

**PEDIATRIC
BEHAVIOR
MANAGEMENT**

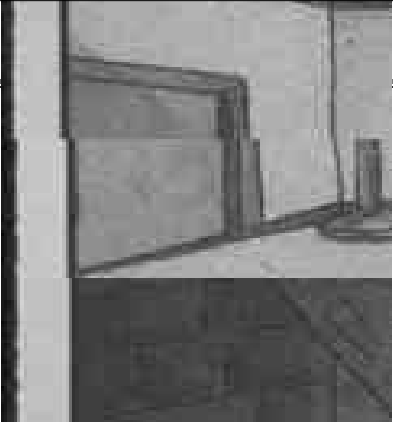


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<http://www.mundoyerba.com/>

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Two Purposes

- **Required Health Care**
- **Make First Experience Positive**

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The First Visit

- **Education**
 - » Parent and Child
 - » Risk Assessment
 - » Anticipatory Guidance
- **Positive Experience**
- **Pathology**
 - » Growth and Development
 - » Habits
 - » Caries, Periodontal Pathology
 - » Systemic Manifestations

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Fear Reactions

- **Of the Known**
 - » Past Experiences
 - » Rumor...Peers and Siblings
- **Of the Unknown**
 - » Individual Psychology/Development
 - » Ego Defense Mechanisms

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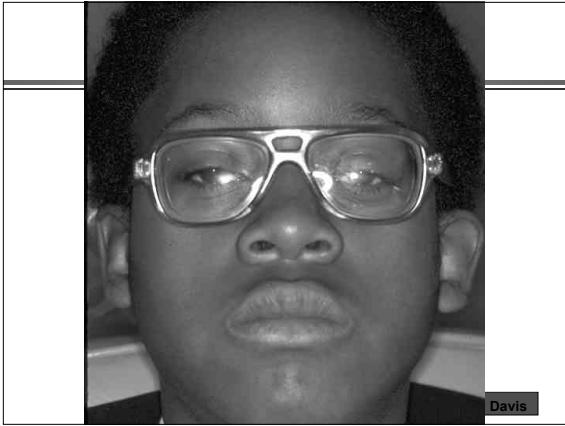


TELL, SHOW, DO

- Keep it Simple
- Describe What is to be Done
- Provide Example
- “Do” Exactly What Was Described
- Develop Trust

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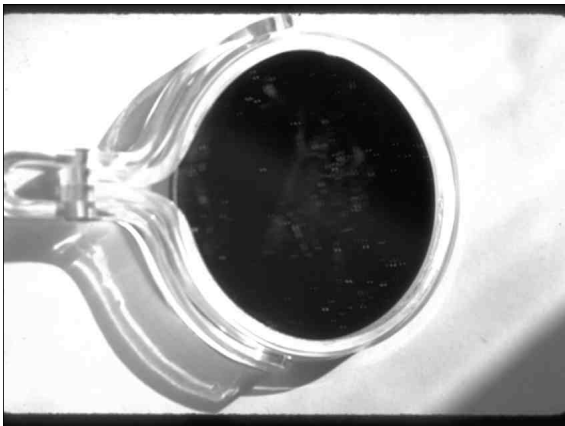




Share Limited CONTROL

- **“If You Are Tired, Raise Your Hand”**
- **Expect to be Tested!**
- **Which Hand?**

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Reinforce Appropriate Behavior

- "What an Excellent Patient You Are!"
- "That is Exactly What I Want You to Do"
- "You are the Best Patient WE HAVE HAD TODAY"
- Use Humor

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Arrest Inappropriate Behavior

- At Its Inception
- "We Do Not Allow That Here"
- Office is NOT a Play Area
- Potential for Injury
- Friendly but Firm

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Voice Control

- Intonation: Who is in Charge?..
- More Volume ?
- Think of a Second Grade Teacher!

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Speech

- Age 2 - Only 1000 Word Vocabulary
- Concrete Interpretations; Literal Meanings
- Older Child - Do Not “Talk Down”

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The First Visit

- By Age One!
- Education for Prevention
 - » Parent and Child
- Positive Experience for Both
- Pathology
 - » Habits
 - » Caries, Perio, Freni, Other
 - » Abnormal Growth

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Parental Interactions

- Dependency Level
- “Child Prince/Princess”
- Overprotection vs. Right to Know

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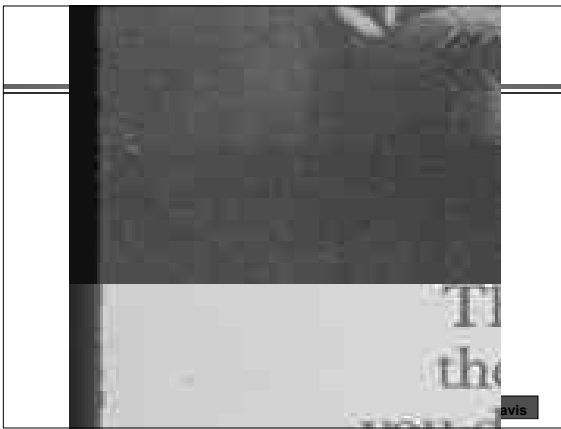


<h2 style="text-align: center;">Parental Presence ?</h2> <ul style="list-style-type: none">● YES:<ul style="list-style-type: none">» Knows Child Better Than Anyone; Special Issues» May Be of Value in Management» Appreciates the DOCTOR'S SKILLS!● NO:<ul style="list-style-type: none">» Divides Attention...Doctor's and Child's» Serves as "Court of Appeals"» Offended by Techniques Not Understood<ul style="list-style-type: none">- e.g. Voice Control <p style="text-align: right;"><small>M. J. Davis</small></p>

Health History

- Detailed, including Dental History
- “Never Treat a Stranger”
- Review at Each Recall Visit

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Physical Condition

- Systemic Illnesses
- Disabilities
- “Failure to Thrive”
- Fatiguability

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Head and Neck Exam

- “Open Wide”?
- Proceed from Global to Specific
- Initially Only Digital Contact
- Caries Assessment is Last

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Habits

- Digits
- Lip
- Tongue
- “Convenience Bite”
 - » Occlusal Interferences

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Occlusion

- Neutroclusion vs. Malocclusion
- Class I Molar and Canine or Class I Crowded?
- Class II or Distocclusion
 - » Overjet Division 1; Bugs Bunny
 - » Overbite Division 2; Deep
- Class III or Mesioclusion;
“Lantern Jaw”

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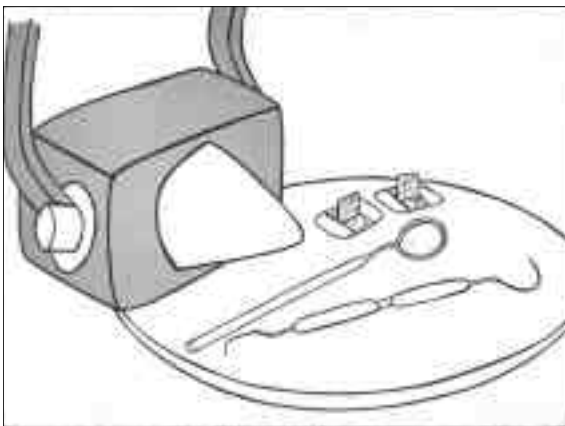


Intra-oral Examination
<ul style="list-style-type: none">● Peripheral “Inward”● Soft Tissues<ul style="list-style-type: none">» Freni, Periodontal Pathology, Fistulae» Tongue, Palate, Tonsils Etc.
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Introduction of Instruments
<ul style="list-style-type: none">●Tongue Depressor●Mouth Mirror●Explorer?<ul style="list-style-type: none">»Damage?
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Treatment Plan

- Emergent Needs First
- Preventive Plan
- Maxillary Restorations First
- Quadrant Sequence
- Careful Parental Explanation and Permission!

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Columbia University Pediatric Dentistry

NAME: JANE SMITH AGE: 8 MEDICAL ALERT: 625678

ALLERGIC TO: PENICILLIN

HEAD AND NECK: ENLARGED RIGHT SUBMANDIBULAR NODE

INTRACRANIAL SOFT TISSUE: NONE GENERALIZED GINGIVITIS

OCCLUSION: CLASS I Molars, 50% OVERBITE, 100% OVERJET, LOWER ANTERIOR CROWDING

OTHER COMMENTS: NO CONTRAINDICATIONS TO ROUTINE DENTAL TREATMENT.

EXISTING RESTORATIONS

MAXILLARY MANDIBULAR

RIGHT LEFT DATE: 8/21/88

BUCCAL LINGUAL NONE

TREATMENT NEEDS

MAXILLARY MANDIBULAR

RIGHT LEFT DATE: 8/21/88

BUCCAL LINGUAL NONE

SEQUENTIAL TREATMENT PLAN

NUMBER	TOOTH	PROCEDURE	INSTRUCTOR	NUMBER	TOOTH	PROCEDURE	INSTRUCTOR
1	8	NO AMALGAM	4	10	SEALANT		
2	14	SEALANT		2	NO AMALGAM		



Preventive Plan

- Risk Assessment
- Diet vs. Nutrition
- Plaque Removal
- Fluorides
- Growth and Development

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Oral Hygiene Instruction

- **Infant**
 - » Soft Cloth/ Commercial Products
 - » e.g. "TOOTHETTES"
- **Soft Brush**
 - » Small Head, Large HANDLE
 - For Parent and Child
- **Fluoride Toothpaste**
 - » PEA-SIZED AMOUNT
- **Parental Responsibility *to Age 6***
- **Flossing: Good Habit**
 - » 40% Spaced Dentition

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Diet History

- **Diet Vs. Nutrition**
- **Frequency of Ingestion is THE PRIMARY Issue in Caries Rate**
- **Retention is Issue Number 2**
- **Fluoride is Only Effective Counter Measure**

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BRANFAST: (DESAYUNO)	4 025 3 075 4 025	CINCO GRANOS TILK PEF-TAKZ	BRANFAST: (DESAYUNO)	BRANFAST: (DESAYUNO)
SNACK: (MERIENDA)	1	DANISH COFFEE & SNACKS	SNACK: (MERIENDA)	SNACK: (MERIENDA)
LUNCH: (ALMUERZO)	1	PEANUT BUTTER & JELLY SLICH	LUNCH: (ALMUERZO)	LUNCH: (ALMUERZO)
SNACK: (MERIENDA)	1	SNICKLES CANDY BAR	SNACK: (MERIENDA)	SNACK: (MERIENDA)
DINNER: (CENA)	6 025 6 075	SPAGHETTI MAC. MILK	DINNER: (CENA)	DINNER: (CENA)
SNACK: (MERIENDA)	3 1 PC	LETTUCE CAKE	SNACK: (MERIENDA)	SNACK: (MERIENDA)
		LIFE SAUVES GUM X 6		

Prophylaxis ?

- **Plaque and Stain Removal**
- **Biological Basis Re: Caries**
 - » Fluoride Rich Surface: 75 Microns
- **Introduction to Rotary Instrumentation?**

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Fluorides

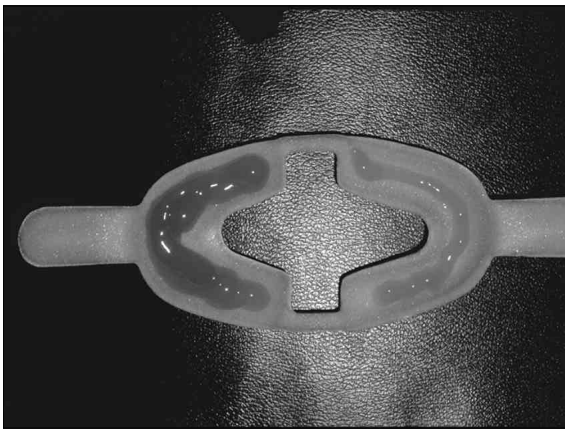
- **Prenatal?**
- **Birth to 6 Months?**
 - » Proximal Not Forming Yet
- **Systemic: Mechanism is via Saliva!**
- **Topical**
 - » Applied
 - » Toothpaste: "Pea Sized" Amount
 - » OTC Rinses: 0.05% Neutral NaF
 - » Excessive Ingestion and Fluorosis
 - "Ambient" Fluorides

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Fluoride Tray

- 5 cc Maximum per Tray
(5ml = 5cc = 1 Tsp.)
- *Position Patient Upright*
- **Saliva Ejector**
 - » Direct GI Irritant
 - » Fluorosis

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Behavior Rating

- 4 = Very Positive
- 3 = Manageable with Clear Directions
- 2 = Difficult; Requires Voice Control and Firmness
- 1 = Physically Resistant; Vocal;
 - » Restraint? Pre-med.?
- Chart Entry @ Every Visit!!!
 - » Changes Over Time?

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Rewards Versus Gifts

- Contingent on Behavior?
 - » Self Image
- Friendship and Trust

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Restraint Technique

- Consent
- Conscious Sedation
 - » IS RESTRAINT!*
- Papoose Board, Pediwrap, Others

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RESTRAINT PERMISSION

It has been explained to me, and I understand and hereby consent to the use of accepted management practices of restraint where necessary in order to allow the necessary oral health care of my child.

CHILD'S NAME _____ PARENT OR GUARDIAN SIGNATURE _____

DATE _____ RELATIONSHIP TO CHILD _____

WITNESS SIGNATURE _____

HOME

- **Hand Over Mouth Exercise**
- **Legal Issues**
 - » **Parental Understanding and Consent**
- **Ability to Communicate**
 - » **Not for under 2 or Devel. Delayed**
- **NEVER Close Airway!**

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**Pediatric Local
Anesthetic
Techniques**

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CAUTION:

- Local Anesthetics Are Drugs
- Record Agent, Dosage, Site

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Xylocaine 2%*

- 1.8 cc per Carpule
- x 2% = 36mg. per Carpule
- Max Dosage: 3.2 mg/lb.
- Example: 3 Yr. Old = 30 lbs.
(3.2 x 30 = 90) = 90 mg. MAX
- = 2 to 2.5 Carpules
» (36 x 2.5 = 90) *Epi 1:100K

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Signs of Overdose

- CNS First
 - » Drowsiness
 - » Delirium
 - » Slurred Speech
 - » Altered Consciousness
- Bradycardia > CPR

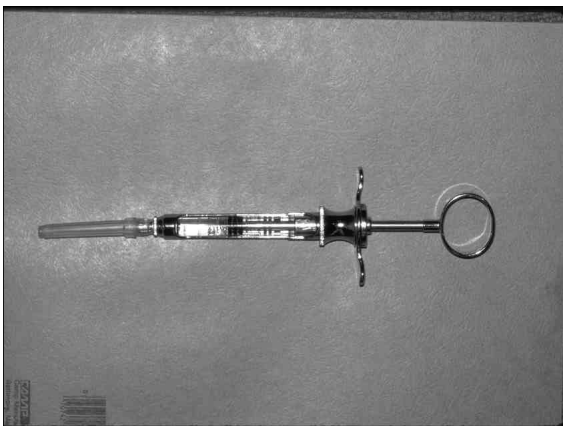
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TELL, SHOW, DO

- Not Recommended for:
- Local Anesthesia
- Less than 5 Years of Age
 - » Show After?
- Developmentally Delayed
- Emotionally Disturbed
 - » Chronic
 - » Acute/Situational

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Continuous Communication

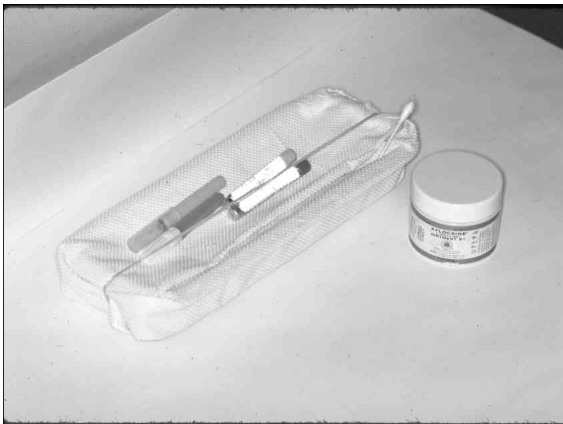
- Monotone
- Positive Reinforcement

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Topical Anesthetic

- Use Acceptable Tasting Brand
- 120 Seconds Minimum
- Effective Only on Non-keratinized Areas
- Pressure Anesthesia for Keratinized Areas
 - Ball Burnisher
 - Increasing Pressure > Blanching

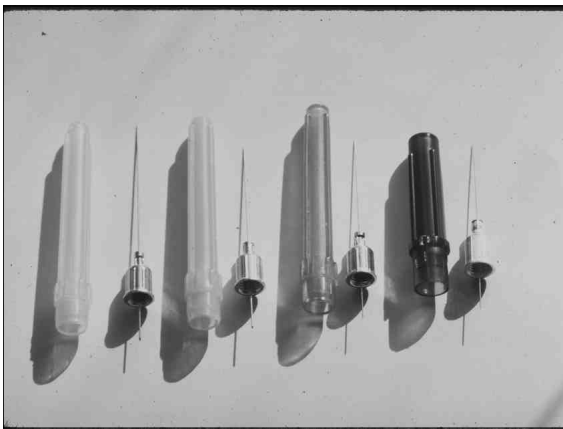
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Gauge of Needle

- 27 Gauge Larger Than 30
 - HOW MANY FIT IN A UNIT DIMENSION?
- Perceptible Pain Difference?
- Better Aspiration Ability ?
- 30 Ga. Slows Rate of Injection
- Long, Short, and Ultra-short

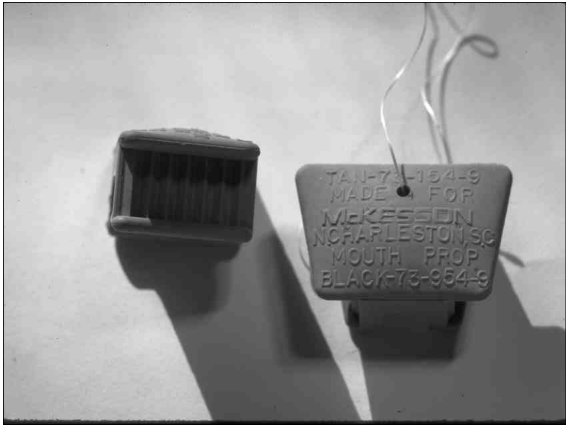
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Talk, Talk, Talk

- Communication is Primary
- Talk Especially When Cooperation is Occurring

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Know Anatomy

- Where is Expected Soft Tissue Anesthesia?

- » Test!

- » Use Ball Burnisher with Pressure

- Duration of Effect: Soft Vs. Hard Tissue

- Untoward Sequellae;
Pterygoid Plexus

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<p style="text-align: center;">Pediatric Rubber Dam Application</p> <ul style="list-style-type: none">● Keep it Simple!● Prevents:<ul style="list-style-type: none">» Aspiration» Materials Contamination● Behavior Management Aid<ul style="list-style-type: none">» Excessive Talking» Tongue Interference <p style="text-align: right;"><small>M. J. Davis</small></p>



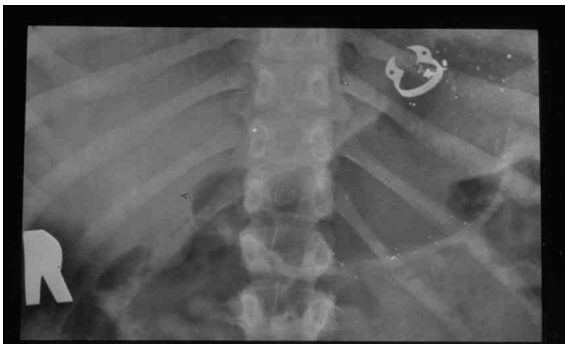
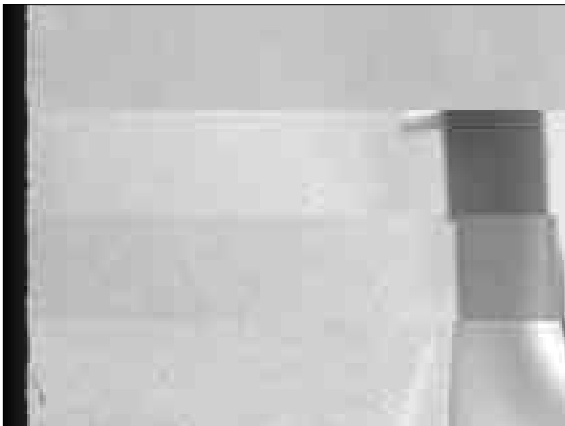


Figure 2—Note the clear outline of the rubber dam clamp together with a number of amalgam particles.

Courtesy of Eastman Kodak Co., 1980



Rubber Dam Clamp

- **Seat Well Via Finger Pressure**
- **Breakage**
 - » Occurs at Bow
 - » Lingual Aspect: Aspiration Danger
- **Retrieval:**
 - » Floss Tied through Lingual Forcep Hole

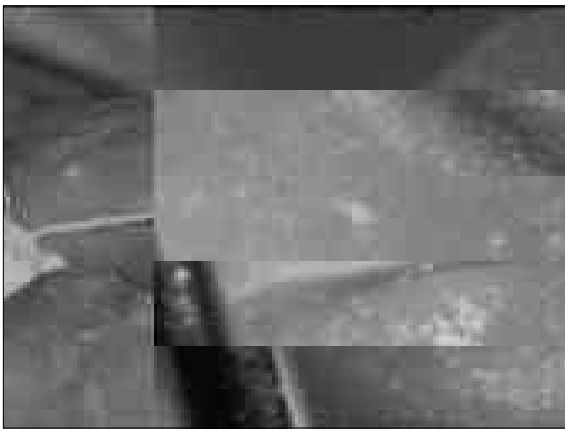
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Area of Isolation

- Clamp Tooth Distal to Treatment Tooth
- Isolate One Tooth Either Side of Treatment Site
- Inversion Good but Not Critical

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Coolant Water Management

- Evacuated by Assistant
- Form Trough in Dam
- Hole Through Dam

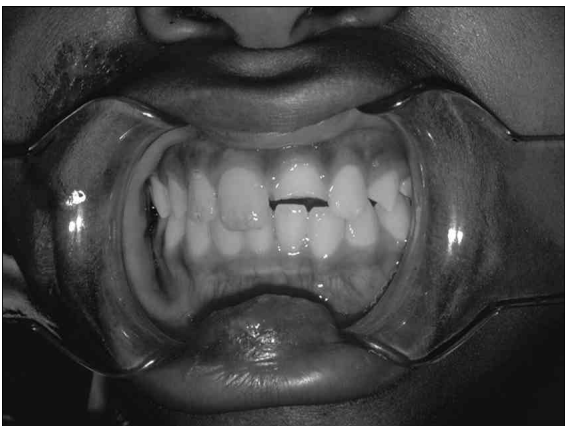
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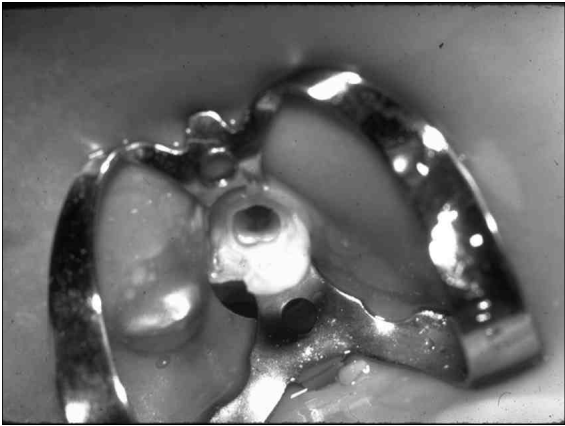


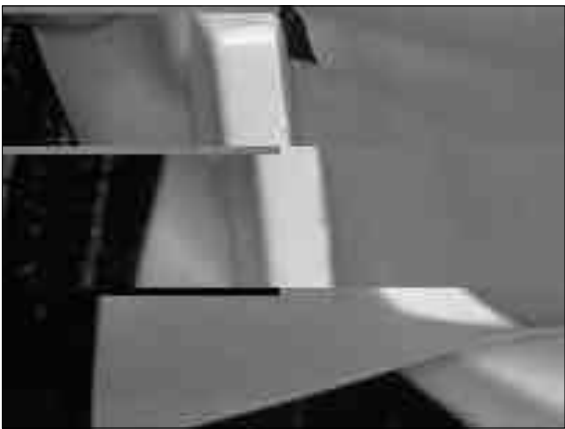
**Maxillary Anterior
Isolation**

- Avoid 227 Clamp...Traumatic
- 2 "Large" Contiguous Holes
- Stretch from Canine to Canine
- Ligate if Necessary

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Summary

- Be Directive
- Use Euphemisms
- Reinforce!!!

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Positive Reinforcement

- Prevention:
- Better than Any Cure!

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"CURE"

- Confidence
- Understanding
- Reinforcement
- Explanation

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