

## Behavior Guidance in Dental Office

- Parental input (positive or negative) is by far the most important predictor of pediatric patient behavior
- Fear is one of the most frequently experienced childhood emotion.
- In managing the fearful child, the dentist should first attempt to determine the degree of fear and the factors responsible for it.

## Common Pediatric Behavior Management Techniques

- Modeling: The pediatric patient views another pediatric patient who is cooperative, and is used as a "model."
- Tell/Show/Do: The dentist tells the patient what will happen ("I will look at your teeth with my mirror"), then show the patient the mirror, then does the procedure (looking at the teeth). Tell/Show/Do is not useful for injections, extractions, etc.
- Word Choice: Using simple, pleasant words for actions and instruments can help. The acid etch "taste like lemon juice," the cotton roll can be a "tooth pillow," the handpiece can be a "water sprayer." Even the injections can be a "mosquito bite." These language choices can reduce fear and anxiety.
- Voice Control: The use of a loud authoritarian voice tone is useful for limit-setting and for stopping dangerous behavior.
- HOME (Hand over Mouth Exercise): May return the patient to a calmer state. The hand is placed over the mouth, and the patient is told in a stern voice, that the hand will be removed when the undesirable behavior stops.

## The First-Time Dental Patient

- Time of the Appointment: Time may influence the behavior. Early morning hours are reserved for young children.
- Length of Appointment: The apprehensive or fearful child should have relatively short appointments (less than 45 minutes) until the child becomes fully indoctrinated and gains confidence in himself or herself and the dentist.
- First Visit Procedures: If active pain or infection does not exist, a first visit is often limited to procedures that are reasonably comfortable for the child (exam, prophylaxis, fluoride, x-ray, and possible sealants).

## Premedication

- Often useful for long surgical and operative procedures and for fearful, nervous, and apprehensive children.
- May be indicated for children with behavioral problems
- Ataraxic drugs have proved to be effective in reducing anxiety and tension without putting the patient in a hypnotic state.
- The drug acts indirectly on the autonomic nervous system by upsetting the balance of the sympathetic and parasympathetic mechanisms.
- Many dentists have found it effective to prescribe ataraxic drugs the night before the appointment and repeat the dose 30-45 min. prior to the appointment.
- Ataraxic drugs (promethazine-Phenergan, chlorpromazine -Thorazine). Both are phenothiazine derivatives, and hydroxyzine (Atarax), a cortical depressant chemically unrelated to most others.

## Indications for use of General Anesthesia

- Children with developmental disability to the degree that communication is impossible
- Children in whom all other methods have proven unsuccessful
- Patients allergic to other anesthetics
- Patients who suffer from hemophilia
- Patients with involuntary movement
- Patients with systemic disorders and/or congenital anomalies