Anesthetic Tips for Young Kids

tito | Total Posts: 113 | Member Since: 03/31/05 | Posted: 5/9/2006 3:16:15 PM | Post: 1 of 53

I still get a sinking feeling in my gut whenever I have to do a block on the lower in young children. What are some techniques to reduce painful injections? Do infiltrations work fairly well on the mandible? I still do a block, which is virtually impossible to miss, but it hurts. Any tips?

robertdgoodwin | Total Posts: 3 | Member Since: 12/07/03 | Posted: 5/9/2006 3:28:18 PM | Post: 2 of 53

Nitrous, topical and tell them that the assistant is going to freeze their teeth with the air syringe. As she is freezing the injection site, go slow with the anesthetic. I use Septocaine on nearly all pedos, but you have to watch the dose. [I] do mostly infiltrations, with a little in the papilla.

sugarbad | Total Posts: 6038 | Member Since: 02/02/04 | Location: Shelby, NC | Posted: 5/9/2006 4:07:58 PM | Post: 4 of 53

Tricaine Blue [TB] and Septocaine for almost everything on pedos. I only block if I have to treat permanent lower first molars. If I had to go back to the days before TB and Septocaine, I would give up pedos. Since I have switched, I have little-to-no pain on injection. Most kids go out to the waiting room and tell their mom, "I didn't even have to get a shot!" 90% leave without even knowing they got the needle. You do have to watch the dose on both anesthetics, but it is worth shortening treatment to get away with zero tears.

tjoseph | Total Posts: 21 | Member Since: 06/06/05 | Location: Wauconda, IL | Posted: 5/16/2006 7:42:39 PM | Post: 7 of 53

What is the maximum dose for Septocaine in children?

phildoc | Total Posts: 7 | Member Since: 03/25/06 | Location: Sylvania, OH | Posted: 5/20/2006 7:27:16 AM | Post: 10 of 53

[In response to post by Tjoseph]: "What is the maximum dose for Septocaine in children?"

7 mg/kg. It's also not recommended for use in children under four years old. My office also won't use it for children under 40 lbs (18 kg) because you get to the maximum dosage quickly. An example would be that for a 40 lb child, you can give a maximum of 1.8 carpules. The level of anesthesia is significant, and it lasts a long time. Make the parents aware of lip/cheek biting after they're home.

For patients who are difficult to numb with traditional blocks, infiltration works even for the lower posterior teeth. I've had great success with this product.

mrfred | Total Posts: 1309 | Member Since: 09/10/01 | Location: Pennsylvania | Posted: 5/20/2006 10:09:15 AM | Post: 13 of 53

1. Allowing appropriate time for the topical to take effect is important. (I use TAC-gel, similar to Tricaine.)
2. 30-gauge needle.
3. Make them open really wide—stretches tissue taut.
4. I massage the ascending ramus with my finger and then tell them they will feel my fingernail poking them.
5. Bring the syringe in under their radar eyes, and slowly inject.
6. I then tell them they will feel their tooth going to sleep shortly, "You can tell it is going to sleep because your lip will feel fat."

marcm | Total Posts: 16 | Member Since: 03/05/06 | Location: Brisbane, Australia | Posted: 5/20/2006 6:49:51 PM | Post: 15 of 53

I always tell the child we are going to, "make the tooth go sleepy, because I want you to be comfortable and not feel anything while we get rid of any nasty germs on the tooth."

Show them the cotton bud with the topical and say, "I just want to jiggle this around to start making the tooth go sleepy." While you do that, ask mom how they are going to spend the rest of the day blah, blah, chat.

Wipe off the taste, let them rinse, then when back in position—do it again with topical on a cotton bud.

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Wipe off, and do it again! Tell him/her they should be feeling the tooth go sleepy. Return to exact same position, use one hand to partially block their vision (as with the cotton bud by the second go), and very slowly infiltrate in the area, keep talking about the jiggling motion, ask how they are, ask if it's sore. Then while you are jiggling, the tooth is going to sleep, take you're time. He/she think your still using cotton buds.

[I] have not had a tear or complaint from a child in five years. Keep smiling and talking. If I feel a child can't handle this (some are freaked trying to do a first prophy, etc.) then I don't bother—refer to pedo.

LadyDDS | Total Posts: 202 | Member Since: 02/22/05 | Location: Texas | Posted: 5/21/2006 1:49:55 PM | Post: 18 of 53

I see a ton of kids, and rarely do I have problems. Before they ever get to my room, the parents/guardians are told that we do NOT have "shots" here. They are called "mosquito bites" and we use "fat and funny water" to numb their lip. Here's my "outline" of what I do:

1. Nitrous. Nitrous. Nitrous.
2. Discussion of rules. I have two: 1. Hands must be kept by the sides or on tummy. 2. You must hold still. Kids love these easy rules. We talk about me not wanting to hurt them by accident or put the numbing medicine in the wrong place.
3. Lots of topical in injection area.
4. Remind kids of the rules. Tell them that we are doing the "fat and funny water" next.
5. Put the light in their eyes and tell them to close the eyes. Sneak the syringe below their chin while the light is in their eyes.
6. Jiggle the lip as I inject, and during whole time of injection. Keep talking to them, telling them what they feel, that the "fat and funny water" is really cold and sometimes stings. Distraction is one of the most important techniques. Most of the time they are totally distracted by the wiggling of their lip, and don't notice.

I rarely have the screamers and refusal to cooperate. Most kids walk out never knowing they had a shot. I use old fashioned 2% lidocaine with 1:100,000 epi and rarely have trouble.

superdiver | Total Posts: 12773 | Member Since: 01/20/03 | Location: Ketchikan, AK | Posted: 5/24/2006 8:39:44 AM | Post: 20 of 53

1. No parents.
2. N_20, N_2O, N_2O (as was said earlier)! I use a high dose, so I won't say 'cuz people will flame me, ah heck, like I ever cared. I start out at 60% and don't turn it down 'til after the injection. This is where you need to establish a fun relationship with the kids. Have fun and ask them about themselves and kids will open up and tell you the greatest stuff!

Another trick I use here is to ask if they want a colored filling (there are a few different brands out there and they ROCK). If the kid wants one, we go ask the parent to make sure it's OK, since it's a primary tooth and rarely do they care, as long as it gets done. Then, I tell the kid colored fillings are a lot harder to do, so they have to open extra-wide and hold extra still! MAN, you haven't seen kids open wide 'til they WANT to open wide, it's freaking scary how wide they can open!

3. I put the first topical (I use TAC) in as soon as I am done placing the N_2O mask.
4. After about 60 seconds of N_2O, I have the kids put on dark sunglasses 'cuz "we have to use the bright light" BEFORE the injection. One to two minutes is all I wait to start with anesthetic and it's rarely a problem.

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5. I use about 1/6-1/4 carp per area to be worked on SLOWLY! The biggest mistake people make is rushing the anesthetic. RARELY, and I mean hardly ever, do the kids even notice ANYTHING. If I am doing a quad of pulps and SSCs [stainless-steel crowns] I will do a block, but for most kids I place the local just apical to the teeth I plan to work on.
6. After I SLOWLY place the local, I inject the tissue next to the tooth for two reasons; one, if I can do it with out them noticing I am ready to go; and two, extra anesthetic.
7. Get 'er done!

I do quads in less then 30 minutes from butt in the seat to walking out the door with parents...it really works. Kids are the best. I would rather work on kids ANY FREAKING DAY than adults...much easier...find out how to do it and it will amaze you how fun and profitable (if that's what motivates you), it is. For me, it's just a TON more fun!

alpchen | Total Posts: 5 | Member Since: 08/16/05 | Location: Philadelphia, PA | Posted: 5/29/2006 5:11:08 PM | Post: 26 of 53

For young children whose permanent molars have not erupted, I've gained very successful results with infiltration with 2% Xylocaine (1:100K epi) supplemented with injections into the papilla adjacent to the teeth I'm working on. Infiltration has also worked well for me even for older kids, as long as I'm not doing pulpotomies and extractions.

Here's my technique for painless injection that I learned from a co-resident:

1. Apply topical anesthetic on DRY mucosa. I don't use a lot because kids usually don't like the taste.
2. Actively rub in the topical gel for about one minute with cotton swab.
3. Tell the kids that I'm going to pull away their lower lip and that they might feel a scratch from my fingernail.
4. Insert the needle about 1 mm relatively parallel to the mucosa right below the free gingival margin (instead of inserting perpendicular towards the bone). DO NOT touch the bone with the needle tip.
5. Inject a very small amount until you see a small 2 mm x 2 mm bubble forming right underneath the mucosa.
6. Wait about 30-60 seconds, while rubbing in the anesthetic. I usually say something like, "I'm sorry if I scratched you too hard, I'll be careful next time."
7. Inject the rest of the dose VERY SLOWLY and watch the mucosa bubble up more. Insert the needle at the same entry point as the initial dose. By this time the mucosa should be numb enough that I can inject into bone without worrying that the child may feel it.
8. For crowns and Class II preps, I supplement my anesthesia with injections directly into the adjacent papilla. I do this right before I start prepping, so that by this time the papilla are already numb enough that they won't feel the "pushing" feeling the injection produces.

I use the same technique for all my injections and patients usually behave very well during op procedures, if I can get them numb without any pain.

msgdds | Total Posts: 292 | Member Since: 07/02/04 | Location: Syracuse | Posted: 6/1/2006 1:43:16 PM | Post: 43 of 53

[I] just happened to have a similar situation today and USED some of the techniques discussed on this very thread. My assistant loved it. It was a screaming, crying five-year-old who was crying the second she walked in. # B needed extraction (trust me—NON-restorable). She wouldn't sit in the chair, wouldn't do anything. My assistant was able to get her to trust her to take a Panorex. After this, she was just at ease enough to get into the chair. Mom wanted this done NOW. Option one, hold the child down with two assistants and "yank" tooth with no local (tooth with roots and all). I took option two, as suggested here, cranked up the funny air, holding LIGHTLY on child's nose for a couple of minutes with topical. Then as suggested here, told my assistant to "freeze the tooth with air/H_2O," while I "scratch" the tooth to sleep and whadyaknow? No more crying than was already going on. Mom was FLOORED. Tooth came out and child kept crying, but everyone was VERY happy. What would mom's reaction have been with no local? Sorry to ramble, but I thought an appropriate story to topic. Now, I have a new family to treat...woo hoo!

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