

## INFORMATIONAL PURPOSES ONLY

### PEDIATRIC DENTISTRY INFORMED CONSENT for PATIENT MANAGEMENT TECHNIQUES and ACKNOWLEDGMENT of RECEIPT of INFORMATION

State Law requires health professionals to provide their prospective patients with information regarding the treatment or procedures they are contemplating. State Law also requires us to obtain your consent for any specific dental treatment, procedures or techniques which might be considered to be of concern to the patient or parent. Informed consent indicates your awareness of sufficient information to allow you to make an informed personal choice concerning your child's dental treatment after considering the risks, benefits and alternatives.

Please read this form carefully and ask about anything you do not understand. We will be pleased to explain it.

It is our intent that all professional care delivered in our dental operatories shall be of the best possible quality 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 child patients. Among the behaviors that can interfere with the proper provision of quality dental care are: hyperactivity, resistive movements, refusing to open the mouth or keep it open long enough to perform the necessary dental treatment, and even aggressive or physical resistance to treatment, such as kicking, screaming and grabbing the dentist's hands or the sharp dental instruments.

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.

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

1. **Tell-show-do:** The dentist 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, a pat on the back, a hug or a prize.
3. **Voice control:** The attention of a disruptive child is gained by changing the tone or increasing the volume of the dentist's voice. Content of the conversation is less important than the abrupt or sudden nature of the command.
4. **Mouth prop:** 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 the child's mouth. When the hand is in place, the dentist speaks directly into the child's ear and tells the child that if the noise stops the hand will be removed. When the noise stops the hand is removed and the child is praised for cooperating. If the noise resumes the hand is again placed on the mouth and the exercise repeated.

6. **Physical restraint by the dentist:** The dentist restrains the child from movement by holding down the child's hands or upper body, stabilizing the child's head between the dentist's 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 hands, stabilizing the head, and/or controlling leg movements.

8. **Papoose Boards and Pedi-Wraps:** These are restraining devices for limiting the disruptive child's movements to prevent injury and to enable the dentist to provide the necessary treatment. The child is wrapped in these devices and placed in a reclined dental chair.

9. **Sedation:** Sometimes drugs are used to relax a child who does not respond to other behavior management techniques or who is unable to comprehend or cooperate for the dental procedures. These drugs may be administered orally, by injection or as a gas (nitrous oxide and oxygen). The child does not become unconscious. Your child will not be sedated without your being further informed and obtaining your specific consent for such procedure.

10. **General anesthesia:** The dentist performs the dental treatment with the child anesthetized in the hospital operating room. Your child will not be given general anesthesia without your being further informed and obtaining your specific consent for such procedure.

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The listed pediatric dentistry behavior management techniques have been explained to me. Alternative techniques for treatment, if any, have also been explained to me, as have the advantages and disadvantages of each.

I hereby authorize and direct Dr.(s) \_\_\_\_\_ assisted by other dentists and/or dental auxiliaries of his/her choice, to utilize the behavior management techniques listed on the reverse side of this form to assist in the provision of the necessary dental treatment for my child or legal ward: \_\_\_\_\_, with the exception of (if none, state so): .....  
.....  
.....

I hereby acknowledge that I have read and understand this consent, and that all questions about the behavior management techniques described have been answered in a satisfactory manner, and I further understand that I have the right to be provided with answers to questions which may arise during the course of my child's treatment.

I further understand that this consent shall remain in effect until terminated by me.

Date: \_\_\_\_\_ Time: \_\_\_\_\_

Patient's Name: \_\_\_\_\_

Signature of Parent or Guardian: \_\_\_\_\_

Relationship to Patient: \_\_\_\_\_

Witness Signature: \_\_\_\_\_

I certify that I explained the above procedures and techniques to the parent or legal guardian before requesting their signature.

Signature of Dentist: \_\_\_\_\_