

Tools and Equipment for Managing Special Care Patients Anywhere



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KEYWORDS

- Dental office • Equipment • Operating room • Portable dentistry
- Special care dentistry • Special needs patients • Tools • Hospital dentistry

KEY POINTS

- Successfully treating special care patients requires an investment in more than physical tools and equipment. Right personnel, right conversations with caregivers, right information, and right office layout are lynchpins to success.
- Most special care patients do not need to leave the security of their wheelchair, gurney, or bed for dental care, regardless of their medical or intellectual impairment. Many can come into your office or you can bring your portable equipment to them.
- It is fairly straightforward to provide excellent treatment to special care patients. Commercially available tools will allow you to gently immobilize and sedate these patients and to perform an oral examination, obtain a radiograph, and treat them in your office.
- In the minority of cases (for us, 4%) when office, homebound, or institutional treatment is not appropriate or possible, special care patients can be treated under general anesthesia in a hospital or surgical center operating room.



Video content accompanies this article at <http://www.dental.theclinics.com>

INTRODUCTION

General dentists may be reluctant to accept special care patients into their practice because of negative beliefs so pervasive that we have identified and debunked 27 of them, referring to them as *myths*.¹ We have grouped the myths about treating

Disclosure Statement: The main author of this article has personally purchased and tested all the tools and equipment mentioned and chose to include specific brands and models based solely on their effectiveness in his practice. Some manufacturers (DentalEZ, Dental Film SRL, DEXIS, Isolite, KavoKerr Group, Porter Instrument, Septodont, Solutionreach, Specialized Care Inc, Ultralight Optics) will occasionally contribute toward his honoraria for courses and lectures at dental conferences. The coauthor has nothing to disclose.

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special care patients into administrative barriers, management barriers, medical concerns, and financial concerns.

This article expands on specific management and medical myths, in particular, that

- It is difficult to work around these patients' wheelchairs and helmets.
- We dentists cannot do quality work because these patients do not cooperate.
- We are afraid of having to use oral sedation greater than the maximum recommended dose.
- We cannot obtain good radiographs.
- We are afraid of not being able to handle their emergencies.

With appropriate equipment and tools, and with the correct mindset by the dental team, treating special care patients presents only minor inconveniences as compared with treating everyone else.

Our practice in Frederick, Maryland has completed more than 36,000 special care patient visits over the past 42 years. This article addresses some tried and tested tools, techniques, and equipment that have allowed our doctors and staff to easily and effectively provide treatment to patients who require special attention.

In our case, they include patients who are autistic, medically compromised, intellectually disabled, uncooperative/combatative, phobic, very young, or have Alzheimer's disease. We see such patients in assisted-living facilities, in nursing homes and other institutions, in private homes, in hospices, and bedside at the hospital. We treat a small percentage of these patients in the hospital or surgical center operating room.

Because of the clinically pragmatic nature of this article and because so much of it is based on our own experience, we mostly use first person and address the reader as *you*. We hope you are comfortable with that.

We have adopted a broad definition of *tool* to encompass 3-dimensional spaces and objects as well as conceptual tools. Concrete tools include the physical setup of the office space in addition to tried and tested equipment commercially available for purchase that will enable you to successfully treat patients with special needs inside and outside your office. Conceptual tools include clinical and behavioral techniques and procedures we use with our patients, which must necessarily go beyond the usual please-open-your-mouth directive.

Our basis for selecting one tool over another is how well it works in our practice with its more than 2,000 active special care patients treated in a wide variety of settings.

This article is organized sequentially, from pretreatment to treatment. Thus, we will begin with the most important element we bring to the treatment of special care patients: the clinician's attitude. Without the right personnel, any tool loses effectiveness.

BEFORE YOU BEGIN

Having the Right Personnel

All the tools and equipment in the world will not make you successful treating special care patients unless *everyone* in your practice welcomes them in wholeheartedly. Patients can sense an unsafe environment, a negative or fearful attitude, or trepidation emanating from your staff. If you are committed to treating special care patients, you will lead by example and you will attract a dental team who shares your caring attitude toward these patients and their caregivers, welcoming them into your practice.

The number of dental staff in the treatment room, whether for a doctor or hygiene visit, will depend on the individual patient and the caregivers who accompany them. The number is typically 3. If 6 or more people are needed to calm and restrain a

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