PEDIATRIC DENTAL
CLINICAL PROTOCOLS

GUIDELINES FOR PROFESSIONAL PREVENTIVE CARE
STANDARDS FOR FIRST AND RECALL VISITS

1. UNDER AGE ELEVEN

a. Oral Hygiene Instruction
- Brushing with child
- Flossing
  -For child under age 3 - optional: demonstrate technique to parent/caregiver
  -For child age 3 to 8 - demonstrate technique to parent/caregiver
  -For child over age 8, demonstrate to child and parent/caregiver
- Toothpaste use
  -For child under age 3, demonstration to parent/caregiver of amount of toothpaste on brush
  -For child over age 3, demonstrate to both child and parent/caregiver of amount of toothpaste on brush

NOTE: The parent or caregiver may not be able to attend this visit. Please ensure that a packet of preventive materials is given to the child to take home.

b. Preventive procedures based on status of mouth
- For child with gingivitis - scale and use the following protocols below for stained or unstained teeth

- For child with no obvious gingivitis, use the following protocols:
  1). For children with unstained teeth and no calculus
  -Prophylaxis with no paste, mouthwash optional
  OR
  -Oral hygiene instruction only

  2). For children with stained teeth and no calculus
  -Prophylaxis with low abrasive paste
  -Optional - Topical application of fluoride
  -Oral hygiene instruction

  3). For children with stained teeth and calculus
  -Scaling
  -Prophylaxis with low abrasive paste
  -Optional - Topical application of fluoride
  -Oral hygiene instruction

  4). For children with unstained teeth and calculus

-Scaling
-Prophylaxis with no paste, mouthwash optional
-Oral hygiene instruction

NOTE: Some managed care protocols mandate an exam and prophylaxis every six months. We are required to comply with this.

2. AGE ELEVEN AND OLDER

a. Oral Hygiene Instruction
-Brushing with patient
-Flossing with patient
-Diet counseling
-Counseling on the piercing of oral structures
-Counseling on tobacco cessation

b. Preventive procedures
-Thorough scaling
-Prophylaxis with a low abrasive paste only if stains present or if requested by patient
-Topical application of fluoride

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FREQUENCY OF PREVENTIVE RECALL VISITS BASED ON CARIES AND FLUORIDE STATUS

The following table serves as a guide for the frequency of recall (maintenance) visits. The caries active/history of caries status is defined as having one or more carious lesions into the dentin and/or any previous restorations.

FREQUENCY OF RECALL VISITS BY PLACE OF BIRTH AND CARIES STATUS

AGE RANGE	FLUORIDE STATUS AT BIRTH	CARIES STATUS	FREQUENCY OF RECALL VISITS
0 - 3 YEARS	Fluoride	Free	Every year
	Non-fluoride	Free	Every year
	Fluoride	Active History of caries	Every year
	Non-fluoride	Active History of caries	At least once per year
4 - 10 YEARS	Fluoride	Free	Every 2 years
	Non-fluoride	Free	Every year
	Fluoride	Active History of caries	Every year
	Non-fluoride	Active History of caries	At least once per year
11+ YEARS	Fluoride	Free	Every year
	Non-fluoride	Free	Every year
	Fluoride	Active History of caries	At least once per year
	Non-fluoride	Active History of caries	At least twice per year

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RADIOGRAPHIC PROTOCOLS

The radiographic protocols are based on the policy promulgated by the Federal Drug Administration (FDA). The intent of this policy was to minimize exposure to x-rays while maximizing diagnostic needs. These protocols are based on the following elements of patient care: 1) development of dentition; 2) treatment phase; 3) risk factors.

1. Dentition - The three categories of dentition are the primary, the transitional, and the permanent.

2. Treatment Phase - Radiographic needs are different for each of the two phases of care - new or initial and recall or maintenance.

3. Risk Factors - Additional radiographs are required beyond the standard bitewings to include but not be limited to the following conditions: periodontal, periapical, pathology, impactions, development of dentition.

PHASE	PRIMARY DENTITION	TRANSITIONAL DENTITION	PERMANENT DENTITION
NEW/INITIAL	2 posterior bitewings	2 to 4 posterior bitewings and individualized periapical/occlusal films or panoramic film. A full mouth survey is indicated with generalized dental disease.	A full mouth survey of periapical and bitewing films is appropriate with evidence of present or a history of dental disease.
RECALL/MAINTENANCE no risk factors	2 posterior bitewings	2 to 4 posterior bitewings	4 posterior bitewings
RECALL/MAINTENANCE risk factors	2 posterior bitewings and selected periapical radiographs	2 to 4 posterior bitewings and selected periapical radiographs and/or a panoramic film	4 posterior bitewings and selected periapical radiographs

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PEDIATRIC POSTERIOR RESTORATIONS

The restoration of primary teeth has been practiced similarly as the restoration of permanent teeth - utilizing the amalgam restoration. This has not been successful in multiple surface restorations resulting in the need to replace these after as little time as one year. With the advent of new materials, longer lasting restorations are now feasible for the primary dentition. All materials used must meet ADA approval. The table below lists the most suitable restorations.

SURFACE(S)	RECOMMENDED MATERIALS	RATIONALE
Occlusal	Composite resin, Amalgam	Ease of placement, low wear, high strength
Proximal	Resin Reinforced Glass Ionomer OR Compomer PLUS Composite Overlay OR Composite Resin	The resin modified glass ionomer bonds to the tooth, has expansion similar to tooth structure, and low solubility. The compomer has ease of placement, low solubility, and slight expansion. A millimeter thickness of composite provides surface strength and low wear. The new composite resin restorations, either hybrid or microfill, can be used. It is best to place a thin layer of a flow composite prior to the placement of the final restoration.
Proximal and lingual and/or facial	Stainless steel crown	This provides the longest lasting results when the tooth is severely impacted by caries. With experience, these are easy to use.

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SEALANT PROTOCOLS

The following table serves as a guide for the placement of sealants. The placement of sealants is based on the potential risk for caries. The caries active/history of caries is defined as having one or more carious lesions into the dentin and/or any previous restorations. The following protocol refers to sound enamel pits and fissures.

AGE RANGE	CARIES STATUS	SEALANT PROTOCOL
0 - 3 YEARS	Free	No sealant
	Active/History of caries	If posterior caries, seal remaining molars; if anterior caries only (ECC)-sealant optional
4 - 10 YEARS	Free	No sealant
	Active/History of caries	Seal permanent molars upon eruption or later
11+ YEARS	Free	Seal molars
	Active/History of caries	Seal all posterior teeth

Sealants should also be used therapeutically as follows:

- All incipient lesions within the enamel should be sealed, NOT RESTORED.
- All occlusal restorations should be kept as small as possible. After restoring the occlusal surface, seal the remainder of the surface. All restoration materials can be sealed, including amalgams.