

BEHAVIOR MANAGEMENT TECHNIQUES UTILIZED IN PEDIATRIC DENTISTRY

We do our best to give your child the best quality dental care in a safe and caring environment.

Every effort will be made to work with your child to gain cooperation through understanding, gentle guidance, humor, and charm. When these fail there are other management techniques that can be used to eliminate or minimize disruptive behavior. Our dentist(s) and staff have received training in the following techniques accepted by the American Academy of Pediatric Dentistry:

Tell-show-do: the dentist or staff member explains to the child what is to be done, shows an example on a tooth model or on the child's finger, then the procedure is done on the child's tooth.

Positive reinforcement: rewards the child who displays cooperative behavior with complements, praise, a pat on the shoulder, or a small prize.

Voice control: the attention of a disruptive child is redirected by change in the tone and volume of the dentist's/staff's voice.

Hand and/or head holding by dentist or assistant: an adult keeps the child's body still so the child cannot grab the dentist's hand or sharp dental tool.

Nitrous oxide: medication breathed through a nose mask to relax a nervous child. The child remains awake but is relaxed and calm. Nitrous oxide is also known as laughing gas. Children with very sensitive stomachs may become nauseated when breathing nitrous oxide.

Parent leave treatment room: If patient is uncooperative, the dentist may request that parent/legal guardian step out of treatment area. Parent may stay at door and observe, but be out of vision of child until child settles down.

The following are additional techniques that may be utilized. Each of the following would require additional discussion between the doctor/staff and parent/legal guardian. Each requires separate written consent prior to its use:

Protective Stabilization: a body wrap made of fabric mesh and velcro that is placed around the child to limit movement. It is never used without written consent of the parent/legal guardian.

Minimal sedation: oral medication is administered to facilitate coping skills and increase patient cooperation by decreasing anxiety. Patient evaluation must first be completed along with written parental/legal guardian consent.

General anesthesia: anesthesia is administered by an anesthesiologist who supports the patient while all dental treatment is completed at one visit. Prior to general anesthesia the patient requires a complete History and physical by his/her primary provider. It is never used without a current H&P.

NOTE: AT ANY TIME, IF PARENT/LEGAL GUARDIAN IS UNCOMFORTABLE WITH PROGRESS OF TREATMENT, THEY MAY ASK THE DENTIST TO STOP TREATMENT AT THAT POINT AND DISCUSS OTHER BEHAVIOR MANAGEMENT OPTIONS.

The above behavior management techniques have been explained to me and I have had a chance to ask questions. I understand the risks, benefits and available alternatives.

parent/legal guardian

date

witness

date