

Anthem Pediatric Dentistry

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Parent Information about Behavior Management Techniques For Child Dental Patients

We do our best to give your child the best quality dental care in a safe and caring environment.

Every effort will be made to work with your child to gain cooperation through understanding, gentle guidance, humor and charm. When these fail, there are other management techniques that can be used to eliminate or minimize disruptive behavior. Our dentists and staff have received training in the following techniques accepted by the American Academy of Pediatric Dentistry:

- **Tell-Show-Do:** the dentist or staff member explains to the child what is to be done, shows an example on a tooth model or on the child's finger, then the procedure is done on the child's tooth.
- **Positive Reinforcement:** rewards the child who displays cooperative behavior with compliments, praise, a pat on the shoulder, or a small prize.
- **Voice Control:** the attention of a disruptive child is redirected by a change in the tone and volume of the dentist's voice.
- **Mouth Props:** a padded device placed in the mouth for the child's teeth to rest on. It also prevents closure of the child's teeth on the dentist's fingers or dental equipment.
- **Hand and/or Head Holding by Dentist or Assistant:** an adult keeps the child's body still so the child cannot grab the dentist's hand or sharp dental tools.
- **Nitrous Oxide:** medication inhaled through a flavored nose mask to relax a nervous child. The child remains awake, but is relaxed and calm. Nitrous oxide is also known as "laughing gas".
- **Stabilization Wrap:** a body wrap made of fabric mesh or Velcro that is placed around the child to limit movement. It is never used without verbal and written consent from the parent.
- **Oral Conscious Sedation:** a sedative medication that is administered to your child orally prior to the procedure.
- **General Anesthesia:** Dental work can be performed in a surgery center while an anesthesiologist monitors the child in a state of "sleep".

The above behavior management techniques have been explained to me and I have had a chance to ask questions. I understand the what, when, how and why of their use, and the risks/benefits/available alternatives.

Parent/Guardian

Date

CHANGE IN TREATMENT PLAN

I understand that during treatment it may be necessary to change or add procedures because of conditions found while working on the teeth that were not discovered during examinations. I give permission for Dr. Ellsworth and/or Dr. Cox to make any and all changes and additions as necessary. I understand that every effort will be made to inform me and obtain my consent before additional procedures are completed.

Parent/Guardian

Date

ACKNOWLEDGMENT OF RECEIPT OF PRIVACY PRACTICES LAW

I have received a copy of the "HIPPA Notice of Privacy Practices".

Parent/Guardian

Date