



CNA HealthPro

FAQs – Unaccompanied Minors

Q. I feel very uncomfortable when a parent drops off a young child and leaves, telling us we can treat the child and to call their cell phone if we have any questions. Other issues also arise that customarily require discussion with a parent, such as fees, insurance matters, and various treatment and post-operative issues. Should I be concerned that the parent is not physically present in the office?

A: There certainly are risks associated with treating children in the absence of a parent or responsible adult in the office. Keep in mind that each practice may create its own policies and rules. It is recommended that your practice may wish to implement a policy that a parent or legal guardian of a young child patient must be present in the office at all times. If you have parents who refuse to follow your stated office policy, you have every right to ask them to find another practice.

The risks of treating a young minor patient without a parent or legal guardian present relate primarily to informed consent, behavior management, and emergency response. Let's look at a treatment example, during which the decay excavation for an occlusal composite turns into a carious pulpal exposure. Like it or not, you cannot continue with the pulpotomy or RCT without a parent or legal guardian's consent. If the parent or legal guardian is not in the office, it delays treatment and eliminates your ability to demonstrate what has occurred. It becomes necessary to phone the parent or legal guardian to get a verbal consent, or wait until they return. But what if there is no answer? Then you must place a temporary restoration in the tooth until you can secure the consent of the parent or legal guardian. Additionally, it creates even greater monetary issues and disrupts your daily schedule.

The second concern focuses on behavior management. In some instances, a frightened and tearful child may behave better if a parent is present to reassure him. Perhaps mom needs to hold the child in her lap to get an x-ray. Or perhaps a parent must be present to witness his poor behavior and give consent for appropriate physical restraint of a minor in the dental office setting. In the absence of parental consent to restrain, the parent could allege child abuse or unlawful restraint. We have received a few claims with such allegations.

The third concern relates to emergency management. If an untoward event occurs, it would be much better to have a parent present to comfort the child, or potentially assist in some way in the management of the situation.

If a young minor child is either unaccompanied or accompanied by a responsible non-parent adult (such as a grandparent or day care worker) and presents for an appointment for simple or routine treatment that has already been discussed and consented to by the parent or guardian, it is permissible to proceed with treatment if you feel comfortable doing so. However, be certain you do not perform any treatment transcending the limitations of the prior consent. Even if consent has already been given, there may be certain appointments when the planned treatment is rather involved. In such cases, you may insist on having the parent or guardian accompany the child.

Additional considerations include the age and maturity of the minor child and the treatment to be performed. There is no set age under which a child should be accompanied. Each dentist must make that determination based upon your practice experience. Clearly, certain 16- and 17-year-old minors drive themselves to your office and present for care, even though they are not legally permitted to grant consent for themselves. Children presenting for a recall exam and prophylaxis would generally pose a lesser risk than patients in need of restorative care.

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