Integrating Preventive Dental Care in a Pediatric Oncology Clinic

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Abstract

Significance of the Problem in Pediatric Oncology Dental caries:
• Most prevalent infectious disease
• Strep mutans
• Transmitted from caregiver to child
• Preventable
• Immunocompromised
• Pain, fever, delay in treatment, increased cost (Carrillo, 2010; da Fonseca, 2004).
• Mouth is most frequent source of sepsis” (AAPD, 2008).
• 90% cancer patients develop oral problem (Chin, 1998).
• Parents are overburdened with medical appointments
• Separation of Medicine and Dentistry
• Six Surveys on “Non-Dental Health Providers Knowledge, Current Practice, Barriers to Referral and Attitudes toward Incorporating Oral Care into Practice” (Dela Cruz, 2004; Glenney, 2004; Grant, 2007; Ismail, 2003; Lewis, 2000, 2009).
• Non-dental providers have lack of knowledge and training in oral healthcare
• Report barriers in referring young children for dental care
• Overwhelming acknowledge importance of oral health
• Willing to incorporate oral healthcare into practice
• Three Interventional Studies on “Oral Health Education Application into a Pediatric Residency Outpatient Program: Clinical and Financial Implications.”

Methodology

Implementation Framework

Prevention and Population Health Curriculum Framework
• Evidence Base for Practice
• Clinical Prevention services
• Health systems and health policy
• Community aspects of practice (Allan, 2004).

Results

Pain, fever, delay in treatment, increased cost (Carrillo, 2010; da Fonseca, 2004).

Synthesis of Evidence

Six Surveys on “Non-Dental Health Providers Knowledge, Current Practice, Barriers to Referral and Attitudes toward Incorporating Oral Care into Practice” (Dela Cruz, 2004; Glenney, 2004; Grant, 2007; Ismail, 2003; Lewis, 2000, 2009).

Pediatric Oncology Providers
• completed a pre-survey assessing oral health knowledge, practice behaviors, attitudes toward incorporating oral health assessment and fluoride varnish into their practice
• attended an oral health educational intervention and fluoride varnish skills lab and
• performed an oral assessment and application of fluoride varnish on children being treated for cancer

Conclusions

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• Increased oral healthcare knowledge of pediatric oncology providers
• 10-15 oncology healthcare providers participated in an oral assessment and fluoride varnish education program.
• Children being treated for cancer received fluoride varnish
• 0-110 pediatric oncology patients received fluoride varnish from April – October 2011

Implications and Significance:
• DNP can change practice, policy
• Intercollegiate collaboration between health professionals benefits both patients and professionals
• Further research needed to develop pre-treatment protocols

Objectives

Outcomes:
• Increase knowledge and practice behavior of pediatric oncology healthcare providers to include oral assessment and fluoride varnish
• Pediatric cancer patients will receive oral assessment and fluoride varnish

References


Jamesetta Newland, PhD, FNP
Barbara Krainovich

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