PEDIATRIC DENTISTRY INFORMED CONSENT FOR PATIENT MANAGEMENT TECHNIQUES

ACKNOWLEDGMENT OF RECEIPT OF INFORMATION

ALL IN GOOD INTENTION

It is our intent that all professional care delivered in our dental office shall be of the best possible quality we can provide for each child. We believe that any dentist can get your child’s work done – our mission is to do so in a manner which leaves your child with good positive feelings about going to the dentist. The entire focus is on your child, relating to them, fostering good dental health habits and installing a health, positive attitude toward dentistry for life.

All efforts will be made to obtain the cooperation of child dental patients by the use of warmth, friendliness, persuasion, humor, charm, gentleness, kindness, and understanding. In some cases, further behavior management techniques are needed. There are several behavior management techniques that are used by pediatric dentists to gain the cooperation of child patients to eliminate disruptive behavior or prevent patients from causing injury to themselves due to uncontrollable movements. These techniques are not a form of punishment and are in no way used as a form of punishment. These techniques are simply used only when and, if necessary, to complete a dental procedure in the safest manner possible.

Please read this form carefully and ask about anything you do not understand. Please initial to identify you understand the techniques we use.

PEDIATRIC DENTISTRY BEHAVIOR MANAGEMENT TECHNIQUES

The more frequently used pediatric dentistry behavior management techniques are as follows:

____1. **Tell-Show-Do**: The doctor or assistant explains to the child what is to be done using simple terminology and repetition and then shows the child what is to be done by demonstrating with instruments on a model or the child’s or dentist’s finger. Then the procedure is performed in the child’s mouth as described. Praise is used to reinforce cooperative behavior.

____2. **Positive reinforcement**: This technique rewards the child who displays any behavior which is desirable. Rewards include compliments, praise, pat on the back, a hug, or a prize.

____3. **Voice Control**: Is a controlled alteration of voice volume, tone, or pace to influence and direct the patient’s behavior.

____4. **Mouth props/Rubber dams**: A mouth prop or “tooth pillow” as we call it used to help support your child in keeping his/her mouth open during an operative procedure. This allows him/her to relax and not worry about consciously keeping his/her mouth open for the procedure. A rubber dam is a “raincoat” placed on the area of work to be worked on to isolate the teeth and prevents any debris from being swallowed or going to the back of the throat.

____5. **Immobilization by the doctor**: The doctor controls the child from movement by gently holding down the child’s hands or upper body, stabilizing the child’s head between the dentist ‘s arm and body.

____6. **Immobilization by the assistant or parent**: The assistant controls the child from movement by gently holding the child’s hands, stabilizing the head, and/or controlling leg movements

____7. **Protective Stabilization**: If a child is too young to understand the importance of sitting still or if they are endangering themselves with a lot of uncontrolled movement, they may need to be placed in a pediatric wrap which is sometimes referred to as a “papoose board”. The wrap, or papoose board, holds the head and wraps the arms and legs securely in a blanket fastened with Velcro closures. This is used to
provide motion control, in an office environment, so your child is protected during dental procedures. It is never used as punishment. The pediatric wrap is used during most, not all, sedation procedures. In the event we feel the wrap must be used, we will notify you at that time, before placing the child in the wrap.

8. **Relaxation Gas**: Nitrous Oxide (laughing gas) and oxygen may be administered to relax the child and to raise his/her pain threshold. This allows the child to sit in the chair longer and increases their attention span and allows for more work to be done without the child labeling something as painful. Nitrous Oxide and oxygen is not general anesthesia. The child is not “put to sleep” and does not become unconscious, only relaxed, however, Nitrous Oxide works differently on each child in terms of the level of relaxation they can achieve.

9. **Conscious Sedation/General Anesthesia** is recommended for apprehensive, very young children, and medically compromised patients. The majority of children respond very well for dental treatment. For various reasons, some children may be apprehensive about dental treatment and may require some form of sedation to allow treatment.

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1. The listed pediatric dentistry management techniques have been explained to me.
2. I am clear and understand that none of the above techniques are used in any way as punishment. These procedures are standard of care in the pediatric dental community and are merely used only if necessary to provide the best dental care.
3. I have been encouraged to ask questions and all questions about the patient management techniques described have been answered in a satisfactory manner.
4. I hereby acknowledge that I have read and understand this consent.
5. I acknowledge that I approve of these techniques and that I have been given the alternative to withdraw from it.
6. I hereby authorize and direct Dr. Makram assisted by other doctors and/or dental auxiliaries of her choice, to utilize, if required, the necessary patient management techniques to assist in the provision of the required dental treatment for my child.
7. I understand that this consent shall remain in effect until terminated by me.

_________________________       ________________________        _________________      _________
Patient Name                                     Guardian Signature

_________________________       ________________________        _________________      _________
Relationship                                     Date