Protective Stabilization in Pediatric Dentistry

Question

What are the reasons why dentists may consider using protective stabilization (i.e., restraints) on minor patients while performing dental procedures?

Answer

Using restraints typically is a final option when all other possible solutions have not worked while attempting to deliver safe and quality dental care to pediatric patients. If immediate completion of the dental work is not necessary for the patient's well-being, the dentist might consider other options (e.g., deferral, sedation, or general anesthesia). However, if finishing the dental work is necessary for the patient's well-being, and sedation is not possible, using restraints might be the only viable option.

Formerly referred to as physical restraint and medical immobilization, protective stabilization refers to using a person or a piece of restrictive equipment to physically limit a patient's movement for a specific period to facilitate safe examination and treatment.[1] Dentists can use various materials to restrain pediatric patients, such as hook and loop straps, seat belts, papoose boards, and body wraps.

The American Academy of Pediatric Dentistry (AAPD) notes that the following situations may require protective stabilization:

- A patient who requires immediate diagnosis or urgent treatment and cannot cooperate because of developmental levels, lack of maturity, or medical/physical conditions
- A patient who requires urgent care but has uncontrolled movements that risk their own safety or the safety of the staff, dentist, or parents

- A previously cooperative patient who becomes uncooperative, and the dentist cannot regain cooperation using basic behavior guidance techniques in order to protect the patient's safety and help complete a procedure or stabilize the patient
- An uncooperative patient who requires limited treatment, and sedation or general anesthesia are not an option because the patient does not meet sedation criteria or because of a long operating room wait time, financial considerations, or parental preferences
- A sedated patient who requires limited stabilization to help reduce untoward movements during treatment
- A patient with special healthcare needs who has uncontrolled movements that would be harmful or significantly interfere with the quality of care[2]

When determining whether to use stabilization techniques in situations in which these methods are indicated, dentists should consider the patient's oral health needs, emotional and cognitive developmental levels, medical and physical conditions (including medical history), and parental preferences.[3]

Before the procedure, a thorough informed consent process should occur. The dentist should discuss with the parents or guardians the benefits and risks of not only the procedure, but also the use of restraints. The dentist should obtain a signed informed consent form from the parents or guardians, and the form should include the reasons for using restraints. The informed consent discussion and the signed consent form should be documented and included in the patient's dental record.

On the day of the procedure, the dental team should confirm that the informed consent discussion and signed form were completed. A member of the dental team should always be present throughout any restraining procedure to assist and to witness. Throughout the procedure, the dental team must assess and prioritize the patient's physical and psychological well-being and monitor the tightness of any restraining device. Parents may be present or able to observe unless safety reasons prohibit it.

AAPD also recommends that dentists document the following details after the procedure:

- Reason for stabilization and type of stabilization used
- Reason for parental/guardian exclusion (if applicable)
- Duration of stabilization

- Behavior evaluation/rating during stabilization
- Any adverse outcomes, such as skin markings (photographing any outwardly visible injuries and including these photos in the documentation is prudent)
- Management implications for future appointments[4]

Protective stabilization is considered an advanced behavior guidance technique in dentistry, and thus it requires dentists to have advanced formal training to deliver care safely. Otherwise, they can risk physical harm to themselves, the patient, and their staff by attempting to restrain a pediatric patient.[5] AAPD has maintained guidelines on behavior guidance since 1990, and it promotes developing appropriate practices in the use of protective stabilization. Dentists should ensure that this technique is incorporated into an overall behavior guidance approach that is customized for each patient.

Resources

For more information about protective stabilization and related topics in pediatric dentistry, see the following resources:

- American Academy of Pediatric Dentistry: Behavior Guidance for the Pediatric Dental Patient
- American Academy of Pediatric Dentistry: Use of Protective Stabilization for Pediatric Dental Patients
- MedPro Group: Developing Strategies to Address Informed Consent Challenges in Pediatric Dentistry
- MedPro Group: Risk Q&A: Parental Presence/Absence in Pediatric Dentistry

Endnotes

[1] American Academy of Pediatric Dentistry. (2023). Use of protective stabilization for pediatric dental patients. *The Reference Manual of Pediatric Dentistry.* Chicago, IL: Author, 378–384. Retrieved from www.aapd.org/media/Policies_Guidelines/BP_Protective.pdf

[2] Ibid.

[3] Ibid.

[4] Ibid.

[5] Ibid.

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