

Date of Hospital Discharge: [date]

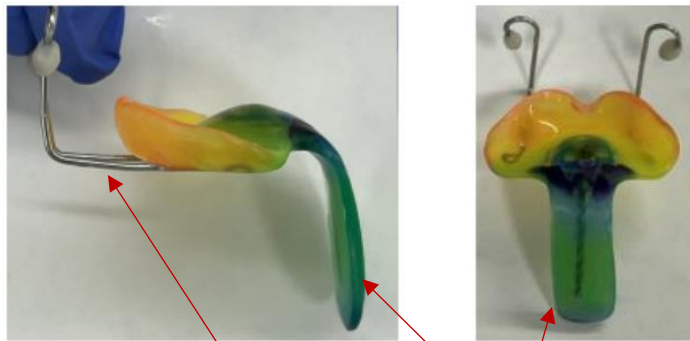
## Orthodontic Airway Plate Care Plan for: [Name]

DOB: [date]

Photo of [name] with OAP



[Name]'s personal OAP



Extraoral wires (2)

pharyngeal spur (airway part)

### [Name]'s Craniofacial Team at [Hospital]

Craniofacial Pediatrician	Dr.	[phone #] <b>For Urgent concerns, Call [phone #] and ask to page the on-call provider</b>
Orthodontist	Dr.	[phone #]
ENT		[phone #]
Feeding Therapist		[phone #]
Craniofacial Nurse Team		[phone #]
Social Worker		[phone #]
Craniofacial Scheduling		[phone #]

### How the Orthodontic Airway Plate (OAP) Works:

- The precise fitting plate adheres to the hard palate and upper gum with adhesive denture cream
- The spur extension (pharyngeal component) brings the tongue forward and opens up the airway to relieve airway obstruction
- The wires and tape help lift the tongue and maintain the position of the plate

Airway obstructed | Airway opened with OAP in place



### If Worried about [Name]'s breathing

- Remove the OAP
- Place her on her side
- Provide oxygen to keep SaO<sub>2</sub>>90%
- She can be mask ventilated, may require an oral airway or nasal trumpet for bagging
- Call for help as needed

***In case of an emergency, the OAP device can be removed easily, following these steps:***

#### **Steps to Remove the OAP**

- 1. Unhook the rubber bands from the external OAP wire or cut the tapes if an emergency**
- 2. While holding at the base of the external wires, apply gentle downward pressure to the plate to break seal with the upper gums/maxilla**
- 3. Rotate the plate downward and forward, removing from the mouth**
- 4. Wipe away remaining denture adhesive with a 2x2 gauze**
- 5. Place baby on side, provide respiratory support as needed**

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**What to Be Watching For with the OAP In Place:**

- Airway obstruction worsening
- Respiratory distress
- Device dislodgement
- Device malfunction (plate, spur, wires)
- Soft tissue irritation or ulceration
- Wires bent or irritating skin

**Outpatient Follow up Plans (1<sup>st</sup> 6 months)**

*Will be guided by the infant's specific needs*

- Nutrition: Weekly weights on home scale, frequency and dietitian follow up guided by dietitian
- Feeding: Visits every 2-4 weeks with feeding therapist (or per their guidance)
- OAP: Visits every 2-4 weeks with orthodontist on Mondays (or per Orthodontist guidance); new impression and modification of plate anticipated 2-3 months into OAP therapy
- Pediatrics: Visits every 2-4 weeks to align with feeding and orthodontic visits, space with increasing stability
- Otolaryngology: With plate/spur modifications and endoscopies, every 2-3 months and as needed
- Sleep Study: At completion of OAP therapy (typically about 5-6 months of age)

**Helpful References:**

- Buchenau et al. A randomized clinical trial of a new orthodontic appliance to improve upper airway obstruction in infants with Pierre Robin sequence. J Pediatr. 2007
- Case et al. Descriptive Summary and Experience Introducing the Orthodontic Airway Plate to Treat Upper Airway Obstruction for Infants With Robin Sequence. Cleft Palate Craniofac J. 2025.
- Choo et al. Nonsurgical Orthodontic Airway Plate Treatment for Newborns With Robin Sequence. Cleft Palate Craniofac J. 2022
- Choo et al. Disruptive Therapy Using a Nonsurgical Orthodontic Airway Plate for the Management of Neonatal Robin Sequence: 1-Year Follow-up. The Cleft Palate Craniofacial Journal. 2023;60(6):758-767.
- Poets et al. The Tübingen palatal plate approach to Robin sequence: Summary of current evidence. J Craniomaxillofac Surg. 2019
- Wiechers et al. Evidence and practical aspects of treatment with the Tübingen palatal plate. Semin Fetal Neonatal Med. 2021

**Copies of this Care Plan Provided to:**

- ✓ Primary care provider/ Pediatrician
- ✓ EMS/ Fire Department/ 1<sup>st</sup> Responders
- ✓ Caregivers