

LESSON PLAN & TEST QUESTIONS

Course: DNTH 305 Dental hygiene theory II

Topic: Dental Hygiene Care for the Infant, Child, and Adolescent

Audience: Adult Learners (Junior level dental hygiene students)

Instructional

Objectives: Upon completion of the lecture, the student should be able to:

1. Identify early childhood caries.
2. List teeth eruption times.
3. Distinguish the differences in oral health needs between each age group.
4. Apply pediatric behavior management during dental hygiene care.
5. Reflect on the importance of caregivers' oral health care literacy.

Materials: PowerPoint
Video

References:

American Academy of Pediatric Dentistry (2022). Who is AAPD? Retrieved from

<https://www.aapd.org/>

American Dental Hygiene Association (2016). ADHA standards for clinical dental hygiene c
practice. Retrieved from <https://www.adha.org/>

Bhoopathi, V., Luo, H., Moss, M., & Bhagavatula, P. (2021). Unmet Dental Care Need and
Associated Barriers by Race/Ethnicity among US Adults. JDR clinical and translational
research, 6(2), 213–221. <https://doi.org/10.1177/2380084420923576>

Bowen, D., Pieren, J., & Darby, M. (2020). Darby and Walsh dental hygiene theory and practice
(Fifth ed.).

Wilkins, E., & Wyche, C. (2020). Clinical practice of the dental hygienist (*13th ed.*).
Philadelphia: Wolters Kluwer Health/Lippincott Williams & Wilkins.

Personnel: None needed

Time: 50 minutes

TIME	LESSON CONTENT	NOTES
	I. INSTRUCTIONAL SET	
2 minutes	<p><u>A. Introduction</u></p> <p>Pediatric patients make up a considerable portion of the patients that dental hygienists face during day-to-day clinical practice. Therefore, understanding their oral health care needs and clinical management is a critical skill for a competent dental hygienist.</p> <p><u>B. Established Mood</u></p> <p>By attending today's lecture, you are taking the initiative to learn more about pediatric dentistry. Today, we will learn about the different conditions that concern this age group, their oral health needs, and some methods to better manage them in the clinic. We will also learn about the importance of caregivers' oral health knowledge and the role of a dental hygienist.</p> <p><u>C. Gain Attention/Motivate</u></p> <p>Who is excited to have a pediatric patient in their clinic? I can tell you from my humble experience that they can either make or break your day, but they are sure fun to have. However, handling them clinic means that you will also be handling their caregivers, who are essential to a child's oral health condition. So, today we will learn about the tips and tricks of managing pediatric patients and will learn more about their oral health needs.</p> <p><u>D. Established Rational</u></p> <p>By understanding today's lecture, you will gain insight into pediatric dentistry, which will introduce you to each aged group's particular oral health needs and how to manage them in your clinic. This lecture is essential as it will also introduce you to early childhood caries, a worldwide public health crisis. Finally, by understanding the concept of oral health literacy,</p>	<p>Slide #1 Dental Hygiene Care for the Infant, Child, and Adolescent Title</p> <p>Note: Let the student speak about how they feel about treating this group and share personal stories to gain attention.</p> <p>Note: The trajectory of a child's oral health is dependent on the caregiver's oral health behaviors, beliefs, and attitudes.</p> <p>S Slide #2 Ice-breaker A picture of moods with the question "which mood are you today?"</p> <p>Q: In your opinion, why is it important to know about each age group? A: Answers will vary, but the students will learn that each group has its own oral health needs and differs in developmental stages by the end of the lecture.</p>

TIME	LESSON CONTENT	NOTES
2 minutes	<p>you value the importance of providing OHI to caregivers.</p> <p><u>E. Established Knowledge Base</u></p> <p>Have you ever had a pediatric patient in your clinic? If so, can you share with us what was your experience like? If you haven't, do you any background information about pediatric patients? are excited to have them in your clinic? Why? Or why not? Have you read or heard about anything related to pediatric dentistry?</p> <p><u>F. Instructional Objective</u></p> <p>After today's lecture, you should be able to identify early childhood caries. List teeth eruption times. Distinguish the differences in oral health needs between each age group. Apply pediatric behavior management during DH care. Reflect on the importance of caregivers' oral health care literacy.</p>	<p>Slide #3 lesson's objectives</p>

TIME	LESSON CONTENT	NOTES
5 minutes	<p>I. What is pediatric dentistry?</p> <p>A. Definition: Age-defined specialty that provides both primary and comprehensive preventive and therapeutic oral health care for infants and children through adolescence, including those with special healthcare needs.</p> <p>B. Age categories for pediatric patients</p> <ol style="list-style-type: none"> 1. Infants <ol style="list-style-type: none"> a. 0-1 years of age 2. Toddlers <ol style="list-style-type: none"> a. 1-5 years of age 3. Preschoolers <ol style="list-style-type: none"> a. 3-6 years of age 4. School-age children <ol style="list-style-type: none"> a. 6-12 years of age 5. Adolescents <ol style="list-style-type: none"> a. 12-17 years of age <p>C. American Academy of Pediatric Dentistry AAPD</p> <ol style="list-style-type: none"> 1. Membership organization for pediatric dentistry. <p>D. The role of the RDH</p> <ol style="list-style-type: none"> 1. Promote early oral health preventative measures 2. Interprofessional collaboration. <ol style="list-style-type: none"> a. Interprofessional education. <ol style="list-style-type: none"> i. “When students from two or more professions learn from, about, and with each other to enable effective collaboration and improve health outcomes.” b. Interprofessional collaborative practice. <ol style="list-style-type: none"> i. “Multiple health workers from different backgrounds work together with patients, families, and communities to deliver the highest quality of care.” 3. Deliver evidence-based dental hygiene care. 	<p>Slide #4 “what is pediatric dentistry?” Slide</p> <p>Slide #5 age categories for pediatric patients</p> <p>Note: AAPD Mission statement: “To advocate policies, guidelines, and programs that promote optimal oral health and oral health care for children.”</p> <p>Slide #6 American Academy of Pediatric Dentistry AAPD</p> <p>Slide #7 the role of the registered dental hygienist</p> <p>Q: Why do dental hygienists have to adhere to the concept of interprofessional collaboration? A: To deliver the highest quality of care according to each patient’s specific oral health need.</p> <p>Slide #8 what is oral health literacy?</p>

TIME	LESSON CONTENT	NOTES
2 minutes	<p>E. Oral health literacy</p> <ol style="list-style-type: none"> Definition: “the degree to which individuals can obtain, process, and understand the basic health information and services needed to make appropriate health decisions.” OHL is directly related to the prevalence of dental caries risk in children. <p>II. Early childhood caries EEC</p> <p>A. EEC</p> <ol style="list-style-type: none"> Definition: The presence of one or more decayed (non-cavitated or cavitated lesions), missing (due to caries), or filled tooth surfaces in a primary tooth. Public health crisis Cause <ol style="list-style-type: none"> fermentable carbohydrates (milk or formula). <ol style="list-style-type: none"> Streptococcus mutans Most susceptible <ol style="list-style-type: none"> Maxillary anterior teeth Characteristics <ol style="list-style-type: none"> Chronic Infectious Rapid progression Difficult to detect 	<p>Note: Inadequate OHI among caregivers yields an increased risk of dental caries in children.</p> <p>Slide #9 What could happen?</p> <p>Note: In slide 9, Show and tell! I will share a picture of one of my patients, showing what could happen when caregivers’ oral health literacy is low.</p> <p>Slide #10 early childhood caries EEC.</p> <p>Slide #11 Bacterial and viral transmissions</p>
2 minutes	<p>B. Bacterial and viral transmissions</p> <ol style="list-style-type: none"> Vertical transmission <ol style="list-style-type: none"> “Transmission through the mother’s saliva to the child.” Horizontal transmission <ol style="list-style-type: none"> “Indirect exposure of saliva through sharing of spoons, testing foods before feeding to child, and cleaning off pacifier with mouth instead of water.” Dental caries. Herpetic infection Children between 19-33 months are most susceptible. <p>C. Caries risk levels</p> <ol style="list-style-type: none"> Low caries risk Moderate caries risk High caries risk 	<p>Slide #12 figure 47-2 from the Wilkins’s textbook.</p>

TIME	LESSON CONTENT	NOTES
3 minutes	<p>4. Extreme caries risk</p> <p>D. Clinical findings related to EEC</p> <ol style="list-style-type: none"> 1. White spots (decalcification) 2. Obvious decay 3. Severe tooth decay <p>E. Progression of EEC</p> <ol style="list-style-type: none"> 1. Earliest caries <ol style="list-style-type: none"> a. Maxillary anterior teeth b. Molars as they erupt 2. Severe extensive lesions <ol style="list-style-type: none"> a. all except the mandibular anterior teeth <p>F. Epidemiological indices for assessing dental caries prevalence and incidence</p> <ol style="list-style-type: none"> 1. DMFT/dmft <ol style="list-style-type: none"> a. "The total number teeth decayed, missing, or filled in an individual." b. Decayed c. Missing d. Filled e. Do not count <ol style="list-style-type: none"> i. Unerupted ii. Congenitally missing iii. Supernumerary iv. Extracted for non-carious reasons 2. DMFS <ol style="list-style-type: none"> a. Counts tooth surfaces <ol style="list-style-type: none"> i. Posterior surfaces ii. Anterior surfaces <p>III. Teeth eruption times</p> <p>A. Primary teeth eruption chart</p> <ol style="list-style-type: none"> 1. Upper teeth <ol style="list-style-type: none"> a. Central incisors (8-12 months) b. Lateral incisors (9-13 months) c. Canin (16-22 months) d. First molar (13-19 months) e. Second molar (25-33 months) 2. Lower teeth <ol style="list-style-type: none"> a. Central incisors (6-10 months) b. Lateral incisors (10-16 months) c. Canin (17-23 months) d. First molar (14-18 months) e. Second molar (23-21 months) 	<p>Slide #13 pictures from the Wilkins's textbook, illustrating cavitated lesions and white spot lesions.</p> <p>Q: what is the difference between cavitated lesions vs. white spot lesions?</p> <p>A: white spot lesions are opaque, chalky enamel, indicate that the surface and underlying enamel are demineralized (initial caries). While cavitated lesions are small brownish cavitated areas (later stage).</p> <p>Slide #14 3 pictures showing the progression of caries from white spot lesions to cavitated large carious lesions.</p> <p>Slide #15 clinical photos demonstrating the progression of EEC.</p> <p>Slide #16 Figure 47-5 progression of EEC from the Wilkins's textbook</p> <p>Q: why do you think that severe caries affect all teeth</p>

TIME	LESSON CONTENT	NOTES
5 minutes	<p>B. Permanent teeth eruption chart</p> <ol style="list-style-type: none"> Upper teeth <ol style="list-style-type: none"> Central incisors (7-8 yrs.) Lateral incisors (8-9 yrs.) Canine (11-12 yrs.) First premolar (10-11 yrs.) Second premolar (10-12 yrs.) First molar (6-7 yrs.) Second molar (12-13 yrs.) Third molar (17-21 yrs.) Lower teeth <ol style="list-style-type: none"> Central incisors (6-7 yrs.) Lateral incisors (7-8 yrs.) Canine (9-10 yrs.) First premolar (10-12 yrs.) Second premolar (11-12 yrs.) First molar (6-7 yrs.) Second molar (11-13 yrs.) Third molar (17-21 yrs.) <p>IV. Dental visits</p> <p>A. Dental home concept</p> <ol style="list-style-type: none"> Purpose <ol style="list-style-type: none"> APPD definition: “an ongoing relationship between the dentists and the patient, inclusive of all aspects of oral health care delivered in a comprehensive, continuously accessible, coordinated, and family-centered way.” No later than 12 months Early intervention <p>B. Management</p> <ol style="list-style-type: none"> Establish rapport <ol style="list-style-type: none"> Positive fun environment OHI <ol style="list-style-type: none"> Parents (caregivers) <ol style="list-style-type: none"> Nutrition Fluoride toothbrushing techniques Increase parents’ oral health literacy Schedule visits according to the child's need <ol style="list-style-type: none"> Early morning 	<p>except the mandibular anterior?</p> <p>A: Protection for the mandibular incisors and canines is provided by the tongue during the sucking process.</p> <p>Slide #17 Epidemiological indices for assessing dental caries prevalence and incidence</p> <p>Slide #18 primary teeth eruption chart</p> <p>Slide #19 permanent teeth eruption chart</p> <p>Q: Why do you think that the permanent 1st molars are called non-succedaneous teeth?</p> <p>A: because they do not replace any primary teeth</p> <p>Slide #20 dental visits title</p> <p>Slide #21-24 Dental visits</p> <p>Slide #25 Barriers to dental care</p>

TIME	LESSON CONTENT	NOTES
5 minutes	<ul style="list-style-type: none"> ii. After naps Planned intervention c. Engage both caregiver and child <ul style="list-style-type: none"> i. Informed consent ii. Education iii. Self-care recommendations d. Report suspected abuse or neglect e. Ask parents f. Barriers to dental care <ul style="list-style-type: none"> i. Availability ii. Geographic area iii. Financial iv. Parental oral health literacy v. Language vi. Racial and ethnic disparities <p>V. Age categories of pediatric patients</p> <p>A. Infant (0-1 yrs.)</p> <ul style="list-style-type: none"> 1. Eruption of mandibular teeth (5-6 months) 2. All primary teeth are present (20-30 months) 3. Delayed eruption (common issue) 4. Teething education <ul style="list-style-type: none"> a. Manage symptoms <ul style="list-style-type: none"> i. Increased biting ii. Drooling iii. Gum rubbing iv. Sucking v. Irritability vi. Wakefulness vii. Ear rubbing viii. Facial rash ix. Decreased appetite x. Temperature elevation. 5. Teething intervention 6. OTC analgesic gels <ul style="list-style-type: none"> a. No benzocaine-based if under 2 yrs. 7. Healthy eating habits 8. Caries prevention measures <ul style="list-style-type: none"> a. caregivers seek preventative dental care every 6 months. b. Clean pacifiers. <ul style="list-style-type: none"> i. Don't dip them in sugar ii. Never clean them with someone's mouth. 	<p>Slide #26 Age Categories of pediatric patients title</p> <p>Slide #27 Infant oral care (0-1 yrs.)</p> <p>Note: chewing on a baby toothbrush with soft bristles can be soothing during the teething process while also developing a daily habit for toothbrushing before the child can learn a specific method of brushing</p> <p>Slide #28 Prevent transmission of bacteria associated with caries</p> <p>Q: why do you think the reason behind recommending caregivers to seek preventative dental care every 6 months?</p> <p>A: It is not just for their own benefit but because they may have an effect on their children's oral health as well.</p>

TIME	LESSON CONTENT	NOTES
	<ul style="list-style-type: none"> c. Never share eating utensils. 	Slide #29
	<ul style="list-style-type: none"> 9. Educational tips to caregivers <ul style="list-style-type: none"> a. Brush as soon as teeth erupt b. Brush infant's gums c. Water bottles for bed d. Encourage cups at 12-14 months e. Reduce pacifiers f. Brush after sugary medicine g. Regular appointments h. Fluoride 	<p>Educational tips to caregivers: Infants (Birth to 1 year of age)</p> <p>Note: Clean infants' gums with a wet, clean wash cloth or gauze.</p>
	B. Toddlers to preschool (1-6 yrs.)	Slide #30 Toddler to preschool oral health (1-6 years of age)
	<ul style="list-style-type: none"> 1. Oral hygiene is the caregivers' responsibility 	
	<ul style="list-style-type: none"> 1. 2-3 years <ul style="list-style-type: none"> a. Most susceptible to dental trauma b. Teach proper brushing techniques 	
	<ul style="list-style-type: none"> 2. Age 4 <ul style="list-style-type: none"> a. Discourage thumb sucking 	Note: at pre-school age go over exfoliation sequence/patterns and avoid cariogenic behaviors.
2 minutes	<ul style="list-style-type: none"> 3. Age 6 <ul style="list-style-type: none"> a. Teaching independent tooth brushing 	
	<ul style="list-style-type: none"> 4. Emphasize preventive oral hygiene care <ul style="list-style-type: none"> a. Fluoride application b. Pits and fissure sealants 	Slide#31 Oral health considerations for toddlers/preschoolers
	<ul style="list-style-type: none"> 5. Oral health considerations <ul style="list-style-type: none"> a. Establish a routine <ul style="list-style-type: none"> i. Recommend brushing after breakfast and before bedtime. b. Control the amount of toothpaste is on toothbrush <ul style="list-style-type: none"> i. < 3 years: a smear or grain of rice size ii. 3-6 years: a pea sized amount iii. Teach them to spit out the toothpaste. 	Note: insert 47-8 figure from the Wilkins's textbook
2 minutes	<ul style="list-style-type: none"> 6. Speech and language development <ul style="list-style-type: none"> a. Premature loss of primary teeth, b. Digit habits (Prolonged thumb and finger sucking) <ul style="list-style-type: none"> i. Narrow max. arch ii. Open bite iii. Posterior crossbite 	Slide #32 Speech and language development

TIME	LESSON CONTENT	NOTES
5 minutes	<ul style="list-style-type: none"> iv. Increased overjet v. Decreased overbite c. Malocclusions d. Accident and Injury Prevention <ul style="list-style-type: none"> i. Greatest incidence: 2-3 years of age 	<p>Slide #33 Dietary and feeding recommendations</p>
	<ul style="list-style-type: none"> 7. Dietary and feeding recommendations <ul style="list-style-type: none"> a. Small healthy meals during the day. b. Healthy snacks (noncariogenic). c. Limit sweet foods/drinks to 2-3 or less per day. d. Limit juice to 4-6 ounces per day e. Do not send to bed with a sippy cup f. Use “healthy vs unhealthy” rather than “good vs bad”? 	<p>Slide #34 School-age children and oral health (6-12 years of age)</p>
	<p>C. School-age children (6-12 yrs.)</p> <ul style="list-style-type: none"> 1. Characteristics <ul style="list-style-type: none"> a. Oral exam should occur prior to school b. More independent with oral hygiene c. Primary teeth will begin to exfoliate d. Sports related injuries <ul style="list-style-type: none"> i. 50-90%: Upper lip, maxillary incisors ii. Recommend mouth guards e. Ultrasonic scaling used only on permanent teeth 2. Effective clinical managment <ul style="list-style-type: none"> a. Knee-to-knee position (0-3 years old) b. Explain prior examination c. Avoid using negative words (hurt, pain) d. Parental involvement e. Use show-tell-do to gain cooperation. f. Use pictures, videos, and positive engagement 	<p>Q: why we not supposed to used ultrasonic scalers on primary teeth?</p> <p>A: ultrasonic scaling are not recommended to use on primary teeth due to them having large pulp chambers, cause sensitivity and possible damage to the pulp.</p>
	<p>D. Adolescent (12-12 yrs.)</p> <ul style="list-style-type: none"> 1. Characteristics <ul style="list-style-type: none"> a. High susceptibility <ul style="list-style-type: none"> i. high caries incidence ii. traumatic injury iii. periodontal disease 	<p>Slide #35 tips for effective clinical management</p>
		<p>Note: box 47-1 form the Wilkins’s textbook</p>

Slide #36 pictures of the knee-to-knee position, figure 64-04 for the Wilkins’s textbook

Slide #37
Radiographic assessment

Slide #38-39
Adolescent stage and

TIME	LESSON CONTENT	NOTES
5 minutes	<ul style="list-style-type: none"> iv. Poor nutritional habits v. orthodontics vi. Restorative care vii. Oral malodor (halitosis) b. Into esthetic appearance. c. Puberty and Menses d. Hormonal changes <ul style="list-style-type: none"> i. Plaque induced gingivitis modified by systemic factors ii. Puberty associated gingivitis and menstrual cycle gingivitis <p>2. Dental hygiene role</p> <ul style="list-style-type: none"> a. Assess the presence, position, and development of third molars <ul style="list-style-type: none"> i. Provide referral if removal is indicated b. Oral manifestations of sexually transmitted diseases c. Potential effects of hormone fluctuations and use of oral contraceptives on periodontal tissues d. Oral findings of anorexia nervosa or bulimia. e. Traumatic injury to teeth <ul style="list-style-type: none"> i. Providing athletic mouth guards. f. Pregnancy <ul style="list-style-type: none"> i. Educated about oral health of mother and infant g. Teach: <ul style="list-style-type: none"> i. Tobacco cessation ii. Smoking, smokeless tobacco, secondhand smoke h. Obstructive sleep apnea (OSA) <ul style="list-style-type: none"> i. Dry mouth and sore throat. i. Piercings j. Substance abuse <p>3. Periodontal Infections</p> <ul style="list-style-type: none"> a. Biofilm-Induced gingivitis <ul style="list-style-type: none"> i. Incidence and severity may increase during puberty 	<p>oral health (12-17 years of age)</p> <p>Q: why does the incidence and severity of periodontal disease may increase during puberty?</p> <p>A: due to hormonal changes.</p> <p>Slide #40 Dental Hygiene Treatment Adolescents (12-17)</p> <p>Slide #41 Adolescent stage and oral health (12-17 years of age)</p> <p>Slide #42 Periodontal Infections</p>

TIME	LESSON CONTENT	NOTES
2 minutes	<ul style="list-style-type: none"> ii. Clinical changes due to increased biofilm iii. Exaggerated host response to dental biofilm b. Risk factors for periodontitis <ul style="list-style-type: none"> i. Local factors ii. Pathogenic microorganisms iii. Untreated dental decay/defective restorations iv. Poor oral hygiene v. Infrequent dental or dental hygiene vi. Socioeconomic influences vii. Use of tobacco viii. Systemic diseases ix. Host immune factors x. Genetic factors 	<p>Slide #43-44 picture of periodontal disease in children</p>
	<p>E. Reasons for Referral</p> <ul style="list-style-type: none"> 1. Severely crowded, malposed, or congenitally missing teeth 2. Overbite, overjet, crossbites, or other malocclusions requiring intervention 3. Premature loss of primary molars: <ul style="list-style-type: none"> a. Usually disrupts the eruption and alignment of permanent molars and premolars 4. Pathology or illness 5. Suspected Child abuse or neglect 6. Substance abuse in the family 7. Failure to provide safety measures <p>F. Documentation</p> <ul style="list-style-type: none"> 1. Overall appraisal of physical status and key health history findings 2. Existing pathology: soft tissue, gingiva, caries, occlusal status 3. Oral hygiene status and caries risk assessment 4. Anticipatory guidance provided 5. Procedures completed: examination, scaling, x-rays, fluoride, etc. 6. Child's behavior throughout appointment 7. Treatment planned for next visit 	<p>Slide #45 Reasons for Referral</p> <p>Slide #46 Documentation</p> <p>Note: documentation should include child's behavior and level of cooperation (quiet, talkative, nervous, cooperative, opens well, can handle prophylaxis)</p>

TIME	LESSON CONTENT	NOTES
3 minutes	<p>G. ODU SODH Clinical considerations</p> <ol style="list-style-type: none"> 1. Only ages 5 years and older can be seen 2. Parent or caregiver is encouraged to wait in the waiting room <ol style="list-style-type: none"> a. Need to discuss health history, sign for informed consent, pay for treatment, and participate in OHI 3. Ages 5-12 <ol style="list-style-type: none"> a. Use the Child medical history and dental history form b. No vitals 4. Ages 13+ <ol style="list-style-type: none"> a. Record vitals b. Use adult medical and dental forms 5. Occlusion: Angle's class <ol style="list-style-type: none"> a. Only if permanent canines and/or first molars are present 6. Additional findings 7. Periodontal charting: <ol style="list-style-type: none"> a. FGM- full mouth b. Probe any permanent teeth 8. Dental charting <ol style="list-style-type: none"> a. Primate spacing 9. Scaling <ol style="list-style-type: none"> a. Only if calculus is present b. No calc = no scaling grade 10. Tx Plan: <ol style="list-style-type: none"> a. Ages 5-12: D1120 (includes varnish) b. Do NOT treatment plan calculus class 	<p>Slide #47 ODU SODH Clinical considerations</p>

TIME	LESSON CONTENT	NOTES
2 minutes	<p><u>VI. CLOSURE</u></p> <p>A. <u>Summary of Major Points - Relate Back to Objectives</u></p> <p>I hope that you now have a better understanding of Early Childhood Caries EEC, the clinical findings, and how to manage them. From today's lecture, I hope that you have learned each age category has its own oral health needs that must be addressed. Keep in mind that a child's oral health trajectory depends on the caregiver's oral health behaviors, beliefs, and attitudes. Remember that you have a critical role in preventing oral disease and promoting oral health care in the pediatric population.</p> <p><u>Provide a Sense of Accomplishment</u></p> <p>I hope you will be more comfortable and able to treat and manage your future pediatric patients effectively. Also, you can give valuable oral hygiene instruction to their caregivers.</p> <p>B. <u>Assignment:</u></p> <p>For a better understanding of our topic today you should:</p> <ol style="list-style-type: none"> 1. Explore the article listed on your handout 2. Search magazines for current articles in various journals about pediatric dentistry 3. Research dental hygiene care for pediatric patients to keep updated with new methods and instructions. 	<p>Slide #48 Summary</p> <p>Slide #49 References and articles to explore.</p>

TIME	LESSON CONTENT	NOTES
3 minutes	<p>CRITICAL THINKING ACTIVITY</p> <p>Case: Sarah and her 2-year daughter (Mae), arrive for the first dental visit. Mae is very anxious and nervous when she comes through the dental office door. The mother is soothing and bribing Mae with fruit snacks, and a “sippy” cup that contains juice. After reviewing the medical and dental history with Sara, the oral health assessment, and examination is performed. Based on the data collected from the assessment, it is determined that Mae is considered “high” risk for dental caries.</p> <ol style="list-style-type: none"> 1. What would you do to reduce Mae’s anxiousness? Answer: Knee-to-knee position (0-3 years old) Explain prior examination. Avoid using negative words (hurt, pain). Parental involvement. Use show-tell-do to gain cooperation. Use pictures, videos, and positive engagement 2. How would you explain to Sarah that Mae is at high risk for dental caries? Answer: that since Mae has multiple observable carious lesions and consumes fruit snacks and a “sippy” cup that contains juice, she is considered to be high risk to develop more dental cavities. 3. What specific oral hygiene instructions are needed for Sara? Answer: <ul style="list-style-type: none"> • Oral hygiene care → caregiver’s responsibility, teach proper brushing techniques. • Emphasize preventive oral hygiene care→ topical fluoride application and dental sealants • Avoid cariogenic behaviors→ no cariogenic snacking and drinking. Instead of juice, water should be consumed. • Children in her age are becoming more independent, parents should take turns brushing with the child 	<p>Slide #50 Let’s look at a practice case!</p> <p>Slide #51 Critical thinking activity: Case for Analysis</p> <p>Note: Class discussion</p>

TIME	LESSON CONTENT	NOTES
	<ul style="list-style-type: none"> • Establish a routine, recommend brushing after breakfast and before bedtime. • Control the amount of toothpaste is on toothbrush < 3 years: a smear or grain of rice size • Teach her to spit out the toothpaste. • Mae should have regular dental visits to establish the concept of the dental home and reduced her anxiety. 	<p>Slide #52 Thank you slide</p>

Test Questions

1. Objective #1: Identify early childhood caries.

Test Item: all of the following are true about early childhood caries **EXCEPT** one. Which one is the **EXCEPTION**?

- a. It is a public health crisis
- b. Mandibular teeth are most susceptible
- c. Highly infectious
- d. Initially appear as white spots.

2. Objective #2: List teeth eruption times.

Test Item: At what age do primary mandibular central incisors usually erupt?

- a. 6-10 mos.
- b. 8-12 mos.
- c. 9-13 mos.
- d. 10-16 mos.

3. Objective #3: Distinguish the differences in oral health needs between each age group.

Test Item: By which age should the habit of thumb sucking be discouraged?

- a. 2 years old
- b. 3 years old
- c. 4 years old
- d. 5 years old

4. Objective #4: Apply pediatric behavior management during dental hygiene care.

Test Item: As a professional dental hygienist, what should you teach parents, caregivers, or legal guardians to help better manage pediatric patients in clinic (In 2-3 sentences)?

5. Objective #5: Reflect on the importance of caregivers' oral health care literacy.

Test Item: In 2-3 sentences, explain why it is important to increase the oral health literacy of patient's caregivers?

Answers Key:

- 1. B
- 2. A
- 3. C
- 4. Establish the dental home concept. According to AAPD, "an ongoing relationship between the dentists and the patient, inclusive of all aspects of oral health care delivered

comprehensively, continuously accessible, coordinated, and family-centered way.” Recommend the first dental visits for children no later than 12 months of age. Early intervention before serious health problems can develop. Establish rapport to create a positive, fun environment. Schedule dental hygiene visits according to the child’s needs. Usually, every 4-6 months. Schedule early morning or after naps. Use tell-show-do to gain cooperation. Use pictures, videos, and positive engagement. Knee-to-knee position (1-3 years old). Explain prior examination. Avoid using negative words (hurt, pain).

5. Caregivers’ oral health literacy is directly related to the prevalence of dental caries risk in children. Dental hygienists must consider the economic status, cultural differences, beliefs, values, attitudes, traditions, and language barriers and adapt information and services to these differences. Inadequate OHI among caregivers yields an increased risk of dental caries in children.