



Kids Dental Now

Dentistry for Children & Teens

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BEHAVIOR MANAGEMENT CONSENT

At Kids Dental Now we believe in professionalism to deliver dental care for your child in a manner that leaves your child with a happy and healthy experience that will build up a long term dental relationship fostering good dental health habits. In order to insure a warm, gentle and friendly cooperation of your child different behavior techniques will be used by the staff members at Kids Dental Now. The techniques are not a form of punishment and are simply used when and if they are necessary.

By initialing you approve and understand the terms and conditions of using behavior management techniques used in pediatric dentistry after reading, understanding and discussing each item with the dental staff.

Name of the patient: _____ Date of birth: ____/____/____

_____ **Tell-Show-Do (TSD)** - the child is told what the procedure will be, shown the instruments and materials used and perform the procedure

_____ **Positive reinforcement** - rewarding the child who displays any desirable behavior

_____ **Voice control** - controlled alteration of voice volume, tone, or pace to influence and direct the patient's behavior

_____ **Isodry** - a mouth prop, anecdotally called "tooth pillow" is used to keep the mouth open and retract surrounding tissues meant to avoid contamination of the restored tooth insuring a better outcome of treatment and safety of the patient

_____ **Immobilization** by dentist/assistant - gently holding the arms and or upper body and head from moving to insure a safe delivery of the treatment. **Knee-to-knee** is a technique approved by American Academy of Pediatric Dentistry in delivery dental treatment to babies and uncooperative toddlers and young children. The technique refers at positioning the child facing towards the caregiver with the legs around the caregiver waist with the caregiver and dentist/dental assistant sitting on the chair facing each other and touching the knee-in-knee.

_____ **Nitrous oxide** (laughing gas) - gas using nasal inhalation as way to administrate. Safe to use in pediatric dentistry has little to no side effects. Very common side effects are but not limited to vomiting if patient eat 30 minutes or less before administration.

- Nitrous oxide provides relaxation, increases the pain threshold and does not puts your child to sleep
- the child will be awake and responsive but reactions are slowed down n some cases children do fall asleep due to the fact that the gas relaxes them
- other complications are possible but they are only temporary and they resume as soon as the gas is discontinued. Such as temporary complications are but not limited to: tingling in the arms and legs, lips, cheeks, nose, fingers and toes, heaviness through the thighs and/or legs, light-weight or flowing sensation, disassociation from environment, extreme body temperatures, repetition of words, agitation, sensation of vomiting

- it is the parent/caregiver responsibility to inform the dental staff regarding patient's feeding schedule

ACKNOWLEDGMENT OF RECEIPT OF INFORMATION

_____ The listed behavior techniques were explained to me to my best understanding and I had the opportunity to ask questions and they were answered in a satisfactory manner

_____ I hereby authorize and direct Dr Cabel and the staff at Kids Dental Now to utilize if necessary the behavior techniques explained to me during dental treatment

_____ I understand that this consent will remain in effect until terminated by me.

_____ I understand and agree that I have to respect the office policies regarding conduit, staff handling, OSHA and HIPPA regulations

_____ I understand and agree that if my child's oral hygiene (OH) is very poor and the behavior is uncooperative and cannot be controlled with the above behavior management techniques the dentist has the right to refuse treating until oral hygiene is resumed and behavior improves.

_____ It is the parent responsibility to follow the post-op instructions and resume the OH of the patient the same day with the procedure.

By signing and dating this page I understand and acknowledge this consent and the office policies at Kids Dental Now.

Name of Parent/Legal Guardian: _____

Signature: _____

Date: ____/____/____