

# Pediatric Dentistry

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## General Guidelines

Pediatric Dentistry is that part of dental practice which deals with the growth and development of the dentition and the diagnosis and treatment of dental disease in children and adolescents.

Since many of the features of pediatric dentistry are common to all of dental practice, they will not be discussed in detail in this section. Only those aspects that have specific importance for this area will be included.

There should be particular concern to preserve the primary teeth for masticatory function and space maintenance, utilizing such procedures as pulpal therapy and stainless steel crowns. To preserve adequate space for the eruption of the permanent dentition, both space maintainers and space retainers should be employed judiciously, with particular preference for fixed appliances.

Tooth guidance and regulation of the growth and development of the dentition is also an important feature of pediatric dental care. Patients should be referred for treatment of conditions beyond the skill of the treating dentists.

Excessive and unnecessary treatment should be avoided. For example, carious lesions of primary incisors that will exfoliate within 6-9 months should not be restored unless it is warranted by special circumstances. Routine administration of premedications should be avoided for tractable children. Inhalation sedation and/or premedication may be used selectively when indicated for management of pain and anxiety only with the proper licensure.

Principles and practices of prevention should be employed, such as dietary counseling and plaque control. Topical fluorides should be applied at least annually as part of the prophylaxis and dietary fluorides should be prescribed where the water supplies are deficient. Application of sealants may be utilized where appropriate.

**The following quality-evaluation criteria should be considered merely as AIDS for the discrimination between the four ratings for each characteristic. The determination of the rating of any given dental service is dependent upon the sound JUDGMENT of the peer review examiners.**

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# PEDIATRIC DENTISTRY

QUALITY EVALUATION RATING SYSTEM		
	Rating	Operational Explanation
S A T I S F A C T O R Y	<p><b>R</b>                      Range of Excellence</p> <p><b>ROMEO</b>              Code: R                                  Call: Romeo</p>	Treatment rendered is of satisfactory quality in all aspects.
	<p><b>S</b>                        Range of Acceptability</p> <p><b>SIERRA</b>              Code: S                                  Call: Sierra</p>	Treatment is of acceptable quality but exhibits one or more features which deviate from the ideal.
N O T  S A T I S F A C T O R Y	<p><b>T</b>                        Repeat or correct for Prevention</p> <p><b>TANGO</b>                Code: T                                  Call: Tango</p>	Treatment is not of acceptable quality. Future damage to the deciduous or permanent dentition is likely to occur.
	<p><b>V</b>                        Repeat or Correct Statim</p> <p><b>VICTOR</b>                Code: V                                  Call: Victor</p>	Treatment is not of acceptable quality. Damage to the deciduous or permanent dentition is now occurring.

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## PEDIATRIC DENTISTRY

QUALITY EVALUATION CRITERIA AND ABBREVIATIONS	
Code	
	Selection of pediatric procedures (treatment plan) is based on sound diagnostic judgment in order to preserve the natural dentition, provide space maintenance, and includes dietary evaluation, use of fluoride and other preventive measures, as needed. Technical performance conforms to established principles.
<b>SFM</b>	<b>Fixed</b> space <b>maintainers</b> for first primary molar space are placed after eruption into occlusion of first permanent molars, provided space has not already been lost and/or the succeeding bicuspid is still covered by bone.
<b>SRM</b>	<b>Removable</b> tooth guidance appliances and space maintainers are used where a fixed appliance could be placed.
<b>SCD</b>	In deciding the treatment of a carious lesion in a primary tooth, one or more <b>conditions</b> have not been taken into consideration resulting in a less than optimal but completely functional restoration.
<b>TMS</b> <b>TPH</b> <b>TTIM</b> <b>TAG</b> <b>TERV</b> <b>TOC</b> <b>TSP</b> <b>TFL</b> <b>TCW</b> <b>TDIE</b>  <b>TRF</b> <b>TBM</b>	<b>Masticatory</b> function, or <b>Phonetics</b> , or the remaining <b>time</b> of function of the tooth in question, or the patient's <b>age</b> , or the <b>eruption</b> sequence of the permanent dentition, or the <b>occlusion</b> , or the arch <b>space</b> has not been considered when the treatment plan was made. Prophylaxis is performed without topical <b>fluoride</b> treatment when fluoride treatment indicated. Inappropriate use of <b>crown(s)</b> when more conservative restorative procedure(s) was possible. Appropriate <b>dietary recommendations</b> (including prescription of dietary fluoride) have not been made when indicated. Removable space maintainers are used where <b>fixed appliances</b> are indicated. Failure to utilize appropriate behavior management techniques to allow for optimum clinical treatment and psychological acceptance.
<b>VEX</b>  <b>VOC</b> <b>VCW</b>  <b>VORT</b> <b>VORA</b> <b>VEE</b>  <b>VCM</b>  <b>VDT</b> <b>VDC</b>	<b>Extraction</b> of primary molars or permanent first molars that could have been retained with proper pulpal therapeutic methods. (Except removal of grossly carious first permanent molar prior to eruption of second molar where the second molar may drift forward to replace the first molar.) Inappropriate treatment of <b>malocclusions</b> without adequate diagnosis. <b>Crown(s)</b> damaging to teeth and/or supporting tissues or there is no indication of the necessity for crown replacement. Failure to recognize <b>over-retained</b> deciduous <b>teeth</b> . <b>Over-retention</b> of fixed space maintainers. Failure to note and treat <b>ectopically erupting</b> first molars causing early loss of second (2 <sup>nd</sup> ) primary molars and subsequent space loss for permanent second (2 <sup>nd</sup> ) bicuspid. Failure to recognize <b>congenitally missing</b> teeth and not maintaining primary teeth in excellent condition or preparing for future space problems. <b>Delaying treatment</b> when referral is appropriate. Failure to diagnose and treat <b>dentigerous cysts</b> causing ectopic or non eruption.

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