

- **Case study 1:** Patient has several medical conditions as well as allergies, causing some challenges during self care.
 - 55 year-old female
 - Patient visited to receive a regular cleaning
 - Health history overview
 - Vitals: 136/88 ASA 2
 - Medical conditions:
 - GERD
 - Arthritis
 - High cholesterol
 - Iodine and shellfish allergies
 - Current medications:
 - Aleve (For arthritis and neck pain)
 - Atorvastatin 10mg (For high cholesterol)
 - Omeprazole 10mg (For GERD)
 - Summary of clinical findings:
 - Dental charting: Bilateral class II occlusion, 4mm overjet, 40% overbite
 - Composite fillings on teeth #3, 4, 15, 31
 - Implant on tooth #2
 - Missing teeth #5 and 12
 - Pontic on teeth #17-19
 - Porcelain crowns on teeth #2, 14, 17, 19, 30
 - Gingival description/Periodontal status:
 - Generalized coral pink gingiva that fit snugly around the teeth with slightly blunted papilla. Gingival margins are at the CEJ, and slight abfraction on tooth #3.
 - Periodontal status: Localized Stage II Grade B.
 - Periodontal charting: Generalized PD 2-3mm with several 4mm readings in the molar regions with one 5mm reading on #32-MB. 3mm recession on #28-B. Open margin on teeth #17 and #19.
 - Radiographs: Exposed 4HBW's, the following findings were observed: Evidence of 15-30% bone loss on tooth #2, 19, and 29. Open margin on tooth #30-D. No caries identified, however, calculus identified on #1-M and #21-D.

- Dental hygiene diagnosis:
 - Periodontal diagnosis: Localized Stage II Grade B
 - Risk for caries: Medium
- Dental hygiene care plan: PI index performed on patient, radiographs were exposed, no pain management needed and referral given for hypertension.
- Challenges during treatment: Patients cheeks were very tight causing difficulty when performing SRP in posterior regions and extreme sensitivity on #2 due to previous abscess treatment.
- Evaluation of care: Patient received full mouth SRP, dental hygiene at home instructions, areas of gingival inflammation and bluntness reduced, and referral for abscess and hypertension given.
- Continued care recommendations: Patient instructed to return every 3-4 months and to maintain flossing especially in posterior regions.