

Case Study #38

Joowon Park (Peter)

Section 2B

3/2/2023

Advisor: Dr. Brown

New York City College of Technology

## SOAP Notes

Date: 3/2/2023

Initial Visit

S:

Age: 32

Ethnicity: Hispanic

Sex: Female

Having hard time making ends meet, single mom with 2 school aged children

Med Hx: No medical checkup in 8 yrs. Last visit was when giving birth to 2nd child.

Takes Prozac (Fluoxetine) 10mg daily for anxiety; BP 122/80 Pulse: 91 (Stage 1 BP) Respiration: 18 breaths / min; family history of heart disease (father's side), both pregnancies were normal; ASA II

Social Hx: Never been a smoker

Dental Hx: Dental phobia, was in a lot of pain her previous visit and is afraid of having her teeth cleaned because of her prior experience. Last dental exam 10yrs ago

CC: "my gums bleed when I brush my teeth and they often feel 'itchy'." / Very stressed and small lesions in her palate but usually only on one side. Tender when appear but disappear within about a week

Oral Self-Care: Brushes w/ soft bristle TB - 2 times/day

Toothpaste: fluoridated toothpaste, not sure what type of fluoride,

Interdental aid: does not floss or use any type of interdental aid

O:

EO: All findings were within normal limits

IO: tender, recurrent reddish vesicles observed on the left side of hard palate. (Pt claims they are painful, especially when eating spicy food)

Dental Charting / Hard Tissue Examination: #1,16,17,32 CLINICALLY not present, localized mild attrition observed on the incisal thirds of the maxillary and mandibular anterior incisors. Grade 2 mobility on #30, Grade 1 mobility on teeth #5, #7 & #18. Grade 2 furcation on teeth #31, #19, #18 and grade 3 furcation on tooth #30

Occlusion: Class I bilaterally from 1st molars,

Overjet: unable to measure

Overbite: 15%

Stain: Generalized mild brown stains in the pits and fissures of occlusal surfaces of

premolars and molars. Staining also observed on areas surrounding occlusal composite restorations.

Gingival Statement: Generalized pink, stippled and resilient gingiva. Consistency of gingiva is firm, texture is normal, shape of interdental papilla fills the interproximal spaces in knife-edge shape. Gingival margin sits snugly around the tooth, and margin is near CEJ. Localized red smooth inflamed and slightly bulbous interdental papilla in between teeth #24-27. Localized inflammation on the facial aspect of tooth #6 & #11. Localized rolled gingiva #18 & #19. Generalized recession present on buccal aspects on posterior teeth

Periodontal Assessment: BOP, Bleeding index: 60% Pocket depths measured generalized 3mm on the direct facial/buccal and direct lingual of the maxillary teeth, generalized 3mm PD on the direct buccal and lingual of mandibular anterior teeth, generalized 4-9+mm in the interproximal areas throughout the entire dentition

Calculus Detection: localized subgingival calculus present on mesial of #4, distal of #12 to the extent that it can be seen radiographically

PI: 2.1 – Along the GM and interproximally

Radiographic Statement: Radiographs exposure date unknown. Distal impacted teeth #1 & #16 seen on pano. Caries: suspected caries on the mesial of #3, distal of #29, mesial of #14, mesial of #19 Calculus: localized subgingival calculus present on mesial of #4, distal of #12, Generalized 20% horizontal RBL on maxillary premolars and molars and 25% on the mandibular premolars and molars. Possible localized vertical RBL present on the distal of tooth #30. Radiographs presented are undiagnosable due to horizontal overlap and no proper representation of RBL in HBW. Recommend FMS for NV

**A:**

Caries Risk: High risk due to suspected active caries and restorations present

Case Value: L (based on provided radiographs, minimal calculus detected)

Stage 3, Grade C (Stage 3 due to furcation involvement and probing depths that's exceed 6mm with vertical bone loss present of over 3mm, Grade C because of the severe vertical RBL of >60% RBL.  $60/32 = 1.875\% = \text{Grade C}$ )

**P:**

Procedures completed: Review of medical Hx, dental Hx, EO/IO, periocharting, PI score, OHI (introduced brushing with modified bass method and using Crest Gum Detoxify toothpaste), Tx plan drafted and approved, administered ½ carpule of local anesthesia to Q1 and scaled successfully.

Referrals: Patient referred to OS for max 3rd molar ext and general dentist for suspected caries on the mesial of #3, distal of #29, mesial of #14, mesial of #19, referral for HBP (Stage I) for a physical and checkup at patient's PCP

NV: Review medical Hx, review referred medical / dental visits, EO/IO, PI score, OHI (Introduce using water irrigator and strong floss using the spooling method), Calculus detection, Expose FMS, Begin scaling Q4.

HIPAA and Bloodborne Pathogen packets given to patient

J. Park

<p>Visit 1 (post-assessment): <u>TBD</u> (Date)</p> <p><b>Patient Education:</b>  <input checked="" type="checkbox"/> Individualized OHI plan will be developed and introduced after PI</p> <p><b>Radiographs: Digital</b>  <input checked="" type="checkbox"/> FMS <input type="checkbox"/> BWS (V/H) <input type="checkbox"/> Pan</p> <p><b>Debridement:</b> Hand-scaling</p> <p><b>Teeth #</b> _____  <input checked="" type="checkbox"/> Quadrant(s) <u>1</u></p> <p><input type="checkbox"/> Whole Mouth</p> <p><b>Pain Management:</b></p> <p><input type="checkbox"/> Topical  <input type="checkbox"/> Oraqix  <input checked="" type="checkbox"/> Local Anesthesia</p> <p><b>Coronal Polish:</b></p> <p><input type="checkbox"/> Engine</p> <p><b>Preventive services:</b>  <input type="checkbox"/> Topical Fluoride: _____                  (method/type)</p> <p><b>Referrals:</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><b>If Yes, write in the reason:</b>                  Caries: #3M, #210, #14M, #19M &amp; <sup>ORAL</sup> <sub>EXAM</sub>                  Periodontal disease <sup>GRADE 1</sup> <sub>NOB: #20</sub> <sup>GRADE 2</sup> <sub>MUS: #20</sub> <sup>IG 2: #5, #11, #18</sup> / <sup>IG 3: #30</sup>                  Other: <u>PHYSICAL EXAM, HISTORICAL</u></p>	<p>Visit 2: <u>TBD</u> (Date, if unknown write TBD)</p> <p><b>Patient Education:</b>  <input checked="" type="checkbox"/> PI</p> <p><input checked="" type="checkbox"/> Follow individualized OHI plan</p> <p><b>Radiographs: Digital</b>  <input type="checkbox"/> FMS <input type="checkbox"/> BWS (V/H) <input type="checkbox"/> Pan</p> <p><b>Debridement:</b> Hand-scaling</p> <p><b>Teeth #</b> _____  <input checked="" type="checkbox"/> Quadrant(s) <u>4</u></p> <p><input type="checkbox"/> Whole Mouth</p> <p><b>Pain Management:</b></p> <p><input type="checkbox"/> Topical  <input type="checkbox"/> Oraqix  <input checked="" type="checkbox"/> Local Anesthesia</p> <p><b>Coronal Polish:</b></p> <p><input type="checkbox"/> Engine</p> <p><b>Preventive services:</b>  <input type="checkbox"/> Topical Fluoride: _____                  (method/type)</p> <p><b>Referrals:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><b>If Yes, write in the reason:</b>  <input type="checkbox"/> Caries  <input type="checkbox"/> Periodontal disease                  Other: _____</p>	<p>Visit 3: <u>TBD</u> (Date)</p> <p><b>Patient Education:</b>  <input checked="" type="checkbox"/> PI</p> <p><input checked="" type="checkbox"/> Follow individualized OHI plan</p> <p><b>Radiographs: Digital</b>  <input type="checkbox"/> FMS <input type="checkbox"/> BWS (V/H) <input type="checkbox"/> Pan</p> <p><b>Debridement:</b> Hand-scaling</p> <p><b>Teeth #</b> _____  <input checked="" type="checkbox"/> Quadrant(s) <u>2, 3</u></p> <p><input type="checkbox"/> Whole Mouth</p> <p><b>Pain Management:</b></p> <p><input type="checkbox"/> Topical  <input type="checkbox"/> Oraqix  <input checked="" type="checkbox"/> Local Anesthesia</p> <p><b>Coronal Polish:</b></p> <p><input type="checkbox"/> Engine</p> <p><b>Preventive services:</b>  <input checked="" type="checkbox"/> Topical Fluoride: <u>5% NAF VARNISH</u>                  (method/type)</p> <p><b>Referrals:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><b>If Yes, write in the reason:</b>  <input type="checkbox"/> Caries  <input type="checkbox"/> Periodontal disease                  Other: _____</p>	<p>Visit 4: _____ (Date)</p> <p><b>Patient Education:</b>  <input type="checkbox"/> PI</p> <p><input type="checkbox"/> Follow individualized OHI plan</p> <p><b>Radiographs: Digital</b>  <input type="checkbox"/> FMS <input type="checkbox"/> BWS (V/H) <input type="checkbox"/> Pan</p> <p><b>Debridement:</b> Hand-scaling</p> <p><b>Teeth #</b> _____  <input type="checkbox"/> Quadrant(s) _____</p> <p><input type="checkbox"/> Whole Mouth</p> <p><b>Pain Management:</b></p> <p><input type="checkbox"/> Topical  <input type="checkbox"/> Oraqix  <input type="checkbox"/> Local Anesthesia</p> <p><b>Coronal Polish:</b></p> <p><input type="checkbox"/> Engine</p> <p><b>Preventive services:</b>  <input type="checkbox"/> Topical Fluoride: _____                  (method/type)</p> <p><b>Referrals:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><b>If Yes, write in the reason:</b>  <input type="checkbox"/> Caries  <input type="checkbox"/> Periodontal disease                  Other: _____</p>
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The findings of my assessments were explained to me. I authorize my student dental hygienist to perform the procedures delineated in the treatment recommendations above and I understand that modifications to care and photographs may be required based on my individual needs. The nature, purpose, timing, and cost of these procedures, available treatment alternatives, and the advantages and disadvantages of each, including no treatment, were discussed with my student hygienist and/or clinical faculty supervisor. I understand that additional treatment and/or referrals may be deemed appropriate in order to manage my oral condition. I understand that the dental hygiene clinic has the right to discontinue treatment and deny appointment scheduling after (2) missed appointments within the academic semester. In this event, I will be provided with a list of regional hospitals/clinics for continuation of care. I have read and understand the above statement and all my questions concerning my treatment have been satisfactorily answered.

CASE STUDY #38 JODOWN PARK DR. BROWN TBD  
 Patient/Guardian Student (PRINT NAME) Attending Faculty Date

AM-12.2021

DEN1200

Individualized Homecare Plan

Date: TBD

Student: JOOWON PARK

Patient's Initials: C.S.#38

Initial Plaque Index (PI): 2.1

Description of biofilm (amount/location/distribution):

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Light               | <input type="checkbox"/> Localized _____        | <input checked="" type="checkbox"/> Mainly along GM        |
| <input checked="" type="checkbox"/> Moderate | <input checked="" type="checkbox"/> Generalized | <input checked="" type="checkbox"/> Mainly interproximally |
| <input checked="" type="checkbox"/> Heavy    |   | <input type="checkbox"/> Tongue                            |

HOME CARE RECOMMENDATIONS:

(based on the PI, patient's reported self-care, dental/periodontal assessment findings, any special considerations - e.g. allergies, sensitivities, manual dexterity and ability to use, patient's preferences)

Toothbrush / method: MODIFIED BASS BRUSHING TECHNIQUE

Toothpaste: CREST PROHEALTH GUM DETOXIFY

Interdental Care: WATERPIK & STRING FLOSS

Rinse: 3M ESPE PERIOMED 0.63% STANNOUS FLUORIDE ANTIMICROBIAL ORAL RINSE

Tongue scraper: <NONE>

Sequence of OHI introduction:

Visit 1 (after initial PI): INSTRUCT PT OF MODIFIED BASS BRUSHING TECHNIQUE / RECOMMEND CREST GUM DETOXIFY TOOTHPASTE

Visit 2: INSTRUCT ON USE OF WATER IRRIGATOR & SPOLING METHOD W/ STRING FLOSS

Visit 3: RECOMMEND 3M ESPE PERIOMED ORAL RINSE USE DAILY

Visit 4: N/A

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.

### Reasoning for Recommendation

Patient is presented with periodontal health issues and is in need of professional maintenance and attention to start getting the periodontal disease under control. For the treatment of periodontitis in this patient, local anesthetics will be employed due to the nature of especially deep pocket depths. The NSPT, SRP, will be used in attempts to control patient's plaque and mitigate, eliminate attachment loss. In a study that observed the effectiveness of periodontal treatment on patients overall oral health, it states, "...following NSPT... PI and GI scores were reduced from baseline, three, and six months after... (Vivek, et al., 2021)." SRP treatment will effectively be able to bring the patient to a healthier state of oral health / systemic health.

Patient will be referred out to her primary care provider in order to check for signs of recurrent intraoral herpes (RIH). Patient's symptoms of recurring reddish vesicles on one side of her palate. Based on patient's medical history and her stress levels, recurrent herpetic stomatitis (RHS). "Common triggers of RHS are physical/emotional stress, UV light, cold weather, hormonal changes, upper respiratory tract illness, and lip/mouth trauma (Mortazavi, et al., 2016)." Furthermore, patient presents with Stage 1 high blood pressure. Patient is also not taking medication for medication, so she will be referred to her primary care physician so that she can find a way to keep her BP and her overall system health under control and in check.

FMS will be exposed so that there can be a baseline of patient's bone loss and a risk assessment can properly be done from VBWs and PAs.

Patient will also be given a referral to the general dentist and periodontist due to the radiographs showing possible carious lesions and the patient not having seen a dentist in 10 years. Though decent depths of the pocket can be cleaned for some aspects of the patient's dentition, a periodontist will be more likely to be able to provide adequate treatment for the

patient's particular needs to recover healthy gingival health. There are furcation involvements and mobility in some of the teeth that have severe bone loss, so the periodontist will assess and determine an appropriate plan for the patient.

The patient's presented OHI instructions include instructing the patient on the modified Bass brushing technique in order to lower plaque index and to promote gingival health in the patient over time, through self-care. Based on the Wilkins' Clinical Practice of the Dental Hygienist textbook,

“The Bass and modified Bass methods are widely accepted as an effective method for dental biofilm removal adjacent to and directly beneath the gingival margin (sulcus) despite conflicting evidence. It is considered to be a type of sulcular brushing. The areas at the gingival margin and in the col are the most significant in the control of gingival and periodontal infections (Boyd, et al., 2021).”

Stannous Fluoride toothpaste is recommended to the patient due to the patient encountering discomfort whilst brushing with the fluoride toothpaste that she uses. She can try using Crest ProHealth Gum Detoxify that can subdue the effects of the itchiness after brushing. The toothpaste has effects of promoting gum health and preventing carious lesions. The 3M ESPE Periomed is recommended for the patient because it has stannous fluoride and will not irritate her gums like sodium fluoride may. Using mouth rinse may be able to effectively reach the interproximal spaces with stannous fluoride so that gum health and hard tissue health can be promoted. Waterpik and string floss is recommended to the patient so that the patient can more consciously work towards her gingival health. Patient has CAL of over 9mm in some areas, so Waterpik may be able to help reach those hard-to-reach areas and floss may serve as a mechanical abrasive force to removal bacteria and biofilm in between teeth.



### Anticipated Outcomes

Upon receiving periodontal treatment, it is anticipated that the patient will no longer have calculus deposits in her periodontal pockets, allowing for tightening of the gingival tissue around the teeth that had inflammation. Extent of bone loss will be discussed along with the referrals to the periodontist and dentist for further assessments and care to bring the patient's overall oral health into a controlled state. Though furcations and mobility issues cannot be completely resolved, instructions on OHI can allow for patient to care for their teeth.

Purpose of the OHI instructions is to educate the patient and to allow for patient to maintain their own oral health so that they can be able to stop from periodontal disease from further progressing. If OHI instructions are followed and patient is diligent in caring for their oral health, it is expected that the controlled state of the patient's oral health can be prolonged and maintained on her own. If the OHI instructions are not followed, patient's condition will worsen over time and patient will lose teeth, proper occlusion and systemic health may become a concern.

## References

- Boyd, L. D., Mallonee, L. F., Wyche, C. J., & Wilkins, E. M. (2021). *Wilkins' clinical practice of the dental hygienist*. Jones & Bartlett Learning.
- Mortazavi, H., Safi, Y., Baharvand, M., & Rahmani, S. (2016). Diagnostic Features of Common Oral Ulcerative Lesions: An Updated Decision Tree. *International journal of dentistry*, 2016, 7278925. <https://doi.org/10.1155/2016/7278925>
- Vivek, B., Ramesh, K. S. V., Gautami, P. S., Sruthima, G. N. V. S., Dwarakanath, C., & Anudeep, M. (2021). Effect of periodontal treatment on oral health-related quality of life - A randomised controlled trial. *Journal of Taibah University Medical Sciences*, 16(6), 856–863. <https://doi.org/10.1016/j.jtumed.2021.07.002>