

PATIENT MANAGEMENT TECHNIQUES & CONSENT TO PROCEED

Patient Management Techniques

It is our intent to provide the highest quality of care for your child. Sometimes providing this care can be very difficult. This usually happens because of a lack of cooperation from some children (this is very normal). Certain forms of behavior can interfere with the work being performed and may even become an injury risk to the child. Some of these behaviors include: hyperactivity, resistive movements, refusing to open their mouth or keep it open long enough to perform the necessary treatment, and even aggressive or physical resistance to treatment, such as kicking, screaming, and grabbing the dentist's hands or sharp dental instruments.

To make the experience better for your child, and in an attempt to perform the necessary work without injury, we have a number of techniques we can use to gain cooperation in gentle ways. These methods may be used individually, or combined depending on behavior. The management techniques we may use are as follows:

- Tell-Show-Do:** The dentist or assistant explains to the child what is to be done using simple terminology and repetition and then shows the child what is to be done by demonstrating with instruments on a model or the child's or dentist's finger. Then the procedure is performed in the child's mouth as described. Praise is used to reinforce cooperative behavior.
- Positive Reinforcement:** This technique rewards the child who displays any behavior, which is desirable. Rewards include compliments, praise, a pat on the back, a prize, or other appropriate measures.
- Voice Control:** The attention of a disruptive child is gained by changing the tone or increasing the volume of the dentist's voice. Content of the conversation is less important than the abrupt or sudden nature of the command.
- Mouth Props:** A rubber or plastic device is placed in the child's mouth to prevent closing when a child refuses or has difficulty maintaining an open mouth.
- Physical Restraint by the Dentist and/or Staff:** The Dentist and/or staff restrains the child from movement by holding down the child's hands or upper body, stabilizing the child's head between the dentist's arm or body, or positioning the child firmly in the dental chair.
- Papoose Boards:** This restraining device is intended to limit the disruptive child's movements to prevent injury and to enable the dentist to provide the necessary treatment. The child is wrapped in this device and placed in a reclining dental chair.
- Parental Involvement:** We often have parents accompany their children during treatment. It can be comforting to the child to have a familiar face in the treatment room. Sometimes a parent may be asked to leave the treatment room if the child will not cooperate. We love for parents to have an active voice in their children's dental visits.
- Nitrous Oxide:** This is often used in most procedures to relax the child, and help the doctor to perform needed dental work in a safe manner and help the child to have good memories of the dentist.
- Oral Sedation:** The child comes to our office a certain time period before their appointment, and our staff administers oral sedatives to calm the child before treatment begins. This method often gives the child a good experience at our office and could help them remember less of the experience.
- Intravenous (I.V.) Sedation:** The dentist performs work while an anesthesiologist administers an I.V. to sedate the child during the entire procedure.
- General Anesthesia:** The dentist performs work in a hospital or surgical center while an anesthesiologist administers a general anesthetic. This is often done when a child has multiple problems and is young, or special needs exist.

Consent to Proceed

I authorize Dr. Darren Chamberlain and/or his associates or assistants to perform those procedures as may be necessary or advisable to maintain the dental health of my dependants or other individuals for whom I have responsibility. This may include administration of any sedative(s) (including nitrous oxide), analgesic, therapeutic, and/or other pharmaceutical agent(s).

I understand that the administration of local anesthetic may cause an untoward reaction or side effects, which may include, but are not limited to: bruising, hematoma, cardiac stimulation, muscle soreness, and temporary or rarely permanent numbness. I understand that occasionally needles break and may require surgical retrieval.

I understand that as part of the dental treatment, including preventive procedures such as cleanings and basic dentistry, including fillings of all types, teeth may remain sensitive or even possibly quite painful both during and after completion of treatment. After lengthy appointments, jaw muscles may also be sore or tender. Gums and surrounding tissues may also be sensitive or painful during and/or after treatment. Although rare, it is possible for the tongue, cheek or other oral tissues to be inadvertently abraded or lacerated (cut) during routine dental procedures. In some cases, sutures or additional treatment may be required.

I understand that as part of dental treatment, items including, but not limited to, crowns, small dental instruments, drill components, etc. may be aspirated (inhaled into the respiratory system) or swallowed. This unusual situation may require a series of x-rays to be taken by a physician or hospital and may, in rare cases, require a bronchoscopy or other procedures to ensure safe removal.

I do voluntarily assume any and all possible risks, including the risk of substantial and serious harm, if any, which may be associated with general preventive and operative treatment procedures in hopes of obtaining the potential desired results, which may or may not be achieved, for the benefit of the patient(s). I acknowledge that the nature and purpose of the foregoing procedures have been explained to me and I have been given the opportunity to ask questions.

I have read the listed patient management techniques above and understand them. I hereby authorize and direct Dr. Darren Chamberlain and staff to utilize the patient management techniques listed above to assist in the provision of the necessary dental treatment for my child/children (or legal ward). I further acknowledge that I have read and understand the consent to proceed. I also understand that I have the right to be provided with answers to questions that may arise during the course of my child's treatment, and that this consent will remain in effect until terminated by myself.

Patient Names: _____

Parent/Guardian Signature

Date