



DENTAL CONSENT FOR PEDIATRIC TREATMENT & BEHAVIOR MANAGEMENT

Triad Adult and Pediatric Medicine is part of an organized health care arrangement including participants in OCHIN. A current list of OCHIN participants is available at www.ochin.org as a business associate of **Triad Adult and Pediatric Medicine**. OCHIN supplies information technology and related services **Triad Adult and Pediatric Medicine** and other OCHIN participants. OCHIN also engages in quality assessment and improvement activities on behalf of its participants. For example, OCHIN coordinates clinical review activities on behalf of participating organizations to establish best practice standards and assess clinical benefits that may be derived from the use of electronic health record systems. OCHIN also helps participants work collaboratively to improve the management of internal and external patient referrals. Your personal health information may be shared by **Triad Adult and Pediatric Medicine** with other OCHIN participants or a health information exchange only when necessary for medical treatment or for the health care operations purposes of the organized health care arrangement. Health care operation can include, among other things, geocoding your residence location to improve the clinical benefits you receive.

The personal health information may include past, present, and future medical information as well as information outlined in the Privacy Rules. The information, to the extent disclosed, will be disclosed consistent with the Privacy Rules or any other applicable law as amended from time to time. You have the right to change your mind and withdraw this consent, however, the information may have already been provided as allowed by you. This consent will remain in effect until revoked by you in writing. If requested, you will be provided a list of entities to which your information has been disclosed.

Section 1 : General Dental Treatment

Signing this consent permits us to begin treating your child, and rendering the following treatments on a regular basis, as necessary: **periodic dental examinations; x-rays; dental cleanings; fluoride applications**

The following common procedures are included in this consent: **metal, porcelain, amalgam and resin composite restorations and/or appliances as needed to return all teeth to health and proper function; local anesthetic.**

Additional consent (checking boxes below) is necessary for: **placement of silver diamine fluoride; root/pulpal therapy; extractions**

Section 2: Procedures Included in this Consent

Clinical Examination

A state licensed dental practitioner will perform a clinical dental examination to determine your child's dental health needs routinely every 6-12 months. Clinical examinations will also be performed during problem or treatment focused visits.

Radiographs

As a part of the exam, the dentist will prescribe carefully selected x-rays to aid with diagnosis and individualizing the treatment plan. These may be obtained as a part of your routine clinical examinations ranging from 6-36 months and/or during problem or treatment focused visits. Your child will be exposed to a minimal amount of radiation as x-rays are obtained. Your child's care providers will make all efforts to minimize radiation exposure while maintaining diagnostic quality by only prescribing the images that are needed for diagnosis, using digital radiography, limiting the number of images obtained to the



minimum necessary to obtain essential diagnostic information, and appropriate operation of x-ray equipment.

Changes in Treatment Plan

During ongoing treatment, it may be necessary to change or add procedures because of conditions discovered while working on your child's teeth that were not found during examination. Your providers will notify you of any changes in the treatment plan, and whenever possible, you will be informed of changes in advance.

Drugs and Medicaments

Antibiotics, analgesics, anesthetics, and other medications commonly used in dentistry can cause allergic reactions ranging from mild reactions such as redness and swelling of tissues, itching, pain, nausea and vomiting to more severe reactions such as anaphylaxis. You must inform the dentist of any known allergies.

Local Anesthesia/Nerve Blocks

Local anesthesia is commonly used during dental treatment and is administered with a fine needle injection. Complications are rare but may include dizziness, nausea, vomiting, accelerated heart rate, slow heart rate, or additional medical management or hospitalization. In addition, you may experience restricted mouth opening related to muscle soreness at the site of the injection during recovery or injury from biting or chewing numbed areas (lip, cheek, or tongue). Local anesthesia can occasionally cause nerve injury that results in pain, numbness, tingling, or other sensory disturbances to the chin, lip, cheek, gum, or tongue that may persist for several weeks, months, or, in rare cases, may be permanent. In rare instances, needles may break or separate from the hub and become lodged in soft tissue.

Direct Restorations/Fillings

Caries, or cavities, are defined as breakdowns in tooth structure (decay) that develop due to multiple factors, such as tooth-adherent bacteria, high sugar diet, poor oral hygiene, and decreased salivary flow. Left untreated, caries will progressively undermine healthy tooth structure and can eventually lead to pain, crown fractures, infection associated with pulp necrosis (tooth nerve death), tooth loss, and potentially difficulty chewing.

Direct restorations (fillings) are utilized to stop caries, or cavities, from progressing.

A more extensive filling than originally diagnosed may be required if additional decay is detected during tooth preparation. After a filling is placed, care must be exercised during chewing to avoid breakage, especially during the first 24 hours. Your tooth may be temporarily sensitive to temperature changes after placement of a filling. At times, fillings require replacement and additional procedures, such as root canal therapy or indirect restorations, may be necessary.

Section 3: Procedures Requiring Additional Acknowledgement

☐ Silver Diamine Fluoride (SDF) (_____)

Silver diamine fluoride (SDF) is an antibiotic liquid used on cavities to help stop tooth decay and/or to treat tooth sensitivity. Multiple SDF applications are required for effective treatment. A patient should



not be treated with SDF if allergic to silver and/or if there are painful sores or raw areas on the gums or anywhere in the mouth.

Treatment with SDF does not eliminate the need for dental fillings or crowns to repair function or esthetics, and these restorative procedures may be prescribed along with SDF treatment. The affected area will stain black permanently. Tooth-colored fillings and crowns may discolor if SDF is applied to them. If accidentally applied to the skin or gums, a brown or white stain may appear that causes no harm, cannot be washed off but will disappear in one to three weeks. The patient may notice a fleeting metallic taste after application.

There is a risk that the procedure will not stop the decay, and no guarantee of success is granted or implied. If tooth decay is not arrested, the decay will progress. In that case, the tooth will require further treatment, such as repeat SDF, a filling or crown, root canal treatment, or extraction.

☐ **Root Canal Therapy/Endodontic Treatment (_____)**

Root canal therapy is used to stop infection associated with pulp necrosis (tooth nerve death) from spreading to the rest of your body. The pulp, or nerve, inside your tooth is removed and the tooth is disinfected and filled with biocompatible materials.

Complications of root canal therapy may include extension of filling materials through root surfaces, separation of instruments used during pulp removal, and persistent infection that may require endodontic surgery or tooth removal.

When root canal therapy is completed, the tooth tends to be brittle, and the temporary restoration will only last only a short time. Failing to return as directed to seal and protect the tooth with a permanent restoration can lead to additional issues even when the root canal treatment was successful.

☐ **Removal of Teeth/Dental Extraction (_____)**

Several dental conditions may necessitate tooth removal, including but not limited to extensive caries, infection, tooth fracture, periodontal disease, and impaction. Alternatives to tooth removal may include endodontic therapy, direct or indirect restorations, and periodontal treatment. Complications and risks associated with dental extractions may include persistent pain, spread of infection, residual infection, dry socket, swelling, damage to nearby teeth, fractured jaw, paresthesia in your teeth, lips, tongue and surrounding tissue that may persist for several weeks, months, or permanently.



Section 4: Behavior Management

Not treating existing dental problems in children may result in abscess, infection, pain, fever, swelling, considerable risk to the developing adult teeth, and may create future orthodontic and gum problems.

Quality care can be made very difficult or even impossible, by the lack of cooperation. Behaviors that can interfere with proper dental treatment are hyperactivity, resistive movements, refusing to open the mouth or keep it open, and even aggressive or physical resistance to treatment. Aggressive or physical resistance to treatment can be screaming, hitting, kicking and grabbing the dentist's hands or grabbing our sharp dental instruments.

The following is a prioritized list of behavior management techniques used by all providers of care in our clinic:

- **TELL-SHOW-DO** is the use of simple explanations and demonstrations, geared to the child's level of maturity.
- **POSITIVE REINFORCEMENT** is rewarding the helpful child with compliments, praise, a hug or a prize.
- **VOICE CONTROL** is getting the child's attention by using firm commands voice control.
- **PHYSICAL RESTRAINT BY THE DENTAL TEAM or BY LEGAL GURDIAN.** With an active and noisy child, it is sometimes necessary for the dental assistant to restrain the child's movement by holding the head, arms, hands or legs. The dentist may restrain the child's head by stabilizing it between arm and body. A rubber or plastic mouth prop is placed in the child's mouth to prevent closing when the child refuses to open or has trouble keeping the mouth open.
- **PHYSICAL RESTRAINT BY PAPOOSE BOARD OR PEDI-WRAP.** Papoose Board or Pediwrap is the safest and most compassionate way to ensure quality dental treatment of an active child. It holds arms, body and legs secure with Velcro and cloth wraps during treatment. It may be used when emergency treatment is necessary, or for a short period to obtain X-rays and most commonly concomitant with sedative medication.
- **LAUGHING GAS (Nitrous-Oxide/ Oxygen Inhalation sedation).** The use of laughing gas (nitrous oxide) is a safe and effective way to provide dental treatment to mildly frightened, yet cooperative children. Laughing gas calms children but does not put them to sleep or numb their teeth. It has few side effects and lasts only as long as the gas is being given through a nose mask. On rare occasions, the gas can cause an upset stomach and vomiting.

Beyond these techniques, a child with disruptive behavior may need dental treatment with sedation or treatment in a hospital, which will require a referral.



Triad Adult
& Pediatric Medicine

DENTAL

Every reasonable effort will be made to treat your child's condition properly, although it is not possible to guarantee results of this treatment. By signing below, you confirm that you have reviewed content and checked boxes above and that by checking, you confirm that you have read the foregoing sections and understand the treatment to be undertaken, as well as the risks, benefits, and alternatives and consent to the described treatment. You acknowledge that you have had all your questions fully answered and acknowledge that you are ultimately responsible for all dental fee payments regardless of any dental insurance coverage.

You have read and understand this information on behavior management, understand that dental treatment for children includes efforts to guide their behavior by helping them understand the treatments in terms appropriate to their age. If any treatment other than the above is needed, it will be discussed with you before beginning such treatment.

Parent/Patient Signature: _____ Date: _____

Witness/Team Member Signature: _____ Date: _____