them for care in a dental office.

Set the Stage

- Choose a comfortable location.
- Have fresh water and supplies ready in advance.
- Use half a pea-sized amount of paste, plain water or diluted fluoride mouthwash on the brush for a child who might gag or swallow the toothpaste.
- Use adaptive toothbrushes and flossers.

Set the Atmosphere

- Approach oral care with a positive and fun attitude.
- Use a tell, show, do approach (see pg. 13).
- 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 again 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, and give lots of praise for effort.

Set the Time

- Have a routine; same place, same time, same steps.
- Read Dental Care Every Day, a free booklet listed in the resources section of this guide.
- Brush, rinse, floss and/or apply dental agents according to the dentist's instructions.
- Keep a logbook of what works, what doesn't, and questions for the next dental visit.

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 whether 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.

Aversions (Oral and Touch), continued

Physical - Behavioral Concerns	Strategies for Care
Fearfulness Mild oral aversions	• Use a clear face shield instead of a mask. • Tell, show, do • Place instruments into the mouth slowly 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. • Consider use of sedation.
Severe oral aversions	• Consider use of anesthesia.
Touch aversions	• Go slowly and avoid touching when possible. • Tell, show, do • Ask permission either directly or with body language. • Allow child to get in/out of chair unassisted. • Allow child to stand; or, dental provider may 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 slowly. 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 with directly and in a friendly tone, even when resisting treatment. A child is 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.

Cognitive, Communication and Social Disabilities, continued

Keep dental instruments out of reach to avoid injury, and do not leave a child unattended at any time. The family member or 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** him/her on a model or on his/her hand what the instrument will do. This is especially important for instruments that make vibrations or sounds. Once s/he is comfortable with it, get his/her permission and **Do**, by slowly introducing it into the mouth. 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 s/he is treated with respect, even when s/he is unable to communicate 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 him/her "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 are covered elsewhere in this guide. Use the following strategies to deal with behavioral issues and unusual responses to stimuli.

Desensitization

- Use family member/caregiver pre-appointment interviews.
- Ask what time of day the child is most calm and cooperative.
- Keep a clear path around the dental area to avoid injury, and keep instruments out of reach. Some children display quick frustration and violent tempers.
- Plan a desensitization appointment (see pg. 10 on aversion).
- 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 s/he doesn't try to stop you, then you have permission.
- Make appointments short and positive.

Cognitive, Communication and Social Disabilities, continued

Special Notes on Autism, continued

Avoid 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 (see pg. 26).
- Use the same staff, dental office/chair and appointment time.
- Minimize distractions. Reduce sounds, odors (including perfumes or cologne) and 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.
- Approach slowly and with a positive attitude; many children will adapt and become more and more cooperative, in time.

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 that often can lead to oral trauma or damage to the face or mouth. Some will have congenital defects such as cleft lip or palate. All will need special care.

Oral Effects

Damage to all parts of the mouth
Increased caries and periodontal disease
Tooth loss

Physical – Behavioral Concerns	Strategies for Care
Mouth breathing Pouching (storing food in the mouth) Tongue thrusting	• Rinse frequently to reduce dryness and damage to tongue and lips. • Use lip balm to soothe dry lips. • Inspect mouth thoroughly after meals/snacks. • Avoid sugary snacks. • Rinse after sugary medicines; use sugar free medicines. • Brush/floss more frequently.
Bruxism (grinding teeth)	• Use mouth guard.
Trauma	• Use helmet and/or mouth guard. • Expect oral aversion.

Damaging Oral Habits, Oral Defects, continued

Physical – Behavioral Concerns	Strategies for Care
Tooth loss	• Use tooth saving kit.
Picking at teeth or gums	• Use soft gloves. • Keep hands clean and nails trimmed.
Pica (eating non-food items such as gravel)	• Use mouth guard. • Perform frequent oral inspections. • Use prevention methods.
Reflux (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. • Use sealants. • Brush/floss more frequently and visit dentist more often.
Cleft lip Cleft palate	• Expect aversions. • Keep feeding bridges clean. • Modify rubber dams to fit as needed. • Use suction frequently or as tolerated.
Tracheostomy	• Expect aversions and a hypersensitive gag reflex. • Brush and clean more frequently. • 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

Determine beforehand what modifications 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 positions that are not natural to the child; instead, adjust the chair and move the instruments. In some cases it might help if the dental provider sits in a different chair or stands to provide care.

Visual Impairments

Use the child's other senses to move him/her around the dental office and to warn and/or ask permission before starting dental treatment. Talk to him/her as you work and look for creative ways to communicate such as large print flash cards. Face the child when speaking so s/he can locate you.

Hearing Impairments

Communicate beforehand what will happen at each dental visit. It may be advisable to remove hearing aids and disconnect cochlear implants before starting dental treatment. Use creative communication such as tapping to alert, and flash cards. If the child can read lips, face him/her when speaking, use a normal cadence and tone and remove your face mask or wear a clear face shield. Eliminate background noise when talking. Many children will need only for you to raise your voice for them to hear.

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. Being prepared to manage a seizure is the most important factor in providing oral care.

Physical – Behavioral Concerns	Strategies for Care
Seizure triggers	• Ensure anti-seizure medications are taken before appointments. • Conduct pre-appointment interview.
Medication induced gingival overgrowth	• See section on medications that affect the teeth and gums. • Make frequent dental visits for cleaning. • Perform twice daily home oral care.

How to Manage a Seizure

- Attach floss to instruments before dental treatment begins so they can be removed quickly if needed.
- Remove instruments from the mouth and clear the area.
- Do not insert objects between the teeth during a seizure.
- Stay with the child, turning him/her to one side, and monitor the airway until the seizure passes.
- Comfort children once seizures have passed, and ensure they understand to the best of their ability that they are OK and 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 disability.

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

Oral Effects

Cerebral palsy has no specific oral effects; however, some symptoms can affect how a person should be positioned and handled for dental treatment.

Physical – Behavioral Concerns	Strategies for Care
Hyperactive bite and gag reflexes	• Place dental instruments slowly into the mouth. • Schedule appointments early in the day before eating and drinking. • Place child's chin in a downward position. • Use a mouth prop if tolerated well.

Cerebral Palsy/Other Neuromuscular Disorders, continued

Physical – Behavioral Concerns	Strategies for Care
Uncontrolled body movements	• Do not force limbs into unnatural positions; allow the child to settle comfortably. • Do not attempt to stop movements. However, firm and 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. • Consider, if a wheelchair is used, whether the child may do better staying in it rather than being transferred.
Primitive reflexes	• Be aware; often triggered by movement of the head and neck, or sudden sounds. See resources section for more information.
Dysphagia (difficulty swallowing)	• Rinse mouth frequently. • Keep airway open. Place child in a slightly upright position, head turned to one side. • Use suction frequently or as tolerated. • Use a rubber dam if 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 are covered in other sections of this guide and in the resources 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)	• Consider carefully whether orthodontia should be used; it may or may not be advisable. • Consult with an orthodontic specialist.
Atlantoaxial instability	• Use great care in moving the spine or neck. • Consult with primary physician. • Use pillows and/or pads for support.

Down and Other Genetic Syndromes, continued

Physical – Behavioral Concerns	Strategies for Care
Periodontal disease Dental caries	• Avoid sugar in foods, snacks, treats. • Rinse frequently. • Consider topical fluoride, fluoride varnish and sealants. • Clean frequently. • Perform twice daily home oral care. • Consider use of chlorhexidine. • Ensure home oral care is done properly.
Gingival lesions, prolonged wound healing / bleeding	• Consult with primary physician about the possibility of underlying medical conditions.
Cardiac disorders Compromised immune system	• Determine if antibiotics may be needed before appointments. • Consult with primary physician. • Treat infections aggressively. • Perform twice daily home oral care.
Delayed eruption Congenitally missing teeth	• Begin oral exams by 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

Medications can affect the teeth and gums in three primary ways.

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

These websites answer common questions about dry mouth: causes, cures and prevention.

http://www.life123.com/question/Dry-Mouth-Products
http://answers.ask.com/Health/Diseases/what_causes_dry_mouth
http://www.ehow.com/how_4424716_cure-dry-mouth.htm
http://www.ehow.com/how_5136133_avoid-dry-mouth.htm

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.

Medicines That Affect Teeth and Gums, continued

Gingival hyperplasia, commonly called gingival overgrowth, occurs 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 and 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. Keep in mind that a child who 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 him/her relax and become more cooperative, but keeps him/her awake so s/he 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 s/he is willing to cooperate once calmed down.
Risks: While low, a risk of reaction to the medication exists.

General Anesthesia

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

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

Behavioral Management During Dental Treatment, continued

Note: State law regulates training and licensing to provide 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 his/her life and must therefore be planned carefully.

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

Go to www.okacaa.org for a more extensive list.

SoonerCare (Medicaid) Helpline, 1 (800) 987-7767

www.okhca.org/WorkArea/showcontent.aspx?id=6433 offers a list of Medicaid (SoonerCare) contracted dental providers.

www.aapd.org offers guidance on management of persons with special needs.

www.saiddent.org/modules.php is the Southern Association of Institutional Dentists, training modules for dental providers.

www.mchoralhealth.org/PediatricOH/index.htm offers a Health Professional's Guide to Pediatric Oral Health Management: training modules for dentists; specific oral conditions for children with special health care needs.

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

www.comfortabledentalcare.com is Ambulatory Anesthesia Associates, an Oklahoma company providing mobile, in-office general anesthesia for treating children, special needs patients.

www.adsahome.org is the American Dental Society of Anesthesiology, the leading organization in the field of anesthesiology and sedation for dentistry. Offers links to training courses in the use of sedation for dental patients.

Resources, continued

www.specializedcare.com is the online catalog of Specialized Care Company; they make many special items, dental equipment and oral hygiene products.

www.lassiterdrug.com is an 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 is the National Institute of Dental and Craniofacial Research, a branch of the National Institutes of Health. Free booklets include:
1. Practical Oral Care for People with Autism, Cerebral Palsy, Down Syndrome and Mental Retardation
2. Dental Care Every Day – A Caregivers Guide
3. Wheelchair Transfer: A Healthcare Provider's Guide.

State Agencies and Organizations

www.okhca.org Oklahoma Health Care Authority
www.okacaa.org Head Start Collaboration Office
www.ok.gov Links to all other state agencies
www.ouhsc.edu OU Health Sciences Center
http://soonersuccess.ouhsc.edu SoonerSUCCESS, 1-877- 441-0434
www.okdf.org Oklahoma Dental Foundation
www.okda.org Oklahoma Dental Association

Acknowledgements

Action Team Lead **Kay Floyd**, State Director, Head Start Collaboration Office, OKACAA, (405) 949-1495
Writer **Eilene A. Plaza**, Peak I.T. Services, (405) 706-3829
Action Team Members **Danetta Williams-Tate,** Health/ Mental Health Coordinator, Muscogee Creek Nation Head Start; **John Johnson,** OKDHS Family Support; **Louis Worley,** SoonerSUCCESS State Coordinator, Child Study Center, OUHSC; **Michelle Green-Gilbert,** Health Educator, Pott. Co. Health Dept.; **Mike Chapman,** Programs Field Representative, OKDHS; **Sally Selvidge,** Family Outreach Coordinator, OASIS/ OUHSC; **Sheree Chamberlain,** Nurse Manager, OKDHS

Professional Contributors

Roy L. Stevens, D.D.S., General Dentistry
8283 S. Walker Ave., OKC, OK 73139, (405) 632-5562
Jason Lee, D.D.S., Pediatric Dentistry
2828 Parklawn Dr., Suite 10, OKC, OK 73110, (405) 733-2525
Joseph P. Seay, D.D.S., M.S., Anesthesiology
3750 W. Main, Suite AA, Norman, OK 73072, (405) 364-8500
Ronald L. Winder, D.D.S., Pediatric Dentistry
5602 S. Memorial Drive, Tulsa, Ok 74145, (918) 664-9797
Michele Easton, R.D.H., B.S., Hygiene for Pediatric and General Dentistry, (918) 664-9797
Pam Proto, Oral Hygiene Instructor/Dental Assistant
8203 S. Walker Ave., OKC, OK 3139, (405) 636-1411

Family Member/Caregiver Contributors

Deb McKaughan
Heather Pike

Give Us Your Feedback

Please let us know what you think about this guide. Make a copy of this page and mail or fax it to:
Oklahoma Dental Foundation, Attn: COHC/Tool Kit
317 N.E. 13 St., Oklahoma City, OK 73104

How did you find out about this guide?
Fax: 405-241-1260

_____

What is your relationship to children with special health care needs? (Circle all that apply.)

Parent Caregiver Social Service Provider Agency _____
Teacher Dentist Dental Hygienist Physician
Other _____

How was this guide helpful?

_____
_____
_____
_____
_____

How can this guide be improved?

_____
_____
_____
_____
_____

Oral Health Care for Children With Special Health Care Needs

The full size (8 ½ x 11) version of this guide is available for downloading. Additional copies, as funding allows, of this pocket sized guide and Web-links to the full sized version are available at:

www.okacaa.org or write to:

Oklahoma Association of Community Action Agencies
605 Centennial Blvd., Edmond, OK 73013

October 2013