

First Smiles Children's Dentistry Informed Consent for Patient Management Techniques

It is our mission to provide the best possible care for each child. Sometimes, however, this can be made very difficult because of the lack of cooperation of some children. All efforts will be made to obtain the cooperation of your child by the use of warmth, kindness, friendliness, sensitivity, persuasion, humor, charm and understanding.

List below are common pediatric dentistry behavior management techniques that we use in this office to eliminate apprehensive and disruptive behavior, and to gain the cooperation of children. Please read the following information and feel free to ask any question you may have.

1. **Tell-Show-do:** we explain in simple terminology what is to be done, then demonstrate to the child before the procedure is performed. Praise is used constantly to reinforce cooperative behavior.
2. **Positive Reinforcement:** We compliment, praise, pat child on the back, give him/her high five or a prize when he/she displays good behavior.
3. **Mouth-Prop (tooth Pillow/ Tooth Chair):** This is used when the child has difficulty keeping his/her mouth open.
4. **Voice Control:** Sometimes, to break a disruptive behavior, the doctor will need to change the tone of voice from soft to firm or increase its volume to gain the child's attention.
5. **Hand holding (by Assistant):** To avoid undesirable and potential dangerous hand movement by the child, it's sometime necessary to hold the child's hands gently. We use this commonly during local Anesthesia (numbing).
6. **Nitrous Oxide ("Laughing Gas" or "Happy Air"):** Nitrous Oxide is mixed with oxygen to provide a calming effect when inhaled. It is recommended for children who are mildly to moderately nervous. It is very safe and has been in use in dentistry for many years.
7. **Papoose Board ("Safety Car Seat" or "Magic Carpet"):** This is a restraining device to avoid disruptive movement and prevent injury and enable the doctor to provide the necessary treatment. The child is told that this is used for his/her safety.

The above listed techniques are routinely used in this practice. Please sign here if you consent to their use in providing the necessary treatment for your child. Cross out and initial the one(s) that you **do not** want for your child.

Childs Name: _____ Parent Name: _____

Date: _____ Parent Signature: _____

Date: _____ Dentist Signature: _____