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*Indian J Plast Surg.* 2009 October; 42(Suppl): S56S61.

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**Legends**

- Fig. 1: Cleft lip & palate defect  
 Fig. 2: Diagnostic Impression

- Fig. 3: Fabrication of NAM Appliance  
 Fig. 4: Patient with the appliance  
 Fig. 5: After 1 week  
 Fig. 6: After 3 months



## Conscious Sedation of Pediatric Dental Patients with Chloral Hydrate

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Behavior management strategies for pediatric dental patients have evolved greatly over the past 2 decades, with verbal techniques like positive reinforcement, tell-show-do, and voice tone control hand-over-mouth exercise and hand-over-mouth with airway restriction having lost considerable popularity. In light of this trend, conscious sedation with chloral hydrate is a vital dimension of pediatric dentistry for those children who fail to cooperate for treatment in a conventional setting or are very young to understand and follow the instructions given by surgeon. One such case, a 24 months old boy with nursing bottle caries was treated with conscious sedation using chloral hydrate in dept of Pedodontics and Preventive dentistry, Manav Rachna Dental College. Pulpectomy was performed on upper centrals and laterals. Obturation was done with calcium hydroxide and Iodoform paste followed by crown build up with glass ionomer cement since parents were not ready to bear the cost of polycarbonate crowns. The popularity of

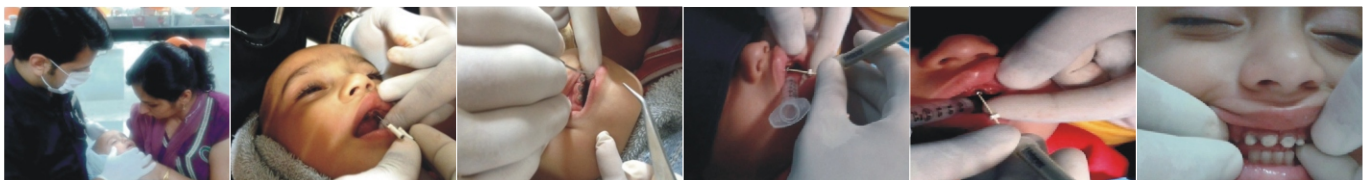
conscious sedation among pediatric dentists is underscored by the safe and effective means by which sedative drugs can be used when practitioners follow the (ADA) Guidelines for the Elective Use of Conscious Sedation, Deep Sedation, and General Anesthesia in Pediatric Dentistry.

Chloral hydrate, which is one of the well known and widely used drug for pediatric dental surgeon has an onset of action of 15-30 minutes given orally with a peak effect for an hour or more. Primary metabolite of chloral hydrate is trichloroethanol which is responsible for most of the CNS effects that occur. Since it is irritating to gastric mucosa one should administered the drug in diluted flavored medium otherwise it may cause nausea and vomiting. Pre-sedation, kids often enter a period of excitement and irritability.

One problem with sedation in pediatric dentistry is that you can only give what is considered a "safe" dosage. Those children who do not respond to that dosage, well, you don't just give twice the dose and hope it will take. That could lead to trouble. Whatever is

used, you monitor vital signs in accordance with the AAPD guidelines. The whole process is somewhat of an art as much as a science. Lethal dose is 10gm in adults, sometimes the tendency to push the drugs to larger dose to achieve the necessary sedation. It is recommended that young children receive 25-50 mg/kg body weight and not more than 1gm.

Things can be unpredictable as medications elicit different responses in different children. The younger the child, the more unpredictable the medication's effect. A certain dosage on one child may make them quite sleepy and sedated, while the same exact dose will not seem to do anything for the next child. Studies have found an individual child's temperament has a lot to do with their response. Therefore, some kids are better served with treatment under general anesthesia. In fact, if there is so much work that several sedative appointments will be required to complete the treatment, then the option of general anesthesia is usually discussed.



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