



Introduction

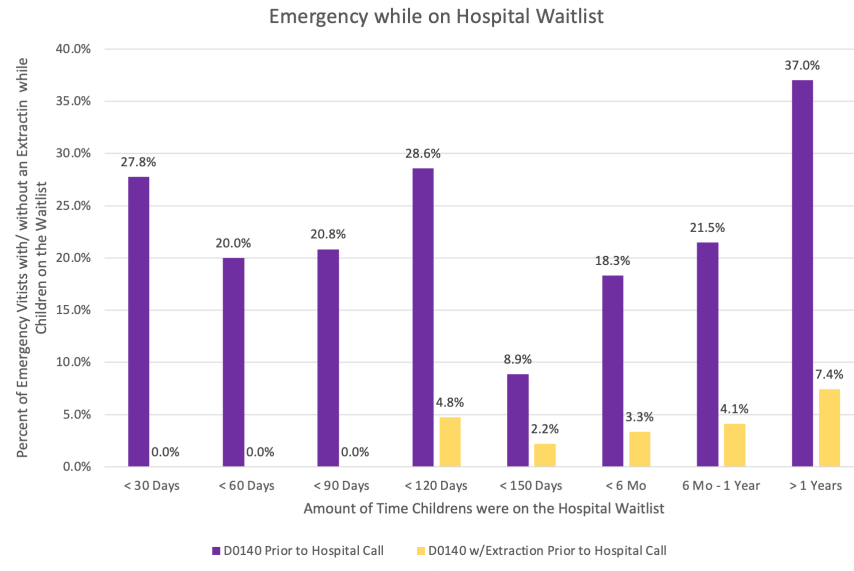
The need for operating room time for pediatric dental patients is increasing¹. Pediatric dental programs are often the "safety net" for these patients and may have longer wait times for access to operating rooms due to the number of children who are referred to these centers². The wait time for access to general anesthesia services may necessitate the patients being seen for emergency visits. The purpose of this study was to be able to evaluate the type and frequency of dental visits of patients who are on the OR waitlist at the ECU School of Dental Medicine Pediatric Dental Residency Program.

Methods

This study used retrospective chart review to compare differences in the cumulative incidence of dental emergencies while young children were on a waitlist for dental treatment between January 1st 2017-March 15th 2020. SDF, limited exam, extraction, and hospital codes were obtained from a dental software program, AxiUm to assess emergency visits that occurred while a patient was on the OR waitlist.

Results

362 charts met inclusion criteria. The purple bar is the percent of children that had an emergency visit while on the waitlist in each time frame. The yellow bar is the number of children that had an emergency visit with an extraction in each time frame.



Discussion

We expected to see more emergency visits and more extractions as the time patients were on the waitlist increased. The longer the patient was on the waitlist, the more likely the patient was to be seen for an emergency visit with an extraction. The percentage of emergency visits on the waitlist yielded similar totals until over 150 days. After 150 days on the waitlist, a rise in emergency visits was observed.

Some studies show that SDF has been able to decrease the number of emergency visits³. Future studies could look at SDF as a way to decrease emergency visits. OR time can be difficult to obtain with COVID staffing shortages and other barriers to care. This study had many limitations; sample size, the ability to look at only the patients treated at ECU, as patients could have found dental care elsewhere.

Conclusions

The incidence of dental emergencies with extractions increased after 120 days. Efforts are needed to remove barriers to care and gain access to the operating room for children's oral health needs.

References

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3. Thomas ML, Magher K, Mugayar L, Dávila M, Tomar SL. Silver Diamine Fluoride Helps Prevent Emergency Visits in Children with Early Childhood Caries. *Pediatr Dent.* 2020 May 15;42(3):217-220. PMID: 32522326.

