



Behavior Management for the Pediatric Dental Patient



Behavior Shaping

⌘ Non-pharmacological methods

- ⑦ Tell-Show-Do*
- ⑦ Modeling*
- ⑦ Using parents as leverage*
- ⑦ Restraints*
- ⑦ Aversive techniques - HOM*

⌘ Pharmacological methods

- ⑦ Nitrous Oxide-Oxygen*
- ⑦ Sedation's : Oral, IV*
- ⑦ GA*

“Tell-Show-Do”

👉 Developed by Addelston in 1959.

⑦ Tell it !

⑦ Show it !

⑦ Do it !

👉 Always be honest !

👉 Never sneak things up on kids !

Tell-Show-Do



Parental Leverage

- Ⓟ *Sometimes, need to use parents as leverage to obtain appropriate behavior.*
- Ⓟ *Get informed/IMPLIED consent from parents.*
- Ⓟ *Explain procedure to the parents first.*
- Ⓟ *Parents sent out immediately when child cries.*
- Ⓟ *Bring parent back when child stops crying.*

Modeling



- Ⓟ *Use an older sibling or child to model for an apprehensive patient.*
- Ⓟ *Best to use someone they look up to.*
- Ⓟ *Very effective in families that have 2 or more kids.*

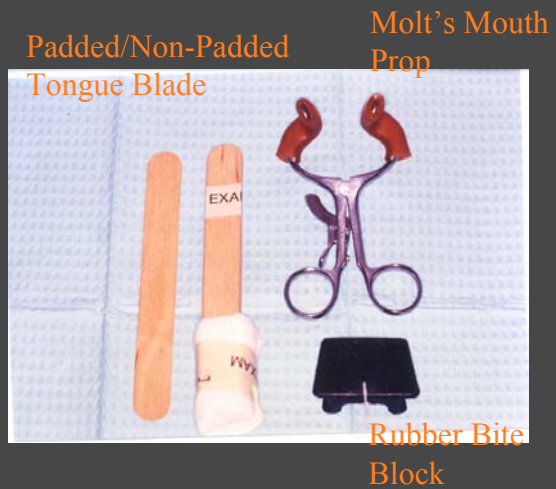
Restraints

- Can be used for anesthesia administration.*
- Informed consent prior to use.*
- Human - parents, assistant.*
- Sensitive about the use of the word.*
- Can be called a “positioner”.*
- e.g. : Papoose Board, Pedi-Wrap, Molt mouth props etc.*

Human Restraints



Restraints



Aversive Techniques

- Ⓟ *Hand over Mouth and Airway - not used anymore.*
- Ⓟ *Hand over Mouth Exercise (HOME) only.*
- Ⓟ *Informed consent must be obtained prior to use.*
- Ⓟ *Never use on a **frightened** child.*
- Ⓟ *Rarely used. Legal Issues.*



Hand Over Mouth Technic

- 👉 Used for an extremely *uncooperative-defiant-hysterical* child.
- 👉 Hand placed over the mouth to muffle screaming.
- 👉 Talk very softly close to the ears.
- 👉 Place hand back if child starts screaming again. Keep repeating until cooperative.
- 👉 Always be *in control of your emotions*.



Pharmacological Methods

- 👉 Nitrous Oxide-Oxygen
- 👉 Premedication
- 👉 Conscious Sedation
- 👉 General Anesthesia

Nitrous Oxide-Oxygen

- 👉 *“Laughing gas”.*
- 👉 *One of the safest pharmacologic methods of behavior management.*
- 👉 *Very few adverse effects, easily removed from the lungs in <4 minutes.*
- 👉 *Special equipment required.*
- 👉 *Will not work for a defiant child.*
- 👉 *Cannot replace local anesthesia.*

Nitrous Oxide-Oxygen

- 👉 *Indications :*
 - *reduce fear in an anxious or apprehensive patient.*
 - *to raise the pain threshold.*
 - *w/ conscious sedations.*
- 👉 *Contra-indications :*
 - *defiant child.*
 - *to replace poor behavior management technic or local anesthesia.*
 - *upper respiratory infections.*
 - *psychiatric disorders.*
 - *h/o motion sickness and vomiting.*

Nitrous Oxide-Oxygen



Premedication



- ⌘ Can give mild sedative night before or the morning of the appointment.
- ⌘ Rarely done for very young children.
- ⌘ Can be used to teenage children.
- ⌘ Common Drugs: Valium.

Conscious Sedations

- ✦ Sedative drug (Oral/Nasal/IV/IM/Rectal) + Nitrous.
- ✦ Special training required in several states.
- ✦ Patient is able to maintain their own airway. Can cry during procedure.
- ✦ Advantages : retrograde amnesiac properties of the drugs commonly used.

Monitoring for Conscious Sedation



Pulse Oximeter



Dynamap



Finger Probe

General Anesthesia



- ✎ Completely under, (Oral/Nasal) endotracheal tube to maintain respiration.
- ✎ Usually done in a **Hospital**.
- ✎ Anesthesiologist or anesthetic nurse required.
- ✎ Special training and hospital privileges required.

General Anesthesia

✎ Indications :

- ⑦ extremely young child with rampant caries.
- ⑦ handicapped children
- ⑦ extremely fearful children
- ⑦ any systematically complication condition e.g. congenital heart condition etc.

✎ Risks

✎ Written consent

✎ Medical clearance - Pediatrician, Anesthesia.

General Anesthesia



Intra-nasal Intubation



General Anesthesia



Capnograph Monitor



ECG Monitor

General Anesthesia



Anesthesia Machine



General Anesthesia



Sterile Dental Instruments



Scrub RN

General Anesthesia



Dental Materials



General Anesthesia



Handpiece Cart



X-Ray Machine