

ADDRESS

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**PROVIDER NAME**

**Family Practice Occupational Therapist**

**O: 503-**

**F: 503-**

**OCCUPATIONAL THERAPY BRIEF WELLNESS SCREEN & INTERVENTION DURING DENTAL VISIT**

**NAME:** @NAME@

**AGE:** @AGE@

**DOB:** @DOB@

**MRN:** @MRN@

**SNAPSHOT/SUMMARY:**

|  |
| --- |
| Visit concerns: \*\*\*Goal: \*\*\*Risk Levels: {P5 Risk Level:27552}Next steps: \*\*\* |

@NAME@ is a @AGE@ @SEX@ seen with {Family Participants:16271} for Occupational Therapy screen and consultation {support family and team:21190} {before, during, after:21193} {primary or well child care:21194} with {S49 visit with:20319}.

OT joined the visit by meeting pt in the {dental/medical environment:22674}.

Current visit concerns: Parent reports \*\*\*

**BACKGROUND:**

Seen at NHC previously: {Yes No Not Applicable:12939} \*\*\*

@DIAGR@

@PROB@

**SCREENINGASSESSMENT:**

Occupational Concerns: \*\*\*

Child Skills and Deficits:Occupational therapy services in dental setting are focused on 3 areas:

1. Supporting and improving the child's participation in (compliance with) dental care services in this specific visit and over the long term.

2. Identifying and addressing barriers to developing healthy habits that support physical health and dental health for the child and family at home.

3. Supporting and building child and caregiver education, skill, and confidence for self-management of home based health promoting habits (such as oral hygiene).

OT identified the following areas as possible barriers to participation in the dental visit today:

- Physical: {OT Peds Physical deficits:22675}

- Cognitive: {OT Peds Cognitive Deficits:22676}

- Social-Emotional: {OT Peds Social Emotional Deficits:22677}

Caregiver Skills and Deficits:

{PARENT STRENGTH/DEFICITS:22150} \*\*\*

Environment: \*\*\*

OT identified the following areas as possible barriers to participation in the home based health habits that support physical and dental.

**Modified Frankl Behavior & Participation Assessment**

Behavior- Child’s behavior was {Frankl Behaviors:23632}

Participation- This child was able to complete the following elements of the visit today:

Weight, height, and walks to suite: {Yes No Not Applicable:12939::"Yes"}

Sits in chair, puts of bib and glasses: {Yes No Not Applicable:12939::"Yes"}

Opens mouth and does visual exam w dental assistant: {Yes No Not Applicable:12939::"Yes"}

X-rays: {Yes No Not Applicable:12939::"Yes"}

Cleaning (brushing): {Yes No Not Applicable:12939::"Yes"}

Cleaning (flossing): {Yes No Not Applicable:12939::"Yes"}

Cleaning (polishing): {Yes No Not Applicable:12939::"Yes"}

Opens mouth and does visual exam w dentist: {Yes No Not Applicable:12939::"Yes"}

Allows explorer: {Yes No Not Applicable:12939::"Yes"}

Fluoride varnish: {Yes No Not Applicable:12939::"Yes"}

This child {Frankl Participation:23633}

Total Score: \*\*\*

**INTERVENTION:**

1. Spoke with caregiver regarding {ADLs:22420} \*\*\*

**SUMMARY, RECOMMENDATIONS, PLAN, & GOALS**

**Summary:** @NAME@was seen today for OT consult/screen & brief intervention to support health/wellness, to support health care team, and assist the pt, and the family with development of and engagement in health promoting habits/routines. Direct pt care delivered for {consulttimes:21188} minutes.

Discussed management of patient's development, health, safety, and/or medical condition/s and questions were answered. Caregiver verbalizes understanding of all recommendations.

The following risk factors were identified:

Mild risk factors (child and parent): {Mild Risk Factors (Peds):24355}

\*\*\*

Severe risk factors (child and parent): {Severe Risk Factors (Peds):24356}

**Impressions:**

Health Complexity: {low mod high:21328}

{care as usual or elevated risk:24426}

{low mod high intervention:24424}

**Recommendations & Plan:**

Based on these findings and discussions, I recommend the following:

1. \*\*\*

OT will follow up with the patient and family {OT FOLLOW UP:22421}.

**Self-Management Health Goals**:

To be met by next visit:

1. {Peds shared health goals:22773}

**Modified Frankl Behavior & Participation Assessment (LONG)**

Behavior- Child’s behavior was {Frankl Behaviors:23632}

Participation- This child was able to complete the following elements of the visit today:

Weight, height, and walks to suite: {Yes No Not Applicable:12939::"yes"}

Sits in chair, puts of bib and glasses: {Yes No Not Applicable:12939::"yes"}

Opens mouth and does visual exam w dental assistant: {Yes No Not Applicable:12939::"yes"}

X-rays: {Yes No Not Applicable:12939::"yes"}

Cleaning (brushing): {Yes No Not Applicable:12939::"yes"}

Cleaning (flossing): {Yes No Not Applicable:12939::"yes"}

Cleaning (polishing): {Yes No Not Applicable:12939::"yes"}

Opens mouth and does visual exam w dentist: {Yes No Not Applicable:12939::"yes"}

Allows explorer: {Yes No Not Applicable:12939::"yes"}

Fluoride varnish: {Yes No Not Applicable:12939::"yes"}

This child {Frankl Participation:23633}

Total Score: \*\*\*

**Modified Frankl Behavior & Participation Assessment (BRIEF)**

Behavior- Child’s behavior was {Frankl Behaviors:23632}

Participation- This child {Frankl Participation:23633}

Visit Elements (10 total)

|  |  |
| --- | --- |
| Weight, height, and walks to suite | Cleaning (flossing) |
| Sits in chair, puts of bib and glasses | Cleaning (polishing) |
|  Opens mouth and does visual exam w dental assistant | Opens mouth and does visual exam w dentist |
| X-rays | Allows explorer |
| Cleaning (brushing) | Fluoride varnish |

Total Score: \*\*\*

Comments: \*\*\*

**OCCUPATIONAL THERAPY INTERVENTION IDEAS TO SUPPORT TOOTH BRUSHING**

\*CAN BE USED AS PART OF A SMART LIST OR DOTPHRASE\*

For improved participation in home based dental hygiene (especially acceptance of parent support with cleaning):

1. Model- let child watch you brush your own teeth and encourage them to do the same by giving them a toothbrush to hold.
2. Set a routine of allowing child to brush own teeth first then tell child that you will finish the job.
3. Hold child or sit child in your lap and ask them to open mouth. Be silly- tell child you think there might be a puppy in there hiding or say you want to see if their teeth are awake or sleeping.
4. Keep the brushing very brief at first and count out loud so the child knows when you will be done. Do only one area at a time then give a brief break (IE- brush just the outer top left molars while counting to 2 then pull the brush out for a moment break before doing the inner top left molars for the count of 2, etc.)
5. Give praise with each break. A quick, "great job!" before going on to the next area.
6. Continue to increase the time spent in each area by 1 second over the next several days with a goal of 10 seconds per area (there are 12 areas total: bottom left outer molars, bottom left inner molars, bottom right outer molars, bottom right inner molars, then all the top molars- inner and outer/left and right, then the top front teeth- inner and outer, then the bottom front teeth- inner and outer.)
7. Help your child understand how to position their mouth by asking them to say, "ahhh" when you need them to open wide to brush the inner side of the teeth or "eeeee" when you need them to keep their teeth together but the lips open so you can brush the outer side of the teeth.
8. Sing a special or silly song while brushing your child’s teeth to distract and to let him/her know when you will be done.
9. For a more sensitive child, turn lights down low, turn on soft music, and hold your child in your lap facing a mirror or laying with their head in your lap.
10. Let your child pick out his/her own special toothbrush with a favorite character or in a preferred color.
11. Try using an electric toothbrush with your child.
12. Consider skipping the toothpaste at first, just until your child gets used to the brushing, then add in just a grain of rice-sized amount when they are ready.
13. Try brushing in the bath, if your child is calm and happy during bathtime.
14. Read books about brushing and talk about brushing to clean your teeth (try this during your child’s day- outside of brushing times!)

**OCCUPATIONAL THERAPY STRATEGIES TO SUPPORT A CHILD IN DENTAL VISITS**

\*BOTH OF THESE CAN BE USED AS PART OF A DOTPHRASE OR SMARTLIST\*

\*(DOCUMENTING WHAT WORKED WELL FOR NEXT VISIT)\*

Based on these findings and discussions, I recommend the following:

1. Schedule visit at a time that the clinic is not busy or use the quiet room with door to reduce noise.
2. Use picture schedule at next visit to help pt understand what to expect.
3. Offer a fidget to keep hands busy/distracted and reduce anxiety.
4. Give lots of verbal praise.
5. Give breaks after each step and let pt know when a step has been completed as well as what's going to happen next.
6. Have caregiver sit next to pt and hold hand throughout.

\*(DOCUMENTING STRATEGIES YOU ATTEMPTED DURING THIS VISIT)\*

These therapeutic steps were completed by OT during dental visit today to support patient engagement and to provide trauma informed care:

* Began visit by meeting pt in the waiting room to help get familiar with team and what to expect before entering suite.
* Introduced OT and provided picture schedule to prepare for what to expect in the visit.  Showed picture schedule to pt and went over each step.
* Let pt know to let us know when a break is needed by saying "stop" or holding up a hand.  Practiced this with pt.
* Gave pt the option to wait in waiting room for dental team, or go into dental suite early and looking around.
* OT spoke with caregiver about how to best support pt during dental visit: sitting next to pt, holding hand, or putting one hand on their child’s chest or leg and keeping it there through visit.
* OT provided basket of sensory based fidget toys to choose from to hold and play with as an outlet for pt’s hands.
* Provided frequent check-ins with pt and allowed pt to check off each step of visit to show progress.
* Provided mirror as needed to give visual feedback to see what was being asked to do and help understand what was happening.
* Used counting to prepare pt and help understand when to expect an end to an activity.
* Spoke with caregiver regarding pt’s preferences, and let caregiver know that in the future they can request certain supports and can let the team know ahead of time what helps pt be successful in visits.