Behavior Management for the Pediatric Dental Patient

Behavior Shaping

- Non-pharmacological methods
  - Tell-Show-Do
  - Modeling
  - Using parents as leverage
  - Restraints
  - Aversive techniques - HOM

- Pharmacological methods
  - Nitrous Oxide-Oxygen
  - Sedation’s : Oral, IV
  - GA
“Tell-Show-Do”

- Developed by Addelston in 1959.
  - Tell it!
  - Show it!
  - Do it!
- Always be honest!
- Never sneak things up on kids!
**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

- Padded/Non-Padded Tongue Blade
- Molt’s Mouth Prop
- Rubber Bite Block

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.

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**

- 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
- Finger Probe
- Dynamap
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.

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

Risks
- Written consent
- Medical clearance - Pediatrician, Anesthesia.
General Anesthesia

Intra-nasal Intubation

Capnograph Monitor  ECG Monitor
General Anesthesia

Anesthesia Machine

General Anesthesia

Sterile Dental Instruments

Scrub RN
**General Anesthesia**

Dental Materials

Handpiece Cart

X-Ray Machine