

***NEW YORK CITY COLLEGE OF TECHNOLOGY
DEPARTMENT OF DENTAL HYGIENE DEN
2300 CASE PRESENTATION***

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12/01/2019

CHIEF COMPLAINTS

- Patient states that “ I don't like to smile because my teeth are not straight and stained.”
- He has crooked teeth, some yellow staining and calculus on the anterior portion of maxillary and mandibular teeth.
- Mr. F would like to get his teeth cleaned so that he doesn't have to hide his smile anymore. He would also like a referral to an orthodontist to get his teeth straightened.

PATIENT PROFILE



- Mr. JF is a 30 year-old Hispanic male.
- Low-class, lives with his grandmother in a Spanish dominated neighborhood. He currently has Medicaid as his insurance.
- His last dental exam was a little over two years ago. He had a panorax radiograph taken at the time.
- Pt states he brushes 2 times per day with a medium manual toothbrush, using Colgate total toothpaste. Pt does not floss and does not use mouth wash.

HEALTH HISTORY OVERVIEW

Blood pressure : 125/84, Pulse 65, ASA II

Medical conditions:

- Patient has a history of asthma sine he was 6 years old.

Current Medications:

- Ventolin HFA 90 mcg, 2 puffs taken as needed for treatment of asthma.
- Wynn, BSPPharm, PhD, Richard I, et al. *Drug Information Handbook for Dentistry*. 24th ed., Walters Kluwer, 2018.

ASTHMA

- ACCORDING TO *MAYOCLINIC.COM* ASTHMA IS A CONDITION IN WHICH YOUR AIRWAYS NARROW AND SWELL AND PRODUCE EXTRA MUCUS. THIS MAKES IT HARD TO BREATHE AND CAN BE A NUISANCE IN YOUR EVERYDAY LIFE. MORE THAN 25 MILLION AMERICANS HAVE ASTHMA.
- AS STATED IN *CDC.COM* THERE IS NO KNOWN ETIOLOGY OF ASTHMA BUT GENETIC, ENVIRONMENTAL AND OCCUPATIONAL FACTORS HAVE BEEN LINKED TO DEVELOPING ASTHMA.
- SOME EXAMPLES ARE IF YOUR SOMEONE IN YOUR IMMEDIATE FAMILY HAS ASTHMA YOU ARE MORE LIKELY TO DEVELOP IT AS WELL.

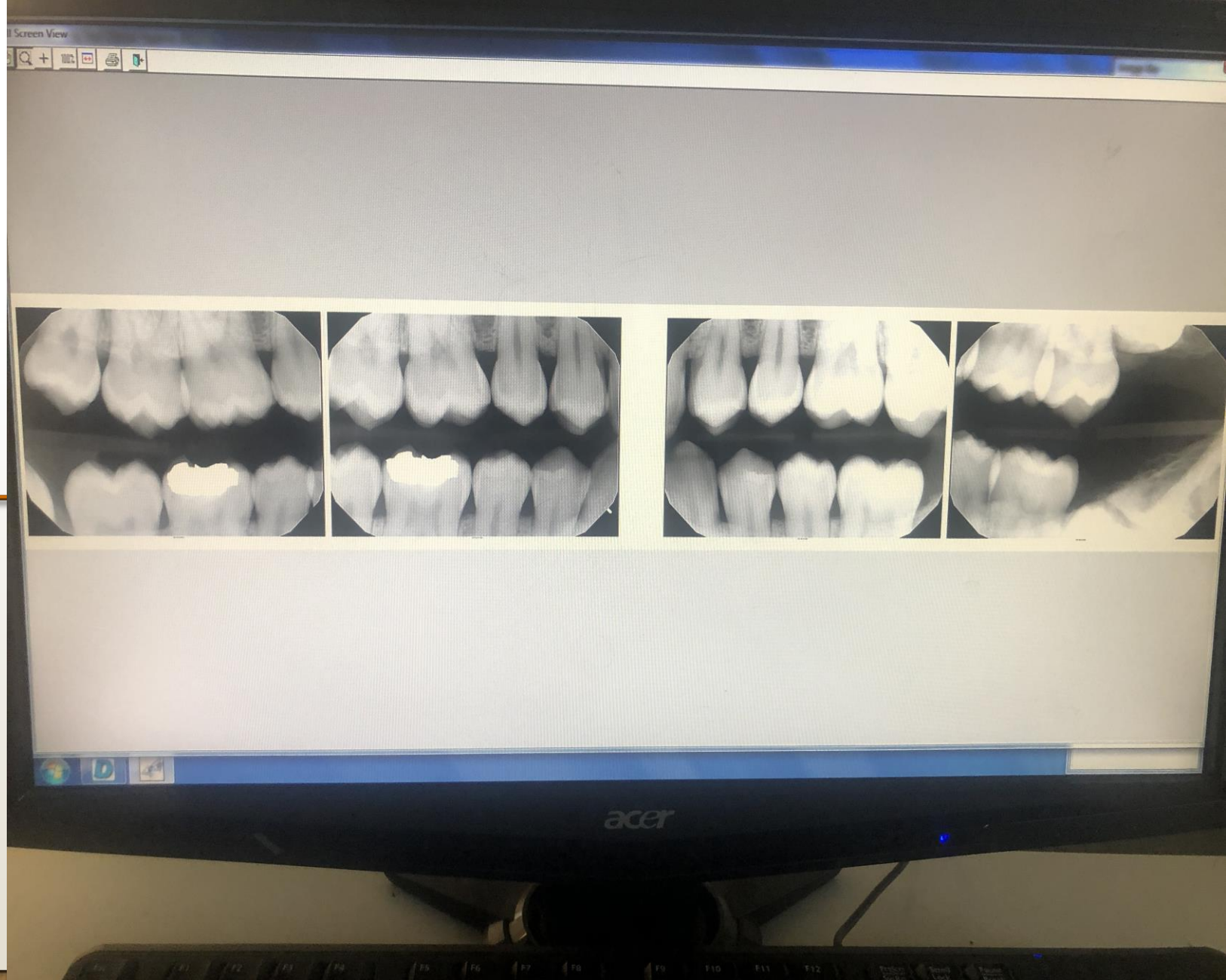
SOME ENVIRONMENTAL EXPOSURES INCLUDED MILDEW, DUST OR MOLD CAN TRIGGER AN ASTHMA ATTACK.
- OCCUPATIONAL ASTHMA CAN OCCUR WHEN A PERSON WHO NEVER HAD ASTHMA HAS AN EPISODE WHEN EXPOSED TO SOMETHING AT WORK SUCH AS WOOD DUST OR CHEMICALS USED AT WORK IN HIGH LEVELS.
- "ASTHMA FAQs." *CENTERS FOR DISEASE CONTROL AND PREVENTION*, CENTERS FOR DISEASE CONTROL AND PREVENTION, 6 SEPT. 2019, WWW.CDC.GOV/ASTHMA/FAQS.HTM.
- "ASTHMA." *MAYO CLINIC*, MAYO FOUNDATION FOR MEDICAL EDUCATION AND RESEARCH, 13 SEPT. 2018, WWW.MAYOCLINIC.ORG/DISEASES-CONDITIONS/ASTHMA/SYMPTOMS-CAUSES/SYC-20369653.

HOW CONDITION IS MANAGED

- Suggested Treatment for asthma include recognizing your triggers and trying to reduce them or avoid them all together especially if you asthma is allergy induced.
- There are a variety of medication to help with asthma so make sure you and your health care provider formulate a plan about your asthma and medication and know when you should take them.
- If severe it's suggested you take your inhaled corticosteroids daily to help reduce inflammation to control the disease.

COMPREHENSIVE ASSESSMENTS: HBWS RADIOGRAPHS

- Radiographs reveal amalgam composite is present and intact.
- Radiographs reveal third molars are present.
- Radiographs does reveal some areas bone loss on UR quadrant.

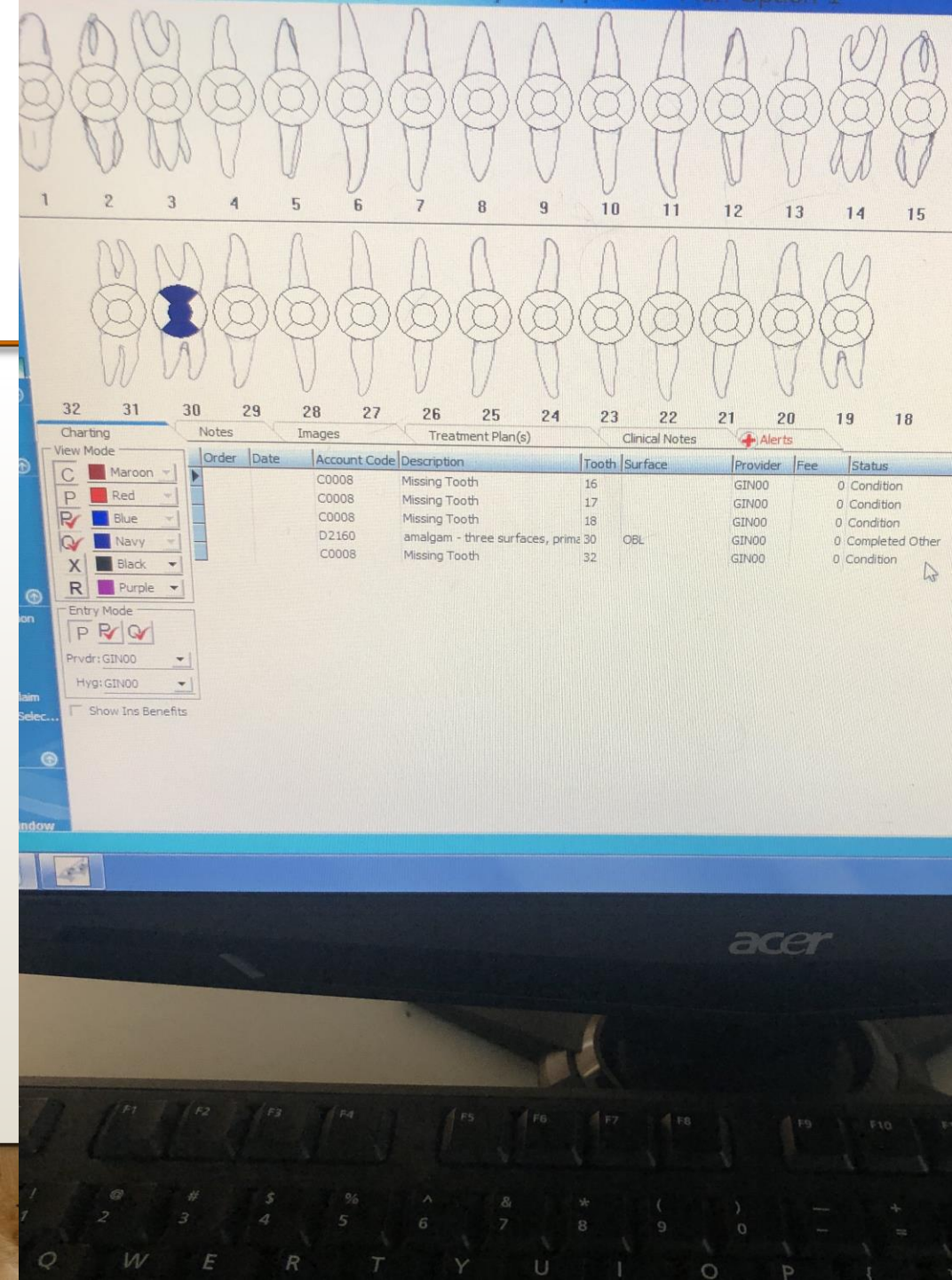


SUMMARY OF CLINICAL FINDINGS

- Extra oral and intra oral Examinations: Generalized minute amount of $\frac{1}{2}$ mm brown round moles on head and neck. Enlarged movable swollen submandibular lymph node on right side. $\frac{3}{4}$ light brown round birthmark under right eye.
- Bilateral class II division II occlusion. Fordyce granules bilaterally on maxillary labial mucosa. Bilateral linea alba. Right side keratinized tissue due to biting. Left side on ventral side on tongue-2x2mm red flat round area (appears to be an aphthous ulcer), asymptomatic to patient. Elongated uvula, patient reports snoring while sleeping sometimes.

DENTAL CHARTING

- Reveals OBL amalgam restoration is present.
- #17 and #32 clinically missing.
- 8mm overjet, 90% overbite.
- Localized attrition on mandibular anteriors.



CARRIES RISK ASSESSMENT

- Patient is at low risk for caries.
- Patient carries a high cariogenic low acidic diet.
- No present carries detected during clinical evaluation.
- Patient is implementing the oral hygiene instructions taught in previous appointment.

GINGIVAL DESCRIPTION AND PERIODONTAL STATUS

- Gingival description: Generalized with mild inflammation, stippled and resilient. Generalized bulbous interdental papilla with rolled gingival margins and bleeding.
- Type II active periodontal disease due to some radiographic bone loss and generalized 2-5mm pocket depths and moderate amount of bleeding when probing.

Periodontal Disease



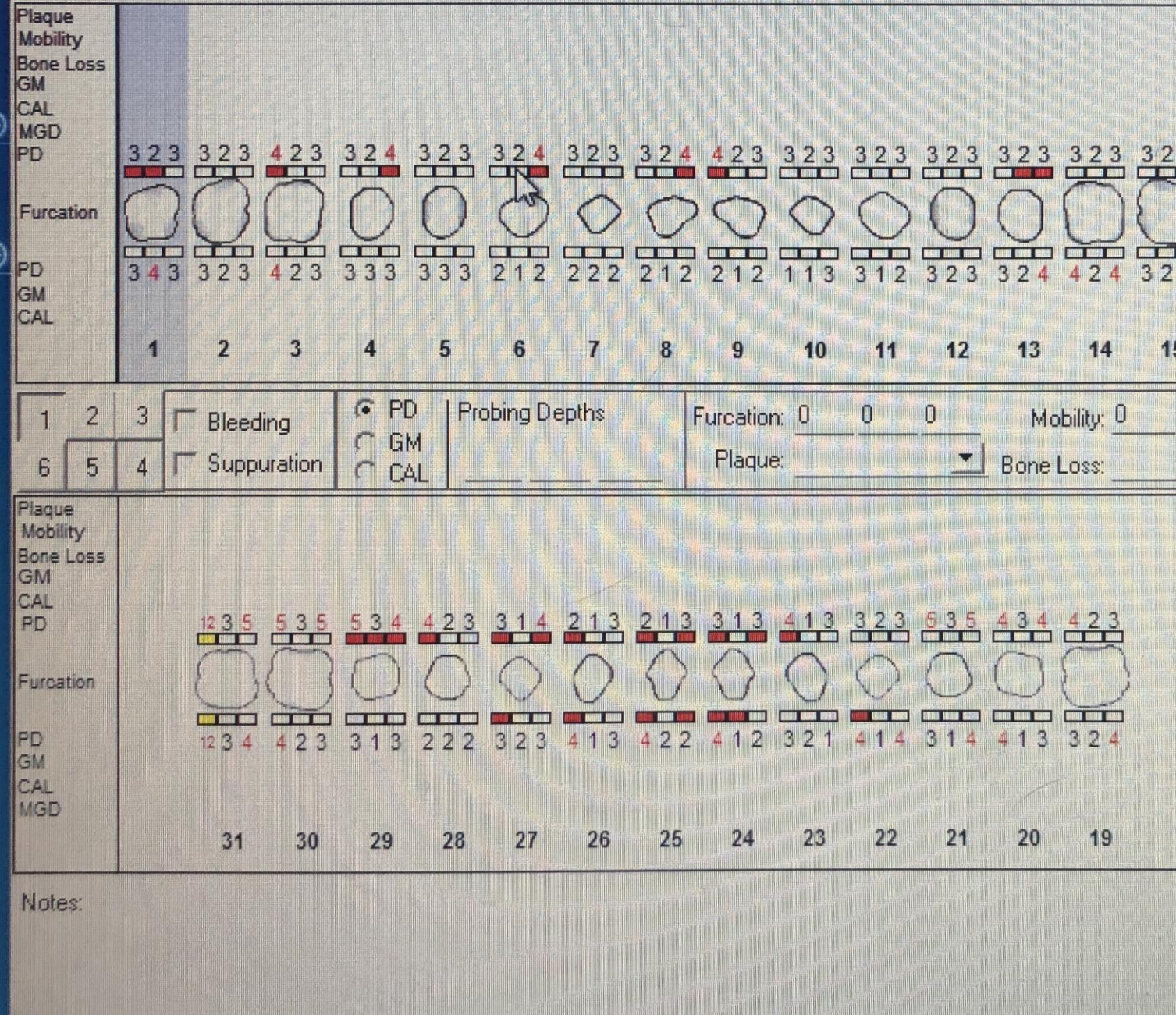
Diseased Gums



Healthy Gums

PERIODONTAL CHARTING

- Generalized 2-5mm pocket depths with localized 12mm pocket depths on tooth #31 with purulent exudate present when probing.

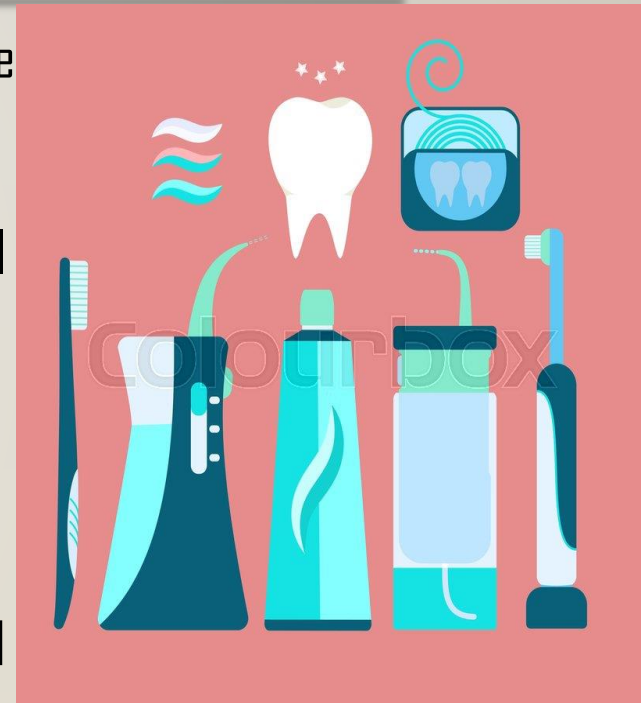


DENTAL HYGIENE DIAGNOSIS

- Periodontal Diagnosis: Type I active periodontal disease due to generalized 2-5mm pocket depths with bleeding upon probing. Along with localized 12mm pocket depth with purulent exudate upon probing.
- Carries Risk: Patient is at low risk for carries due to high cariogenic and low acidic diet. Patient also states he will be implementing the oral hygiene instructions given during previous appointment.

DENTAL HYGIENE CARE PLAN

- For Mr. JF I am planning on completing his treatment in two visit. Due to his systemic disease I will be cautious on over exerting this patient and give him frequent breaks as to no overwhelm him.
- On the first visit I plan on completing all assessments as well as expose digital Horizontal bitewings. I plan on introducing the patient on how to floss as an interdental aid.
- I plan on using Oraqix for pain management and scaling the UL/LL quadrants with the ultrasonic and hand instrument's.
- On the second visit I plan on teaching the proper way to use a manual tooth brush using the modified Stillman due to inflammation on gingival margins. I also plan on scaling the UR/LR quadrants using the hand instruments and ultrasonic and finish with and engine polish and topical fluoride.



CONSENT FOR TREATMENT PLAN

DEN2900 PROPOSED TREATMENT PLAN FOR ADOLESCENT

<p>Visit 1: <u>10-15-19</u> (Date)</p> <p>Patient Education: <input type="checkbox"/> TB manual <input type="checkbox"/> power assisted <input checked="" type="checkbox"/> Interdental Aid <u>PLOSS</u> <input type="checkbox"/> Toothpaste _____ <input type="checkbox"/> Rinse _____</p> <p>Radiographs: Digital <input type="checkbox"/> FMS <input checked="" type="checkbox"/> BWS (V/H) <input checked="" type="checkbox"/> Pan</p> <p>Debridement: <input checked="" type="checkbox"/> Quadrant(s) <u>UR, UL</u> <input type="checkbox"/> Whole Mouth _____</p> <p>Pain Management: <input checked="" type="checkbox"/> Topical <input checked="" type="checkbox"/> Oraqix <input type="checkbox"/> Local Anesthesia <input type="checkbox"/> Engine <input type="checkbox"/> Air Polisher: Agent _____</p> <p>Other: <input type="checkbox"/> Topical Fluoride: _____ <input type="checkbox"/> Arestin: _____ <input type="checkbox"/> Sealant(s): _____ <input type="checkbox"/> Impressions _____</p>	<p>Visit 2: <u>10-23-19</u> (Date)</p> <p>Patient Education: <input checked="" type="checkbox"/> TB manual <input type="checkbox"/> power assisted <input type="checkbox"/> Interdental Aid _____ <input type="checkbox"/> Toothpaste _____ <input type="checkbox"/> Rinse _____</p> <p>Radiographs: Digital <input type="checkbox"/> FMS <input checked="" type="checkbox"/> BWS (V/H) <input type="checkbox"/> Pan</p> <p>Debridement: <input type="checkbox"/> Quadrant(s) <u>LR, UR</u> <input type="checkbox"/> Whole Mouth _____</p> <p>Pain Management: <input checked="" type="checkbox"/> Topical <input type="checkbox"/> Oraqix <input type="checkbox"/> Local Anesthesia <input checked="" type="checkbox"/> Engine <input type="checkbox"/> Air Polisher: Agent _____</p> <p>Other: <input checked="" type="checkbox"/> Topical Fluoride: _____ <input type="checkbox"/> Arestin: _____ <input type="checkbox"/> Sealant(s): _____ <input type="checkbox"/> Impressions _____</p>	<p>Visit 3: _____ (Date)</p> <p>Patient Education: <input type="checkbox"/> TB manual <input type="checkbox"/> power assisted <input checked="" type="checkbox"/> Interdental Aid <input type="checkbox"/> Toothpaste _____ <input type="checkbox"/> Rinse _____</p> <p>Radiographs: Digital <input type="checkbox"/> FMS <input type="checkbox"/> BWS (V/H) <input type="checkbox"/> Pan</p> <p>Debridement: <input type="checkbox"/> Quadrant(s) <u>UR, LR</u> <input type="checkbox"/> Whole Mouth _____</p> <p>Pain Management: <input type="checkbox"/> Topical <input checked="" type="checkbox"/> Oraqix <input type="checkbox"/> Local Anesthesia <input type="checkbox"/> Engine <input type="checkbox"/> Air Polisher: Agent _____</p> <p>Other: <input checked="" type="checkbox"/> Topical Fluoride: _____ <input type="checkbox"/> Arestin: _____ <input type="checkbox"/> Sealant(s): _____ <input checked="" type="checkbox"/> Impressions _____</p>	<p>Visit 4: _____ (Date)</p> <p>Patient Education: <input type="checkbox"/> TB manual <input type="checkbox"/> power assisted <input type="checkbox"/> Interdental Aid _____ <input type="checkbox"/> Toothpaste _____ <input type="checkbox"/> Rinse _____</p> <p>Radiographs: Digital <input type="checkbox"/> FMS <input type="checkbox"/> BWS (V/H) <input type="checkbox"/> Pan</p> <p>Debridement: <input type="checkbox"/> Quadrant(s) _____ <input type="checkbox"/> Whole Mouth _____</p> <p>Pain Management: <input type="checkbox"/> Topical <input type="checkbox"/> Oraqix <input type="checkbox"/> Local Anesthesia <input type="checkbox"/> Engine <input type="checkbox"/> Air Polisher: Agent _____</p> <p>Other: <input type="checkbox"/> Topical Fluoride: _____ <input type="checkbox"/> Arestin: _____ <input type="checkbox"/> Sealants: _____ <input type="checkbox"/> Impressions _____</p>
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The findings of my assessments were explained to me and I authorize my student dental hygienist to perform the procedures delineated in the treatment recommendations above and I understand modifications to care and photographs may be required based on my individual needs. A thorough discussion with my student hygienist and/or clinical faculty supervisor, the nature, purpose, timing

IMPLEMENTATION OF TREATMENT

- Visit 1: All assessments were completed, digital HBWS at 7mA and 70KVp exposed, plaque score and OHI of modified Stillman with a manual toothbrush because it was what the patient is currently using at home. The disclosing agent used to determine the plaque score revealed the patient had plaque mostly along his gingival margins and interproximal. He patient was shown how to adapt the toothbrush at 45 degrees under the gingival margin to remove the plaque from underneath. I advised the patient the benefits of using a electronic toothbrush but the patient expressed that he would rather use the manual toothbrush. I also recommended Crest Gum Detoxify as a dentifrice due to inflammation of his gingiva. Furthermore I used hand instruments and ultrasonic to scale the UL/LL quadrant.
- Visit 2: Plaque score and went over the patients home care with using the modified Stillman and introduced flossing. Used hand instruments and ultrasonic to scale UR/UL quadrants due to rescales identified in UL quadrant.
- Visit 3: Plaque score and introduced using a tongue cleaner due to coated tongue. Used ultrasonic and hand instruments to scale the LR quadrant. Used engine polish with medium grit paste and Varnish 5%. I recommended a 3 month recare visit.
- One of my challenges were scaling without any local anesthetics because the patient refused. So I was not able to scale all of the calculus off of the UL quadrant on the first visit.
- Another challenge was detecting the calculus interproximal.

EVALUATION OF CARE/OUTCOME OF CARE/ PROGNOSIS

- Evaluation of care after the first visit: The patient assured me he was using the modified Stillman 2x a day and using Crest Gum Detoxify. That was verified after using the disclosing agent. Both the patient and I were pleased to see the plaque score decrease on the gingival margin.
- Evaluation of care after the second visit: The patient plaque index revealed he still had a generous interproximal. The patient revealed his dislike of using floss because it was hard for him to reach the posteriors. I recommended using a floss handle and the patient was pleased and promised to floss more often.
- Outcome of care: I predict at patients next appointment for exam and cleaning, he will understand the importance of his three month recare due to rapid calculus buildup. The patient will also have motivation to stay on top of his OHI because he will be aware of his upcoming visit and would want to see improvement.

REFERRALS

- An Adult referral was given to the patient for his dentist to evaluate for removal of all four of his third molars.

NEW YORK CITY COLLEGE OF TECHNOLOGY
City University of New York
Dental Hygiene Clinic
300 Jay Street, Brooklyn, NY 11201-1909

ADULT REFERRAL FORM
A copy of this original form has been placed in the patient's electronic

Date: 11/26/19

Dear Doctor,

A student, under faculty supervision, at the Dental Hygiene Clinic at the New York City College of Technology has performed a periodontal and oral disease risk assessment on ~~_____~~

The patient is being referred to you for consultation and treatment in the following areas:

- Caries: _____
- Restorative Care: _____
- Oral Pathology: _____
- Oral Surgery: eval 3rd molars for ext.
- Periodontal Disease: _____
- Elevated Blood Pressure: 1st reading: _____ 2nd reading: _____
- Other: _____

Thank you:

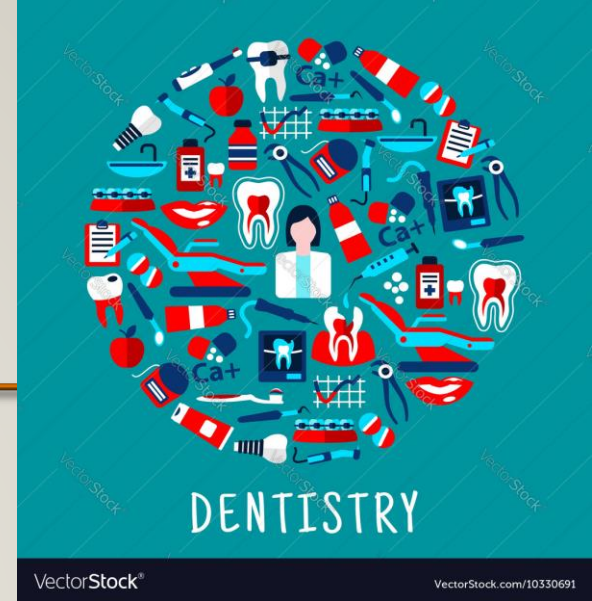
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CONTINUED CARE RECOMMENDATIONS

- I recommend this patient receive a three month re care appointment due to rapid calculus formation, radiographic bone loss and deep probing depths.
- It is imperative to have a professional exam and cleaning often in order to stay focus on the prevention of further bone loss.

FINAL REFLECTION

- During the treatment phase, patient compliance and debridement went well.
- The treatment plan was modified for an extra visit due to rescales found in the UL quadrant.
- Two things I should have done differently was try to persuade my patient to use a local anesthetic so that I can do my job properly and it would have avoided the extra visit. Also, introduce the floss handle early in the treatment to motivate my patient to floss more often



SOURCES

- <https://www.google.com/imgres?imgurl=http%3A%2F%2Fclipart-library.com%2Fimgl%2F680705.jpg&imgrefurl=http%3A%2F%2Fclipart-library.com%2Fdental-smile-cliparts.html&docid=Td3DDCX6TSvnAM&tbnid=0MktIny87hFu8M%3A&vet=10ahUKEwj2oYbqtbXmAhVJqIkKHYOLD6AQMwhjKAAwAA..i&w=680&h=858&bih=676&biw=1366&q=smile%20dental%20animation&ved=0ahUKEwj2oYbqtbXmAhVJqIkKHYOLD6AQMwhjKAAwAA&iact=mrc&uact=8#spf=1576336182406>
- <http://midwaydentalcenter.com/periodontal-gum-disease/>

- [?utm_expid=.XBc5316oT06Z76xoD12qrw.0&utm_referrer=https%3A%2F%2Fwww.google.com%2Fblank.html](https://www.google.com/blank.html?utm_expid=.XBc5316oT06Z76xoD12qrw.0&utm_referrer=https%3A%2F%2Fwww.google.com%2Fblank.html)
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