

# PRE MEDICATION

**WHY PRE MEDICATION IS NECESSARY:**

As you know, children have special dental needs. For instance, it is often difficult to ask a young patient to cooperate for 20 to 40 minutes in a dental chair. In order to lower the anxiety level some children experience during dental treatment, pre medication is sometimes prescribed. Thus, the use of the pre medication helps the child tolerate dental procedures—the alternative is to hospitalize the child and utilize an operating room with general anesthesia (that is, to “put the child to sleep”). The main advantage of our use of sedation in the office is that your child is still conscious and able to communicate throughout the dental treatment and hopefully develop a positive outlook regarding dental appointments.

**NAME OF MEDICATIONS USED:**

The pre medications used are Chloral Hydrate/Phenergan or Meperidine/Diazepam/Vistaril or Versed and/or Fentanyl in a liquid form or nasal spray.

**PRIOR TO APPOINTMENT:**

Our office requires a deposit of \$50 to schedule your child’s pre med appointment. This deposit will be applied to the dental work performed on your child at the time of their appointment. If you must cancel or reschedule this appointment we ask that you provide us with a 24-hour notice in order to keep your deposit. If a 24-hour notice is not given for a missed appointment the deposit will be used to pay for a \$50 missed appointment charge. This deposit will also be lost if the dentist is unable to treat your child due to them having anything to eat or drink prior to the appointment (See instructions below).

The pre medication will make your child drowsy but will not render him/her unconscious. Besides drowsiness, your child may experience slight nausea. To lessen this effect we request that you adhere to the following instructions: If a morning appointment is scheduled, you **MUST** bring your child on an **EMPTY STOMACH**. If your child is thirsty, a sip (very small amount) of water is recommended. If an afternoon appointment is scheduled, just a light breakfast is allowed but no lunch. This will not only minimize the effect of nausea, but will also allow for a better uptake of the oral medication.

**DAY OF APPOINTMENT:**

You need to arrive at the office 30-45 minutes before the appointment. At that time we will give your child the liquid or nasal pre medication and he/she can sit in the reception room with you. Try to sit quietly with or hold your child as he/she may go through an excitement phase before becoming totally drowsy. The excitement phase is characterized by disorientation and fussiness of the child. The assistant will take your child to the treatment area when the child becomes drowsy. As it is our customary practice, the parent will remain in the front waiting area while the doctor is treating the child. All safeguards are used prior to, during, and after the visit. During the dental treatment, your child will be monitored visually and with the aid of oxygen monitors. Your child may be placed in a restraining device (a lightweight velcro blanket), during treatment to prevent any quick movements that could injure him/her.

**AFTER APPOINTMENT:**

It is not unusual for a child to want to a long nap after the appointment; however, please wake him/her after 1 hour. Have your child sleep on their side or stomach with their chin up, off their chest and monitor him/her while sleeping.

**RISKS INVOLVED:**

Certain complications may result from the use of any anesthetic including respiratory problems, drug reaction, paralysis, brain damage or even death.

**INFORMED CONSCENT:**

The use of this pre medication for my child and the risks involved has been fully explained to me, the parent or guardian, prior to his/her appointment. This letter of consent is fully understood and I, the parent or guardian, agree to this procedure. No guarantees have been made to me by anyone regarding the services my child will be receiving.

Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

Witness \_\_\_\_\_ Date \_\_\_\_\_

Drs. Hyde, Bailey, Miller and Cremer

## PEDIATRIC DENTISTRY INFORMED CONSENT FOR PATIENT MANAGEMENT TECHNIQUES AND ACKNOWLEDGMENT OF RECEIPT OF INFORMATION

State law requires that health professional provide their prospective patients with information regarding the treatment or procedures they are contemplating. State law also requires them to obtain consent for specific dental treatment, procedures or techniques which might be considered to be of concern to the patient or parent. Informed consent indicates your awareness of sufficient information to allow you to make an informed personal choice concerning your child's dental treatment after considering the risks, benefits and alternatives.

**All efforts will be made to obtain the cooperation of young patients by the use of warmth, friendliness, persuasion, humor, charm, gentleness, kindness and understanding.**

There are several behavior management techniques that are recommended by the American Academy of Pediatric Dentistry and used by pediatric dentists to gain the cooperation of children to eliminate disruptive behavior or prevent patients from causing injury to themselves due to uncontrollable movements. The following techniques may be used, however, the first four techniques are preferred and used most frequently. The other management techniques are used less often and only when the child's behavior is disruptive and could cause harm to themselves.

1. 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. The procedure is performed in the child's mouth as described. Praise is used to reinforce cooperative behavior.
2. Positive reinforcement: This technique rewards the child who displays any behavior which is desirable. Rewards include compliments, praise, a pat on the back, a hug or prize.
3. 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.
4. Nitrous Oxide: Some children are given nitrous oxide, or what you may know as laughing gas, to relax them for their dental treatment. The nitrous oxide is given through a small breathing mask which is placed over the child's nose, allowing them to relax, but without putting them to sleep. As soon as the mask is removed, the effects of the gas wear within five minutes.
5. 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.
6. Hand-over mouth exercise: The disruptive screaming child is told that a hand will be placed over the child's mouth. When the hand is in place, the dentist speaks directly into the child's ear and tells the child that if the noise stops the hand

is removed and the child is praised for cooperating. If the noise resumes the hand is again placed on the mouth and the is repeated. This enables the child to hear the dentist's instructions and shows that screaming is unacceptable.

7. Physical restraint by the dentist: The dentist 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 and body, or positioning the child firmly in the dental chair.

8. Physical restraint by the assistant: The assistant restrains the child from movement by holding the child's hands, stabilizing the head, and/or controlling leg movements.

10. Oral Sedation: Sometimes drugs are used to relax a child who does not respond to other behavior management techniques or is unable to comprehend or cooperate for the dental procedures. These drugs will be administered orally. The child does not become unconscious. Your child will not be sedated without you being further informed and obtaining your specific consent for such procedure.

11. General anesthesia: The dentist performs the dental treatment with the child anesthetized in the hospital operating room. Your child will not be given general anesthesia without your being further informed and obtaining your specific consent for such procedure.

***Please note that experience has shown that children usually react more favorably to the dentist's instructions when the parents remain in the reception area.***

I hereby authorize Drs. Hyde, Bailey, Miller and Cremer, assisted by other dentists and/or auxiliary of his/her choice, to utilize the behavior management techniques listed on this form to assist in the provision of necessary dental treatment.

I hereby acknowledge that I have read and understand this consent form, that I have been given the opportunity to ask any questions I might have about the behavior management techniques or the procedures to be performed.

This consent to treatment will remain in effect until I choose to terminate it.

Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Witness: \_\_\_\_\_ Date: \_\_\_\_\_