

Sponsored by

DEXIS
Digital Diagnostic Imaging

www.dexis.com

Sponsored by

DENTRIX[®]

www.dentrix.com/g4/request_demo.asp

THE JOURNAL OF THE AMERICAN DENTAL ASSOCIATION

J | A | D | A

Managing slightly uncooperative pediatric patients

SHARON NICHOLSON HARRELL

J Am Dent Assoc 2003;134;1613-1614

The following resources related to this article are available online at jada.ada.org (this information is current as of July 5, 2009):

Updated information and services including high-resolution figures, can be found in the online version of this article at:

<http://jada.ada.org/cgi/content/full/134/12/1613>

This article appears in the following **subject collections**:

Imaging <http://jada.ada.org/cgi/collection/imaging>

Practice Management http://jada.ada.org/cgi/collection/practice_management

Information about obtaining **reprints** of this article or about permission to reproduce this article in whole or in part can be found at:

<http://www.ada.org/prof/resources/pubs/jada/permissions.asp>

Downloaded from jada.ada.org on July 5, 2009

Managing slightly uncooperative pediatric patients

SHARON NICHOLSON HARRELL, D.D.S., M.P.H.

Occasionally, a general dentist is faced with the challenge of accomplishing treatment on slightly uncooperative pediatric patients. I define a “slightly uncooperative” patient as one who is apprehensive and teary-eyed or crying but is not screaming, kicking or moving excessively.

While I do not expect this article to transform general dentists into pediatric dentists automatically, my hope is that it will serve to give practitioners some confidence to continue treatment despite what is called “the whimper factor”—a tool that children can use effectively to scare away practitioners 10 times their size.

TIPS FOR DEALING WITH SLIGHTLY UNCOOPERATIVE PATIENTS

Know that children do cry. First, realize that crying is a normal reaction in children. It is

the way in which they often respond when they are scared, irritable or in an unfamiliar place. To make a child feel more comfortable, always greet him or her in an upbeat manner (even though your own knees may be shaking). Ask the child about his or her new shoes or favorite cartoon character. Use the “tell, show, do” method you learned in dental school.

Use the parent as a model. The most successful way I have found to introduce the first instrument during the patient’s initial visit is by holding it up to the parent’s or guardian’s teeth first. Children always will try to model what their parents do. (By the way, I allow parents in the operatory only for a child’s first visit if he or she is younger than 5 years of age. I will address the topic of parental involvement in more depth later.)

Use a mouth prop. Use a mouth prop for injections and treatment. I prefer a rubber mouth prop (Figure). I usually

place floss through the rubber mouth prop so that I can retrieve it easily. Mouth props come in three sizes—small, medium and large. The advantage to the mouth prop is that the patient cannot close down during injection or treatment. The dentist’s fingers are at most risk during the injection, and use of this simple device greatly reduces the chance of injury to dentist or patient.

Use a firm tone of voice. Use voice control by means of a firm tone (not by yelling). This is especially important during the injection. I instruct the patient by saying, “Do not move.” I repeat this several times during the injection. Remember, of course, that these instructions will not be effective without the use of topical anesthetic. I call it “sleepy jelly” and explain that it will put the gum and tooth “to sleep.” Since children often are familiar with a syringe from their visits to the pediatrician’s office, I prefer to keep the syringe out of the patient’s eyesight. I tell the child to close his or her eyes so that I do not spray the “sleepy juice” into them.

Count to 10. During the injection, let the child know that you are going to count to 10, and that then you will be finished with this part. By counting to 10, which most children can do, the patient knows that there is a definite endpoint to the injec-



Figure. A rubber mouth prop prevents the patient from closing down during treatment.

tion. I tell the child that his or her face will “feel sleepy” from the ear to the lip or around the cheek, so that he or she will not be alarmed by the sensation of numbness. Counting also can be used during the procedure (“I’ll count to 10 and then you can rest for a moment”).

Use the assistant’s support. Ask the dental assistant to restrain the patient during injection by gently placing his or her hands across the patient’s shoulder closest to the dentist. If the patient should begin to move, the assistant is in a position to keep the child from harm. In general, the assistant’s role is one of support. Many times the assistant will try to console the patient with gentle words as the dentist is giving instructions. However, only one person should speak to the patient at a time because the patient simply cannot listen to two people at once. Encourage the patient to focus on you.

Tell tales. Tell a fairy tale

during the procedure. Kids love the story of “Goldilocks and the Three Bears” or “The Three Little Pigs.” Many times they will stop crying and start to listen. Sometimes I insert the child’s name into the story. This can be done only if you can do two things at one time, of course; you must continue to prepare and fill as you tell the story.

Keep it short. Minimize appointment time by having all instruments and materials ready. Many children have a set amount of time for which they will remain cooperative before they have had enough. That time can be as short as 10 or 20 minutes. If the procedure needs to be halted while the assistant gets a needed item that was not placed on the tray before the appointment, it wastes valuable time.

Use a rubber dam. Always use a rubber dam. I put this near the end of this list because some dentists find the rubber

dam cumbersome. However, with children, it isolates the teeth, helps them keep their mouths open and minimizes the risk of injury if they should start to move. The mouth prop also can be used in conjunction with the rubber dam.

Use child-level language.

Use children’s words, not adult words, to describe clinical situations. Use terms such as “sugar bugs” to describe the presence of caries, “tickle your tooth” when removing decay, “Mr. Whistle” to describe the handpiece, “Mr. Thirsty” to describe the saliva ejector and “raincoat” to describe the rubber dam.

Keep the parent in the waiting room. Bring the child to the operator without the parent except, as I stated previously, for the child’s first visit if he or she is younger than 5 years of age. Assure the parent that you will come to get him or her if necessary. Sometimes, the child will cooperate if you promise that Mom can come back after the sugar bugs are chased away.

CONCLUSION

Interactions between dentists and children often fail because the dentist is as nervous about treating the child as the child is about seeing the dentist. By using techniques geared toward reducing the pediatric patient’s anxiety and increasing the dentist’s confidence, dentists will have the armamentarium necessary to combat both the patient’s fear and their own fear. ■

Dr. Harrell is a general dentist and the director, FirstHealth Dental Care Center, 105 Perry Drive, Southern Pines, N.C. 28387, e-mail “sharrell@firsthealth.org”. Address reprint requests to Dr. Harrell.