

It is our intent that all professional care delivered in our dental operations shall be of the best possible quality that we can provide for each child; providing a high quality of care can sometimes be made very difficult, or even impossible because of the lack of cooperation of some patients. Among the behavior that can interfere with the proper provision of quality dental care: Hyperactivity, Resistive movements, Refusing to open mouth/keep open long enough to perform the necessary dental treatment, and even aggressive and/or physical resistance to treatment, such as kicking, screaming and grabbing at the dentist's hand or the sharp instruments. All efforts will be made to obtain the cooperation of the child dental patient by the use of warmth, friendliness, persuasion, humor, charm, gentleness, kindness and understanding.

METHODS USED:

1. **TELL/SHOW/DO:** The dentist or assistant explains to the child what is to be done by demonstrating with instruments on a model or the child's/dentist's finger, and 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 behaviors, which is desirable. Rewards include compliments, praise, pat on the back, a high five, or a prize
3. **VOICE CONTROL:** Changing the tone or increasing the volume of the dentist's voice gains the attention of a disruptive child; content of the conversation is less important than that of the abrupt or sudden nature of the command.
4. **MOUTH PROPS:** A rubber or plastic device is placed in the child's mouth to prevent closing when a child refuses or has difficulty maintaining an open mouth.
5. **HAND OVER MOUTH EXERCISE:** The disruptive, screaming child is told that a hand will be placed over mouth, when the hand is in place, the dentist speaks directive into the child's ear and tells the child that if the noise stops the hand will be removed and the child is praised for cooperation. If the noise resumes, the hand is again placed over the child's mouth and the exercise is repeated.
6. **PHYSICAL RESTRAINT BY THE DENTIST:** The dentist restrains the child from movement by holding down the child's hand or upper body, stabilizing the child's head between the dentist arm and body, or positioning the child firmly in the dental chair
7. **PHYSICAL RESTRAINT BY THE ASSISTANT:** The assistant restrains the child from movement by holding the child's hand, stabilizing the head, and/or controlling leg movements.
8. **PAPOOSE BOARDS AND PEDO-WRAPS:** These are protective stabilization devices that limit the disruptive child's movement to prevent injury and to enable the dentist to provide the necessary treatment. The child is wrapped in the device and placed in a reclined dental chair.
9. **NITROUS OXIDE:** Nitrous oxide may be proving for your child. The patient does not become unconscious.
10. **DIGITAL PHOTO CAMERA:** Digital Camera photos may be used for extra diagnostic and evaluation purposes, and procedures. Sometimes x-ray findings are unable to show us preventative treatment.

NOTE: If you do not agree with the above listed methods, please let us know so that we may speak with you about them, but realize that it may not be possible to complete any dental work for your child in a safe environment without some or all of these techniques.

I have read the above information, and understand the pediatric dentistry patient management techniques and give my consent for their usage.

Parent/Guardian Signature

Date