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!

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

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.
- With conscious sedations.

Contra-indications:
- Defiant child.
- To replace poor behavior management technique or local anesthesia.
- Upper respiratory infections.
- Psychiatric disorders.
- H/o motion sickness and vomiting.

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 amnesic 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 complicated condition e.g. congenital heart condition etc.

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

**Intra-nasal Intubation**

**Capnograph Monitor**
**ECG Monitor**

**Anesthesia Machine**
**Sterile Dental Instruments**
**Scrub RN**