

# Diagnostic Examination in Children

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## Abstract

A thorough examination diagnosis of the pediatric dental patient includes assessment of following General growth, behavior, general health etc., Prior to dentist examining the child, the dental assistant can obtain sufficient information to provide the dentist with knowledge of the child's general health and can alert

the dentist to the need for obtaining additional information from the parent or the child's physician.

Key Words: *Diagnosis, assessment, examination, behavior.*

Traditionally a complete examination of the patient is performed to develop a treatment plan. It is presented to the patient parents, outlining the recommended course of treatment. A thorough examination diagnosis of the pediatric dental patient includes assessment of following

- General growth
- Behavior
- General health
- Chief complaint
- Extraoral and intraoral soft tissues
- Intraoral hard tissue
- Temporomandibular joint
- Periodontal health
- Developing occlusion
- Caries risk

Additional diagnostic aids include

- Radiography
- Study models
- Photographs
- Pulp tests
- Laboratory tests

## Preliminary medical and dental examination:

It is important for the dentist to be familiar with medical and dental history of the pediatric patient.

Familial history may also be relevant to the patient's oral condition and may provide important diagnostic information in some hereditary disorders. Prior to dentist examining the child, the dental assistant can obtain sufficient information to provide the dentist with knowledge of the child's general health and can alert the dentist to the need for obtaining additional information from the parent or the child's physician.

## Behavior:

Information regarding the child's social and psychological development is important.

- Accurate information reflecting a child's learning, behavior or communication problems is especially important when the parents are aware of their child's development disorders. Behavior problems in the dental office are often related to the child's inability to communicate with the dentist and to follow instructions. This inability may be attributable to a learning disorders. An indication of learning disorders can usually be obtained by the dental assistant while asking questions about the child's learning process. For example, asking a young school-aged child how he/she is doing in school is a good lead questions. The questions should be age appropriate for the child.

challenge when stent removal in LPA and inferior vena cava (IVC) are

## General Health

- When there is indication of an acute or chronic systemic disease or anomaly, the dentist should consult the child's physician to learn the status of the condition, the long range prognosis and the current drug therapy.
- In addition to consulting the child's physician, the dentist may decide to record additional data concerning the child's current physical condition, such as blood pressure, body temperature, heart sounds, height and weight, pulse and respiration.
- Before treatment is initiated, certain laboratory tests may be indicated and special precautions may be necessary.
- If the dentist is aware that a child was previously hospitalized or the child fears strangers in clinic attire, the necessary time and procedures can be planned to help the child overcome the fear and accept dental treatment.
- The dentist's personal involvement at this early time strengthens the confidence of the parents.
- It is advisable to postpone nonemergency dental care for a patient exhibiting signs or symptoms of acute infectious disease until the patient recovers. The pertinent facts of the medical history can be transferred to the oral examination record for easy reference by the dentist.
- The patient's dental history should also be summarized on the examination chart.

## Clinical Examination:

- A thorough clinical and radiography examination helps in obtaining most facts needed for a comprehensive oral diagnosis in the young patient.
- In addition to examining the structures in the oral cavity, the dentist may in some cases wish to note the patient's size, stature, gait or involuntary movements.
- Similarly, the severity of a child's illness, even if oral in origin, may be recognized by observing a weak, unsteady gait or lethargy

## CONCLUSIONS

It is concluded that the most point of a paedodontics is to avoidance of maladies since it can be exceptionally viably actualized in more youthful age bunches. Common and dental wellbeing of a child ought to be visualized as a entire and dental wellbeing of the child ought to continuously be progressed in agreement with their common health.

Most often sites stents were deployed are LPA (27) and RVOT (24), raising to 50% of overall locations.

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One third of stents (28) are partially removed.

One third of stents (33) are difficult to retrieve (deep hypothermia plus circulatory arrest are requested).

50% of overall stents in LPA & RPA are partially removed.

50% of LPA & RPA stents are handled straightforward.

100% IVC stents are totally removed in deep hypothermia and decannulation.

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## REFERENCES

1. Bondy J, Berman S, Glazner J, Lezotte D. Direct expenditures related to otitis media diagnosis: Extrapolations from a pediatric Medicaid cohort. *Pediatrics* 2000;105:72-9.
  2. Auinger P, Lanphear BP, Kalkwarf HK, Mansour ME. Trends in otitis media among children in the United States. *Pediatrics* 2003;112:514-20.
  3. Teele DW, Klein JO, Rosner B. Epidemiology of otitis media during the first seven years of life in children in greater Boston: A prospective, cohort study. *J Infect Dis* 1989;160:83-94.
  4. Paradise JL. Otitis media in infants and children. *Pediatrics* 1980;65:917-43.
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