



Behavior Management Policy

No techniques reliably improve the conscious behavior of uncooperative children less than 3 years of age.

Many techniques can help children developing dental independence. Most children 4 years and above actually do better for treatment visits if the parent does not accompany them for the initial part of the visits. We are usually able to invite one parent in very early during exam visits and just a bit later for treatment visits. Parents are expected to remain in the waiting room until we call them. If a child is extremely uncooperative, the parent will be called in to explain other options for treatment. Our very effort to build parental trust is to list exactly what we do to mold positive behavior.

1. Tell, Show, Do - a teaching technique that avoids asking for child's permission or begging the child.
2. Voice Control - low hypnotic voice is attempted first and is our preference. Seriously combative children may call for the dentist or staff to abruptly change the tone or even volume of the voice for a few seconds just as classroom teachers occasionally have to do.
3. Nitrous Oxide Gas - very safe, used for most of our patients. The gas will help relax the patient that breathes it in through the nasal mask over the nose. Combative patients that refuse to breathe the gas may also require an additional gas mask over the mouth (M.O.M.) which when used with Voice Control enables the movement of gas into the uncooperative patient.
4. Children that can't cooperate with keeping their mouths open a safe amount can be assisted with a mouth prop. It is a rubber or rubber coated device which prevents oral trauma from biting on instruments.
5. Pediatric Patient Protective Devices (aka papoose board or baby board) - are avoided in our clinic unless they are absolutely the safest and most expedient way to provide needed care to extremely uncooperative young children and older children with developmental issues. A parent must give written and verbal consent to the use of protective devices. A parent must be in the room for the whole visit and should assist us in placing the child in the device. Dental Treatment will be terminated if the parent wishes or if the staff notices the parent is having emotional difficulty with the dental treatment. Children over three years may not need use of a patient protective device for their next visits.
6. Hitting, spanking, slapping, airway restriction and choking are not part of our behavior management techniques. Most reports of this behavior at other offices are "urban legend" or adult phobic generated stories about how they were treated as a child many years ago. Fortunately, there are very few dentists still practicing that use of aggressive negative techniques.
7. Some extremely uncooperative children may require being held down in the chair for the first few minutes of a visit. Some of these children may benefit from sedation in office or general anesthesia in the hospital only if and after parent give full consent.

I have read and been given an opportunity to discuss with the dental staff and I understand the above information. I agree to pass this information along to another caretaker who might bring the child to the clinic and I understand that failure to pass the info may result in visit cancellation.

Parent (Print) _____ Date _____ Patient Signature _____

Want Copy ___Yes ___No