



# ***Appointment scheduling***

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## ***for Children with Special Healthcare Needs***



# AAPD Recommendations

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- First dental visit:
  - determine the presence and nature of any SHCN and the name(s) of the child's medical care provider(s)
  - determine the need for an increased length of appointment and/or additional auxiliary staff

# Visual Disabilities

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- First appointment: scheduling additional time for a verbal interview
- Treat the patient in the same dental office with the same team during the following appointments
  - favor physical and acoustic cues
  - for patient comfort
- Dental treatment should be commenced with short appointments till an adequate rapport is established between the patient and the operating personnel.

# Hearing Disabilities

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- first appointment: determine the type of communication:  
translator (ideal solution)/ sign language/ writing/combination



ClearMask™



The Communicator™

# Down Syndrome

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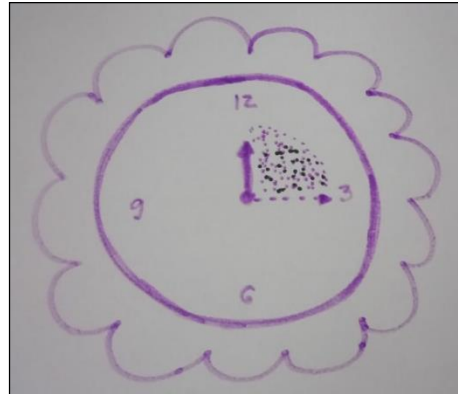
- appointment-in the first hours of the program
  - reduce waiting time
  - more attention from the medical staff
  - child less tired, more cooperative
- same medical team every time → patient can become cooperative with time



# Autism spectrum disorders

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- waiting time should not exceed 10-15 minutes (to avoid upsets)

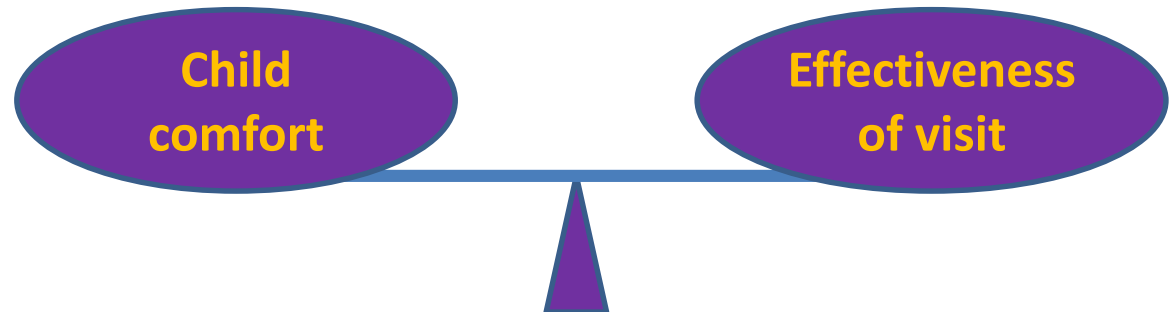


Patients with “high functional” autism, like Razvan, appreciate patterns and observe rules, so making them wait would not be a good start for an appointment. On the contrary, respecting the schedule may give them confidence and enhance dental compliance.

# Attention deficit hyperactivity disorder (ADHD)

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- appointments in the morning/ a time of day when the child is less tired and more likely to remain seated on the dental chair
  - ! Collect info from parents prior to scheduling
- Ask therapist to accompany child to the dental office – may improve cooperation



# Cerebral palsy

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- First visit: is used mainly to establish mutual confidence and have a preliminary assessment
- Appointment - early in the morning
- Allow sufficient time to establish appropriate interaction.



(Dr. Arina Vinereanu)



# Acute leukemia & other malignancies

- Dental examination and treatment - immediately after diagnosis and ***before initiation of chemotherapy***
  - ➡ allow the removal of sources of infection of dental origin
  - ➡ avoid potential complications due to immunosuppression



boy, age 1y 8m,  
hemangioendothelioma  
of left palate and SECC –  
treated before chemo

4 years 3m later – in  
complete remission



(Dr. Arina Vinereanu)

# Epilepsy

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- Appointments in the morning - patients are less tired
- Patient should eat before dental treatment
- Check that patient has taken his/her usual medication
- Drug history should be checked every time; frequent changes → poor control → only emergency treatment
- Anamnesis – identify potential triggers (to be avoided) and comforting elements and organize accordingly



Mara (epilepsy, autism) is more cooperative while watching her favourite cartoon on Mum's mobile.

(Dr. Arina Vinereanu)

## Fetal alcohol spectrum disorder

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- Visits - 1 or 2 times before the scheduled appointment (tour of the clinic, friendly meeting)
- Appointments in the less stimulating part of the day
- Child can bring an item that comforts him/her (toy, blanket)
- Dentist may model procedures on parents while child is watching.

# Fetal alcohol spectrum disorder

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- Parents:
  - Read simple books at home about visiting the doctor, dentist, hospital
  - May bring sunglasses and noise-blocking headphones for the child
  - May write a list with child's area of sensitivity and the best way to handle behavioral issues.