Preparing Your Child
A visit to the dentist can be a very new and scary experience for both you and your child; however, a successful visit begins by focusing on the pleasant, positive aspects of the dentist.

Usually, the new patient will have an exam and cleaning and we use this visit to get to know you and your child and establish a relationship of trust, allaying fear. It is recommended that younger children have early morning appointments.

When communicating with your child about his/her visit, avoid words like shots, pulling, and drilling—this is just one way to introduce your child to a positive dental experience.

If you are apprehensive yourself, try to refrain from projecting these feelings to your child; the pediatric faculty and staff have specialty training to help in these situations.

Nitrous Oxide Sedation (“laughing gas”)
Nitrous oxide sedation—also known as “laughing gas”—is a technique used by many pediatric dentists to help eliminate the apprehension, anxiety, and tension associated with dental procedures. It allows for a more cooperative, well-managed pediatric patient and usually induces a feeling of warmth and security, as well as a pleasant “floating” sensation. It also helps to alleviate the fear and discomfort associated with injections, “shots,” with more profound results in most instances. You should remember that nitrous oxide in no way resembles general anesthesia, because your child is always awake.

Trauma
If a child’s baby tooth is knocked out:

- Contact your pediatric dentist but DO NOT concern yourself with replacing it.

If your child's permanent tooth is knocked out:

- Find the tooth and rinse gently with cold water only if there is debris. Do not scrub.
• Replace in the socket as soon as possible and hold it there with a wash cloth.

• If you cannot replace the tooth, place it in a clean glass container with Hank’s balanced solution (Tooth Saver®), cold milk, or water.

• Call your pediatric dental office immediately, the faster you act the better your chances of saving the tooth.

If you child’s chips or fractures a tooth:

• Contact your pediatric dentist—quick action increases the chances of saving the tooth.

• Rinse mouth with water and apply a cold compress to decrease swelling if necessary.

• Place fragment in clean glass container with Hank’s balanced solution (Tooth Saver®), cold milk, or water.

Post-extraction Instructions

Bleeding: After your child has a tooth extracted, we would like him/her to keep pressure on the extraction site(s). To continue the pressure, we encourage children to bite on gauze for 15–20 minutes. It is normal for some oozing to take place. The saliva may be pink in color. If bleeding persists, apply pressure with gauze or a wet tea bag for additional 30 minutes.

Activity: Control activity for at least two hours after extractions. Vigorous play may result in resumed bleeding.

Diet: Encourage cool, clear liquids and soft foods for the first day—we suggest milkshakes/smoothies (no straws), yogurt, oatmeal, eggs, jello, mashed potatoes, etc. Your child may resume normal diet in 24 hours.

Your child should NOT:

• Drink from straws.

• Vigorously rinse.

• Eat hot soups or liquids.

• Eat spicy foods.

Pain: Every patient responds to treatment differently. Usually Tylenol® (acetaminophen)/Motrin® (ibuprofen) for children is sufficient to manage pain. It is recommended to give pain medication before the numbness wears off and also important to avoid lip biting.
Oral care: The teeth should be brushed normally except in the area of the extraction. On the day after the extraction, non-vigorous rinsing may be done three times a day with warm salt water (1 teaspoon per 8 ounces of warm water.)

Notify our clinic if any of the following occurs:

- Heavy bleeding after two hours.
- Severe pain after 24 hours.
- Elevation in temperature to over 101 orally.