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Den 1200 - D206

Professor Ochiogrosso

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Journal Entry #3 - Cubicle 14B

1. Demographics:

* New patient C.R. is a 28-year-old male that is a Medium/type I.

2) Assessment:

1. C.R. is an ASA I. Blood pressure is 123/78, pulse per minute is 74
2. No history of smoking or tobacco use.
3. No use of any premedication.
4. No systemic conditions present.
5. No prescription medication and no over the counter medication.

3) Oral Pathology:

1. Extraorally no significant findings. Intraoral findings include ankyloglossia with no symptoms. Patient does not have any problems with range of motion of the tongue or speech impairment.

4) Dentition:

1. Angle’s classification of occlusion is class I on the left side and class II on the right. Overjet is 5mm and overbite is 65%; attrition found on incisal edges of #6, #7,#10,#11,#22,#23,#24,#25,#26,#27. There is also a composite restoration on the occlusal surface of #2, #3, #14, #15, #19 and #30. Existing sealants were found on the occlusal surfaces of #18 and #31.
2. No tooth anomalies.
3. C.R. is a LOW caries risk patient.

5) Periodontal:

1. C.R. is a Medium/I case type. Probing depths are localized 4mm posterior regions and generalized 3mm or less elsewhere; minimal bleeding on probing.
2. Generalized uniform pink, localized slight inflammation on interproximal posterior linguals.

6) Oral Hygiene:

1. Initial plaque index score is 1.16 (Fair). Second Plaque index score is 1.33 (Fair).
2. Areas where calculus were found includes mostly localized in posterior teeth and lower anterior. Majority of the calculus detected was medium supragingival and some medium subgingival towards the posterior.
3. The planned oral hygiene interventions based on the findings include removing all medium calculus from the surfaces of the above teeth and teaching the patient to utilize proper flossing technique with string floss at least once a day to remove biofilm interproximally. I also recommended the patient to purchase an electric toothbrush and taught him the gentle gliding motion of brushing with an electric toothbrush.

7) Radiographs:

1. Yes, the patient requires an FMS.
2. No, the radiographs were not available during data collection.
3. Radiographs were not taken at this time.

8) Treatment Management - Utilizing the Patient Concept Map

1. My treatment plan is to educate the patient on proper brushing and flossing technique, followed by FMS, whole mouth debridement and coronal engine polishing with a fine grit paste. On the initial visit I was able to complete EO/IO, dental charting perio charting, PI, sign the treatment plan and begin hand scaling on quadrant 1. On the 2nd revisit, I completed the 2nd PI, hand scaling the whole mouth, and engine polishing with fine paste.
2. No medical, social or psychological factors that impacted treatment.
3. Patient home care goals include using proper flossing technique and flossing at least once a day before brushing to break up and remove biofilm attachment interproximally. C.R. prefers to use string floss for cleaning interproximally but I also recommended using floss picks as an alternative. I advised him to rinse the floss pick with running water or a cup of mouthwash to prevent cross contamination between each interproximal space.
4. The patient showed interest in my instruments and was eager to see the calculus build-up that he has accumulated over the past several months since his last cleaning.
5. Yes, the patient was very interested in his oral health as treatment progressed because I was happy to show him all the plaque and medium calculus removed from his teeth during scaling. When I disclosed my patient, it became an important opportunity to show him all the areas that required more attention such as the posterior and anterior linguals and interproximally.
6. The patient’s gingival tissue on the initial visit was described as generalized uniform pink, localized slight inflammation on interproximal posterior linguals. On the second and last visit, the localized inflammation was the same with marginal redness on the interproximal posterior and anterior linguals.
7. As treatment progressed, I advised the patient to focus his brushing on the linguals of each tooth because the disclosing solution was pinker on posterior and anterior linguals. Now that the patient is aware that he needs to focus more on the lingual aspects of his teeth he also understands that brushing gently will prevent recession of his gingiva.
8. No referrals were required.
9. No, I would not have changed any part of my treatment plan or patient education plan. I believe that I covered every aspect according to the needs of the patient. Considering that his inflammation was minimal and caries status was low; this treatment plan thoroughly accommodates this patient according to his needs.

9) Reflection:

1. Yes, I have accomplished everything as planned for this patient except for the FMS. This semester we are not allowed to take a FMS during clinic time and this patient was not available for me to take an FMS during Radiology Lab.
2. According to faculty feedback, I believe my strengths were perio probing and calculus detection. All probing depths were within the 1mm range and was praised during feedback. Calculus detection was also confirmed by faculty despite one or two spots that was deep subgingivally.
3. My clinical weakness for this patient was working too quickly when hand scaling. At the time I did not realize my poor angulation of the cutting edge, because of this I had 4 areas that required rescaling. Before proceeding to the next quadrant, I should pace myself and go over each tooth with the explorer to be sure that all calculus has been removed before moving on to the next tooth. Sometimes I would find it easier to hand scale with a rigid curette or sickle first, followed by finishing with a 11/12 and/or 13/14 Gracey curette and lastly, I would use the explorer to find any residual calculus.