

Principles and Goals

- Integrate dental care for the cleft lip and palate patients into the interdisciplinary team.
- Assess the quality of dental care available and provide appropriate home care instructions and materials, if possible to the patient.
- Improve intra-oral function by excellent treatment planning using knowledge of growth and development and space considerations by the team dentist/orthodontist.
- Construct obturators for those patients for whom cleft closure cannot be performed whether due to medical or anatomic considerations. Construct obturators to be used as partial dentures to supply teeth for chewing, improve aesthetics, and to facilitate normal speech.

Roles and Responsibilities of the Dentist and Dental Hygienist on AfS Trips

- Contact and introduce yourself to local dental staff/access and see where dental treatment is to be performed
- Set up dental area from donated and AfS supplied equipment
- Screen patients for related dental problems
- Provide all dental restorative, surgical and preventive treatments
- Wherever possible fabricate Obturators (usually older patients)
- Provide education for the local dentists and hygienists
- Provide dental education for patients and parents
- Complete all forms and evaluations
- Provide preventive and home care instructions
- Approach dental suppliers to gather donations

Criteria and Guidelines for Successful Outcomes

- Remove only those teeth that are required to facilitate surgery and prevent infection during healing of the surgical procedure. This generally includes teeth that interfere with lip and palatal closure and those teeth which are **severely infected**.
- Avoid difficult, time-consuming extractions in the operating room as lip and palate surgery must proceed on a tight schedule.
- Please look for Abscess – as they interfere with surgery
- Pediatrician is responsible for prescribing antibiotic
- Avoid unwanted breaking of teeth during surgery or removing more bone than anticipated. This may compromise cleft palate surgery rendering the ultimate care less effective.
- Minimize the dental surgical procedures to reduce bleeding during the operation. As you cannot be certain of the availability of post-operative care after AfS departs, it is important that trauma and the potential for post-operative bleeding or infection be minimized.
- Provide the patient and parent with the proper education for diet and oral hygiene necessary to prevent further deterioration of the dentition and to provide for the best possible healing environment of the surgical site.

Alliance for Smiles – Record Keeping

- Every patient has a chart and chart number – each chart has a (green) dental sheet.
- Each patient during screening needs to be assessed for fillings, extractions, scaling OHI; and treatment should be planned and written on the green sheet
- AfS needs treatment reported on the reverse side of the green sheet, as we normally would with date and procedures that were performed. Please **remember to sign the treatment** you have performed.
- At the bottom of the green sheet is a treatment fee schedule and we must **circle** the treatment performed so AfS can tally up the cost of all the dental treatment performed on the patients.
- At the end of the mission we have been asked to give the hospital the names and treatments that we did on patients so that they have this information for follow up. It is handy to do this daily, in case asked, on a separate piece of paper so you don't have to go back over the charts on the final day.

What to expect on the first day: CLINIC DAY – chaotic!

All patients go through the medical stations on the first day and the last station is the **dental station**. The dental team must do a cursory visual exam with the aid of usually only a hand pen light. **BRING** a mag light, it will come in very handy and also tongue depressors because we do not use mirrors here, since we can see upwards of 100 plus patients in one day!

As they go through the stations the doctors and nurses will place a check mark beside the station that the patient has completed. The dental station is the last so place a check mark on dental when you have completed the visual. It is handy to write just under the check mark if extractions are needed OR if **no** treatment is needed. As there are so many charts it will save you time later searching for the green sheet in the back to see if the patient needs dental work.

In the clinic day dental box, there are pens and dental appointment cards that you can set up appointment times for the families to come have dental treatment prior to surgery. Making a definitive date/time for their dental appointment is not as important as telling the patient that their appointment will be one day before their surgery date at 9:00am. Their dental appointment is dictated by their surgery DATE, not when we would like to see them.

Look for ABSCESS as this will delay surgery. If they have an abscess their surgery will be canceled or postponed to a later day.

RED DOT patients have been turned down for free cleft lip/palate surgery for a variety of reasons but if we could offer them dental work then we are helping them with a free service. So those red dot patients... ask if they would like to come to have dental work done and schedule them if possible.

When scheduling patients make a list yourself on a separate day sheet of the times and chart numbers when you asked these patients to return. There will be no other record so you will forget the child and chart number after 10 plus kids. When you have foreign names to deal with, having the chart numbers becomes very important.

The Second Day:

- Find the AfS dental box and take to the dental clinic
- Establish the dental clinic and set up with the donated supplies you brought and the AfS
- Develop a relationship with the local dentist and see what available equipment can be used of theirs
- Check to see that you have suction and air and if not see how you can work. Flexibility is a key.
- Many places the suction is usually the saliva ejector with minimal to NO high-speed suction
- Every situation is different and try to work within the limits of the dental equipment that they have and what we can provide for them.

Some Suggestions:

- All patients are admitted the day before and therefore as many surgeries are scheduled the patients and their families wait for many, many hours in often crowded conditions.
- Sometimes it was helpful to the patients to look at the older patients that are scheduled for surgery in the afternoon and take them to the dental clinic to do dental work in the morning.
- Priority is always to the surgery so the Patient must be able to understand NOT to swallow any fluids. In the afternoon many of the patients and other siblings can be worked on or group Oral Hygiene instructions can be taught.
- As the patient's surgery is the most important, the dentist is expected to arrive quickly at the OR and remove the teeth necessary prior to the surgeon starting surgery. They are on a tight schedule, so time is important.
- If a patient has a tooth extracted the morning of the surgery, please **inform the Anesthesiologist and nurse attending** if the patient might have gauze in the mouth to stop bleeding. **Never let them into OR with the gauze still in place.**
- In the event that serial extractions are necessary, leave those extractions during the OR.
- If an abscess, Fistula, sinus tract is detected during dental treatment, **inform the Pediatrician and Surgeon immediately.**

Alliance for Smiles Dental Protocol

Clinic Pre-Op Clinic

- The Dental Screening should be separate from the Speech Pathologist screening.
- There should be a translator present at all times.

- The Dentist should screen for obvious caries to restore teeth or to extract. Be sure to have a flashlight and tongue depressors available.
- Bitewing x-rays should be taken on any child over 5 years of age (can be younger if cooperative) by the Registered Dental Hygienist. (If an x-ray is available)
- Bitewing x-rays should be read at that time by the Dentists.
- Treatment plan should be written on dental sheet in the AfS chart (green sheet) with the time needed and number of appointments needed and if the treatment is to be done in the dental clinic or in the OR. Initial the chart on the dental line on front of the AfS chart. The dental team should see ALL patients.
- If treatment is needed in the dental clinic, place “TX” next to the dental section on the front of the AfS chart. If treatment is not needed, put a circle with a line through it next to the dental section on the front of the AfS chart. If the patient needs extractions done in the OR, “OR” should be written next to the dental section on the front of the AfS chart. (Note the teeth to be extracted) The Circulation Nurses need to be advised to look at the surgical schedule and advise the dentist (via Cell Phone) that they will be needed in surgery. The dentist also needs to look at the next day’s schedule to see what patients need extractions in the OR and inform the Head nurse). The dentist should also inform the AfS circulation nurse which patients on their schedule need extractions in the OR. The dentist should be given at least 20 minutes’ notice. The Circulation Nurses should look at this daily. The Record Keeper should note on the surgical schedule what patients need extractions in surgery – this way the dentist can be advised what OR they need to be in. This effort is a TEAM EFFORT between the Dentist, Record Keeper and Circulation Nurses.
- RED DOT patients (patients not having surgery done) should be scheduled at that time, prior to leaving (in the pre-op clinic) for any needed dental treatment. Their treatment should be written in Chinese by the translator and given to the patient. See scheduling for red dot patients scheduling information.
- Upon completion of the dental treatment screening, the Registered Dental Hygienist will give OHI (Oral Hygiene Instruction) using a demonstration model to both patient and family – reviewing proper tooth brushing technique. Toothbrush and toothpaste should be dispensed at this time. A brief review of caries prevention (a simple chart showing tooth+sugar=decay) should be shown to families at this time, especially families with a child with extensive decay. They should be encouraged to limit sweets in their diet. This is a key opportunity for the Dental Hygienist to educate the patient and the family on the importance of early prevention of dental problems.
- ALL Patients should be recorded on the Dental “Bible” sheet. Names, patient numbers and treatment needed should be recorded. They should be listed in the order of their patient number, lowest to highest. This is extremely important, as it makes looking up patients much easier!

Scheduling

- When scheduling patients for the first day of clinic remember to allow time in the morning to set up the clinic.
- Red Dot patients should be scheduled in the pre-op clinic prior to leaving the clinic. They should be scheduled as early as possible in the week (Tuesday or Wednesday) because these non-surgical patients and their families often leave the area and return home as they now know that they are

not candidates for surgery. Having said that, Red Dot patients should be scheduled on the last day of surgery, as no Green Dot patients will be available for the dental clinic. The Tuesday dental schedule, of the first week, should leave some time available for any Wednesday surgical patients needing restorative dentistry or prophylaxis (dental cleaning by the dental hygienist).

- Green Dot/Blue Dot patients (patients to have surgery) **MUST** be scheduled in the dental clinic for any dental treatment (restorative/extractions/prophylaxis) at least a day prior to their scheduled surgery date. Preferably the day before surgery as they will be checking in to the hospital the day prior to surgery. As noted previously, some patients having surgery in the afternoon can be seen in the dental clinic in the morning.

The dental treatment clinic schedule must be made at the same time that the surgical schedule is being prepared. Work with Pediatrician, so the dental team knows when the next day surgical patients check in to the hospital, so they can be scheduled that afternoon, the day prior to surgery.

Dental Clinic

- Prior to arriving at the mission site, it should be determined how many dental chairs are available for use. Also, the time of the Dental Clinic hours should be determined.
- A translator (or 2 if available) needs to be in the dental clinic at all times to facilitate explaining the dental treatment to be done.
- Remember to always be flexible!!! Plans and arrangements can change at any time.
- Don't forget to have FUN!!! You are doing a wonderful service to people that really need the dental work, they really appreciate it.