

New York City College of Technology
Den1200

Treatment and Home Care Plan Case Study Assignment

Name: Joseline Correa
Group: 2A
Date: 03/06/2023
Advisor's name: Professor Vyprynyuk
Case study number: 13

SOAP CRITERIA

S:

Age: 41 years old Ethnicity: Caucasian Sex: F

CC: "My front teeth are sensitive to cold"

Med Hx: BP: 145/90 (Stage 2) Pulse: 75 bpm Respirations: 16 bpm ASA: 3

The patient reports family history of type 2 diabetes. Diagnosed hypertension, and excessive thirst.

Patient was prescribed an anti-anxiety medication after the birth of her last child 3 years ago. Taking (Escitalopram oxalate) Lexapro, (Enalapril maleate) Vasotec, and a daily 81 mg aspirin.

Social Hx: no drinking, no smoking

Dental Hx: last periodontal maintenance 2 - ½ years ago

Patient reports numerous restorations, 2 bridges, and root canals. The patient claims she lost her 2 front teeth when she was 15 after falling off a horse, 4 impacted wisdom teeth were removed at 18 years old.

She first saw a dental hygienist in the current practice 4 years ago and continued with the recommended 6-month maintenance.

The patient uses fluoridated toothpaste, medium-bristled toothbrush and doesn't floss.

Occasionally rinses her mouth with a mouth rinse containing zinc. Patient indicates she was a former smoker but quit 10 years ago when she became pregnant.

O:

EO: all extraoral assessment findings were within normal limits.

IO: the mucosa, cheeks, tongue, lips, palate, and pharynx were all within normal limits. Her gingival tissues were generally pink but had some localized areas with bulbous papillae and some marginal signs of inflammation. There was moderate calculus and plaque present.

Dental Charting: missing tooth #8,9 due to accident. Tooth #1, 32, 31, 14, 16, 17 not clinically present. Root canals and crowns tooth #4, 13. Bridge from tooth #7 to #10. Bridge from tooth #13 to #15

Class 1 Overbite 20%

Periodontal Assessment

Gingival Statement: diffuse pale pink, blunted, leathery, shiny, smooth gingiva. Loss of interproximal papilla.

Perio Charting: PD 4-6 mm generalized. BOP generalized, mild. Localized recession mandibular and maxillary posterior teeth.

Calculus: generalized moderate supragingival calculus and plaque present, primarily on mandibular lingual incisors

Case Value: M

PI score: 1.7 (fair) Stain: generalized extrinsic stain on maxilla and mandible

A:

Perio Status: Stage IV Grade C Generalized

Caries risk: high

Other findings: horizontal bone loss, overhanging amalgam restorations, PFM crowns tooth #4, 13

P:

Procedures completed: medical history and assessments—periocharting, calculus detection, tx plan, PI score, home care plan, and scaling.

NV: srp ur lr

Recare set: 3 months perio maintenance and 5% Sodium Fluoride Varnish second application.

Form to be completed, signed, and scanned into the patient's e-chart AFTER all assessments are completed, then shredded.

Visit 1 (post-assessment) 03/13/23 (Date)	Visit 2: 03/20/23 (Date, if unknown write TBD)	Visit 3: 03/27/23 (Date)	Visit 4: 04/03/23 (Date)
Patient Education: Individualized OHI plan will be developed and introduced after PI Radiographs: Digital FMS BWS (V/H) Pan Debridement: Hand-scaling Teeth # _____ Quadrant(s) UR Whole Mouth _____ Pain Management: Topical Oraqix Local Anesthesia Coronal Polish: Engine Preventive services: Topical Fluoride: _____ (method/type) Referrals: Yes No If Yes, write in the reason: Caries Periodontal disease Other: _____	Patient Education: PI Follow individualized OHI plan Radiographs: Digital FMS BWS (V/H) Pan Debridement: Hand-scaling Teeth # _____ Quadrant(s) LR Whole Mouth _____ Pain Management: Topical Oraqix Local Anesthesia Coronal Polish: Engine Preventive services: Topical Fluoride: _____ (method/type) Referrals: Yes No If Yes, write in the reason: Caries Periodontal disease Other: _____	Patient Education: PI Follow individualized OHI plan Radiographs: Digital FMS BWS (V/H) Pan Debridement: Hand-scaling Teeth # _____ Quadrant(s) UL Whole Mouth _____ Pain Management: Topical Oraqix Local Anesthesia Coronal Polish: Engine Preventive services: Topical Fluoride: _____ (method/type) Referrals: Yes No If Yes, write in the reason: Caries Periodontal disease Other: _____	Patient Education: PI Follow individualized OHI plan Radiographs: Digital FMS BWS (V/H) Pan Debridement: Hand-scaling Teeth # _____ Quadrant(s) LL Whole Mouth _____ Pain Management: Topical Oraqix Local Anesthesia Coronal Polish: Engine Preventive services: Topical Fluoride: _____ (method/type) Referrals: Yes No If Yes, write in the reason: Caries Periodontal disease Other: _____

5% NaF
 Varnish/apply thin
 layer 1-2 min min

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Individualized Homecare Plan

Date: 03/06/2023

Student: Joseline Correa

Patient's Initials:

Initial Plaque Index (PI): 1.7

Description of biofilm (amount/location/distribution):

Light	Localized	Mainly along GM
Moderate	Generalized	Mainly Interproximally
Heavy		Tongue

HOME CARE RECOMMENDATIONS:

Toothbrush/method: Philips Sonicare power toothbrush or soft-bristled toothbrush/Charter method

Toothpaste: Sensodyne Sensitivity & Gum Toothpaste

Interdental care: Oral-B Satin Tape, end tuft brush, Floss Threaders

Rinse: 0.2% NaF Fluoride Rinse

Tongue scraper: Dr. Tung's Tongue Cleaner

Sequence of OHI introduction:

Visit 1 (after initial PI): teach the patient the use of a power toothbrush and the Charters method with a soft-bristled toothbrush

Visit 2: teach the patient the importance and correct technique for flossing. Teach the patient how to use dental threaders to clean between the gum line and the bottom of the bridges.

Visit 3: oral rinse

Visit 4: tongue cleaner

This Individualized Homecare Plan will be discussed with faculty and patient, with rationale explained, documented in the SOAP note and saved for reference in the student's gradebook. Any modifications to HC Plan based on the re-visit assessments, review of patient's skills and PI will be noted in the re-visit SOAP note.

The primary objective for this case is to restore the patient to an optimal dental health condition and function that can be maintained according to her lifestyle and social factors. Also, it is crucial to address the patient's chief complaint, "My front teeth are sensitive to cold." It is important to set a personalized treatment plan in the most appropriate and favorable way, which will be expected to improve the patient's overall dental health in the following six months. In order to achieve this goal, the following sections must be addressed;

1. Referral to primary care provider (PCP) due to factors that can threaten the patient's health. According to the patient's history, she is 5'6" tall and weighs 165 lbs which put her in the overweight category. The patient reports a family history of diabetes, and she is frequently thirsty, this is one of the well-known signs of both prediabetes and diabetes (Iftikhar, 2022). The patient falls into ASA 3 classification since the recorded blood pressure showed high blood pressure (stage 2) and despite her currently taking Vasotec, it remains high.
2. Primary dental care provider consultation to check defective restorations, receding gums around crowns, and require periapical radiographs in the maxillary premolars to discard any infection in the apex of teeth where root canals were done.
3. Scaling and root planning (SRP) of 4 quadrants will be scheduled as the initial procedure in professional in-office treatment followed by a 3 months periodontal maintenance using Topical and Lidocaine anesthesia. The patient presented localized areas with bulbous papillae and marginal signs of inflammation. Moderate calculus and plaque. Periodontal inflammation is clearly related to the presence of calculus and biofilm. The main goal of SRP is the removal of calculus and biofilm deposits to make a biologically compatible root surface and reduce the inflammatory burden (Cobb & Sottosanti, 2021). The recommended SRP will remove calculus and plaque from all teeth, especially from mandibular lingual incisors which accumulate more supragingival calculus.
4. 5% Fluoride Varnish Application; the purpose is to arrest, retard and prevent new cavities in the patient. The Fluoride should be applied 2-4 times per year.
5. Effective home care to achieve and maintain good dental health. The patient falls in the category of Grade C, based on the home care recommendations and the patient's own oral self-care it is expected to improve to Grade B in the following six months. The floss recommended to the patient is Oral-B Satin Tape (2x/day), which is good for the type II

embrasure spaces the patient has in the mandibular and maxillary posterior teeth. Floss Threaders to remove debris and biofilm around the bridge (2x/day). An end tuft brush may be a good option for the patient because it can effectively clean around the mandibular anterior lingual crowding the patient has (Boyd et al., 2020). Also, it is easy to carry to her job since she has a very busy life, she can use it once a day. It is recommended to switch from the medium-bristled toothbrush to the Philips Sonicare power toothbrush because it removes up to 5x-7x more plaque and provides a better technique. This is highly important because we need to avoid any gingival trauma. The electric toothbrush will alert the patient if she is brushing too hard (Philips, 2022). Recommended toothpaste Sensodyne Sensitivity & Gum Toothpaste to address the patient's chief complaint. The patient would use 0.2% NaF Fluoride Rinse (1x/week) as she falls in the moderate to high caries risk category. A common side effect of Lexapro and Vasotec is dry mouth which put the patient at a higher risk for cavities (*Drugs.com - Prescription Drug Information*, n.d.) Recommended tongue scraper; Dr. Tung's Tongue Cleaner which is travel-friendly and successfully removes bacteria that cause bad breath (*drtungs.com*, n.d.).

The 5 areas of the recommendations given to the patient and the patient's reinforcement of oral hygiene at home will allow reaching an improvement and optimum dental health in the following six months. The expected outcomes are to restore localized areas with bulbous papilla, reduce gingival inflammation and slow down bone loss. An important goal is to educate patients to know their dental conditions, to detect tooth diseases in their daily lives, and to judge whether professional dental treatments are required at the right time (Kim et al., 2021). If the patient is effectively motivated and informed, she will proceed to acquire the recommended electric toothbrush or soft toothbrush using the Charters method, the Sensodyne toothpaste, and interdental aids which will enable her to enjoy better oral health. Also, assist with the periodontal maintenance appointments every 3 months or check-ups and cleaning every 6 months.

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