


Treating children with special health care needs (SHCN) is an integral part of the practice of pediatric dentistry. Children with SHCN are defined as “those who have one or more chronic physical, developmental, behavioral, or emotional conditions, and who also require health and related services of a type or amount beyond that required by children generally.”

1. “People First Language” should be used to speak appropriately and respectfully about any patient with a disability. People first language emphasizes the person first not the special health care need. For example: “a child who ...”, “a child with ...” or, “a child who has...”

2. Pediatric dental offices should be mindful of accommodating children with SHCNs in the design of their offices (e.g., wheelchair accessibility). The pediatric dentist may want to consider having equipment to help the child with SHCNs cope with dental care (e.g., weighted blankets, sun glasses, noise cancellation head phones).

3. Providers of oral health should be aware that parent/ legal guardian derived medical histories may be incomplete and require validation with the child’s primary medical provider or electronic medical record if accessible. Medical history updates should be obtained at each appointment.

4. Children with SHCNs are a heterogenous group and the caries risk varies between different disability diagnoses. Caries risk assessment in children with SHCNs should be individualized based on the underlying medical conditions and chronic medications.

5. Prevention strategies should be customized to the child’s special health care needs. Toothbrushes can be modified (e.g. double -sided, thicker grips) to accommodate the special needs and facilitate oral hygiene. Common prevention strategies such as the use of sealants and fluoride applications should be considered with children with SHCN.

6. Children with SHCNs should be offered the same standard of dental care as children without SHCNs whenever possible. Deviations from the standard of care need to be documented and the rationale therefore explained.

7. Children with SHCNs may require more surgical procedures than children without SHCNs. Consequently, dentists should consider, when possible, combining oral rehabilitation with other surgeries in order limit the exposure to general anesthesia in children with SHCN.

8. Children with SHCNs have been shown to have more unmet dental care needs than their peers without SHCNs. Partnership between the pediatric dental home, and the child’s medical home should be encouraged to improve their oral and overall health.