



Informed Consent: Behavior Management

PATIENT NAME _____

DATE _____

DENTISTRY FOR CHILDREN AND TEENS • WARREN S. GUY, DDS, PHD • 1218 ELLIS ST • LUFKIN, TEXAS 75904

Dear Parent or Guardian,

Dental care can be very challenging for young children. Two and three year old children often are difficult to manage because of negative attitudes. Some children may be more sensitive or apprehensive than others. With each child we strive to make their visits pleasant. We try to explain each step to them and make them feel loved. You know your child the best. We need your input, approval and support in order to best serve your child.

When a child resists treatment, my staff and I use certain behavior management techniques that have proved effective over the years. Each one is described below to make sure that you understand the benefits of each and any risks involved. If you approve of a technique, please check the approval box. If you do not approve, please say so and we will not use that technique on your child. After you have read this paper please sign it to say that you understand these matters and give your consent for whatever techniques you have marked. If you do not understand what is written here, please ask questions before signing. We want a good understanding with you on these matters and we want to serve you well.

Sincerely,

Warren S. Guy, DDS, PhD

The following techniques are listed in order of increasing level of intervention, risk and cost.

1. Deferring treatment. If your child resists treatment you may choose not to do the treatment. The risk is toothaches, early loss of baby teeth leading to crowded permanent teeth, and more costly dental treatments later. Also, the child may learn to be in control by resisting your will for them. Deferring treatment is usually not recommended. We reserve the right to charge a reasonable fee to cover the office overhead expense for scheduled time that is unproductive in these cases.

- If my child resists, do not try to finish treatment. I will pay for the time scheduled.
- If my child resists, use other techniques. I want his or her teeth fixed.

2. Voice control. We can manage children best when we can communicate with them and guide them through the treatment. Children often respond to praise and corrections on the part of the staff. Voice modulation with

different degrees of gentleness and firmness affects their behavior. There are no risks or costs for voice control and without it more risky and costly methods may be needed.

- Do not use voice control with my child.
- Use voice control and be as gentle as possible.

3. Parental separation. We want you to be present when we treat your child. However, some children cling to the parents, will not communicate to anyone else when the parent is present, and try to get the parent to take them home by crying and acting like they are in pain. Sometimes the child will cooperate better if the parent leaves the room. Even the threat of the parent leaving may help. By telling the child you may leave if they do not cooperate gives us the authority we need to work with them. You also convey to them that crying and resisting will not get you to take them home. They need to know that you are committed to their getting their teeth fixed.

- I am not willing to leave my child during dental treatment.
- Feel free to ask me to leave if necessary.

4. Local anesthesia. These drugs numb the child's mouth to make the treatment procedure painless. The drugs are given by injections that can be painful. We try to give the injections slowly and gently when the child is still. Drug reactions are possible but rare. The most common problem is that the child bites the inside of his mouth when numb making it sore and swollen for several days after. Also, young children may react to the numb feeling and say it "hurts". Some even scratch and hit their face when numb. We give the drugs only when absolutely necessary. We can often fix small cavities without it. You will be told if it is necessary.

Topical anesthetic is a gel which numbs the outer surface of the tissues before injections. Topical anesthetic is not recommended because it is not very effective, it may be toxic to small children, and some react to the taste of it. We will use it upon request if you believe it will help.

- Use local anesthetic when necessary. I will watch my child closely for 2 hours after leaving your office to be sure he or she does not bite the inside of the numb cheek or lip.
- Please honor my special request to use a topical anesthetic before injections.

5. Nitrous Oxide Analgesia (Laughing Gas). Breathing this gas can be a very safe and effective way to help your child accept dental treatment. It is one of our best tools. The gas is mostly oxygen with about 30% nitrous oxide. The child must breath through the nose for it to be effective. If the child is chronically congested you may try Benadryl and/or decon-

gestants just prior to treatment to make the gas more effective. It may be necessary during treatment for me to briefly cover the child's mouth with my hand to get the child to breath the gas through his nose. There has never been a fatality from this gas mixture. The most common problem is vomiting and that is rare. The gas not only relaxes the child but it also reduces the pain from injections. It can be used sometimes instead of injections for small cavities and other simple procedures.

- Do not use laughing gas on my child.**
- Use the gas when it will help my child accept dental treatment.**

6. Restraints. Small children may be restrained for relatively short treatments when they may hurt themselves by moving around. Some children calm down and cooperate after a time of restraining them, while others continue to move and resist throughout the whole procedure. There is no added risk in restraining a child per se. But if the child is hysterical and crying while we work, there is more risk of swallowing or aspirating things in the mouth. We try to be careful to avoid that happening. Also, restraining does upset the child. The benefit of restraints is that the necessary procedures can be done in a relatively safe and inexpensive way. We use professionally designed systems that hold the child still in a comfortable way like the Papoose Board. Sometimes the parent or dental assistant can hold the child's hands for a short time instead of using the Papoose Board.

- Do not restrain my child.**
- Use restraints if necessary but be as gentle as possible.**

7. Oral Sedative Drugs. Children may or may not be cooperative with oral sedative drugs. Often an apprehensive child still becomes hysterical for treatment after taking oral drugs and has to be restrained anyway. Afterward the child goes home and sleeps for many hours under the effects of the drugs without medical supervision. There have been a small number of fatalities in young children using this approach (not in my practice). We rarely use oral drugs because it so often fails to achieve the desired result. We will use this method if the parent understands that it may not work and is willing to use restraints if it does not. And the parent is willing to take the added risk and will monitor the child at home for the rest of the day after treatment. We prefer IV sedation because of consistently good results.

- Do not use oral sedative drugs with my child.**
- Use oral sedative drugs. I understand that this may not make the treatment any easier and that restraints may still be necessary. I am willing to take the added risk of drug reactions. I will monitor my child at home after the treatment.**

8. IV Sedation. A dental anesthesiologist comes to my office on a regular basis. He uses drugs given intravenously to sedate the child. He monitors the child while I do the dental work. He uses short acting drugs which wear off soon after treatment. He has emergency drugs and equipment ready in case of an emergency. There is a risk of drug reactions in this procedure but every precaution is taken to provide emergency care for such a problem. The risk and cost levels are less than that for general anesthesia in the hospital. Fatalities are thought to occur once in more than 300,000 times. This risk is lessened by having the anesthesiologist there monitoring the child during the procedure. The benefits are that the child has all the dental treatment done at one visit. There is no pain and the child does not remember the treatment. This approach is best for apprehensive children who need extensive dental treatment.

Our anesthesiologist is _____. He charges _____. This must be given as a non-refundable deposit to hold a place in the schedule. The procedure requires at least half a day of time. The child cannot eat or drink that day until finished.

- Do not use IV sedation on my child.**
- I will consider IV sedation if it is necessary.**

I understand the above and have marked my preferences. I will work with Dr. Guy and support him in providing care for my child.

Child's name _____

Date ___/___/___

Signed _____

Relationship to child _____

Comments _____

