

CALLY L. ADAMS, DDS, LLC

PEDIATRIC DENTAL CLINIC

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CONSENT FOR TREATMENT

It is our intent that all care 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 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 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:

- **MODELING:** The environment that the patient will be in is demonstrated prior to the 1st appointment
- **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 demonstration 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.
- **POSITIVE REINFORCEMENTS:** This technique rewards the child who displays any behavior which is desirable. Rewards include compliments, praise, and a pat on the back, a hug or a prize.
- **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.
- **MOUTH PROPS:** A rubber or plastic device is placed in the child's mouth between the teeth to prevent closing when a child refuses or has difficulty maintaining an open mouth.
- **PHYSICAL LIMITATION BY THE DENTIST OR ASSISTANT:** The dentist or assistant limits the child's movements by holding the child's hands or upper body, stabilizing the child's head, and/or controlling the leg movements.
- **PAPOOSE BOARDS AND PEDI-WRAPS:** These are stabilization devices for limiting the disruptive or pre-cooperative child's movements to prevent injury and to enable the dentist to provide the necessary treatment. The child is secured in these devices and placed in a reclined dental chair.
- **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 dental treatment. These drugs may be administered orally, by injection or as a gas (nitrous oxide & 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.

I hereby state that I have read and understand this consent, and that all questions about the procedure or procedures have been answered in a satisfactory manner. I 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 will remain in effect until such time that I choose to terminate it by written request.

Signature of Parent/Guardian

Date

Signature of Witness

Title

Date