

Indian Health Service Behavior Management Guidelines

Overview

Introduction

Behavior management techniques are a continuum of care directed toward communication and education of the pediatric dental patient. The goals of these techniques are to--

- maintain communication
- reduce fear and anxiety
- extinguish inappropriate behavior
- elicit behavior consistent with the need for successful completion of dental treatment

Behavior Management Techniques

Behavior management techniques include the following examples:

- communicative management
- nitrous oxide—oxygen inhalation sedation
- physical restraint
- hand-over-mouth
- conscious sedation
- general anesthesia

Decision Making

The choice of behavior management techniques must be based on an evaluation that weighs risks versus benefits to the child. The following considerations enter into the decision making:

- urgency of care
- need for cooperation
- skill of the practitioner
- options available at each clinic
- parental considerations

Decision Making Factors

Prior to choosing a technique you should consider the following factors:

- alternative methods, including referral
- dental needs
- expectations of the parents or caregiver
- emotional development of the child
- past medical history
- ability of caregiver or person accompanying child to give consent

Consent

Decisions involving behavior management techniques **must** involve the parents and, if appropriate, the assent of the patient. Successful completion of dental services must be viewed as a partnership of dentist, parent, and child. When consent is required for any technique it must be informed consent prior to treatment. Documentation of consent may be by the use of specific forms or progress note entries.

Parental Presence

- The presence of parents in the dental operatory during treatment has been a concern historically. There may be limitations based on infection control, patient flow, or confidentiality. Some studies have shown children less than three years of age respond better if their parents are present. At a minimum, parents should be

encouraged to participate in examination appointments if possible.

- Parental presence should be addressed in the clinic policy and procedure manual, and possibly in the infection control manual.
- Parental presence is inappropriate for conscious sedation and general anesthesia.

Responsibilities

The IHS Technical Quality Assurance document calls for documentation in the patient record for children less than 6 years of age on

- the behavior of the child for each visit
- the behavior management techniques used and the child's response

Documentation of Behavior

The Frankl Scale is recommended as a way to meet this criterion without having to make extensive notes in the chart.

A system of pluses and minus can be used to approximate the Frankl Scale.

Frankl Scale	Behavior	
Category #1 (- -)	Definitely negative. Child refuses treatment, cries forcefully, fearfully, or displays any agitated, overt evidence of extreme negativism.	Combative, thrashing, verbal, unable to be restrained, need to terminate procedure.
Category #2 (-)	Negative. Reluctant to accept treatment and some evidence of negative attitude (not pronounced).	Slightly combative, verbal, slightly agitated, able to be restrained and procedure safely completed
Category #3 (+)	Positive. The child accepts treatment but may be cautious. The child is willing to comply with the dentist, but may have some reservations.	Quiet, not combative, cooperative, nonverbal.
Category #4 (+ +)	Definitely positive. This child has a good rapport with the dentist and is interested in the dental procedures.	Happy, helpful

Documentation

Documentation in the clinical progress notes provides the practitioner with a record of success or failure with behavior management techniques. An entry such as "2 --> 3; VC,TSD" indicates that the patient went from a Frankl category 2 to a Frankl category 3 with voice control and tell-show-do techniques. This notation will facilitate treatment in successive appointments, and is important in multi-practitioner facilities.

Facility Guidelines

Facility policy and procedure guidelines may restrict behavior management options. It is the responsibility of the dental practitioner to participate in the development of local policy, and to be aware of their content. Specific privileging for some procedures (e.g., nitrous oxide-oxygen sedation, conscious sedation, or general anesthesia) may be required.

Communicative Management

Introduction

Communicative management is an ongoing process used to--

- gain attention and compliance
- avert negative behavior

Techniques

The following are specific communicative management techniques:

- voice control
- tell-show-do
- positive reinforcement
- distraction
- nonverbal communication

Indications

Communicative management is indicated for any child with minimal management demands.

Contraindications

Communicative management may be contraindicated in children noncommunicative due to--

- age
- disability
- immaturity
- medication

Concerns

No specific consent is required.

Nitrous Oxide/Oxygen Inhalation Sedation

Introduction

Nitrous oxide/oxygen inhalation sedation is a safe and effective behavior management technique.

Indications

Use of nitrous oxide/oxygen is indicated in the following situations:

- you are able to obtain written informed consent
- the fearful or anxious patient
- as an adjunct to local anesthesia
- in a patient whose gag reflexes interfere with dental care

Contraindications

Use of nitrous oxide/oxygen may be contraindicated in children who have medical conditions such as

- upper respiratory infection, respiratory diseases, or asthma
- severe emotional disturbances

Concerns

You should consider the following factors prior to using nitrous oxide/oxygen inhalation sedation:

- Precautions to reduce environmental exposure to the staff are required.
- IHS guidelines require specific training and privileging.
- Indications, consent, flow rates, and duration must be documented
- Facility requirements most often supercede IHS guidelines

Physical Restraint

Introduction

Physical restraint includes partial or complete immobilization with staff, parent, or devices to protect the patient and staff from injury during dental treatment. The use of restraints may be offensive to uninformed parents.

Indications

Use of restraint may be indicated in the following situations:

- a patient who requires diagnosis/treatment and cannot cooperate due to a lack of maturity or a handicapping condition
- when the safety of the patient or staff would be at risk without restraint
- as a part of treatment during conscious sedation procedures

Contraindications

Use of restraint may be contraindicated in the following circumstances:

- you are unable to receive written, informed parental consent
- the child is cooperative
- the child has a complicating physical or mental condition

Concerns

You must document the following information pertaining to the use of restraint:

- indications for use
- technique or device used
- duration

Hand-Over-Mouth Technique

Introduction

The hand-over-mouth technique is a behavior management technique that is controversial and may be offensive to parents. A hand is placed over the child's mouth and behavioral expectations are explained. The hand is removed, or reapplied, depending on the behavior of the patient. Because this technique involves potential legal liabilities, its use is discouraged for other than senior clinicians and pediatric dental consultants.

Indications

Use of the hand-over-mouth technique is indicated for a healthy child who is able to understand and cooperate but who exhibits defiant or hysterical avoidance behavior.

Contraindications

Use of the hand-over-mouth technique is contraindicated in children if--

- the technique causes occlusion of the nasal passages and restricts breathing
- you are unable to obtain written informed parental consent.
- the child is unable to understand and cooperate due to age, disability, or medication

Concerns

You should consider the following factors prior to using the hand-over-mouth technique:

- Informed consent and indications for use must be documented.
- Specific training in the hand-over-mouth technique--either at dental school or an IHS approved Continuing Dental Education (CDE) course--should be obtained before using this technique.

Conscious Sedation

Introduction

Conscious sedation is a minimally-depressed level of consciousness that retains the patient's ability to

- maintain an airway independently
- respond to physical or verbal stimulation

Indications

Use of the conscious sedation technique is indicated for--

- ASA I or II patients who are healthy at the time of the appointment
- patients who cannot cooperate due to disability or immaturity
- patients whose need for care is consistent with the risks of sedation and whose care can be completed in one or two appointments

Contraindications

Use of the conscious sedation technique is contraindicated if--

- there are medical contraindications (ASA III to IV patients)
- you cannot obtain written informed parental consent
- the patient is cooperative with minimal needs
- the staff/facility is inappropriate for sedation

Concerns

You should consider the following factors prior to using the conscious sedation technique:

- Indications, consent, duration, drugs used, and monitoring must be documented.
- IHS guidelines require specific training (40 hours minimum) and local clinical privileging. Please review guidelines.
- Local facility guidelines supercede IHS policy.

General Anesthesia

Introduction

General anesthesia is a controlled state of unconsciousness accompanied by a loss of protective reflexes. The need for care must take into account the risks associated with general anesthesia.

Indications

Use of general anesthesia is indicated for--

- patients with compromising physical or mental conditions
- the extremely uncooperative child with dental needs that cannot be deferred
- patients with dental needs who otherwise would not obtain care

Contraindications

Use of general anesthesia is contraindicated if--

- the patient is healthy and cooperative with minimal dental needs
- you cannot obtain written, informed consent
- there are medical contraindications to general anesthesia

Concerns

You should consider the following factors prior to using general anesthesia:

- Clinical privileging is required (usually involving postgraduate training with anesthesia rotation).
- The indications for and informed consent for the use of general anesthesia must be documented.
- General anesthesia should not be attempted without medical consultation, in an inadequate facility, or without provision for recovery.

Practical Tips in the Behavior Management of Children

The following tips may be helpful when working with children:

- Spend time with the parents to address their concerns and gain their trust.

You may need to define the parent's role for treatment done in their presence.

- Use appropriate vocabulary with the child to explain the instrumentation, what you will be doing, and why he needs to help.
- Give the child a few simple, clear, non-threatening expectations so the child understands his/her role in the appointment.
- Do not ask a question if it is possible that you will not like the answer. Instead of asking "Will you help me?" say "I need your help!"
- Use distraction frequently. Children's active imagination will allow you to distract them with stories about animals, cartoons, or current movies. When you stop talking, the child will focus on what you are doing in the mouth.
- Dental Assistants may need additional training to treat children well.
- Units should be fully stocked. The child should never be left alone in the unit. Delays should be minimized.
- Praise good behavior and reward if possible. Praise in front of parents works well. Give the child expectations for the next visit.
- Never belittle a child or compare his/her negative behavior to another child's good behavior.
- Know when to try another approach, including referral.
- Learn to work quickly; children often have limits to their cooperative ability.