

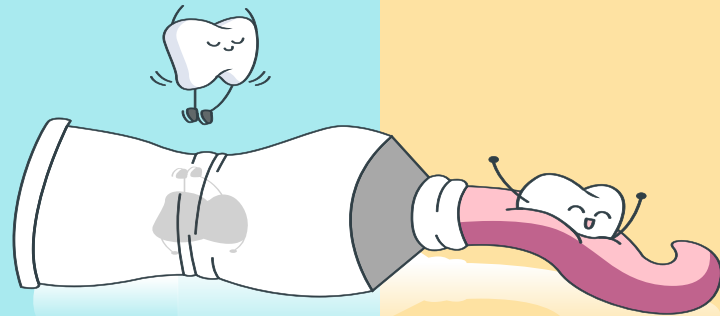
New York City College of Technology  
Department of Dental Hygiene  
DEN 2300 Case Presentation



Victoria Hsu  
12/07/2019

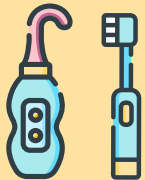
# Patient Profile

- Mr. C is a 30 year-old Asian male.
- He is currently a grad school student and lives in New Jersey.
- He was born in the United States., but grew up in Taiwan, and came back to the U.S. in 2018.
- He currently has no dental insurance in the United States.
- His last dental exam was in May, 2018. Regular dental check-up and hygiene services were done. Four bitewings dental x-ray were taken more than 5 years ago.
- Patient reported using Modified Bass brushing method with Colgate total toothpaste once a day. Patient does not use any interdental aids, no oral rinse and does not use tongue cleaner. Patient does not have any oral piercing.



# Chief Complaint(s)

- Patient states that he will not be going back to Taiwan anytime soon, and he hasn't had a dental check-up and cleaning for over a year.
- Patient has anterior crowding, moderate yellow staining and subgingival calculus on most teeth.
- Mr. C would like to have dental checkup for cavities, get his teeth cleaned, and have the yellow stains removed.



# Health History Overview

- **Blood pressure: 134/88, Pulse 70, ASA II.**

## Medical Conditions:

- Smoker for 2 years, 5 to 6 cigarettes a day
- Allergic to Aspirin. (Causes patient to have red eyes and swelling of the lips and tongue)
- High blood pressure. (Patient stated his last physical exam was in 2018, and was informed he had slightly elevated blood pressure)

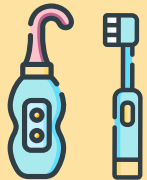
## Current Medications:

- Patient currently is not taking any medications or over the counter supplements



# Health Effects of Cigarette Smoking

- Nicotine is extremely habit-forming, which is why people find smoking so difficult to quit.
- Smoking can lead to a variety of ongoing complications in the body, as well as long-term effects on your body systems. Such as the following:
- **Respiratory system**
  - Smoking can cause lung disease by damaging your airways and the small air sacs (alveoli) found in your lungs. People who smoke are at higher risk for chronic non-reversible lung conditions such as:
    - Emphysema , chronic bronchitis, chronic obstructive pulmonary disease (COPD), and lung cancer
- **Cardiovascular system**
  - Smoking damages your entire cardiovascular system, and increase risk of stroke and coronary heart disease.
    - Nicotine causes blood vessels to tighten, which restricts the flow of blood.
    - Smoking also raises blood pressure, weakens blood vessel walls, and increases blood clots.



# RESOURCES

- “Health Effects of Cigarette Smoking.” *Centers for Disease Control and Prevention*, Centers for Disease Control and Prevention, 17 Jan. 2018, [https://www.cdc.gov/tobacco/data\\_statistics/fact\\_sheets/health\\_effects/effects\\_cig\\_smoking/index.htm](https://www.cdc.gov/tobacco/data_statistics/fact_sheets/health_effects/effects_cig_smoking/index.htm).
- Dresden, Danielle. “10 Effects of Smoking Cigarettes.” *Medical News Today*, MediLexicon International, 7 Mar. 2019, <https://www.medicalnewstoday.com/articles/324644.php>.

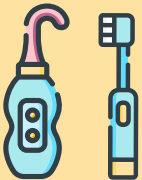
# Oral Health Effects of Cigarette Smoking

Smoking leads to oral health problems, including:

- Bad breath
- Tooth discoloration
- Inflammation of the salivary gland openings on the roof of the mouth
- Increase buildup of plaque and tartar on the teeth
- Increase loss of bone within the jaw
- Increase risk of leukoplakia, white patches inside the mouth
- Increase risk of developing gum disease, a leading cause of tooth loss
- Delay healing process following tooth extraction, periodontal treatment, or oral surgery
- Lower success rate of dental implant procedures
- Increased risk of developing oral cancer

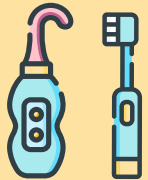
-Friedman, Michael. "Smoking and Dental Health: Yellow Teeth, Bad Breath, and Other Smoking Effects." *WebMD*, WebMD, 11 Oct. 2019, <https://www.webmd.com/oral-health/guide/smoking-oral-health#1>

-"Smoking, Gum Disease, and Tooth Loss." *Centers for Disease Control and Prevention*, Centers for Disease Control and Prevention, 22 Mar. 2018, <https://www.cdc.gov/tobacco/campaign/tips/diseases/periodontal-gum-disease.html>.



# Quitting Smoking

- Most smokers become addicted to nicotine, and nicotine dependence is a condition that often requires repeated treatments.
- **Cessation Counseling**
  - A 5-step algorithm for health-care professionals to use when engaging patients who are dependent on nicotine called “the 5As.”
    - Ask: Identify and document tobacco use status for every patient at every visit.
    - Advise: In a clear, strong, and personalized manner, urge every tobacco user to quit.
    - Assess: Is the tobacco user willing to make a quit attempt at this time?
    - Assist: Use counseling and pharmacotherapy to help him or her quit.
    - Arrange: Schedule follow-up contact, in person or by telephone, preferably within the first week after the quit date.
- **Pharmacologic Approach to Tobacco Cessation**
  - Use of cessation medications is appropriate for most adult smokers
    - OTC Transdermal nicotine patches (NicoDerm CQ, Nicotrol, Habitrol)
    - OTC Nicotine gum (Nicorette)
    - Bupropion (Wellbutrin, Zyban))
    - Varenicline (Chantix)
- Mr. C was informed for the general health, and oral health risk for smoking, and was provided with New York State Smokers’ Quitline informations in the initial visit.





# RESOURCES

- “How to Quit Smoking.” *HelpGuide.org*, 31 Oct. 2019, <https://www.helpguide.org/articles/addictions/how-to-quit-smoking.htm>.
- “Cessation for Adult Patients.” *NYSmokeFree.com - CME - Use the 5As*, <https://www.nysmokefree.com/CME/PageView.aspx?P=50&P1=5018>.
- DerSarkissian, Carol. “WebMD's Guide to Quit Smoking.” *WebMD*, WebMD, 23 Nov. 2018, <https://www.webmd.com/smoking-cessation/smoking-cessation-guide#1>.

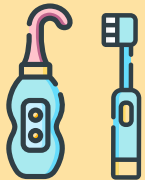
# Hypertension

- Blood pressure is determined both by the amount of blood your heart pumps and the amount of resistance to blood flow in your arteries. The more blood your heart pumps and the narrower your arteries, the higher your blood pressure.
- High blood pressure is a common condition in which the long-term force of the blood against your artery walls is high enough that it may eventually cause health problems, such as stroke and heart disease.
- Usually hypertension is defined as blood pressure above 130/80, and is considered severe if the pressure is above 180/120.
- The exact causes of high blood pressure are not known; however, high blood pressure has many risk factors, including
  - Age (older than 55), race (African heritage), family history of hypertension, overweight, inactive, smoking, diet (high sodium intake), and heavy alcohol drinkers, genetic, and stress.

## Blood Pressure Categories



| BLOOD PRESSURE CATEGORY                                  | SYSTOLIC mm Hg<br>(upper number) |        | DIASTOLIC mm Hg<br>(lower number) |
|--|----------------------------------|--------|-----------------------------------|
| NORMAL   | LESS THAN 120                    | and    | LESS THAN 80                      |
| ELEVATED   | 120 – 129                        | and    | LESS THAN 80                      |
| HIGH BLOOD PRESSURE<br>(HYPERTENSION) STAGE 1            | 130 – 139                        | or     | 80 – 89                           |
| HIGH BLOOD PRESSURE<br>(HYPERTENSION) STAGE 2            | 140 OR HIGHER                    | or     | 90 OR HIGHER                      |
| HYPERTENSIVE CRISIS<br>(consult your doctor immediately) | HIGHER THAN 180                  | and/or | HIGHER THAN 120                   |

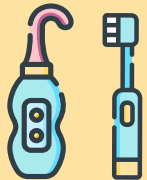


# RESOURCES

- “High Blood Pressure (Hypertension).” *Mayo Clinic*, Mayo Foundation for Medical Education and Research, 12 May 2018, <https://www.mayoclinic.org/diseases-conditions/high-blood-pressure/symptoms-causes/syc-20373410>.
- “Hypertension / High Blood Pressure Guide.” *WebMD*, WebMD, <https://www.webmd.com/hypertension-high-blood-pressure/guide/default.htm>.

# Management and Treatment for Hypertension

- Most people with high blood pressure have no signs or symptoms.
- If your blood pressure is extremely high, there may be certain symptoms such as headaches, shortness of breath, and chest pain.
- A sphygmomanometer, or blood pressure monitor, can help people keep track of their blood pressure.
- Lifestyle adjustments are the standard, first-line treatment for hypertension, such as getting regular aerobic exercise, eating a healthier diet, quitting smoking, reducing the amount of sodium in the diet, limiting alcohol consumption.
- Medications can be used to treat hypertension. There are several types of drugs used to treat high blood pressure, including:
  - diuretics, beta-blockers and alpha-blockers, calcium-channel blockers, central agonists, peripheral adrenergic inhibitor, vasodilators, angiotensin-converting enzyme (ACE) inhibitors, and angiotensin receptor blockers
- Mr. C currently is under the care of a physician and not taking any medications for hypertension.

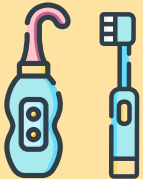


# RESOURCES

- “Hypertension: Treatment Overview Management and Treatment.” *Cleveland Clinic*,  
<https://my.clevelandclinic.org/health/diseases/12274-hypertension-treatment-overview/management-and-treatment>.
- “Preventing High Blood Pressure (Hypertension): Other Medical Conditions.” *Centers for Disease Control and Prevention*, Centers for Disease Control and Prevention, 7 July 2014,  
[https://www.cdc.gov/bloodpressure/medical\\_conditions.htm](https://www.cdc.gov/bloodpressure/medical_conditions.htm).

# Aspirin Sensitivity/Allergy and Symptoms

- Aspirin sensitivity is a harmful reaction to aspirin. People with this condition may also have a reaction to nonsteroidal anti-inflammatory drugs (NSAIDs), including ibuprofen (Advil, Motrin IB, others) and naproxen sodium (Aleve).
- The symptoms can range from mild to severe. Reactions occur within minutes to hours of taking the medication. They may include: hives, itchy skin, runny nose, red eyes, swelling of the lips, tongue or face, coughing, wheezing or shortness of breath, anaphylaxis (a rare, life-threatening allergic reaction).
- This combination of problems might also be referred to as **aspirin triad**, and aspirin-sensitive asthma.
  - It includes: reactions to aspirin and NSAIDs, asthma or bronchospasm triggered by taking aspirin or a NSAID, and growths in your nasal passages that can cause problems with your sinuses.

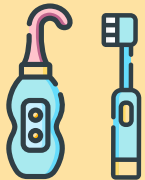


# RESOURCES

- James T C Li, M.D. “Aspirin Allergy: Know the Symptoms.” *Mayo Clinic*, Mayo Foundation for Medical Education and Research, 2 June 2017, <https://www.mayoclinic.org/diseases-conditions/drug-allergy/expert-answers/aspirin-allergy/faq-20058225>.
- Khatri, Minesh. “Aspirin Sensitivity: Causes, Symptoms, and 7 Ways To Manage/ Prevent.” *WebMD*, WebMD, 30 July 2019, <https://www.webmd.com/allergies/aspirin-sensitivity#1>.

# Aspirin Sensitivity/Allergy Management

- If you are sensitive to aspirin, you will need to carefully read medicine labels as there are so many brand names of the same types of medication available.
- It is important to tell your pharmacist or health professional about your sensitivity to these medicines.
- Most people who are allergic to aspirin and NSAIDs can safely take paracetamol, acetaminophen, and/or codeine.
- Aspirin Desensitization Treatment
  - The decision to undertake aspirin desensitisation should be made in consultation with a clinical immunology/allergy specialist



- Mr. C is aware of his allergic reactions to Aspirin which includes red eyes, and swelling on the lips, so he does not take any OTC painkillers without consulting his physician.





# RESOURCES

- Khatri, Minesh. “Aspirin Sensitivity: Causes, Symptoms, and 7 Ways To Manage/ Prevent.” *WebMD*, WebMD, 30 July 2019, <https://www.webmd.com/allergies/aspirin-sensitivity#1>.
- “Aspirin Sensitivity & Desensitization.” *Cleveland Clinic*, <https://my.clevelandclinic.org/health/drugs/15629-aspirin-sensitivity--aspirin-desensitization>.

# Dental Hygiene Management for Smokers

- When providing care to patients who are smokers, the role of a hygienist is to increase the patient's awareness of all the potential risks and problems smoking can cause on their oral and general health.
- Help and advise them to quit, and offering information about cessation treatment.
- Recommend more frequent dental check-ups and dental cleaning visits.
- A thorough intra-oral examination to watch for signs of developing periodontal disease and oral cancers.
- Recommend alcohol free mouth rinse since most smokers have dry mouth. Home and in office fluoride treatment since reduction in saliva flow increase the risk of dental caries.
- A proper oral hygiene instruction is important for smokers. They should be brushing, flossing, and using a tongue cleaner and mouthrinse on a regular basis, at least twice a day.

- DAVIS, RDH, BSDH, Karen. "TOBACCO CESSATION WITH A TWIST." *StackPath*, 1 July 2012,

<https://www.rdhmag.com/patient-care/article/16405792/tobacco-cessation-with-a-twist>.

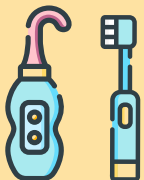
-"Tobacco Use and Cessation." *Tobacco Use and Cessation*, 5 Nov. 2019,

<https://www.ada.org/en/member-center/oral-health-topics/tobacco-use-and-cessation>.



# Dental Hygiene Management for Hypertension Patient

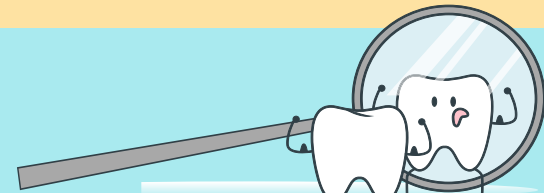
- A consultation with hypertension patients' physician, and schedule a short stress free appointment in the morning can reduce the risk for complications.
- Accurate medical history and measure patient's blood pressure prior to every appointment.
- Avoid sudden changes with the patient chair and return the chair slowly to an upright position when the treatment is finished.
- Limit dosage 1 to 2 carpules for local anesthesia with vasoconstrictor. Epinephrine 1:100,000 (0.04mg)
- Medications used to treat HTN may produce xerostomia, lichenoid mucosal, delayed healing, and gingival bleeding. Gingival hyperplasia may be present in patients who are taking calcium channel blocker.



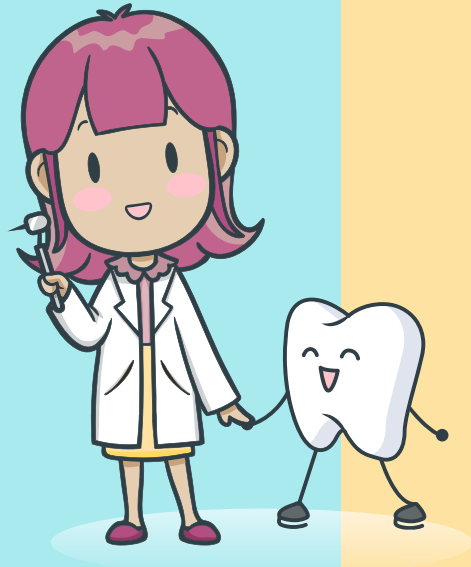
- "Hypertension: Management of Patients with Chronic Diseases: CE Course." *Hypertension | Management of Patients with Chronic Diseases | Continuing Education Course*, <https://www.dentalcare.com/en-us/professional-education/ce-courses/ce567/hypertension>.
- Southerland, Janet H, et al. "Dental Management in Patients with Hypertension: Challenges and Solutions." *Clinical, Cosmetic and Investigational Dentistry*, Dove Medical Press, 17 Oct. 2016, <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5074706/>.



# Radiographs

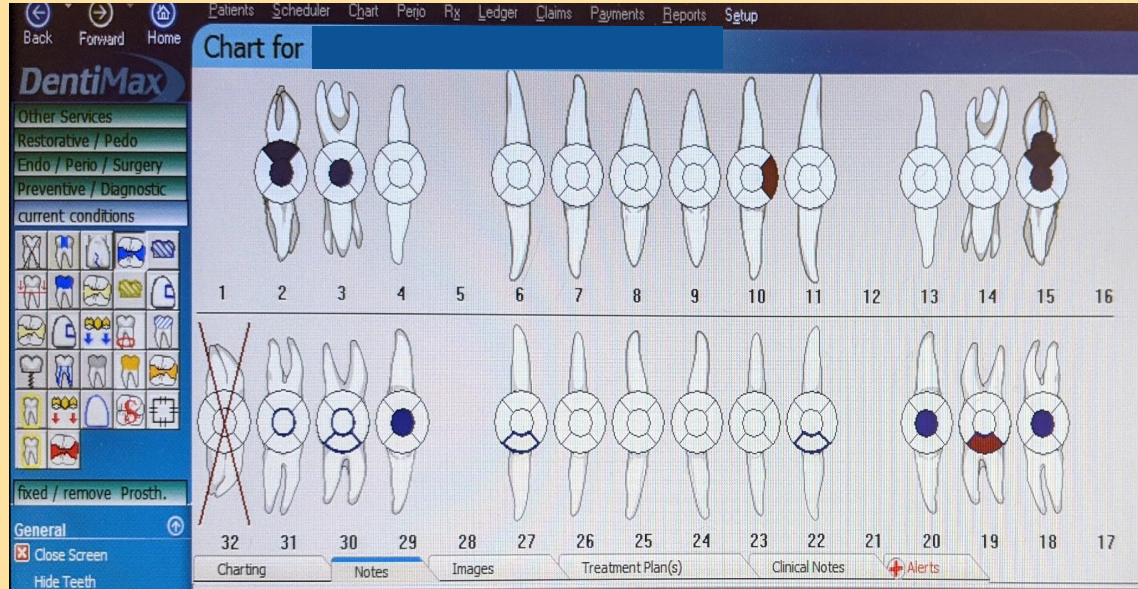


# Clinical Findings

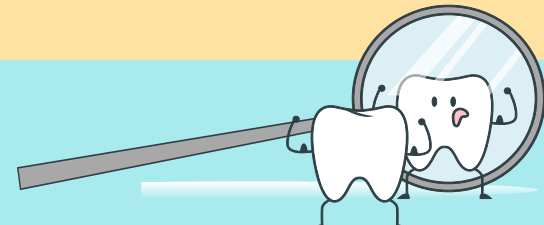


- Extraoral: WNL. Inflamed pimple found on left neck. Pt aware.
- Intraoral: WNL. Bilateral linea alba.
- Patient has Class I occlusion bilaterally with both upper and lower anterior crowding. Overjet 6mm, and overbite 20%
- Attrition on #6-10, 23-27.
- Patient has generalized extrinsic yellow-brownish stains due to smoking.
- Patient has generalized subgingival calculus interproximally. Lower anterior supragingival calculus.

- Missing teeth on #1, 5, 12, 16, 17, 21, and 28.
- Impacted tooth on #32.
- Class I amalgam restoration on #2, 3, 18, 20, and 29.
- Class I and V amalgam restoration on #15.
- Class I resin-based composite on #19, 30, and 31.
- Class V resin-based composite on #22, 27.
- Class III carious lesion on #10.
- Recurrent Class I decay on #19.
- Malposition central maxillary incisors. Crowding central and lateral mandibular incisors.



# Dental Charting





# Caries Risk Assessment

- Clinical evidence of recurrent carious lesion on buccal of #19.
- Radiographic evidence of decay noted on distal of #10.
- CAMBRA was done based on the clinical evidence of a recurrent carious lesion on #19, and the assessment suggested patient is at high risk of dental caries.

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America's leading advocate for oral health

### Caries Risk Assessment Form (Age >6)

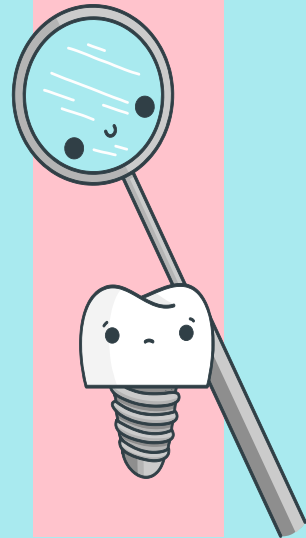
| Patient Name:   |  |  |   | Date:   | 9/20/2019                                   |
|---|--|--|---|---|---|
| Birth Date:   |  |  |   | Initials:   | 9/20/2019                                   |
| Age:  |  | 30   |   |   |   |
|   |  | Low Risk   | Moderate Risk   | High Risk   |   |
| Contributing Conditions   |  | 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<br><input checked="" type="checkbox"/>                        | Frequent or prolonged between meal exposures/day<br><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<br><input type="checkbox"/>                     | Carious lesions in last 7-23 months<br><input type="checkbox"/>                                     | Carious lesions in last 6 months<br><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  |   |
| General Health Conditions   |  | 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 type="checkbox"/> No  |   | Yes (over age 14)<br><input type="checkbox"/>   | Yes (ages 6-14)<br><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 checked="" type="checkbox"/> No   |   | <input type="checkbox"/> Yes  |   |
| V.  | Drug/Alcohol Abuse   | <input checked="" type="checkbox"/> No   |   | <input type="checkbox"/> Yes  |   |
| Clinical Conditions   |  | 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<br><input type="checkbox"/> | 1 or 2 new carious lesions or restorations in last 36 months<br><input checked="" type="checkbox"/> | 3 or more carious lesions or restorations in last 36 months<br><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 type="checkbox"/> No  |   | <input checked="" 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:   |  | <input type="checkbox"/> Low   |   | <input type="checkbox"/> Moderate   | <input checked="" type="checkbox"/> High    |
| Patient Instructions:<br>PT IS at high dental caries risk due to visually clinical exam, and visible plaque and crowding advise pt to have regular dental visit, use fluoride mouth rinse =/day, apply varnish referral given to pt to see a dentist. |  |  |   |   |   |

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# Gingival Description & Periodontal Status

- Gingival on the initial visit appeared to be generalized moderate red, inflamed, rolled margin, severe bulbous papillae with soft, enlarged, and smooth shiny gingiva in the lower anterior region.
- Generalized 4-5 mm probing depths along with generalized moderate bleeding on probing, and 1 mm recession on facial #27. Generalized deposit interproximally, and localized supragingival deposit in lower anterior region.
- Based on the periodontal probing depths, bleeding on probing, and recession, patient is determined to be active periodontitis type II.





Modify Data

- Save Changes
- Cancel Changes ESC
- Copy From Previous Exam

- View Graph
- Print Exam

- Other Information
- View Chart

Patient: CHEKE005      019  
 Provider: HSU00      16, then B.L 32-17

| Plaque | Mobility | Bone Loss | GM | CAL | MGD | PD                    | Furcation                                     | PD  | GM | CAL |                       |
|--------|----------|-----------|----|-----|-----|-----------------------|---|---|----|-----|-----------------------|
|        |          |           |    |     |     | 5 3 5   5 3 5   5 3 5 |   | 4 2 4   4 2 4   3 2 3   4 2 5   5 3 4   4 2 3 |    |     | 5 2 5   4 3 4   4 3 4 |
|        |          |           |    |     |     |                       |   |   |    |     |                       |
|        |          |           |    |     |     | 4 3 4   4 3 4   4 3 4 | 4 2 4   4 2 4   3 2 3   4 3 4   4 3 4   4 3 4 | 4 3 4   4 3 4   4 3 4                         |    |     |                       |
|        |          |           |    |     |     | 2   3   4             | 6   7   8   9   10   11                       | 13   14   15                                  |    |     |                       |

1 2 3  Bleeding     PD    Probing Depths    Furcation: 0   0   0    Mobility: 0     MGD  
 6 5 4  Suppuration     GM  
     CAL    Plaque:    Bone Loss:

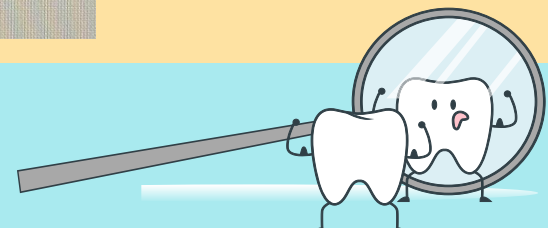
| Plaque | Mobility | Bone Loss | GM | CAL | MGD | PD                    | Furcation                                     | PD  | GM | CAL |                       |
|--------|----------|-----------|----|-----|-----|-----------------------|---|---|----|-----|-----------------------|
|        |          |           |    |     |     | 5 3 5   5 2 5   5 2 5 |   | 4 2 4   4 2 4   3 2 3   3 2 3   3 2 3   4 2 4 |    |     | 5 3 6   5 3 5   5 3 5 |
|        |          |           |    |     |     |                       |   |   |    |     |                       |
|        |          |           |    |     |     | 5 3 5   5 3 5   5 3 5 | 4 3 4   4 2 4   4 2 4   4 2 4   4 2 4   4 2 4 | 5 3 5   5 3 6   5 3 5                         |    |     |                       |
|        |          |           |    |     |     | 32   31   30   29     | 27   26   25   24   23   22                   | 20   19   18                                  |    |     |                       |

Notes:

- Generalized 4-5 mm probing depths with generalized moderate bleeding on probing.
- Localized 1 mm recession on buccal of #27

|    | B  | S  |
|----|----|----|
| 1  | 2  | 3  |
| 4  | 5  | 6  |
| 7  | 8  | 9  |
| 10 | 11 | 12 |
| 13 | 14 | 15 |

# Periodontal Charting



# Dental Hygiene Diagnosis

- Type II active periodontitis due to generalized 4-5 mm probe depths, moderate bleeding throughout probing and exploring. Localized 1 mm recession on buccal of #27, and radiographic evidence of generalized mild bone loss.
- Heavy generalized subgingival calculus detected interproximally, localized supragingival calculus, and generalized moderate staining presented.
- High risk for dental caries based on suspicious lesion found on buccal of # 19, and radiographic evidence of decay on the distal of #10. CAMBRA also indicated Pt is at high risk for dental caries.





# Dental Hygiene Care Plan

- Check blood pressure prior to each appointment for Pt is known to have a higher than normal blood pressure.
- Emphasize need to follow up with Pt's own primary physician for his high blood pressure.
- Education on oral health effects on smoking and information on smoking cessation to be given.
- Perform Dental Charting.
- Interview Pt and filling out the CAMBRA form to determine risk assessment for caries.
- Probing to determine periodontal type.
- Perform calculus detection.
- FMS exposure for bone loss and possible caries detection.
- Determine number of visits required and schedule necessary appointments.
- Review treatment plan with Pt and obtain signed consent.
- Provide education for oral hygiene home care instructions.
- Debridement of calculus using ultrasonic and hand scaling and provide option for pain management.
- Engine polish using coarse paste for Pt's moderate yellow stain removal.
- 5% sodium fluoride varnish for caries prevention.

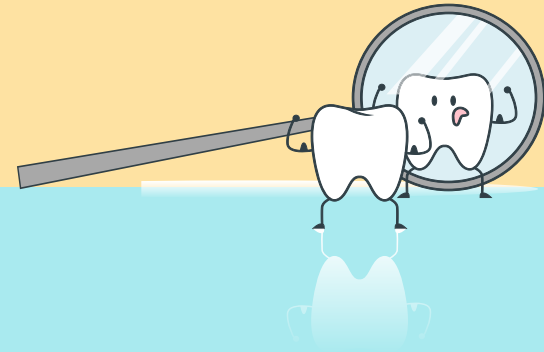




# Consent for Treatment/Treatment Plan

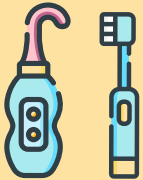
DEN 2300: PROPOSED TREATMENT PLAN - INFORMED CONSENT Student Name: Victoria Hsu  
Form to be scanned in patient record and shredded

| Visit 1: <u>9/20/19</u><br>(Date)  | Visit 2: <u>TBD</u><br>(Date)   | Visit 3: <u>TBD</u><br>(Date)  | Visit 4: <u>TBD</u><br>(Date)  |
|--|---|--|--|
| <b>Patient Education:</b><br><input type="checkbox"/> TB manual <input checked="" type="checkbox"/> power assisted<br><input checked="" type="checkbox"/> Interdental Aid <u>floss</u><br><input checked="" type="checkbox"/> Toothpaste <u>crest pro</u><br><input checked="" type="checkbox"/> Rinse <u>crest pro</u><br>Radiographs: Digital<br><input checked="" type="checkbox"/> FMS <input type="checkbox"/> BWS (V/H) <input type="checkbox"/> Pan<br><b>Debridement:</b><br><input checked="" type="checkbox"/> Quadrant(s) <u>I-V</u><br><input type="checkbox"/> Whole Mouth<br><b>Pain Management:</b><br><input type="checkbox"/> Topical<br><input type="checkbox"/> Oraqix<br><input type="checkbox"/> Local Anesthesia<br>Coronal Polish:<br><input type="checkbox"/> Engine<br><input type="checkbox"/> Air Polisher: Agent<br><b>Other:</b><br><input type="checkbox"/> Topical Fluoride:<br><input type="checkbox"/> Arestin:<br><input type="checkbox"/> Sealant(s):<br><input type="checkbox"/> Impressions   | <b>Patient Education:</b><br><input type="checkbox"/> TB manual <input checked="" type="checkbox"/> power assisted<br><input checked="" type="checkbox"/> Interdental Aid <u>floss</u><br><input checked="" type="checkbox"/> Toothpaste <u>crest pro</u><br><input checked="" type="checkbox"/> Rinse <u>crest pro</u><br>Radiographs: Digital<br><input checked="" type="checkbox"/> FMS <input type="checkbox"/> BWS (V/H) <input type="checkbox"/> Pan<br><b>Debridement:</b><br><input checked="" type="checkbox"/> Quadrant(s) <u>I-III</u><br><input type="checkbox"/> Whole Mouth<br><b>Pain Management:</b><br><input type="checkbox"/> Topical<br><input type="checkbox"/> Oraqix<br><input type="checkbox"/> Local Anesthesia<br>Coronal Polish:<br><input checked="" type="checkbox"/> Engine<br><input type="checkbox"/> Air Polisher: Agent<br><b>Other:</b><br><input checked="" type="checkbox"/> Topical Fluoride: <u>varnish</u><br><input type="checkbox"/> Arestin:<br><input type="checkbox"/> Sealant(s):<br><input type="checkbox"/> Impressions | <b>Patient Education:</b><br><input type="checkbox"/> TB manual <input checked="" type="checkbox"/> power assisted<br><input type="checkbox"/> Interdental Aid<br><input type="checkbox"/> Toothpaste<br><input type="checkbox"/> Rinse<br>Radiographs: Digital<br><input type="checkbox"/> FMS <input type="checkbox"/> BWS (V/H) <input type="checkbox"/> Pan<br><b>Debridement:</b><br><input type="checkbox"/> Quadrant(s)<br><input type="checkbox"/> Whole Mouth<br><b>Pain Management:</b><br><input type="checkbox"/> Topical<br><input type="checkbox"/> Oraqix<br><input type="checkbox"/> Local Anesthesia<br>Coronal Polish:<br><input type="checkbox"/> Engine<br><input type="checkbox"/> Air Polisher: Agent<br><b>Other:</b><br><input type="checkbox"/> Topical Fluoride:<br><input checked="" type="checkbox"/> Arestin:<br><input type="checkbox"/> Sealant(s):<br><input type="checkbox"/> Impressions | <b>Patient Education:</b><br><input type="checkbox"/> TB manual <input type="checkbox"/> power assisted<br><input type="checkbox"/> Interdental Aid<br><input type="checkbox"/> Toothpaste<br><input type="checkbox"/> Rinse<br>Radiographs: Digital<br><input type="checkbox"/> FMS <input type="checkbox"/> BWS (V/H) <input type="checkbox"/> Pan<br><b>Debridement:</b><br><input type="checkbox"/> Quadrant(s)<br><input type="checkbox"/> Whole Mouth<br><b>Pain Management:</b><br><input type="checkbox"/> Topical<br><input type="checkbox"/> Oraqix<br><input type="checkbox"/> Local Anesthesia<br>Coronal Polish:<br><input type="checkbox"/> Engine<br><input type="checkbox"/> Air Polisher: Agent<br><b>Other:</b><br><input type="checkbox"/> Topical Fluoride:<br><input type="checkbox"/> Arestin:<br><input type="checkbox"/> Sealants:<br><input type="checkbox"/> Impressions |
| <p>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 that 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 and cost of these procedures, available treatment alternatives, and the advantages and disadvantages of each, including no treatment was discussed. I understand that additional treatment and/or referrals may be deemed appropriate in order to treat my oral condition. I understand that the dental hygiene clinic has the right to discontinue treatment and deny appointment scheduling after (2) missed appointments within the academic semester. In this event, I will be provided with a list of regional hospitals/clinics for continuation of care. I have read and understand the above statement and all my questions concerning my treatment have been satisfactorily answered.</p> |   |  |  |
| <u>Victoria Hsu</u><br>Student (PRINT NAME)  |   | <u>[Signature]</u><br>Attending Faculty  |  |
|  |   | <u>9/20/19</u><br>Date   |  |



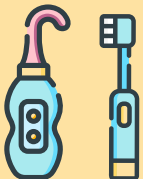
# Implementation

- Upon Pt getting settled in the chair, blood pressure was taken and education regarding blood pressure given.
- Education on oral health effects on smoking and information on smoking cessation was given to the Pt.
- Dental charting found a suspicious lesion so interview was done with the CAMBRA form.
- Referral Pt to dentist to check on possible caries, extraction for impacted #32, and orthodontist for his mandibular anterior crowding.
- After the assessment, I determined the Pt requires 2 visits.
  - Treatment plan was reviewed with pt and signed consent was obtained, as well as follow up appointment addressed.



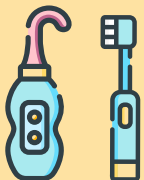
# Implementation of Initial visit

- On the initial visit, FMS were exposed due to the Pt's last dental radiographs being taken over 5 years ago, and the suspicious carious lesion noted during dental charting.
- Disclosing solution was used to determine the pt's plaque score.
  - Based on plaque score which was 2 equal poor, OHI was given including demonstration of using the Oral B power brush and rotating the brush head to have better access to reach the interproximal area. Also instructed the Pt to spend equal time on the anterior regions as posteriors since most of the disclosing solution was presented in the anterior regions
  - Recommended the Pt to use Crest Pro-Health toothpaste and mouth rinse twice a day for plaque control and caries prevention.
- For remainder of the initial visit, debridement of quadrant I was done using ultrasonic and hand scaling.
  - FSI-Power 1000 insert tip was used at first to remove heavy calculus, and then FSI-FitGrip was used to lavage and remove remaining calculus. Checked with explorer to detect if there were residual calculus, and I used Gracey curette hand instruments to remove the residual calculus.



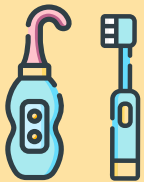
# Implementation of Revisit

- When the Pt came in for the second visit two weeks later, blood pressure was taken again to confirm if Pt is safe for treatment due to his previous blood pressure being high.
  - BP 128/83, Paules 78
- Ask about Pt's smoking habits and if improvements was made.
  - Pt stated he cut down the cigarette from 5 to 3 cigarette a day
- Review OHI from previous visit.
  - PI score 1.5 equal fair, showed improvement from previous score.
  - Additional OHI given regarding proper flossing technique and doing it twice a day.
- Debridement of quadrant II to IV was performed using ultrasonic and hand scaling.
  - when scaling the lower anterior region, THINsert was used for the crowding, and anterior sickle was also used for staining removal.
- Engine polish with coarse paste was performed for stain removal.
- 5% sodium fluoride varnish was applied.
  - Post-op instructions given for varnish.
- Pt was recommended for a re-care in 3 months time.



# Challenges during Implementation

- Pt's gingival bled a lot which impaired visualization of teeth
  - Suctioning helped as with using gauze to manually wipe away the blood.
- Pt's mandibular anterior crowding made it difficult for hand instruments.
  - Ultrasonic THINsert tip helped with debridement for the anterior crowding.
- Engine polishing could not effectively remove the lower anterior stains.
  - Anterior sickle helped with the stain and plaque removal.





# Evaluation of Care - Outcome of Care - Prognosis

- Pt stated he changed his smoking habits from 5 cigarettes to 3 cigarettes a day.
- Pt did not make an appointment with a dentist or orthodontist.
- Pt have yet to make an appointment with his primary physician regarding his elevated blood pressure.
- Pt states he has changed from a manual toothbrush to a power toothbrush and started using mouth rinse, but only once a day.
- Slightly decrease inflammation on quadrant I.

## Prediction:

Based on his behavioral changes in just two weeks, I predict the Pt will change his behavior and adopt healthier oral hygiene habits. In two weeks, I noticed his previous scaled teeth has reduced gingival inflammation, so I predict the rest of his gingival inflammation will improve after an whole mouth debridement. Pt also states he will make an appointment with a dentist regarding the possible caries, so I believe the Pt is willing to make the appropriate changes necessary to improve his oral health.



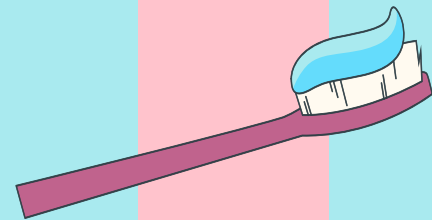
# Referrals

- Referral was given for caries noted on buccal of #19, and distal of #10, and extraction on impacted tooth #32.
- Referral was also given for orthodontist evaluation for malposition central maxillary incisors, and crowding on the central and lateral mandibular incisors.
- Patient was also referred to see a physician and monitor the hypertension.
- New York State smokers' quitline and guide to smoking cessation information was provided.



# Continued Care Recommendation

- Recommend recare to the patient is 3 months due to the patient being a smoker and his active type II periodontal disease.
  - Smoking affect the saliva flow in the mouth which increases the calculus build-up and risk for dental caries.
  - Patient has generalized 4-5 mm probe depths with moderate BOP, and mild bone loss, so it is important to have more frequent dental cleaning in order to maintain and stabilize the periodontal disease.



# Final Reflection

What went well?

- The implementation of the plan went smoothly. The patient was very cooperative and sat still with his mouth wide open during the procedure. The assessment and the cleaning went well, the Pt did not require any pain management. There was no residual calculus on the follow up visit. The plaque score improved from the first to the second visit and I believe he really wants to improve his oral health. He took the patient education seriously in my opinion.

What went wrong?

- The bleeding of his gingival made it more difficult to clean and see clearly. Also his lack of insurance made it difficult for him to make his referrals with a dentist and orthodontist.

What could I have done differently?

- It was challenging to remove the patient's yellow stains with hand instruments and engine polish. However, the air polish was not available at the time, if it was available, I would like to use the air polishing to remove patient's staining.

