

DIVISION OF DEVELOPMENTAL DISABILITIES SERVICES  
COMMUNITY SERVICES/ ADULT SPECIAL POPULATIONS

Health Care Services Protocol # 9

Dental Service Protocols

Date: 7/28/2011

Prepared by: Linda Hershey, RN, Susan Lafontaine, RN, Teresa Mumford, RN

Approved by: 

**I. PURPOSE**

To provide appropriate and fiscally responsible dental services for individuals receiving residential services from DDDS.

**II. RATIONALE**

Good oral care is fundamentally important to overall health. When our mouths are not cared for, it can lead to not only tooth decay and gum disease, but also other health issues. In effort to provide dental services for residential individuals, appropriated funds must be maximized. The following guidelines shall be followed when maintaining dental service: continuity of care, approving submitted treatment plans, and determining potential dental services needs.

**III. STANDARDS**

- A. Each region (New Castle, Kent, and Sussex) shall assign and designate a staff manager to oversee contracted dental services.
- B. Regional Contract Manager will be responsible for the following:
  - Receive, review and approve treatment plans.
  - Receive, review and approve dental service invoices.
  - Maintain satellite file for each individual requiring dental sedation. File shall be forwarded to the receiving regional contract manager if individual is transferred.
  - Ensure appropriate dental services are obtained in a timely manner.
  - Notify staff of approved plans.
- C. The individual's personal and family resources shall be the first/primary funding source prior to the allocation of DDDS contracted funds (if available). The case manager is responsible for determining and procuring funds.
- D. DDDS will not authorize or pay for root canals, crowns, dentures, or any cosmetic procedures.

- E. A statewide dental spreadsheet, which indicates dentist, date, dental service rendered, cost of treatment and remaining contract balance shall be maintained.
- F. Dental diagnosis which is considered to be an emergency or of any urgent nature shall be processed on a case-by-case basis and receive immediate attention.
- G. If the individual or the family does not have the personal funds, DDDS will pay for one dental prophylaxis per fiscal year (subject to availability of funds).
- H. Any dental services which require DDDS funding shall be provided by a dentist currently under contract (See Exhibit A). List of Contracted dentist will be updated annually and distributed by the Regional Contract Manager.
- I. For individuals requiring conscious sedation/anesthesia, an annual discussion shall be completed by the team to consider an attempt without this level of intervention. Outcome of this discussion shall be documented with in the individual's Plan of Care.
- J. Recommended and/or annual dental services, not considered urgent shall be completed/ scheduled with in a timely manner (less than 30 days). If noted otherwise, the nurse shall address this concern and notify regional contract manager.
- K. A Dental Verification (DAIR) form (Exhibit B) shall be completed following any dental service. Completed form shall be forwarded immediately to the assigned nurse for review. If the conscious sedation/anesthesia is needed or if the individual requires treatment not considered routine, a copy is to be forwarded to the Regional Contract Manager.

#### **IV. TRAINING AND STAFF EDUCATION**

- A. Individuals who cannot independently complete oral hygiene, a service plan shall be developed with in the individuals Plan of Care indicating supports and training offered to improve skill.
- B. Attached exhibits C and D for education and training purposes.

#### **V. EXHIBITS**

- A ..... List of contracted dentists
- B ..... Dental Verification Form
- C and D.... Training Tools

**LIST OF MEDICAL PROVIDERS**

**DENTAL**

Delaware Tech Dental  
333 Shipley St.  
Wilmington, DE 19806  
Contact person: Shameka Reaves-Russell (302-657-5176)  
Fax: (302) 657-5127

Family Dental Assoc  
385 Saulisbury Rd.  
Dover, DE 19904  
Contact person: Sherry (302-674-8810)  
Fax: (302) 674-8941

Lynch & Rodriguez, P.A.  
543 Shipley Street  
Suite E  
Seaford, DE 19973  
Contact person: Ginny (302-629-7115)  
Fax: (302) 629-0613

Peninsula Dental, LLC (*Glen Goleburn, DMD*)  
26670 Centerview Dr., Unit 19  
Millsboro, DE 19966  
Contact person: John Moore (302-297-3750)  
Fax #: 302-297-0355

Seaford Dental (I. Kent Elkington, DDS)  
218 Pennsylvania Ave.  
Seaford, DE 19973-3820  
Contact person: Jennifer (302-629-3008)  
Fax: (302) 629-3746

The Dental Group (Jones & Labin)  
3439 Carpenter's Way  
Lewes, DE 19958  
Contact person: Melissa Jones (302-645-8993)  
Fax: (302) 645-4506

Thomas D. Cox, D.D.S.  
96 E. Main Street  
Newark, DE 19711  
Contact person: Liz (302-368-2558)  
Fax: (302) 366-0911

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3510 Silver Road  
Wilmington, De 19810  
Contact Person: Adria (302-479-9400)

Dr. Glen Goleburn (Sedation)  
1290 People Plaza  
Newark, De 19702  
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Fax: (302) 836-2693  
Lisa Janvier ([lisa.janvier@yahoo.com](mailto:lisa.janvier@yahoo.com))  
John Moore ([JTM.BGDental@comcast.net](mailto:JTM.BGDental@comcast.net))

Practice Without Pressure (Sedation)  
(Medical, Dental, & Personal Care)  
2470 Sunset Lake Road  
Newark, Del 19702  
(302-832-2800)  
Fax: (302) 836-3126  
Contact person: Sandy

### **DENTAL SURGEONS**

Thomas Dougherty DMD  
Weatherhill Professional Building  
5317 Limestone Rd.  
Wilmington, DE 19808  
Contact person: Andrea (302-239-2500)  
Fax: (302) 239-0552  
[tpdomfs@gmail.com](mailto:tpdomfs@gmail.com)

Thomas R. Mullen, DMD  
8466 Herring Run Rd., Suite D  
Seaford, DE 19973  
Contact person: Judy (302-629-3588)  
Fax: (302) 629-0274

Michael Cahoon  
750 Kings Hwy., Ste 107  
Lewes, DE 19958  
Contact person: Cynthia (302-644-4171)  
Fax: (302) 644-4314



DELAWARE HEALTH & SOCIAL SERVICES  
DIVISION OF DEVELOPMENTAL DISABILITIES SERVICES  
COMMUNITY SERVICES

Name: \_\_\_\_\_

Date: \_\_\_\_\_

	<i>Oral</i>	Good	Fair	Poor	Comments:
<i>Hygiene:</i>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

.....

	<i>Oral</i>	Normal	Abnormal	Comments:
<i>Cancer Check:</i>		<input type="checkbox"/>	<input type="checkbox"/>	

.....

	<i>SBE</i>	Yes	No	Comments:
<i>Prophylaxis:</i>		<input type="checkbox"/>	<input type="checkbox"/>	

.....

<i>Recommended Frequency of Dental Exams:</i>		3 Months	6 Months	Yearly	Other:
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

.....

Dental Work Completed Today: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Prescriptions/Treatments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Home Care Instructions: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Needed Follow-up:  
Next Appointment Date: \_\_\_\_\_  
\_\_\_\_\_

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

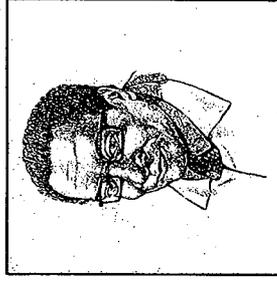
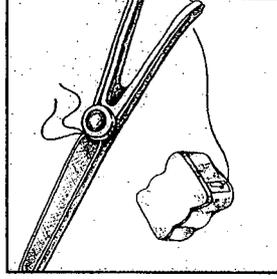
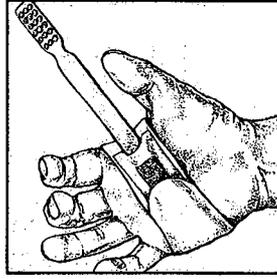
*Signature:* \_\_\_\_\_  
*Address:* \_\_\_\_\_  
\_\_\_\_\_

**Practical Oral Care  
for People With  
Developmental Disabilities**

# DENTAL CARE EVERY DAY

A Caregiver's Guide

Exhibit C



**U.S. DEPARTMENT OF HEALTH  
AND HUMAN SERVICES**

NATIONAL INSTITUTES  
OF HEALTH

National Institute of Dental and  
Craniofacial Research

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# DENTAL CARE EVERY DAY

## A Caregiver's Guide

**T**aking care of someone with a developmental disability requires patience and skill. As a caregiver, you know this as well as anyone does. You also know how challenging it is to help that person with dental care. It takes planning, time, and the ability to manage physical, mental, and behavioral problems. Dental care isn't always easy, but you can make it work for you and the person you help. This booklet will show you how to help someone brush, floss, and have a healthy mouth.

Everyone needs dental care every day. Brushing and flossing are crucial activities that affect our health. In fact, dental care is just as important to your client's health and daily routine as taking medications and getting physical exercise. A healthy mouth helps people eat well, avoid pain and tooth loss, and feel good about themselves.

### ACKNOWLEDGMENTS

The National Institute of Dental and Craniofacial Research thanks the oral health professionals and caregivers who contributed their time and expertise to reviewing and pretesting the *Practical Oral Care* series.

#### Expert Review Panel

- Mae Chin, RDH, University of Washington, Seattle, WA
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- Christine Miller, RDH, University of the Pacific, San Francisco, CA
- Steven P. Perlman, DDS, Special Olympics Special Smiles, Lynn, MA
- David Tesini, DMD, Natick, MA

## Getting Started

**Location.** The bathroom isn't the only place to brush someone's teeth. For example, the kitchen or dining room may be more comfortable. Instead of standing next to a bathroom sink, allow the person to sit at a table. Place the toothbrush, toothpaste, floss, and a bowl and glass of water on the table within easy reach.

No matter what location you choose, make sure you have good light. You can't help someone brush unless you can see inside that person's mouth. Page 8 lists ideas on how to sit or stand when you help someone brush and floss.

**Behavior.** Problem behavior can make dental care difficult. Try these ideas and see what works for you.

- ▶ At first, dental care can be frightening to some people. Try the "tell-show-do" approach to deal with this natural reaction. **Tell** your client about each step before you do it. For example, explain how you'll help him or her brush and what it feels like. **Show** how you're going to do each step before you do it. Also, it might help to let your client hold and feel the toothbrush and floss. **Do** the steps in the same way that you've explained them.

- ▶ Give your client time to adjust to dental care. Be patient as that person learns to trust you working in and around his or her mouth.
- ▶ Use your voice and body to communicate that you care. Give positive feedback often to reinforce good behavior.
- ▶ Have a routine for dental care. Use the same technique at the same time and place every day. Many people with developmental disabilities accept dental care when it's familiar. A routine might soothe fears or help eliminate problem behavior.
- ▶ Be creative. Some caregivers allow their client to hold a favorite toy or special item for comfort. Others make dental care a game or play a person's favorite music. If none of these ideas helps, ask your client's dentist or dental hygienist for advice.

## Three Steps to a Healthy Mouth

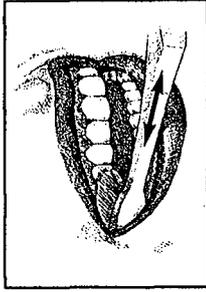
Like everyone else, people with developmental disabilities can have a healthy mouth if these three steps are followed:

1. **Brush every day.**
2. **Floss every day.**
3. **Visit a dentist regularly.**

## Step 1. Brush Every Day

If the person you care for is unable to brush, these suggestions might be helpful.

- ▶ First, wash your hands and put on disposable gloves. Sit or stand where you can see all of the surfaces of the teeth.
- ▶ Be sure to use a regular or power toothbrush with soft bristles.
- ▶ Use a pea-size amount of toothpaste with fluoride, or none at all. Toothpaste bothers people who have swallowing problems. If this is the case for the person you care for, brush with water instead.
- ▶ Brush the front, back, and top of each tooth. Gently brush back and forth in short strokes.
- ▶ Gently brush the tongue after you brush the teeth.
- ▶ Help the person rinse with plain water.
- ▶ Give people who can't rinse a drink of water or consider sweeping the mouth with a finger wrapped in gauze.

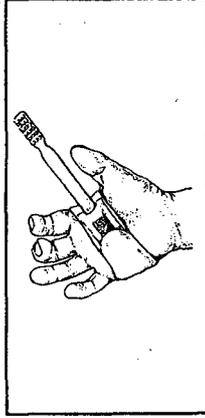


Angle the brush at the gumline and brush gently.

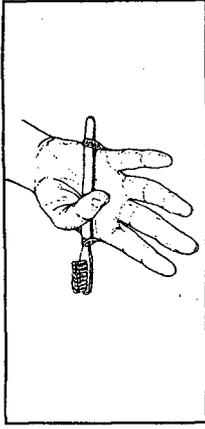
Get a new toothbrush with soft bristles every 3 months, after a contagious illness, or when the bristles are worn.

If the person you care for can brush but needs some help, the ideas listed on the next page might work for you. You may think of other creative ways to solve brushing problems based on your client's special needs.

Make the toothbrush easier to hold.

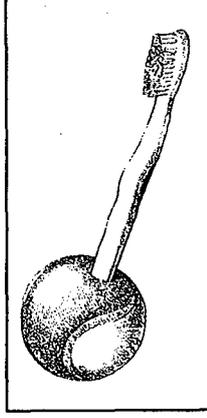


The same kind of Velcro® strap used to hold food utensils is helpful for some people.

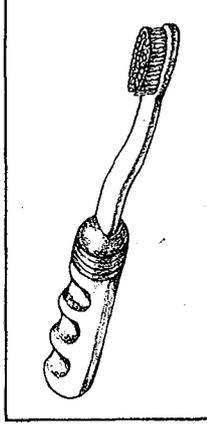


Others attach the brush to the hand with a wide elastic or rubber band. Make sure the band isn't too tight.

Make the toothbrush handle bigger.

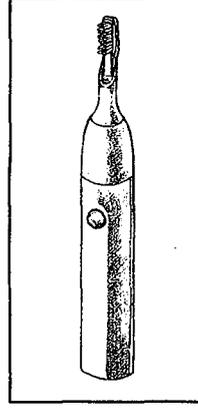


You can also cut a small slit in the side of a tennis ball and slide it onto the handle of the toothbrush.



You can buy a toothbrush with a large handle, or you can slide a bicycle grip onto the handle. Attaching foam tubing, available from home health care catalogs, is also helpful.

Try other toothbrush options.



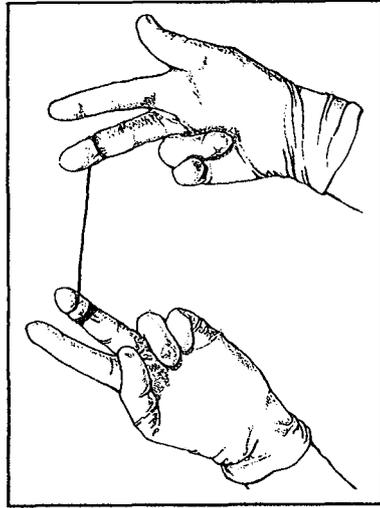
A power toothbrush might make brushing easier. Take the time to help your client get used to one.

Guide the toothbrush.

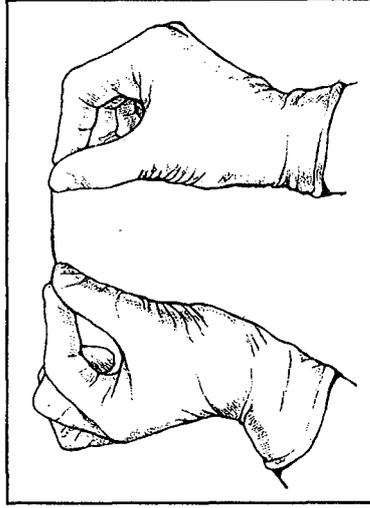
Help brush by placing your hand very gently over your client's hand and guiding the toothbrush. If that doesn't work, you may need to brush the teeth yourself.

## Step 2. Floss Every Day

Flossing cleans between the teeth where a toothbrush can't reach. Many people with disabilities need a caregiver to help them floss. Flossing is a tough job that takes a lot of practice. Waxed, unwaxed, flavored, or plain floss all do the same thing. The person you care for might like one more than another, or a certain type might be easier to use.

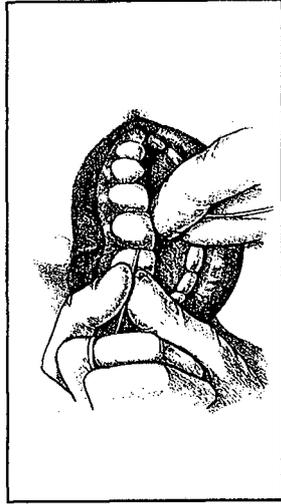


- ▶ Use a string of floss 18 inches long. Wrap that piece around the middle finger of each hand.



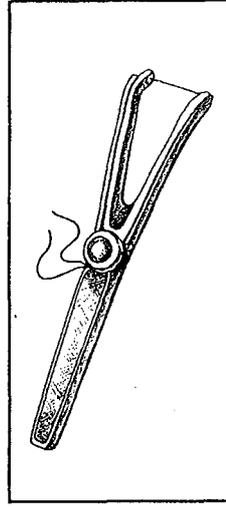
- ▶ Grip the floss between the thumb and index finger of each hand.
- ▶ Start with the lower front teeth, then floss the upper front teeth. Next, work your way around to all the other teeth.

- ▶ Work the floss gently between the teeth until it reaches the gumline. Curve the floss around each tooth and slip it under the gum. Slide the floss up and down. Do this for both sides of every tooth, one side at a time.



- ▶ Adjust the floss a little as you move from tooth to tooth so the floss is clean for each one.

Try a floss holder.

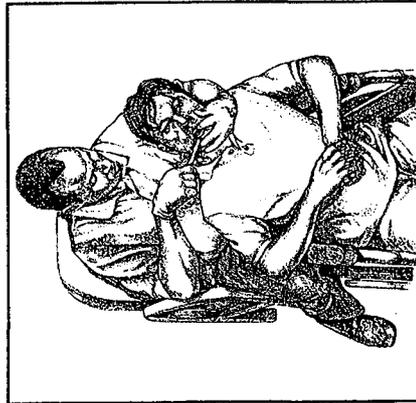


If you have trouble flossing, try using a floss holder instead of holding the floss with your fingers.

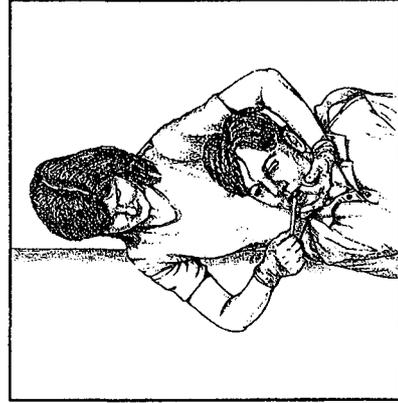
The dentist may prescribe a special rinse for your client. Fluoride rinses can help prevent cavities. Chlorhexidine rinses fight germs that cause gum disease. Follow the dentist's instructions and tell your client not to swallow any of the rinse. Ask the dentist for creative ways to use rinses for a client with swallowing problems.

## Positioning Your Body: Where To Sit or Stand

Keeping people safe when you clean their mouth is important. Experts in providing dental care for people with developmental disabilities recommend the following positions for caregivers. If you work in a group home or related facility, get permission from your supervisor before trying any of these positions.



If the person you're helping is in a wheelchair, sit behind it. Lock the wheels, then tilt the chair into your lap.



Stand behind the person or lean against a wall for additional support. Use your arm to hold the person's head gently against your body.

## Step 3. Visit a Dentist Regularly

Your client should have regular dental appointments. Professional cleanings are just as important as brushing and flossing every day. Regular examinations can identify problems before they cause unnecessary pain.

As is the case with dental care at home, it may take time for the person you care for to become comfortable at the dental office. A "get acquainted" visit with no treatment provided might help: The person can meet the dental team, sit in the dental chair if he or she wishes, and receive instructions on how to brush and floss. Such a visit can go a long way toward making dental appointments easier.

## Prepare for Every Dental Visit: Your Role

Be prepared for every appointment. You're an important source of information for the dentist. If you have questions about what the dentist will need to know, call the office before the appointment.

- ▶ **Know the person's dental history.** Keep a record of what happens at each visit. Talk to the dentist about what occurred at the last appointment. Remind the dental team of what worked and what didn't.
- ▶ **Bring a complete medical history.** The dentist needs each patient's medical history before treatment can begin. Bring a list of all the medications the person you care for is taking and all known allergies.
- ▶ **Bring all insurance, billing, and legal information.** Know who is responsible for payment. The dentist may need permission, or legal consent, before treatment can begin. Know who can legally give consent.
- ▶ **Be on time.**

## Remember...

Brushing and flossing every day and seeing the dentist regularly can make a big difference in the quality of life of the person you care for. If you have questions or need more information, talk to a dentist.

Other booklets in this series:

*Continuing Education: Practical Oral Care for People With Developmental Disabilities*

*Practical Oral Care for People With Autism*

*Practical Oral Care for People With Cerebral Palsy*

*Practical Oral Care for People With Down Syndrome*

*Practical Oral Care for People With Mental Retardation*

*Wheelchair Transfer: A Health Care Provider's Guide*



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Craniofacial  
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Human Development



Special Care Dentistry

For additional copies of this booklet, contact

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# Practical Oral Care for People With Developmental Disabilities

Exhibit D

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- Gastroesophageal reflux

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- Visual impairments
- Hearing loss and deafness
- Latex allergies

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- Periodontal disease

6 .....

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- Damaging oral habits
- Oral malformations
- Tooth eruption
- Trauma and injury

7 .....

### ADDITIONAL READINGS

**D**evelopmental disabilities such as autism, cerebral palsy, Down syndrome, and mental retardation are present during childhood or adolescence and last a lifetime. They affect the mind, the body, and the skills people use in everyday life: thinking, talking, and self-care. People with disabilities often need extra help to achieve and maintain good health. Oral health is no exception.

Over the past three decades, a trend toward deinstitutionalization has brought people of all ages and levels of disability into the fabric of our communities. Today, approximately 80 percent of those with developmental disabilities are living in community-based group residences or at home with their families.

People with disabilities and their caregivers now look to providers in the community for dental services.

Providing oral care to patients with developmental disabilities requires adaptation of the skills you use every day. In fact, most people with mild or moderate developmental disabilities can be treated successfully in the general practice setting. This booklet presents an overview of physical, mental, and behavioral challenges common in these patients and offers strategies for providing oral care.



# Health Challenges and Strategies for Care

Before the appointment, obtain and review the patient's medical history. Consultation with physicians, family, and caregivers is essential to assembling an accurate medical history. Also, determine who can legally provide informed consent for treatment.

Focusing on each person's specific needs is the first step toward achieving better oral health.

**MENTAL CAPABILITIES** vary in people with developmental disabilities and influence how well they can follow directions in the operatory and at home.

- ▶ Determine each patient's mental capabilities and communication skills. Talk with caregivers about how the patient's abilities might affect oral health care. Be receptive to their thoughts and ideas on how to make the experience a success.
- ▶ Allow time to introduce concepts in language that patients can understand.
- ▶ Communicate respectfully with your patients and comfort those who resist dental care. Repeat instructions when necessary and involve your patients in hands-on demonstrations.

**BEHAVIOR PROBLEMS** can complicate oral health care. Anxiety and fear about dental treatment can cause some patients to be uncooperative. Behaviors may range from fidgeting or temper tantrums to violent, self-injurious behavior such as head banging. This is challenging for everyone, but the following strategies can help reduce behavior problems:

- ▶ Set the stage for a successful visit by involving the entire dental team—from the receptionist's friendly greeting to the caring attitude of the dental assistant in the operatory.
- ▶ Arrange for a desensitizing appointment to help the patient become familiar with the office, staff, and equipment before treatment begins.
- ▶ Try to gain cooperation in the least restrictive manner. Some patients' behavior may improve if they bring comfort items such as a stuffed animal or a blanket. Asking the caregiver to sit nearby or hold the patient's hand may be helpful as well.
- ▶ Make appointments short whenever possible, providing only the treatment that the patient can tolerate. Praise and reinforce good behavior and try to end each appointment on a good note.
- ▶ Use immobilization techniques only when absolutely necessary to protect the patient and staff during dental treatment—not as a convenience. There are no universal guidelines on immobilization that apply to all treatment settings. Before employing any kind of immobilization, it may help to consult available guidelines on federally funded care, your State department of mental retardation/mental health, and your State Dental Practice Act. Guidelines on behavior management published by the American Academy of Pediatric Dentistry ([www.aapd.org](http://www.aapd.org)) may also be useful. Obtain consent from your patient's legal guardian and choose the least restrictive technique that will allow you to provide care safely. Immobilization should not cause physical injury or undue discomfort.

**MOBILITY PROBLEMS** are a concern for many people with disabilities; some rely on a wheelchair or a walker to move around.

- ▶ Observe the physical impact a disability has and how a particular patient moves. Look for challenges such as uncontrolled body movements or concerns about posture.
- ▶ Maintain a clear path for movement throughout the treatment setting.

- ▶ If you need to transfer your patient from a wheelchair to the dental chair, ask the patient or caregiver about special preferences such as padding, pillows, or other things you can provide. Often the patient or caregiver can explain how to make a smooth transfer.
- ▶ Certain patients cannot be moved into the dental chair but instead must be treated in their wheelchairs. Some wheelchairs recline or are specially molded to fit people's bodies. Lock the wheels, then slip a sliding board (also called a transfer board) behind the patient's back to support the head and neck.



Positioning for treating a patient in a wheelchair. Note the support a sliding board can provide. Sliding or transfer boards are available from home health care companies.

**NEUROMUSCULAR PROBLEMS** can affect the mouth. Some people with disabilities have persistently rigid or loose masticatory muscles. Others have drooling, gagging, and swallowing problems that complicate oral care.

- ▶ If a patient has a gagging problem, schedule an early morning appointment, before eating or drinking. Help minimize the gag reflex by placing your patient's chin in a neutral or downward position.
- ▶ If your patient has swallowing problems, tilt the head slightly to one side and place his or her body in a more upright position.
- ▶ If you use local anesthesia, be sure your patient does not chew the tongue or cheek. A short-lasting form of anesthesia may work well.

**UNCONTROLLED BODY MOVEMENTS** can jeopardize safety and your ability to deliver dental care. Pay special attention to the following:

- ▶ **Treatment setting:** Make the treatment setting calm and supportive. Place dental instruments behind the patient and carefully position other objects such as cords and the light above the dental chair.
- ▶ **Patient's position:** Determine in advance whether a patient will need to be treated in his or her wheelchair. If not, keep the patient in the center of the dental chair. Pillows can help maintain a comfortable position.
- ▶ **Your position:** Observe the patient's movements and look for patterns to help anticipate direction. Place yourself behind the patient and gently cradle the head to provide support. Rest your hand around the mandible. (See the illustration above.)

**CARDIAC DISORDERS** can affect the delivery of oral health care. Many people with Down syndrome, for example, have congenital heart disorders that place them at risk for bacterial endocarditis. Prescribe antibiotic prophylaxis when indicated ([www.americanheart.org](http://www.americanheart.org)). Contact your patient's primary care physician if you have questions about the medical history.

**GASTROESOPHAGEAL REFLUX** sometimes affects people with central nervous system disorders such as cerebral palsy. Teeth may be sensitive or display signs of erosion. Consult your patient's physician about the management of reflux.

- ▶ Place patients in a slightly upright position for treatment.
- ▶ Talk with patients and caregivers about rinsing with plain water or a water and baking soda solution. Doing so at least four times a day can help mitigate the effects of gastric acid. Stress that using a fluoride gel, rinse, or toothpaste every day is essential.

Make the treatment setting calm and supportive.

Record in the patient's chart strategies that were successful in providing care. Note your patient's preferences and other unique details that will facilitate treatment, such as music, comfort items, and flavor choices.

**SEIZURES** accompany many developmental disabilities. The mouth is always at risk during a seizure: Patients may chip teeth or bite the tongue or cheeks. Persons with controlled seizure disorders can easily be treated in the general dental office.

- ▶ Consult your patient's physician. Record information in the chart about the frequency of seizures and the medications used to control them. Determine before the appointment whether medications have been taken as directed. Know and avoid any factors that trigger your patient's seizures.
- ▶ Be prepared to manage a seizure. If one occurs during oral care, remove any instruments from the mouth and clear the area around the dental chair. Attaching dental floss to rubber dam clamps and mouth props when treatment begins can help you remove them quickly. Do not attempt to insert any objects between the teeth during a seizure.
- ▶ Stay with your patient, turn him or her to one side, and monitor the airway to reduce the risk of aspiration.

**VISUAL IMPAIRMENTS** affect many people with developmental disabilities.

- ▶ Determine the level of assistance your patient requires to move safely through the office.
- ▶ Use your patients' other senses to connect with them, establish trust, and make treatment a good experience. Tactile feedback, such as a warm handshake, can make your patients feel comfortable.
- ▶ Face your patients when you speak and keep them apprised of each upcoming step, especially when water will be used. Rely on clear, descriptive language to explain procedures and demonstrate how equipment might feel and sound. Provide written instructions in large print (16 point or larger).

**HEARING LOSS and DEAFNESS** sometimes occur in people with developmental disabilities.

- ▶ Patients may want to adjust their hearing aids or turn them off, since the sound of some instruments may cause auditory discomfort.
- ▶ If your patient reads lips, speak in a normal cadence and tone. If your patient uses a form of sign language, ask the interpreter to come to the appointment. Speak with this person in advance to discuss dental terms and your patient's needs.
- ▶ Visual feedback is helpful. Maintain eye contact with your patient. Before talking, eliminate background noise (turn off the radio and the suction). Sometimes people with a hearing loss simply need you to speak clearly in a slightly louder voice than normal. Remember to remove your facemask first or wear a clear face shield.

**LATEX ALLERGIES** can be a serious problem. People who have spina bifida or who have had frequent surgeries are especially prone to developing an allergic reaction or a sensitivity to latex. An allergic reaction can be life threatening.

- ▶ Ask patients and caregivers about the presence of a latex allergy before you begin treatment.
- ▶ Schedule appointments for your latex-allergic or -sensitive patients at the beginning of the day when there are fewer airborne allergens circulating through the office.
- ▶ Use latex-free gloves and equipment and keep an emergency medical kit handy.

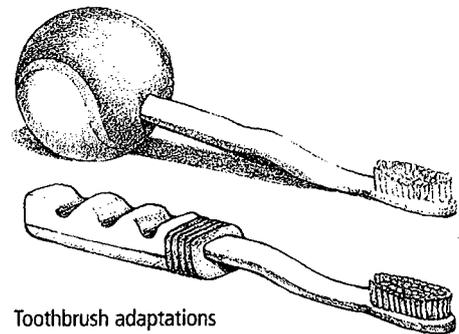
# Oral Health Problems and Strategies for Care

People with developmental disabilities typically have more oral health problems than the general population. Focusing on each person's specific needs is the first step toward achieving better oral health.

**DENTAL CARIES** is common in people with developmental disabilities. In addition to discussing the problems associated with diet and oral hygiene, caution patients and caregivers about the cariogenic nature of prolonged bottle feeding and the adverse side effects of certain medications.

- ▶ Recommend preventive measures such as fluorides and sealants.
- ▶ Caution patients or their caregivers about medicines that reduce saliva or contain sugar. Suggest that patients drink water frequently, take sugar-free medicines when available, and rinse with water after taking any medicine.
- ▶ Advise caregivers to offer alternatives to cariogenic foods and beverages as incentives or rewards.
- ▶ Educate caregivers about preventing early childhood caries.
- ▶ Encourage independence in daily oral hygiene. Ask patients to show you how they brush, and follow up with specific recommendations. Perform hands-on demonstrations to show patients the best way to clean their teeth.
- ▶ If necessary, adapt a toothbrush to make it easier to hold. For example, place a tennis ball or bicycle grip on the handle, wrap the handle in tape, or bend the handle by softening it under hot water. Explain that floss holders and power toothbrushes are also helpful.
- ▶ Some patients cannot brush and floss independently. Talk to caregivers about daily oral hygiene and do not assume that they know the basics. Use your experiences with each patient to demonstrate oral care techniques and sitting or standing positions for the caregiver. Emphasize that a consistent approach to oral hygiene is important—caregivers should try to use the same location, timing, and positioning.

Encourage independence in daily oral hygiene.



**PERIODONTAL DISEASE** occurs more often and at a younger age in people with developmental disabilities. Contributing factors include poor oral hygiene, damaging oral habits, and physical or mental disabilities. Gingival hyperplasia caused by medications such as some anticonvulsants, antihypertensives, and immunosuppressants also increases the risk for periodontal disease.

- ▶ Some patients benefit from the daily use of an antimicrobial agent such as chlorhexidine.
- ▶ Stress the importance of conscientious oral hygiene and frequent prophylaxis.

No developmental disability in and of itself should be perceived as a barrier to orthodontic treatment.

**MALOCCLUSION** occurs in many people with developmental disabilities and may be associated with intraoral and perioral muscular abnormalities, delayed tooth eruption, underdevelopment of the maxilla, and oral habits such as bruxism and tongue thrusting. Malocclusion can make chewing and speaking difficult and increase the risk of periodontal disease, dental caries, and oral trauma. Orthodontic treatment may not be an option for many, but a developmental disability in and of itself should not be perceived as a barrier to orthodontic care. The ability of the patient or the caregiver to maintain good daily oral hygiene is critical to the feasibility and success of orthodontic treatment.

**DAMAGING ORAL HABITS** can be a problem for people with developmental disabilities. Some of the most common of these habits are bruxism, food pouching, mouth breathing, and tongue thrusting. Other oral habits include self-injurious behavior such as picking at the gingiva or biting the lips; rumination, where food is chewed, regurgitated, and swallowed again; and pica, eating objects and substances such as gravel, sand, cigarette butts, or pens.

- ▶ For people who pouch food, talk to caregivers about inspecting the mouth after each meal or dose of medicine. Remove food or medicine from the mouth by rinsing with water, sweeping the mouth with a finger wrapped in gauze, or using a disposable foam applicator swab.
- ▶ If a mouth guard can be tolerated, prescribe one for patients who have problems with self-injurious behavior or bruxism.

**ORAL MALFORMATIONS** affect many people with developmental disabilities. Patients may present with enamel defects, high lip lines with dry gingiva, and variations in the number, size, and shape of teeth. Craniofacial anomalies such as facial asymmetry and hypoplasia of the midfacial region are also seen in this population. Identify any malformations and explain to the caregiver the implications for daily oral hygiene and future treatment planning.

**TOOTH ERUPTION** may be delayed in children with developmental disabilities. Eruption times are different for each child, and some children may not get their first primary tooth until they are 2 years old. Delays are often characteristic of certain disabilities such as Down syndrome. In other cases, eruption problems are attributable to the gingival hyperplasia that can result from medications such as phenytoin and cyclosporin. Dental examination by a child's first birthday and regularly thereafter can help identify atypical patterns of eruption.

**TRAUMA and INJURY** to the mouth from falls or accidents occur in people with seizure disorders or cerebral palsy. Suggest a tooth-saving kit for group homes. Emphasize to caregivers that traumas require immediate professional attention and explain the procedures to follow if a permanent tooth is knocked out. Also, instruct caregivers to locate any missing pieces of a fractured tooth, and explain that radiographs of the patient's chest may be necessary to determine whether any fragments have been aspirated.

Physical abuse often presents as oral trauma. Abuse is reported more frequently in people with developmental disabilities than in the general population. If you suspect that a child is being abused or neglected, State laws require that you call your Child Protective Services agency. Assistance is also available from the Childhelp® USA National Child Abuse Hotline at (800) 422-4453 or the National Clearinghouse on Child Abuse and Neglect Information (<http://nccanch.acf.hhs.gov>).

**Making a difference in the oral health of a person with a developmental disability may go slowly at first, but determination can bring positive results—and invaluable rewards. By adopting the strategies discussed in this booklet, you can have a significant impact not only on your patients' oral health, but on their quality of life as well.**

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## **Additional Readings**

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Batshaw ML. *Children With Disabilities* (5th ed.). Baltimore, MD: Paul H. Brookes Publishing Co., 2002.

Fenton SJ, Perlman S, Turner H, eds. *Oral Health Care for People With Special Needs: Guidelines for Comprehensive Care*. River Edge, NJ: Exceptional Parent, Psy-Ed Corp., 2003.

Hannequin M, Veyrone J-L. Significance of oral health in persons with Down syndrome: a literature review. *Developmental Medicine and Child Neurology*, 41:275-283, 1999.

Horwitz SM, Kerker BD, Owens PL, Zigler E. Dental health among individuals with mental retardation. In *The Health Status and Needs of Individuals With Mental Retardation*. New Haven, CT: Yale University School of Medicine, 2000. pp. 119-134.

Klein U, Nowak AJ. Characteristics of patients with autistic disorder (AD) presenting for dental treatment: a survey and chart review. *Special Care in Dentistry*, 19(5):200-207, 1999.

McDonald RE, Avery DR. *Dentistry for the Child and Adolescent* (7th ed.). St. Louis, MO: Mosby, 2000.

Southern Association of Institutional Dentists (SAID). *A Self-Study Course for Dental Professionals at Institutions Serving People With Mental and Physical Disabilities*. SAID, 1994 with periodic updates. Available at <[www.saiddent.org](http://www.saiddent.org)>. Accessed April 2004.

U.S. Public Health Service. *Closing the Gap: A National Blueprint for Improving the Health of Individuals With Mental Retardation. Report of the Surgeon General's Conference on Health Disparities and Mental Retardation*. Washington, DC, February 2001.

# Practical Oral Care for People With Developmental Disabilities

*Making a Difference*



National Institute of Dental  
and Craniofacial Research



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and Human Development



Centers for Disease Control  
and Prevention



Special Care Dentistry

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This booklet is one in a series on providing oral care for people with mild or moderate developmental disabilities. The issues and care strategies listed are intended to provide general guidance on how to manage various oral health challenges common in people with developmental disabilities.

Other booklets in this series:

*Practical Oral Care for People With Autism*

*Practical Oral Care for People With Cerebral Palsy*

*Practical Oral Care for People With Down Syndrome*

*Practical Oral Care for People With Mental Retardation*

*Wheelchair Transfer: A Health Care Provider's Guide*

*Dental Care Every Day: A Caregiver's Guide*

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