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MODULE 15

Oral Health Across the Lifespan

Part 3: Oral Health in Childhood

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Public Health
Learning Modules
Using Healthy People 2020
to Improve Population Health



College of Health Professions
and Social Work
TEMPLE UNIVERSITY®

Oral Health in Childhood

In Class Activities

1. The Bureau of School Health in your city has just implemented required dental screening for school admission. They are exploring the use of passive parental consents for this. Please choose a side and defend your position.
2. The Bureau of School Health would like your city to increase its participation in the Third Grade Dental Survey. How do you propose to increase participation in the survey?

Oral Systemic Case Studies

Case Study #1

Chief Complaint: A 2 year old female (Sarah) presents to the primary care provider with intermittent “bleeding from gums x 2 weeks”. Parent reports child fell about 2 weeks ago in the playground and may have hit her mouth.

Past History: Patient is a twin (A), no prenatal problems. L&D: Premature 32 weeks, C-Section, Apgar 7,8. Natal: NICU x 2weeks – uneventful. Infancy: No health problems, breastfed with supplements x 6mo.

Current Health Status: She has had no health problems and is developing normally. She is not taking any medications. Her immunizations are up to date.

Medications: None

Family History Her twin brother is also well and developing normally. They live with both parents. There is no family history of any bleeding disorders.

Physical Exam including Oral exam: Normal dentition for age. No signs of trauma, infection, or loose teeth. Physical exam shows scattered petechiae and splenomegaly.

Assessment: Bleeding from gums with unknown etiology

What is your differential?

- a. Bleeding/blood disorder
- b. Vigorous brushing/flossing
- c. Normal for age
- d.

What is the best action to take? Choose all that apply

- a. Advise saline rinses and soft toothbrush
- b. Call/Refer to pediatric dentist
- c. Send to lab for CBC
- d. Panoramic Xray

Case Study #2

Chief Complaint: A sixteen month old female (Amber) presents to the pediatrician/PNP with complaints of intermittent vomiting, x 2 months. Vomiting does not seem to be related to time, type of food, activity or illness. Frequently the emesis consists of undigested food up to 12 hours after ingestion. Parent is also concerned about child's "thin, grey" teeth.

Past History: Prenatal: no problems L&D: NSVD, Apgar 9,10 Infancy: breastfed until 12 months. 8 months Hgb 11.3; Lead level normal

Current Health Status: Amber has had no other health problems. Her development is normal. 30% for height and weight. She has not had a fever or any illness. She was weaned from breastfeeding at 13 months and vomiting began shortly after weaning. Mother thought that she might be intolerant to lactose and started giving her soy formula, but it has not affected the vomiting

Medications: Elecare formula, Miralax and Prevacid (prescribed by GI for Motility problem)

Family History: Only child, lives with both parents. No family history of food intolerance or GI problems

Physical Exam:

Alert, oriented, small, thin, pale female.

HEENT – all central incisors are thin grey/translucent.

Abdomen – soft, nontender

MS – normal

Neuro – nl

Assessment: Vomiting and enamel defects of central incisors

What does this child have thin grey central incisors? What would you do?