

# Policy on Hospitalization and Operating Room Access for Oral Care of Infants, Children, Adolescents, and Individuals with Special Health Care Needs

## Latest Revision

2020

**How to Cite:** American Academy of Pediatric Dentistry. Policy on hospitalization and operating room access for oral care of infants, children, adolescents, and Individuals with special health care needs. *The Reference Manual of Pediatric Dentistry*. Chicago, Ill.: American Academy of Pediatric Dentistry; 2020:127-8.

## Purpose

The American Academy of Pediatric Dentistry (AAPD) advocates, when indicated, hospitalization and equal access to operating room facilities for oral care of infants, children, adolescents, and individuals with special health care needs. The AAPD recognizes that barriers to hospital oral care for patients who require treatment in that setting need to be addressed.

## Methods

This policy was developed by the Dental Care Committee and adopted in 1989<sup>1</sup> and was last revised by the Council of Clinical Affairs in 2015<sup>2</sup>. A PubMed®/MEDLINE search was performed using the terms: access for dental/oral care in hospitals, operating room access for dental/oral care, and access to hospital dentistry; fields: all; limits: within the last 10 years, humans, English, birth through age 18. Additionally, websites for the American Medical Association, American Dental Association (ADA), AAPD, American Dental Association Commission on Dental Accreditation, and Centers for Disease Control and Prevention were reviewed.

## Background

Pediatric dentists treat patients who present special challenges related to their age, behavior, medical status, developmental disabilities, or special needs. Caries, periodontal diseases, and other oral conditions, if left untreated, can lead to pain, infection, and loss of function.<sup>3-5</sup> These undesirable outcomes can adversely affect learning, communication, nutrition, and other activities necessary for normal growth and development.<sup>5-8</sup> Many medical conditions (e.g., hematological, oncological) are exacerbated by the presence of oral maladies and disease. To address these challenges and to provide the treatment needs effectively, pediatric dentists have developed and employ a variety of management techniques, including accessing anesthesia services and/or the provision of oral health care in a hospital setting with or without general anesthesia.<sup>9</sup> Some children with particular compromising medical conditions may only be able to receive their dental treatment safely in a hospital setting. Hospital dentistry is an integral part of the curriculum of all accredited advanced pediatric dental training

programs. Pediatric dentists are, by virtue of training and experience, qualified to recognize the indications for such an approach and to render such care.<sup>10,11</sup>

Pediatric dentists occasionally have experienced difficulty in gaining an equal opportunity to schedule operating room time, postponement/delay of non-emergency oral care, and economic credentialing. Economic credentialing (i.e., the use of economic criteria not related to quality of care or professional competency) to determine qualifications for granting/renewing an individual's clinical staff membership or privileges should be opposed.<sup>12</sup> The AAPD and the ADA urge hospital insurance carriers to include hospitalization benefits for dental treatment in both private and public insurance programs so that the resources of a hospital are available to patients whose condition in the judgment of the dentist warrants treatment in the operating room.<sup>13,14</sup>

Hospital governing boards and medical staffs are interested in improving the quality and efficiency of patient care. Decisions regarding hospital privileges should be based upon the training, experience, and demonstrated competence of candidates, taking into consideration the availability of facilities and the overall medical needs of the community, the hospital, and especially the patients. Privileges should not be based on numbers of patients admitted to the facility or the patient's economic or insurance status.<sup>15</sup>

## Policy statement

The AAPD shall work with all concerned medical and dental colleagues and organizations to remove barriers to hospital and operating room access for oral care for patients best treated in those settings. The AAPD affirms that hospitals or outpatient settings providing surgical treatment should not discriminate against pediatric dental patients requiring care under general anesthesia. Such patients and their care providers need access

### ABBREVIATIONS

**AAPD:** American Academy Pediatric Dentistry. **ADA:** American Dental Association.

to these facilities. The dental patient, as with any other patient, should have the right to be seen in a timely manner. Evidence has demonstrated dental treatment under general anesthesia in the operating room is a necessity, as well as an important component of comprehensive care, to assure optimal health for many, especially those considered high-risk.<sup>16-18</sup>

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