

Student Workbook for Clinical Practice of the Dental Hygienist

Chapter 1

1) *Identify in your own words and define the healthcare-related roles your dental hygiene education will prepare you to fulfill.*

As a dental hygienist i will be able to fulfill the roles of an advocate by influencing the government and the Dental Association to help resolve problems within the hygienist community as well as allow for changes in our role. i know recently that the hygienist were fighting to have the permission to give injections like local anesthesia and we were finally able to influence them. Another role would be a clinician where i would be able to look at the patient's medical history, diagnose their problems and concerns with the help of the history and create a plan and fulfill this plan by doing the procedure(s). i would also reevaluate the treatment after it is performed to create a preventative and control mouth environment free of oral diseases. a third role would be an educator where i would educate the patient about the proper care needed for their situations as well as continuing my education on new techniques, equipments and findings pertaining to the dental field. a fourth role would be a researcher using the scientific method to help with therapy. the last role would be an administrator organizing the patients information for the dental team as well as a liaison between the patient and doctor by communicating our planned objectives.

2) *How is the role of public health related to the other roles?*

Public health connects all roles because the public has recognized and demands oral health care as important to prevent or control diseases. Education and administrator are the hygienist role and responsibility to communicate between the dentist and public. clinician and researcher are directed to the public's health to prevent or treat oral diseases. the advocate is related to public health to keep up with changes in society with technological advances for improvements in the treatments. all roles are important to maintain to keep the public's trust in us and for us to help continuing saving lives.

3) *Describe a dental hygienist using the terminology associated with integrated practice roles, healthcare focus and services provided by dental hygienist.*

A dental hygienist can be described as a competent cotherapist when prognosing the health and hygiene of a patient. the hygienist can also hold an intervention after a diagnosis to restore oral health and suggest treatment for health promotion used outside of the dental office.

4) *Identify three personal factors that affect the way an individual dental hygienist is perceived as a representative of the entire profession of dental hygiene.*

-One represents all= wherever you go and whatever you do, you represent the image and characters of all hygienist. so dress appropriately and maintain a positive attitude and reputation for the hygienist community.

-Attitude towards dentistry affects patient= if you have a negative attitude or speak negatively towards the patient or the recommended plan suggested, the patient will lose trust with you and all other ideas of dentistry and may lose interest in care for their oral health

-Maturity and confidence= also act mature when dealing with a patient, not matter how difficult and don't show self-doubt because the patient might feel you don't know what you're doing and will not fulfill the perceived plan.

5) *Define dental hygiene*

Dental hygiene is the prevention and treatment of oral diseases as well as maintaining the best oral health possible

6) *Identify 3 types of services provided by the dental hygienist.*

A hygienist has 3 services; prevention, educational and therapeutic care

7) Define health promotion

The patient's knowledge and tools to continue proper health routine outside of the dentist office

8) What role was emphasized by Dr. AC Fones, who is considered the father of dental hygiene?

Dr. A.C. Fones emphasized on the importance of education or the role of educator

9) What is the primary goal of each dental hygienist with respect to patient care?

To prevent oral diseases and again and maintain the best proper oral health.

10) List three personal goals the hygienist will strive for in clinical practice

- Maintain a sterile environment for the patient, himself and peers to prevent disease spreading and contamination
- use and practice proper conduct and professional ethics amongst patients and peers
- recognize and care for each patient individually and fit the recommended plan to their needs and goals
- use all educational knowledge and tools to help patient achieve best oral health

11) In what way is a hygienist a cotherapist?

by communicating with the dentist and patient and creating an approved plan for the patient's oral health.

12) Explain three types of prevention

- Primary prevents a disease before it is present like use of sterilization and disinfectants; s-

Secondary treats a present disease in the early signs of it like the removal of plaque

- Tertiary is damage control that repairs after an untreated disease has negatively affected the oral health of patient which replaces and rehabilitates the mouth's health to a functioning and near normal health (when compared to the baseline),

13) List three ways a hygienist can specialize

orthodontics, pediatric and periodontics

long term as a nutrition and dietetics, business and administrator, law

14) In your own words, briefly define each of the 6 phases of the Dental Hygiene Process of Care

- Assessment = collecting data with patient's medical history as well their complaints for visitation and our own data findings from the radiograph.

Diagnosis = identify the problem from the assessed data as evidence of diagnosis

Planning = creating a plan or several plans of treatments for the approved diagnosis and to prepare for various prognosis or outcomes

Implementation = performing the constructed plan

Evaluation = after the plan is carried out, reassess and determine if patient will need treatment or maintenance in future (modifying the plan after seeing the results of procedure)

Documentation = journaling everything done to patient with signatures present, becomes medical history

15) Both subjective and objective data are collected in the assessment phase of the Dental Hygiene Process Care.

16) Identify three factors involved in analyzing assessment data

Medical history, patient complaints and current recordings of x-rays or radiograph

17) In your own words, define purpose of diagnosis statements

to find the problem and treat patients' concerns with knowledge of history and present health as scientific evidence for approved diagnosis

18) What is the dental hygiene care plan?

its the outline or framework followed to effectively treat patient

19) Identify steps that are important when planning dental hygiene care.

- select interventions for planned procedures and to explain situation to patient and dentist
- receive approval from dentist and patient to proceed with procedure
- sterilizing tools and cubicle as well as wearing proper attire

- collecting data for assessment
- getting approval from superiors before implementation
- educating patient and getting their ok about the perceived plan
- educating self about the set care planned for patient
- preparing for various outcomes after procedure

20) Define oral hygiene

maintenance to keep best or optimal oral health through cleanliness, proper care and environment such as diet.

21) define oral hygiene intervention

the action to maintain or restore patients oral health

22) Define dental hygiene intervention

predicting outcome after implementing procedure

23) dental hygienist usually provide dental hygiene care under the supervision of a dentist.

identify and briefly define 4 levels of supervision

-Direct=dentist present during hygienist performance of approved procedure

-Collaborative=dentist consults but doesn't supervise

-General=dentist not present for procedure but chooses plan and diagnosis

-Personal=dentist treats and hygienist assists dentist

24) At what point in the Dental Hygiene Process of Care is a patient's continuing care interval determined?

Evaluation

25) In what ways are the assessment and evaluation phases of the dental hygiene process of care similar?

Both compare patient's health to a baseline data, collect data for patient's complaints before and after procedure and then create a plan to suit needs

27) What is a code of ethics?

professional's responsibilities on how to act towards patients, colleagues and society

28) Name at least 2 professional organizations that have developed codes of ethics for the practice of dental hygiene.

International Federation of Dental Hygiene and The Codes of the American Dental Hygienists Associations

29) Briefly define each of the following 7 core values in dental hygiene

-Autonomy and respect= confidence to make your own decisions

-Confidentiality= patient's privacy must be protected by dental hygiene

-Non-maleficence=avoiding harm to others

-Beneficence=doing good for benefit

-Justice and fairness= treating all patients equally

-Veracity= telling truth when speaking to patient

30) What is the difference between ethical issue and ethical dilemma?

issues can be solved with 1 solution throughout the use of laws of care practice. dilemma has more than 1 solution, with no set answer and the choice is evaluated

31) Describe the 4 steps that help direct your decision making when resolving ethical situation

-Identifying the situation to whether it is an ethical issue or a dilemma by listing facts of the situation including the patient history and reviewing if there are guidelines applicable to the problem

-Reviewing the rights of the people involved from dentist to hygienist to patient etc.

-choosing between alternatives for an outcome

-considerations to any legal factors

Competency exercise 2

Explain why the lifelong notion of learning is considered an ethical component of dental hygiene practice.

Education for the dental hygienist and continual education is needed because the dental hygienist needs to be comfortable and confident in their work. The continual education reflects the need for modernization and keeping up with the newest technologies and scientific findings to implement the best procedures fit for the patient. Also, with information readily available to the public, the patient will most likely have taken the liberty to research their own information on their problems and expect the hygienist to know and understand what they had looked up and more.

Chapter 4

1) Standard Precautions apply regarding direct contact with blood and body fluids as well as mucous membranes and broken skin

2) List additional precautions healthcare providers are required to address

To prevent infections and spread of diseases the dental hygienist will sterilize and disinfect the equipment and room, prep for patient, dispose waste and wear protective equipment

3) Define cross-contamination

transferring bacteria or pathogen from one spot to another

4) List 6 factors necessary for transmission of disease

Infectious item, reservoir, portal of exit, transmission, portal of entry and host.

5) Identify additional ways the dental team can break chain of transmission

along with hand hygiene, hygienist use sterilized tools. They also themselves must be immunized before handling patients, they clean and disinfect a room before the patient enters. They take off personal protective equipment whenever leaving the patient to prevent possible spreading from clothing, taking off and putting on protective equipment is a specific order to avoid transmission of bacteria, the use of utility gloves when cleaning cubicle, getting patient history beforehand to know about any diseases they have such as TB and never walking through the sterilized area of room after waste disposal.

6) Identify items that can serve as reservoirs for infectious agents in dental setting

infected patient or staff, bar soaps, scrubs, blood, water and biofilms, used tools, plaque or debris from patient mouth, saliva, used syringes, hands, overgown, gloves, bib, chair and mouth mask.

7) Identify ways that infectious particles can be airborne.

Sneezing, coughing, laughing, talking, breathing, spitting

8) Identify ways to control airborne transmissions.

covering mouth or nose when sneezing or coughing then washing hands, wearing masks that cover mouth and nose, wearing gloves and other protective wear

9) Identify the microorganism that causes tuberculosis

Mycobacterium tuberculosis

10) In what way is tuberculosis infection most commonly transmitted

In saliva or sputum from sneezing and coughing

11) Describe XDR-TB.

XDR-TB is a drug resistant form of tuberculosis, mainly resistant to rifampicin and isoniazid (anti-TB drugs) and at least one of the second-line anti-TB injectables. XDR-TB is spread through emissions in the air. Prevention includes minimizing contact and taking proper protocol

12) What course of action does CDC recommend if a patient with symptoms or history suggestive of TB presents for elective dental services, such as dental hygiene care?

active and not latent TB suspected patients should wear a mask, removed from premises and consult a physician to verify TB status.

13)

Hep type	virus	mode of transmission	prevention
Infectious Hep	HAV	oral to fecal	handwashing
serum Hep	HBV	blood, body fluids	Immunization, dispose needles
type C hep	HCV	blood, body fluids	blood screening, dispose needles
Delta Hep	Delta Hepatitis V	blood, body fluids	hep b immunization, dispose needles
Type E Hep	HEV	oral to fecal, contaminated water	handwashing

14)What is significance of HbsAg?

It is used in the Hepatitis B vaccine

15)What is the significance of anti-HBs?

These antibodies to Hepatitis Be antigen show active immunity from past HBV immune response from that HB vaccine, or a passive immunity

16)Which type of virus occurs in periodontitis pockets with relatively high prevalence?

Human herpesviruses

17)Which herpes virus can establish a latent infection in the trigeminal nerve ganglion that can reactivate and erupt in a surface lesion?

Herpes Simplex Virus Type 1 or HSV1

18)

virus	acronym	transmission	orofacial condition
Herpes Simplex type1	HSV1, HHV1	broken skin, mucous	cold sore, gingivostomatitis(ulcers), pharyngitis,
Herpes Simplex type2	HSV2, HHV2	broken skin, mucous	
varicella-zoster	HHV3, chicken pox, shingles	fluid from rash/blisters	chicken pox, shingles rash
epstein-barr	HHV4, infectious mononucleosis	direct contact with fluids	rash, swollen nodes, inflamed throat, hairy leukoplakia
cytomegalovirus	HHV5, CMV	fluids	swollen nodes, sore throat, jaundice, rash
herpes lymphotropic	HHV6	saliva	roseola, rash, fever
human herpes virus7	HHV7	saliva	roseola
kaposisarcoma related	HHV8	direct contact with infected	lesions

19)What virus type is associated with lesions on hands and eyes?

Herpes Simplex Type 1

20) What clinical management protocol applies for a patient with an active HSV1 lesion? post-pone appointment and explain the high possibilities of transmitting contagious cold sores to others. show patient proper oral care maintenance for now since immune system is weakened and teach them to not scratch or touch the blisters to allowing healing.

21) AIDS is associated with infection of the HIV virus.

22) What ways can HIV virus be transmitted?

HIV is transmitted through body fluids from blood, semen, vaginal secretion, breast milk and saliva

23) A count of what serological marker is most often used to evaluate and monitor progression of HIV infection?

CD4+ or T-helper lymphocytes are monitored because the HIV virus attacks these cells

24) In HIV disease, the number of CD4+ T lymphocytes decreases as the infection and symptoms become more severe.

25) At what level does the CD4+ T Cell count indicate late stage disease or AIDS infection? a category 3 with less than 200 CD4+ lymphocytes per mm³

26) As the count indicator cells decreases, the symptoms of disease and the incidence of oral infections or oral lesions related to HIV infections increases.

27) What are the most common oral lesions associated with HIV infections?

Candidiasis, hairy leukoplakia and kaposi's sarcoma, ulcerative gingivitis, ulcerative periodontitis, herpes Simplex virus

Chapter 5

1) An organized system for exposure control that treats body fluids of all patients as though they were infectious is a description of Standard Precaution

2) Identify the term or concept related to each of the following statements:

-Physically blocks exposure to bodily fluids to prevent disease transmission=Barrier Protection

-Specific potentially health threatening bodily contact with infectious material while you are providing dental hygiene care=Exposure Incident

-Contact with infectious material that is reasonable to expect as a component of providing dental hygiene care=Occupational exposure

3) List three purposes of having a written exposure control plan

as a guide for all to follow for consistency, a base to work from so the ability to add on more or modify, for training new staff on proper protocol and reminds everyone in case they forget

4) Define

Immunization- the introduction of antigens to a body to allow for antibody production for a specific disease

Inoculation-introducing material such as a vaccine to a medium

Toxoid- applying heat or chemical to a toxin to destroy its harmful properties but keeping its abilities to create antitoxins for immunization usage

vaccine- destroying microorganisms to stall a disease

vaccination- process of putting vaccine into body to produce its own immunity against disease

HCP- Health care personnel

DHCP- Dental Healthcare Personnel

5) Unscramble

-hiiinrts(inflammation of the mucous membrane of nose)=Rhinitis

-toxmanu(test for presence of active or inactive tuberculosis)=Mantoux

-bcMytaercoiumr cykitbreysos(droplet nuclei, ranging from 0.5 to 1 μm that are risk in health setting)= *Mycobacterium tuberculosis*

6) what is a booster immunization?

Re-immunizing after the first immunization wears out since it lasts for only a set amount of time. this booster has a smaller dosage of antigen than when it was first introduced to the vaccinated person

7) List basic immunizations recommended for DHCP

Influenza, Tetanus and Diphtheria, Pneumococcal, Hep A, Hep B, MMR, Varicella and Meningococcal

8) List factors to describe appropriate clinic gown or uniform

clean, solid closed front, covers knees, long sleeves with elastic cuffs, no pockets, disposable apron or overgrown if desired.

9) During patient care, long hair should be fastened back and facial covered by face mask and face shield

10) List essential characteristics of ideal face mask.

covers from bridge of nose to chin without touching nostrils or lips, 95% filtration efficiency, water resistant lining, made of glass or synthetic fiber mats

11) Particles in aerosols smaller than 5 μm can remain suspended up to 24hrs.

12) Particles of 3 μm and smaller can penetrate to the alveoli of lungs when inhaled.

13) What size are the tuberculosis-causing bacterium particles?

The droplet nuclei are between .05 μm and 1 μm .

14) When should a clinician wear a face shield over a regular mask?

Face shields are used for known or expected spatter of fluids that will harm mouth, nose and eye areas. it is preferred when aerosol and debris forming tools, power scaler or polisher are being used.

15) How is a contaminated mask removed from your face?

By touching the elastic loops only

16) Who wears protective eyewear during dental hygiene care?

Both the hygienist and patient as well as other present dental team members

17) List types of eyewear appropriate for wear during patient care.

Goggles (shields all sides and close fit), side shields eyewear (recommended for those with prescription lenses), eyewear with curved frames (similar to side shields), postmydriatic spectacles (disposable flexi-glass) and child-sized.

18) List features of acceptable eyewear

wide coverage to protect side of eyes, shatterproof, flexible and rounded edges for comfort, when disinfected won't damage, clear or light tint on lens and glare-free

19) List three steps to disinfect and care for eyewear worn during patient care.

Clean with water steam to remove particles to prevent scratches, clean with detergent and rinse, replace if scratched

20) List glove safety factors important for both patient and dental hygienist during care.

must be an effective barrier that covers skin fully and reaches to cuff of sleeve, won't get penetrated if exposed to fluids or bacteria, resists tears especially from tools used during dental care, non latex and must fit well without being too tight or loose

21) Which glove factor is important for clinician comfort?

size

22) The cuffs of gloves should cover the cuffs of your long-sleeve clinic wear to provide complete barrier to contamination

23) After positioning gloves before patient care, you should only touch disinfected items or parts with barrier material to avoid contamination and avoid face and hair.

24) List factors that can affect ability of gloves to provide a complete aseptic barrier.

Wrong size that doesn't cover fully or too big that slips and moves, long fingernails can puncture glove, latex will cause allergic reaction to those allergic, gloves worn over 1 hour will be worn and may have holes or a sticky surface

25) When are heavy duty utility gloves used?

Utility gloves are used when cleaning and disinfecting cubicle before and after patient care

26) List indications for washing hands.

before after patient care, before regloving, after bare hands touch contaminated objects or when soiled, before leaving room.

27) An ideal sink for hand washing before patient care must be deep and wide, with a foot pedestal to turn on.

28) List sequence of steps for antiseptic hand washing procedure before patient care.

-remove jewelry

-tie hair back

-place face mask then eyewear on

-turn on faucet to cool water

-lather hands up to forearms and in between fingers, back of hands and under nails with soap and intended pressure

-rinse thoroughly

-repeat at least twice

-dry with paper towels then use paper towels to turn off faucet and discard paper towel in garbage bin

29) Define

Allergen- particle that enters body through inhalation, injection, touch or ingestion that cause allergic reaction or inflammation

Hypoallergenic-part of substance that doesn't create allergic reaction

Atopy-allergy that is hereditary

Type I hypersensitivity reaction-immediate allergic reaction

Type IV hypersensitivity reaction-allergic reaction that develops between 6-72 hrs

30) Match

B. standard mask filtration= blocks particles with 95% efficiency

G. surgical soap=contains antimicrobial agent

C. antiseptic hand wash=used before patient care

D. handwashing=most important in preventing cross-contamination

F. wide-coverage eyewear= used by both clinician and patient

A. resident bacteria=relatively stable on skin, reduced by hand washing

H. transient bacteria=contaminates skin if contacted, reduced by washing

K. skin integrity=can be protected by covering abrasions with liquid bandage

I. gloves=available in non sterile and pre sterilized forms

J. gloves integrity=affected by many things, including length of time worn

E. eyewash station=never at sink used for patient care hand-washing

31) Other than gloves, list 5 equipment that contain latex.

goggles, blood pressure cuff, mixing bowls, bite blocks, stethoscope

32) List patient factors that increase risk for latex sensitivity

frequent exposure to latex, other known allergies, worked in a rubber manufacturing plant and have received multiple surgeries that required rubber tubes or rubber drains.

33) What actions are taken before patient care for an at risk patient can reduce risk of a latex allergy related emergency?

Cleaning room of allergens, using latex free gloves and equipments and have them readily available, and to have appointment early in the day before accumulation of latex is created in air and on clothes etc.

34) 1.) in the CDC 2003 guidelines, section III, an alternative hand hygiene method for hands that are not visibly soiled is given the highest category (IA) recommendation. what is the method recommended for hands not visibly soiled?

To use alcohol based, water free antiseptic agent such as hand rub or sanitizer.

2.) what is recommendation included in CDC 2003 guidelines regarding hand jewelry and what does the category II and numbers (in parentheses at end) included mean?

remove jewelry for effective hand washing and to allow comfort with gloves and prevent punctures in glove.

3.) If your gloves become torn cut or punctured during patient care, what should you do? first carefully remove punctured gloves and discard. then wash hands thoroughly to disinfect. dry hands, and put on a new set of gloves

4.) The CDC guidelines recommend changing a mask between patients or during patient care if the mask becomes saturated and wet and soiled

5.) If your protective covering becomes visibly soiled during patient care, what should you do? Remove all PPE in correct order and discard. wash hands and apply fresh PPE

Chapter 69

1) Identify the patient assessment components that will help you know enough about your patient to help prevent an emergency during dental hygiene treatment.

When making first contact with the patient, take notice to any abnormalities of their voice, physical appearance, and any findings in their documents. then analyze any signs or symptoms the patient might have, review their whole medical history, check vital signs such as blood pressure, begin an extraoral and intraoral exam and document/update any findings. with such an in-depth knowledge of the patient's health, both past and present, it will avoid any unexpected emergencies and findings. this will allow the dental team to prepare certain and specific protocols to fit the patient's needs

the five point plan to prevent emergencies are as follows:

- use routine and in-depth patient assessment
- document and update records
- use stress reduction
- recognize signs of distress
- organize a management plan with dental team to prepare for an unexpected emergency

2) identify 5 patient factors that contribute to increased risk for medical emergency in a dental setting.

if a patient has diabetes or seizures, allergies or negative effects from drugs, any extroral findings such as blood disorders or intraoral findings like lesions, past diseases or surgeries like heart bypass or organ transplant, previous reactions to dental treatments or any medications the patients takes or has taken in the past two months and any undiagnosed medical diseases

3) Identify at least 2 dental treatment related factors that contribute to greater risk for emergencies.

the use of drugs during dental treatments or anesthesia can cause emergencies especially if mixed with patient's medications or allergies and long invasive dental surgeries can take time

4) Identify ways you can reduce your patient's stress during dental hygiene treatment

Talking and discussing patient's fears can put them at ease, having a consultation beforehand can help build familiarity and trust with patient, plan appointment to patient's schedule for comfort but an early morning appointment helps patient get the procedure done early to avoid

all-day anticipation, make sure patient has eaten and drank to prevent anxiety dehydration or low blood sugar, and try to limit the appointment duration

5)Where in the patient's dental record is medical information indicating that the patient is predisposed to medical emergencies listed?

The medical alert box will show medical emergencies the patient had experienced previously.

6)What additional information should you document in the patient record about your patient's risk for medical emergency?

documenting the treatment, vital signs, patients complaints, medications, healing and reactions will help in future for any possible medical or post treatment complications

7)What information should be clearly posted by the telephone in a dental clinic?

telephone numbers for emergencies like the fire department/police or 911, nearest hospital number and poison control number as well as the patient's physician number should be close at hand.

8)What does EMS stand for?

Emergency Medical Services

9)Why is it important to document all pertinent information and everything that happens during a medical emergency?

For future use in any future procedures for patient as well as to diagnose any problem patient may unknowingly have

10)In a medical emergency, your patient is "compensating" if the vital signs are what?

compensating when checking vitals means the results are above the normal baseline expected numbers

11)Describe what happens when your patient goes into shock

The patient's skin will be pale, sweaty/clammy, quick and shallow breaths, low pressure, weak, nauseous or vomiting, possible thirst, and eventual unconsciousness. To treat, open airway and keep open, keep patient warm, check vitals, start oxygen and if patient doesn't recover call EMS asap.

12)When a patient is in shock, what does being in the "Trendelenburg" position mean?

The patient is laying face up with heart higher than the head inclined down at a 45 degree angle.

13)Describe the purpose of Basic Life Support in dental setting

all dental team members must be BLS certified because in an emergency situation, they need to act fast and efficiently to perform CPR for adults kids or infants as well as assisting when a victim is choking.

14)If an emergency situation occurs you will first quickly assess the situation and then act promptly but not hastily to provide basic life support as indicated.

15)What determines the need for external chest compression?

When doing rescue breaths, if patient has no pulse, begin chest compressions and start CPR

16)Where do you check for the pulse?

The carotid pulse on the side of the neck closest to you for adults and children and brachial pulse for infants.

17)What is the purpose of providing chest compressions during basic life support?

Chest compressions allow blood to flow to the heart to eventually bring back the pulse

18)Describe the patient's position when you perform chest compression.

The patient must be laying flat on the ground, with hands at their sides and their head tilted back when giving the rescue breaths after chest compressions to allow airflow into lungs.

19)Describe landmarks used to determine hand placement during chest compressions.

When proceeding chest compressions, both hands will be placed onto of one another on the lower breastbone in the middle of the chest on the sternum, and when pressure is applied with

each compression, your shoulders should be directly over your hands creating a vertical linear line. and when performing the rescue breaths of CPR after chest compressions, hand closest to forehead is placed there and other hand will have the fingers placed under chin and tilt the head back to open the airway. if there is no air bag available, instead of placing the hand on the forehead, pinch the nose.

20)How far do the chest compressions move the thorax before releasing to allow the chest to return to normal?

the chest compressions should move the thorax about 1.5 to 2 inches in depth

21)How long do you provide chest compressions?

a set of chest compressions is about 30 pumps with 2 breaths after. about 5 chest compressions should be done or until the AED tells you to back away because it will shock patient. there will be at least 100 compressions per minute. when AED finishes shock, start compressions again and repeat process until emergency help arrives.

22)Identify 5 key words from 69-1 in text that are related in use of the automatic external defibrillator.

30 compressions to 2 breaths for adults and children with 1 shock after 5 sets of compressions, dry patient chest quickly if wet and remove if in water, remove chest hair quickly don't touch patient when AED is analyzing or shocking

31)Identify 3 measures to prevent aspirations of objects during dental treatment.

Placing patient in a supine position with a closed throat, equipment on low speed and attaching long piece of floss to small objects and letting it hang outside of mouth.

32)what is happening if your patient suddenly looks distressed , tries to sit up in dental chair and touches his/her neck?

33)Define dyspnea

-Heavy forced breathing meaning inadequate or not enough oxygen in blood circulation

34)Describe patient actions with "mild" airway obstruction

The patient will have good air exchange but coughing and irregular breathing

35)What are the signs of "severe" airway obstruction?

Poor airway exchange, difficulty breathing and unable to talk, silent cough and cyanosis or blue skin.

36)If patient is in distress and coughing but he or she appears to have good air exchange, what should you do?

allow the patient with mild obstruction to continue coughing in hopes that obstructive object will come out

37)Your patient begins gasping and making sounds when he or she breathes in but the cough is not strong enough to expel the object and the patient panics. what should you do?

Calmly ask patient if he or she is choking and if they say yes, begin manual abdominal thrusts to relieve object from patient.

38)Describe chest thrusts used to manage airway obstruction.

Stand behind patient and place hands. one over other, over diaphragm and forcefully apply pressure to force air out of lungs upwards.

39)When is finger sweep performed?

only when object is visible after checking mouth

40)What steps are followed when foreign body airway obstruction occurs in an unconscious patient?

-Open airway

-stand behind facing chair if in chair

-hold heel of hand over upper abdomen with other hand on top

-apply 5 thrusts and several ventilations, and repeat whole process

41)What is the term for insufficient oxygenation of the blood?

hypoxemia

42)What is diminished oxygen in body tissues?

hypoxia

43)What two ways is delivery of oxygen contraindicated?

chronic obstructive lung disease, and hyperventilation

44)If your patient is not breathing, positive pressure oxygen delivery is indicated and a bag mask or oxygen tank is used to deliver 90% to 100% oxygen.

45)If a regular face mask oxygen delivery system is used, 8 to 12 liters/min and 60% oxygen is delivered to patient

46)If the patient is breathing and needs only low levels of oxygen, the use of a nasal cannula device is indicated. supplemental oxygen is started at 2 to 6 liter/min

47)If a bag mask device is used, the bag is compressed at 5 to 6 second interval for adults and 3 second intervals for a child

48)What should you do if the patient's chest does not rise and fall after applying oxygen delivery system?

re-check airway and call EMS and continue with airway obstruction management

49)What are the steps for turning on an oxygen tank and using an oxygen delivery system?

-attach delivery system to tank

-turn key on top of tank in counter clock wise to open flow

-read low flow regulation knob

-if need to increase, turn in direction arrow says

-attach oxygen delivery system to patient.