

**NEW YORK CITY COLLEGE OF  
TECHNOLOGY  
DEPARTMENT OF DENTAL HYGIENE  
DEN2300 CASE PRESENTATION**

SHEELA ALBURQUERQUE

FALL 2019



## PATIENT PROFILE

- ❑ Mrs. A is 58-year-old Hispanic female.
- ❑ Middle-class, teacher's assistant and lives in Manhattan with her husband and her youngest daughter out of her total four children. She has dental insurance but has not been to see a dentist in a few years.
- ❑ Her last dental exam was over 2 years ago. Her last dental prophylaxis was at NYCCT clinic with me in April 2018.
- ❑ Patient states she brushes 2x daily with a manual toothbrush. Flosses 1x wkly. Uses mouth rinse 1x daily.

## CHIEF COMPLAINTS:

- PATIENT STATES SHE IS “HERE FOR MOUTH CLEANING AND CHECKUP
- OTHERWISE NO PROBLEMS STATED BY PATIENTS

# HEALTH HISTORY OVERVIEW

- B/P: 150/80
- P: 80
- ASA: II
- Health Conditions: none drinker & none smoker. Hypertension.
- Current medications: Norvasc 10mg once daily at night
- No Allergies
- No surgeries or hospitalizations within the last 5 years

# HYPERTENSION

- ❑ A completed and detailed medical history along with history of any hypertensive medications should be taken at time of visit.
- ❑ Hypertension also known as High Blood Pressure or “Silent Killer”, a common condition caused gradually over many years, where the blood flow through your veins or arteries are at a higher than normal pressure.
- ❑ Patients with blood pressure  $>140$ mm Hg SBP and/or  $>90$  mmHG DBP
- ❑ Hypertension risk factors include age, race, obesity, drinking too much alcohol, smoking, too much salt in your diet, stress and sleep apnea.
- ❑ Signs: some may experience headaches, shortness of breath or nose bleeds.

<https://www.mayoclinic.org/diseases-conditions/high-blood-pressure/symptoms-causes/syc-20373410>

# MANAGEMENT OF HYPERTENSION

- Lifestyle changes can help control blood pressure like eating a heart- healthy diet with less salt, getting regular exercise, maintaining a healthy weight and limiting alcoholic drinks.
- In some cases life style changes may not be enough and medication may be needed to treat high blood pressure ex: diuretics, ACE inhibitors, angiotensin receptor blockers and calcium channel blockers.
- Patient stated she is compliant in taking her medication daily.

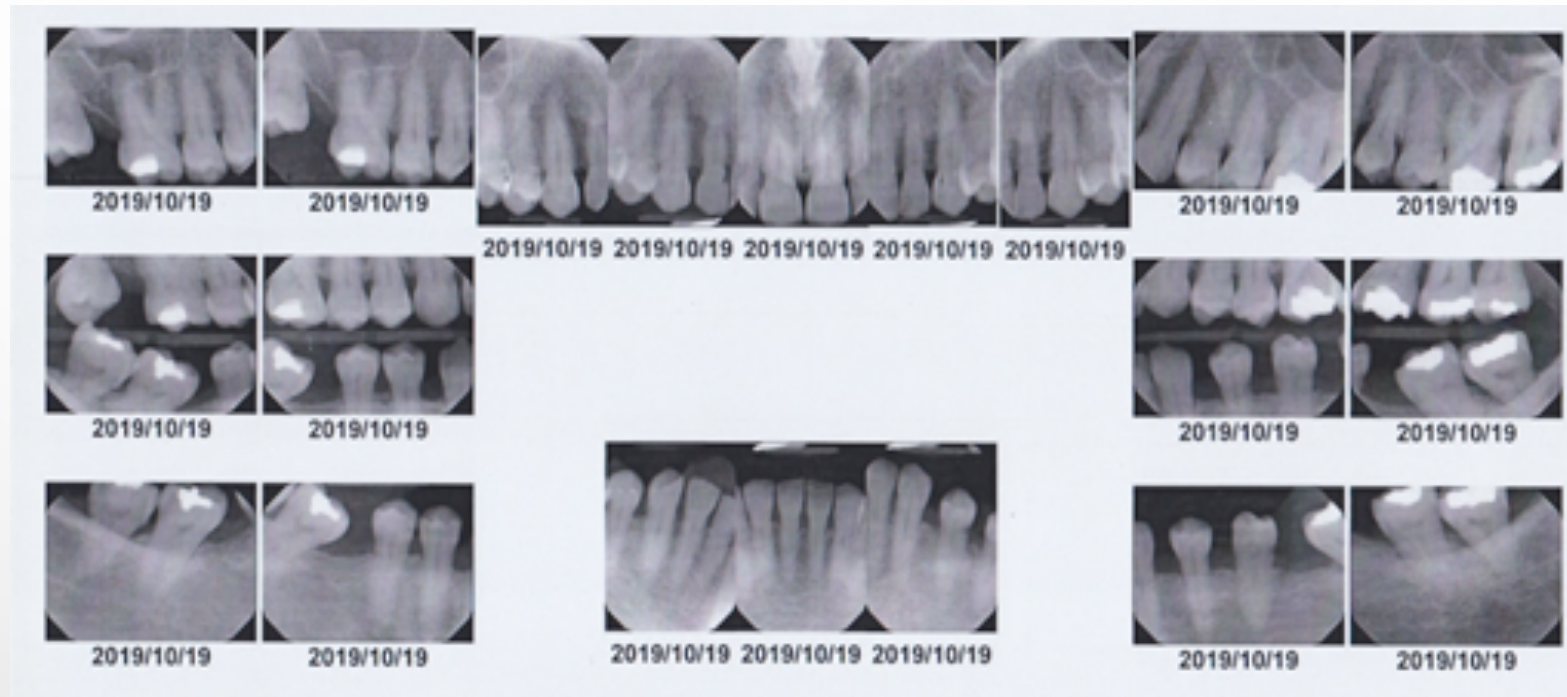
<https://www.mayoclinic.org/diseases-conditions/high-blood-pressure/diagnosis-treatment/drc-20373417>

# DENTAL HYGIENE MANAGEMENT OF HIGH BLOOD PRESSURE

- Blood pressure should be measured at every appointment, before or during treatment based on patients medical history
- Chair position should more of upright position not so much semi supine. Bring chair up slowly.
- Xerostomia may be present due to medications/ Fluoride treatment can be helpful.
- Local Anesthesia 2% lidocaine 1:100,000 epinephrine is permissible to use for patient.
- Reduce stress, anxiety and gag reflux during dental visit

<https://www.rdhmag.com/patient-care/article/16408260/safe-standards-for-high-blood-pressure>

# RADIOGRAPHS



- ❑ Incipient caries noted on #32-D
- ❑ Localized moderate calculus sub/supra deposits #22-27
- ❑ Generalized moderate horizontal bone loss, localized vertical bone loss and localized advanced bone loss upper left molar area #14-17



# SUMMARY OF CLINICAL FINDINGS

- E/O: SMALL MACULES GENERALIZED THROUGHOUT FACE- PT. STATES SHE HAS HAD ALL HER LIFE AND THEY HAVE NOT CHANGED.
- I/O: BILATERAL MANDIBULAR TORI. POSTERIOR LINEA ALBA BILATERAL, ,2MM SMALL RED BUMPS ON RIGHT ANTERIOR DORSAL PORTION OF TONGUE- NO CHANGE FROM LAST VISIT 4/2018.
- CLASS III ANGLES OF OCCLUSION. OVERJET 1MM. OVERBITE 20%
- DEPOSITS: LOCALIZED MODERATE CALCULUS SUB/SUPRA DEPOSITS ON #22-27

# DENTAL CHARTING



- Missing teeth #2, #19, #30
- Composite restorations #3, #14, #15, #16, #17, #18, #31, #32 occlusal surface
- Rotated tooth #20
- Attrition #6, #8, #9, #11, #22-#26
- Abfraction #12, #20-22, #27-29
- Recession #1, #3-5, #14-18, #31-32

# CARIES RISK ASSESSMENT

ADA American Dental Association\*  
America's leading advocate for oral health

## Caries Risk Assessment Form (Age >6)

Patient Name: [REDACTED]  
 Birth Date: 11/10/1960 Date: 10/19/19  
 Age: 59 Initials:

	Low Risk	Moderate Risk	High Risk
<b>Contributing Conditions</b> Check or Circle the conditions that apply			
I. Fluoride Exposure (through drinking water, supplements, professional applications, toothpaste)	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
II. Sugary Foods or Drinks (including juice, carbonated or non-carbonated soft drinks, energy drinks, medicinal syrups)	Primarily at mealtimes <input checked="" type="checkbox"/>		Frequent or prolonged between meal exposures/day <input type="checkbox"/>
III. Caries Experience of Mother, Caregiver and/or other siblings (for patients ages 6-14)	No carious lesions in last 24 months <input checked="" type="checkbox"/>	Carious lesions in last 7-23 months <input type="checkbox"/>	Carious lesions in last 6 months <input type="checkbox"/>
IV. Dental Home: established patient of record, receiving regular dental care in a dental office	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
<b>General Health Conditions</b> Check or Circle the conditions that apply			
I. Special Health Care Needs (developmental, physical, medical or mental disabilities that prevent or limit performance of adequate oral health care by themselves or caregivers)	<input checked="" type="checkbox"/> No	Yes (over age 14) <input type="checkbox"/>	Yes (ages 6-14) <input type="checkbox"/>
II. Chemo/Radiation Therapy	<input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes
III. Eating Disorders	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes	
IV. Medications that Reduce Salivary Flow	<input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes	
V. Drug/Alcohol Abuse	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes	
<b>Clinical Conditions</b> Check or Circle the conditions that apply			
I. Cavitated or Non-Cavitated (incipient) Carious Lesions or Restorations (visually or radiographically evident)	No new carious lesions or restorations in last 36 months <input type="checkbox"/>	1 or 2 new carious lesions or restorations in last 36 months <input checked="" type="checkbox"/>	3 or more carious lesions or restorations in last 36 months <input type="checkbox"/>
II. Teeth Missing Due to Caries in past 36 months	<input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes
III. Visible Plaque	<input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes	
IV. Unusual Tooth Morphology that compromises oral hygiene	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes	
V. Interproximal Restorations - 1 or more	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes	
VI. Exposed Root Surfaces Present	<input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes	
VII. Restorations with Overhangs and/or Open Margins, Open Contacts with food impaction	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes	
VIII. Dental/Orthodontic Appliances (fixed or removable)	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes	
IX. Severe Dry Mouth (Xerostomia)	<input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes

Overall assessment of dental caries risk:  Low  Moderate  High

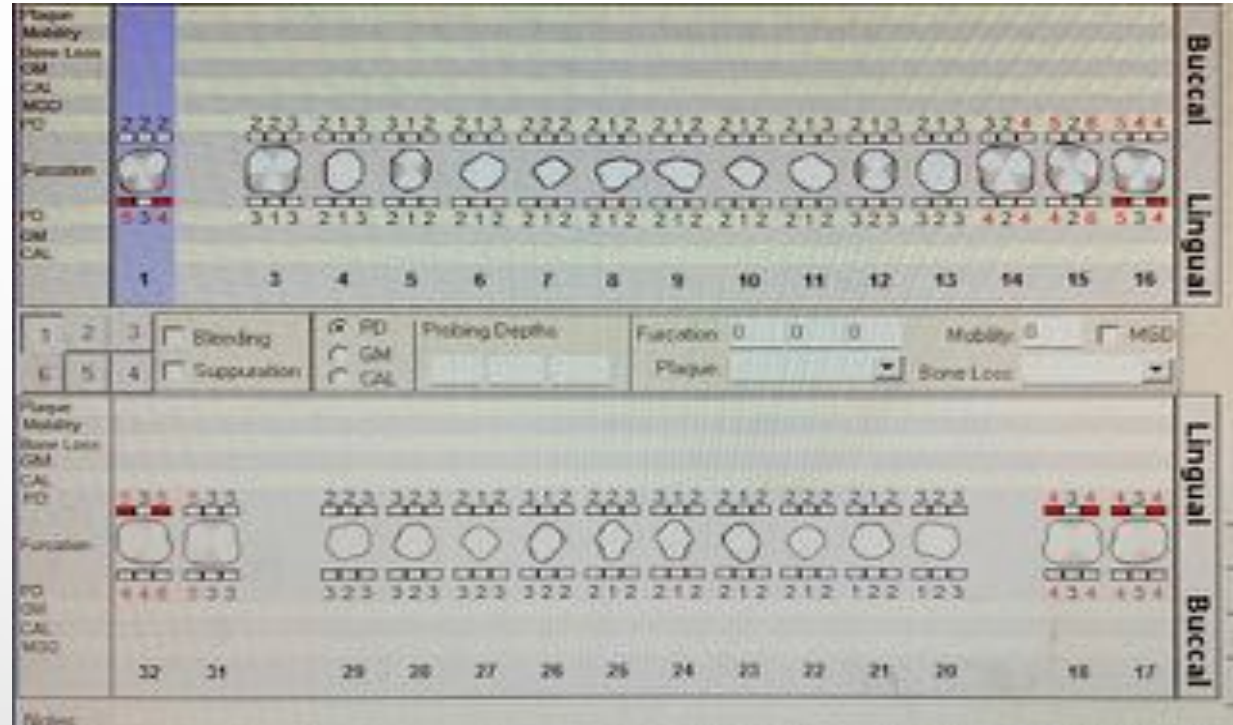
Patient Instructions: *Brush with toothpaste 2-3 min / every 4-6 months to re-evaluate caries risk, may be done as a baseline reference for new pts or if there is suspicion of high caries risk challenge and to assess efficacy of pre-emptive care / Per Salivary test done by hand / gum / candy / CTCFL - cat. toothpaste with daily / 1-2 fl. oz. varnish 4-6 times weekly / discuss proper toothbrush / Salivary test + fluoride*

- Radiographic evidence of incipient caries #32-D
- Caries Risk Assessment showed patient at moderate risk for caries

# GINGIVAL DESCRIPTION AND PERIODONTAL STATUS

- ❑ PERIODONTAL STATUS PD 4-5MM POCKETS AND #15 6MM POCKET, MODERATE BOP, RADIOGRAPHIC EVIDENCE OF BONE LOSS
- ❑ GINGIVA IS PALE PINK, ENLARGED, ROLLED GINGIVAL MARGIN POSTERIORLY, GENERALIZED RECESSION, BOP MOSTLY POSTERIORLY

# PERIODONTAL CHARTING



❑ Perio Type II Localized Type III #15

# DENTAL HYGIENE DIAGNOSIS

- ❑ ACTIVE PERIO TYPE II, LOCALIZED III/M, DUE TO GENERALIZED RECESSION
- ❑ MODERATE RISK FOR CARIES

# DENTAL HYGIENE CARE PLAN

- V1: REVIEWED MEDICAL HISTORY, COMPLETED ASSESSMENTS, TX PLAN, CAMBRA, EXPOSED FMS. (SHORTENED CLINIC DAY)
- V2: REVIEWED MEDICAL HISTORY, PI, OHI: FLOSSING. SCALED UR/LR USING ULTRASONIC AND HAND INSTRUMENTS.
- V3: RE-EVALUATE UR/LR, PI, OHI: MOUTH RINSE. SCALED UL/LL USING ULTRASONIC AND HAND INSTRUMENTS. ENGINE POLISH WITH FINE GRIT PASTE. NAF5% VARNISH APPLIED

# CONSENT FOR TREATMENT PLAN

Visit Type	Case value	1	2	3	4
Visit 1 Date	Case value	Visit 1 Date	Visit 2 Date	Visit 3 Date	Visit 4 Date
Patient		Patient	Patient	Patient	Patient
Education		Education	Education	Education	Education
<input checked="" type="checkbox"/> TB manual <input type="checkbox"/> power assisted		<input type="checkbox"/> TB manual <input type="checkbox"/> power assisted	<input checked="" type="checkbox"/> TB manual <input type="checkbox"/> power assisted	<input type="checkbox"/> TB manual <input type="checkbox"/> power assisted	<input type="checkbox"/> TB manual <input type="checkbox"/> power assisted
<input type="checkbox"/> Interdental Aid		<input checked="" type="checkbox"/> Interdental Aid <i>Hand</i>	<input type="checkbox"/> Interdental Aid	<input type="checkbox"/> Interdental Aid	<input type="checkbox"/> Interdental Aid
<input type="checkbox"/> Occlusal		<input type="checkbox"/> Occlusal	<input type="checkbox"/> Occlusal	<input type="checkbox"/> Occlusal	<input type="checkbox"/> Occlusal
<input type="checkbox"/> Retax type		<input type="checkbox"/> Retax type	<input type="checkbox"/> Retax type	<input checked="" type="checkbox"/> Retax type <i>Wedge</i>	<input type="checkbox"/> Retax type
Radiographs: <input type="checkbox"/> Digital <input type="checkbox"/> Film		Radiographs: <input type="checkbox"/> Digital <input type="checkbox"/> Film	Radiographs: <input type="checkbox"/> Digital <input type="checkbox"/> Film	Radiographs: <input type="checkbox"/> Digital <input type="checkbox"/> Film	Radiographs: <input type="checkbox"/> Digital <input type="checkbox"/> Film
<input checked="" type="checkbox"/> FMS <input type="checkbox"/> BWS (VTR) <input type="checkbox"/> Pan		<input type="checkbox"/> FMS <input type="checkbox"/> BWS (VTR) <input type="checkbox"/> Pan	<input type="checkbox"/> FMS <input type="checkbox"/> BWS (VTR) <input type="checkbox"/> Pan	<input type="checkbox"/> FMS <input type="checkbox"/> BWS (VTR) <input type="checkbox"/> Pan	<input type="checkbox"/> FMS <input type="checkbox"/> BWS (VTR) <input type="checkbox"/> Pan
Debridement		Debridement	Debridement	Debridement	Debridement
<input type="checkbox"/> Quadrant <i>DR</i>		<input type="checkbox"/> Quadrant <i>DR</i>	<input type="checkbox"/> Quadrant <i>DR</i>	<input type="checkbox"/> Quadrant <i>DR</i>	<input type="checkbox"/> Quadrant
<input type="checkbox"/> Whole Mouth		<input type="checkbox"/> Whole Mouth	<input type="checkbox"/> Whole Mouth	<input type="checkbox"/> Whole Mouth	<input type="checkbox"/> Whole Mouth
Pain Management		Pain Management	Pain Management	Pain Management	Pain Management
<input type="checkbox"/> Topical		<input type="checkbox"/> Topical	<input type="checkbox"/> Topical	<input type="checkbox"/> Topical	<input type="checkbox"/> Topical
<input type="checkbox"/> Opioid		<input type="checkbox"/> Opioid	<input type="checkbox"/> Opioid	<input type="checkbox"/> Opioid	<input type="checkbox"/> Opioid
<input type="checkbox"/> Local Anesthesia		<input type="checkbox"/> Local Anesthesia	<input type="checkbox"/> Local Anesthesia	<input type="checkbox"/> Local Anesthesia	<input type="checkbox"/> Local Anesthesia
Carinal		Carinal	Carinal	Carinal	Carinal
Polish:		Polish:	Polish:	Polish:	Polish:
<input type="checkbox"/> Ergo		<input type="checkbox"/> Ergo	<input type="checkbox"/> Ergo	<input checked="" type="checkbox"/> Ergo	<input type="checkbox"/> Ergo
<input type="checkbox"/> Air Polisher Agent		<input type="checkbox"/> Air Polisher Agent	<input type="checkbox"/> Air Polisher Agent	<input type="checkbox"/> Air Polisher Agent	<input type="checkbox"/> Air Polisher Agent
Other		Other	Other	Other	Other
<input type="checkbox"/> Topical Fluoride (Method and type)		<input type="checkbox"/> Topical Fluoride (Method and type)	<input type="checkbox"/> Topical Fluoride (Method and type)	<input checked="" type="checkbox"/> Topical Fluoride <i>Hand</i> (Method and type)	<input type="checkbox"/> Topical Fluoride (Method and type)

The findings of my examination have been explained to me and I authorize my dentist/ dental hygienist to perform the procedures outlined in the Patient Treatment plan. I understand that modifications to care and photographs may be necessary. The DHI student and/or clinical faculty provided a thorough discussion of the risks, benefits,



# IMPLEMENTATION

- ❑ PREVENTIVE SERVICES: REVIEWED WITH PATIENT OF THE IMPORTANCE OF DAILY GOOD ORAL HYGIENE BECAUSE WE NEED TO REMOVE ALL THE BUILD UP OF ANTIMICROBIALS. WE SET A GOAL TO TRY AND FLOSS 1X DAILY IF POSSIBLE, INSTEAD OF 1X WKLY. PATIENT AT PREVIOUS VISIT REPORTED IMPROVEMENT IN FLOSSING 1X DAILY OR EVERY OTHER DAY WHICH WAS AN IMPROVEMENT. SHE ALSO REPORTED USING LISTERINE DAILY WHICH HAS BEGAN TO BECOME A HABIT FOR HER. I EXPLAINED THAT THE BEST REGIMEN FOR HER WOULD BE TO BRUSH 2X DAILY, FLOSS 1X DAILY AND MOUTH RINSE 2X DAILY. REGULAR DENTAL EXAMS AND ORAL PROPHYLAXIS WITH FLUORIDE TREATMENT BECAUSE OF HER GENERALIZED RECESSION WITH EXPOSED ROOT AND MODERATE RISK FOR CARIES WOULD BENEFIT HER. PATIENT STATED SHE WOULD WORK ON TRYING TO GET AN ELECTRIC TOOTHBRUSH AS WELL.
- ❑ DEBRIDEMENT PERFORMED: HAND SCALED INSTRUMENTS USED WERE THE GRACEY 11/12 & 13/14 FOR DEEPER CALCULUS DEPOSITS AND POSTERIOR AND ANTERIOR SICKLE SCALERS TO ENSURE REMOVING ANY CALCULUS ALONG THE GINGIVAL MARGIN AND BIOFILM. I ALSO USED ULTRASONIC TO GO OVER ALL TEETH TO REMOVE ANY CALCULUS DEPOSITS AND DISRUPT BIOFILM.

## EVALUATION OF CARE- OUTCOME OF CARE

- THIS IS THE SECOND TIME I HAVE SEEN THIS PATIENT FOR RECARE. I HAVE NOTICED A BIG IMPROVEMENT FROM THE FIRST VISIT TO THIS RECARE VISIT. PATIENT HAS BEEN MORE COMPLIANT WITH BRUSHING MORE REGULARLY WHICH I THINK HAS IMPROVED HER CALCULUS CASE VALUE. SHE HAS MAINTAINED A CLEAN MOUTH IN BETWEEN VISITS SO I AM HOPEFUL SHE WILL CONTINUE.
- AT THIS RECENT VISIT PATIENT SEEMED MORE MOTIVATED AND DETERMINED TO CONTINUE WITH ALL HER ROUTINE ORALLY HYGIENE AT HOME AND IS NOW TRYING TO INCLUDE FLOSSING AND MOUTH RINSE TO HER DAILY ROUTINE WHICH I FEEL WILL HELP HER IN THE FUTURE AS WELL.
- I PREDICT HER NEXT VISIT WILL IMPROVE GREATLY BECAUSE OF HER MOTIVATION AND WILLINGNESS TO KEEP UP HER ROUTINE AT HOME.

# REFERRALS

- ❑ AN ADULT REFERRAL WAS GIVE TO PATIENT FOR GENERAL DENTAL EXAM AND SUSPICIOUS CARIES #32-D

# CONTINUED CARE RECOMMENDATIONS

- RECARE FOR PATIENT WAS GIVEN FOR 3 MONTHS.
- I WANTED TO FOLLOW UP IN 3MTHS TO SEE WHAT IMPROVEMENTS SHE HAS MADE AND IF SHE KEPT UP HER ROUTINE CARE AT HOME.
- THE PATIENT'S VISIT ON 4/2018, WAS A HEAVY CALCULUS CASE VALUE AND NOW AT THIS RECARE VISIT SHE WAS A MEDIUM CALCULUS CASE VALUE NOTING THERE HAS BEEN IMPROVEMENT.

# FINAL REFLECTION

- I FEEL LIKE I COULD HAVE WORKED BETTER WITH MY TIME MANAGEMENT. I WOULD HAVE LIKED TO FINISH THIS PERSON IN LESS THAN 3 VISITS. SHE DID NEED A FMS WHICH CAN TAKE A BIT LONGER BUT I STILL FEEL I SHOULD HAVE FINISHED THIS PATIENT SOONER.
- THE MORE EXPERIENCE I GET WITH EACH NEW PATIENT HAS HELPED ME IN MANAGING MY TIME BETTER AND I ONLY HOPE THIS CONTINUES SO I CAN BECOME MORE EFFICIENT.
- I WOULD LIKE TO IMPROVE MY CALCULUS DETECTION, WHICH AT TIME CAN BE HARD TO DETECT.
- MY SELF CONFIDENCE NEEDS TO IMPROVE AS WELL, WHICH I FEEL WITH TIME IT WILL.