

The child patient

- ▶ Treat the patient not the tooth.

Principal aims of Rx

- Development and maintenance of healthy, functional, and attractive 1° and 2° dentitions.
- Freedom from pain and infection.
- A happy and cooperative patient.
- Prevention is priority.

Points to remember

- Praise good behaviour (reinforcement ↻ Techniques for behaviour management, p. 60), ignore bad.
- Involve parents (they determine whether child will return).
- Do not offer choice where there is none. Avoid rhetorical questions (Would you like to sit on my chair?).
- Children have short attention spans (↑ with age).
- Children have ↓ sensory acuity (may confuse pressure with pain, sensibility tests less reliable).
- Children have ↓ manual dexterity, therefore need help with toothbrushing <7yrs.
- Formulate a comprehensive Rx plan, which should address both operative and preventive care.
- Start with easy procedures (e.g. OHI) and progress, at child's pace, to more complicated Rx.
- Set attainable targets for each visit and attain them.

The first visit

- Children should first visit a dentist as soon as they have teeth (i.e. about 6 months of age). For young children, watching other members of the family receive Rx prior to their turn may be preferable.
- Let parent accompany child: check medical history and reason for attendance.
- Talk to child: communication is the key to success!
- Show patient chair, mirror, light, and explain purpose ('Tell, show, do' ↻ Techniques for behaviour management, p. 60).
- Count the patient's teeth.
- If good progress, polish a few teeth, but don't tire child by attempting too much.
- Show parent child's teeth and what has been done that visit.
- If child in pain, the source of this needs to be determined and dealt with as quickly as possible.
- Younger children can be more successfully examined if a parent sits with child facing them and then lowers child back on to his/her arm or the dentist's lap.