

BEHAVIOR GUIDANCE

Pediatric Dentists receive additional training in child psychology and behavior guidance techniques during their two year specialty residency after dental school. Our office uses the following techniques to promote positive dental experiences:

DISTRACTION – This includes our story telling, magic tricks, and singing. We also have a western themed office with cartooned walls, toys, and a riding horse.

POSITIVE REINFORCEMENT - We praise the children's behavior during care to let them know we appreciate their help.

EUPHEMISMS – We use nicer & kinder child friendly phrases, instead of conventional dental words.

TELL, SHOW, DO – We are honest and “tell” children what to expect before a procedure. We then “show” them non invasive procedures on their finger nail. Followed by us “doing” the treatment as promised.

PARENTS IN THE ROOM – We encourage and appreciate parents being in the treatment room during care. We emphasize that parents be “silent helpers” and hold their child's hand for emotional support.

REWARDS – All children get prizes.

FREEDOM OF CHOICE – Children are given some choice on how we treat them.

COMPASSIONATE CARE - That is us!

NITROUS OXIDE and OXYGEN LIGHT SEDATION (FUZZY AIR) - Fuzzy Air, at no additional cost, decreases stress and allows for a more relaxed office visit. We also offer dental care under general anesthesia in the hospital operating room when indicated.

FLUORIDATED AREAS

LANCASTER - Swatara Twp., Manor Twp., Manheim Twp., East Lampeter Twp., West Lampeter Twp., School Lane Hills, Hamilton Park - parts of West Lancaster

QUARRYVILLE

EAST HEMPFIELD Twp

WEST HEMPFIELD Twp (part)

MANHEIM - Penn Twp (part), Rapho Twp (part)

LITITZ - Warwick Twp (part)

There is no significant fluoride found in well water and spring water - supplementation is recommended, dependent upon DECAY RISK - SEE OUR WEBSITE.

Should a family live in a fluoridated area but drink bottled or spring water, no supplemental fluoride is recommended. This is due to some tap water ingestion is still probable in cooking, washing vegetables, etc.

The parent should call the water company to verify fluoridation. Water purification units may remove fluoride and parents should contact the manufacturer.

Baby formulas and jarred baby food may contain small amounts of fluoride. Parents should contact the company to verify the amount of fluoride in the products.

Fluoride supplementation is determined by the child's decay risk if adequate fluoride is not present in the water supply.

Fluoride Dosage:

6 months - 3 years = .25mg

3 years- 6 years = .5mg

6 years - 16 years = 1mg

Accepted by the American Academy of Pediatric Dentistry and National Institutes of Health.

WE WELCOME FAMILIES INTO OUR WESTERN THEMED DENTAL HOME WHERE WE CARE FOR CHILDREN WITH EMPATHY AND COMPASSION.



Pediatric Dentistry
The Cowboy Dentists
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www.kidscowboydentistry.com
See our website for Affordable Care Act/Obamacare information

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INFANT ORAL HEALTH CARE

We offer this preventive information to the physicians of our mutual patients and to the Pediatric and Family Medical Residents during our in-office mentoring program. They provide this information to their patients.

TEETHING AND ERUPTION

The gums can be sore as baby (primary) teeth erupt. Teething rings and topical baby teething paste are helpful. The lower baby front teeth usually erupt first between the ages of 6-12 months.

ORAL HABITS

Consider stopping pacifier use at age 2 1/2 years old as long as no emotional distress to the child is expected. The "Lily Method Pacifier Weaning System" is an option. We will offer our Bye-Bye binky exchange program at age 4 years if needed. We will review thumb/finger habits at age 6 years.

INFANT TEETH CLEANING

Wipe the gums with a wet washcloth after feedings. Once the first tooth appears, use a tiny smear of fluoride toothpaste on a toothbrush and brush twice a day.

LIMIT BOTTLES AND SIPPY CUPS

The sugars in formula, milk, juice and watered down juice pool around the teeth and allow cavity causing bacteria to grow. Limit juice to mealtimes. Use only water in walking sippy cups and naptime/bedtime bottles.

Good and Bad Snacks

Decay will occur by how often or frequent sugar is eaten - Not by how much at one time.

OK Snacks-

yogurt, pizza, pickles, cheese, raw vegetables, fruit, pretzels, diet cola (teenagers), Xylitol chewing gum, sugar-free products, white milk (popcorn, olives, and nuts - above 4 years)

Sticky is Icky, Gummy is Crummy.

Avoid-

sucking, gummy, and sticky candies, fruit rollups/ fruit snacks, syrups, honey, chocolate/strawberry milk, soda, energy drinks, dried fruits (raisins), granola bars, sugar cereal, "100% All Natural No Sugar Added Juices"



THE FIRST COMPLETE PEDIATRIC DENTAL VISIT:

We encourage the first visit to be at age one year old. Children should be seen *earlier* if:

- 1) The child uses a walking sippy cup or falls asleep after drinking liquids other than water (including milk and juice in bottle/sippy cup)
- 2) Malformed, darkened, or discolored primary teeth are observed
- 3) Breast fed infant teeth are not cleaned after feeding or before a nap or bedtime - cavities can occur
- 4) Any oral or dental concern is expressed

AT THE FIRST VISIT – Young children will sit on a parent's lap for emotional security. An examination and cleaning are performed, & topical fluoride varnish is applied. Digital X-rays with decreased radiation are taken as needed using protective lead aprons with thyroid protection. Preventive dentistry including diet and oral hygiene instructions are reviewed.

TOPICAL FLUORIDE VARNISH: Fluoride varnish hardens teeth and helps to prevent decay. It should be applied twice a year.

BRUSHING: Parents should brush a young child's teeth twice daily. A smear (rice grain size) of fluoride toothpaste should be applied to the toothbrush for children below the age of 3 years. For children 3 years old and above, a pea size amount of fluoride toothpaste should be applied to the toothbrush.

PRIMARY TEETH ARE IMPORTANT!: They hold space for the developing permanent teeth, allow for proper chewing, speech development, and influence a child's self esteem. If decayed teeth are not treated they will cause pain and infection. This can lead to extractions and orthodontic problems, and other potential health complications.

SEALANTS: They are plastic coatings placed in the grooves of permanent molars to help prevent decay.

FLOSSING: Flossing is recommended and parents may floss their young children's teeth nightly.

DENTAL AND ORAL INJURIES

FRACTURED/DISPLACED INCISORS: These injuries should be considered for evaluation on the same day. Displaced adult (permanent) teeth could require repositioning and fractured teeth often require treatment.

DARK PRIMARY OR PERMANENT TEETH: This indicates an injury to the nerve of the tooth. We evaluate these as soon as possible. Dental nerve death, abscess formation, and swelling could occur if not treated in time.

KNOCKED OUT TOOTH:

Baby (primary) teeth are not re-implanted. Gum and jaw injuries could require care and we evaluate these injuries as soon as possible.

Knocked out adult incisors usually require immediate reimplantation, best within 20 minutes. The parent may hold the permanent tooth by the (wider) crown, gently wash off the root and then replace the tooth into the socket. Have the child bite on a gauze and seek immediate dental care. The second choice is to put the tooth in milk and seek immediate dental care, bringing the tooth to the dental office with the child.



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