

# Parental Knowledge of Pharmacological Interventions in Pediatric Dentistry

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## Objective

The purpose of this study was to evaluate parental knowledge and perception of pharmacological interventions used in pediatric dentistry, including nitrous oxide (N<sub>2</sub>O), oral conscious sedation (OCS) and general anesthesia (GA).

## Methods

A 17-item survey was distributed to English-speaking parents whose children were referred to the University of Iowa, College of Dentistry, Pediatric Dentistry Clinic (UICOD). Descriptive and bivariate analyses were performed ( $\alpha=0.05$ ).

## Results

Seventy-four surveys were collected. Of those who participated, 37.9% were referred from a general dentist, 31.8% from a pediatric dentist and 30.3% from a community health center/other referral source. Of the respondents, 76.7% did not receive any information about N<sub>2</sub>O, OCS or GA from the referring dentist. If information from the referring dentist was provided about GA, there was a significant association with the belief that the child would be "asleep" for dental treatment ( $P=.01$ ). However, there was an association of patients referred from general dentists who incorrectly believed their child would be "asleep" with N<sub>2</sub>O (33.3%,  $P=.03$ ) while none referred from a pediatric dentist believed their child would be "asleep" with N<sub>2</sub>O. There was no statistically significant relationship found between parental race, age, income or education with perception of general anesthesia safety ( $P>.05$ ).

## Conclusion

Information provided from the referring dentist influences parents' knowledge and perception of pharmacological interventions.