Victoria Hsu

Den 1200 D200

Section B Cubicle 9

Monday PM/ Wednesday AM

Journal entry #1

DEMOGRAPHICS

T. W., 26 years old. ASA I, Heavy/ Perio type II

ASSESSMENT

a. T. W. is a 26 years old Asian male here for dental prophylaxis. ASA I. His blood pressure is 121/91 while his pulse per minute is 93.
b. Patient is a non-smoker, and has no history of any type of tobacco use. Patient is a social drinker (once a week, 2 bottles of beer).
c. Patient has no known allergies, and there is no any usage of any premedication.
d. No systemic conditions present.
e. Patient is not taking any prescription medication nor any over the counter medication. T. W. is overall in good health.

ORAL PATHOLOGY (Extra and intra oral findings)

a. Both extra-oral and intra-oral have no significant finding. Patient's TMJ pooped when opening; however, there is no pain and patient is aware. A round dime-size of bony tissue was found on above occipital, and patient was informed. Patient has bilateral linea alba. Scalloped tongue and hard palate torus were also observed.

DENTITION

a. Patient has missing tooth #32, and partially erupted tooth #17. Angle's classification occlusion is bilateral class I tendency to class III with 5 mm overjet and 30%. Attrition is found on the incisal surface of #6-11, 23, 24, 26, and 27.
b. There are no tooth anomalies present.

c. Decay was found on teeth #3 and #15, lingual pit. There are composite restoration on occlusal surface of tooth #2, 15, 18, and 31; facial surface on #7 and 8. Amalgam restoration noted on occlusal surface on tooth #3, 12, 14 and 30. Patient also has a Porcelain-fused-to-metal (PFM) crowns on #19. Patient is currently at moderate risk for caries.

PERIODONTAL

a. Patient is classified as Type II slightly periodontitis. There were generalized 2-3 mm sulci with localized 4-5 mm pockets on posterior teeth, and lower anterior teeth facial surface. There were localized minimal bleeding upon probing on posterior teeth. Localized 2 mm recession on posterior teeth was also seen.
b. Patient's gingiva showed generalized pink color with minimal papillary inflammation, and moderate lower anterior papillary inflammation. Generalized occlusal pit stains were presented.

ORAL HYGIENE

a. Four plaque scores were taken up to patient's last visit. Initial plaque was taken on patient's second visit and recorded as 1.16 which is equal fair. Second plaque score was 1.16 equal fair taken on patient's third visit. Third plaque was taken on the patient's fourth visit and recorded as 0.83 which is equal fair. The last plaque score taken on patient's last visit was 0.5 still equal fair; however, the plaque scores showed a decrease from the initial to last visit.
b. Generalized subgingival calculus were detected on both posterior and anterior teeth interproximally. Localized lingual calculus were detected on tooth #19, 30 and buccal #1. Patient was classified as a heavy calculus case value.
c. The planned oral hygiene interventions based on the findings include removal of all calculus, introducing the modified Bass toothbrushing technique, flossing technique, fluoride mouth rinse, and engine polishing.

RADIOGRAPHS

a. Patient did not require radiographs.
b. There were no radiographs data collection available.

c. None other condition other than clinical examination was reveal because there was no radiographs taken.

TREATMENT MANAGEMENT-Utilizing the Patient concept map

a. My treatment plan is to demonstrate the proper tooth brushing technique, teach the patient to floss at least once a day prior to brushing before bedtime and suggesting to use fluoride mouth rinse twice a day. Treatment plan also include removing the calculus in the entire dentition, and the removal of extrinsic stains with medium grit prophy paste engine polishing. On the initial visit, EO, IO, dental charting, and periodontal charting were completed. On the revisit, visit 2, calculus detection was completed. Treatment plan was explained, and consent form signed by the patient. Plaque score was taken, and then Modified Bass tooth brushing technique was demonstrated to patient. On the revisit, visit 3, Modified Bass tooth brushing technique was reviewed, and flossing technique was introduced. Completed scaling quadrant I was done on visit 3. On the fourth visit, both Modified tooth brushing and flossing techniques were reviewed with the patient because the plaque score showed coloration was still presented on cervical surfaces. On this visit, #1 buccal and #3 mesial rescaled were done along with the completion of scaling quadrant II and posterior teeth of quadrant III #17-21. On the last visit, visit 5, patient reported continued use of Modified Bass tooth brushing technique at home, and started flossing 3-4 times a week. Papillary inflammation was reduced, and plaque score was also reduced. Flossing technique was reviewed with the patient and fluoride mouth rinse was recommended twice a day to the patient due to his moderate risk of caries. Completed scaling quadrant III's anterior teeth, and quadrant IV. Extrinsic stains were removed with medium grit prophy paste engine polishing. Neutral 2% fluoride trays were completed and post care instructions were given. Recommended 3 months recare to the patient.

b. There were not any medical, social or psychological factors which impacted the treatment.

c. My home care goal for the patient is to teach the patient to use Modified Bass toothbrushing technique twice a day instead of the horizontal brushing method the patient had been using. Plaque index showed the coloration presented mostly on the cervical surfaces of the patient's

teeth, so I decided to introduce the Modified Bass toothbrushing technique to assist the patient with the biofilm removal on the cervical surfaces. Calculus detection showed the calculus were mostly found interproximally and the gingival tissue showed papillary inflammation, so the flossing technique was introduced after the Modified Bass toothbrushing technique to help remove the interproximal biofilm attachment. Patient was at moderate risk for caries based on the decay found on tooth #3 and #15. Therefore, the use of fluoride mouth rinse twice a day was later introduced.

d. Patient was cooperated with the suggestions on both tooth brushing and flossing techniques, and he also showed interest in the fluoride mouth rinse.

e. As treatment progressed, especially noticing the reduced coloration with disclosing agent on the patient's teeth, the patient seemed more interested in his oral health and wanted to maintain good oral health at home even upon completion of the treatment.

f. Patient had minimal papillary inflammation and moderate lower anterior papillary inflammation on the initial visit. With patient's implementation of using the Modified Bass tooth brushing technique twice a day and flossing at least once a day prior to brushing, the papillary inflammation showed significant reduction of the patient's gingival tissue from initial visit to completion.

g. There was no additional interventions developed with the patient as treatment progressed.

h. There was no need to refer patient to DDS, or MD.

i. I would not have changed any part of my treatment plan or patient education plan for the patient because the inflammation was reduced and there was a decrease in plaque score, which demonstrated the treatment plan is working. I believe my treatment plan was accommodating to the patient's needs.

REFLECTION

a. Yes, I have accomplish both educational and mechanical treatment plan for the patient.

b. Reflecting on my clinical treatment and faculty feedback, I believe my clinical strength was scaling. I scaled the whole dentition with very minimal re-scaling required. This was my first patient, and he happened to be a heavy calculus case value, so I was worried I may not be able to finish scaling the whole dentition, complete the engine polishing and fluoride trays within three visits as the treatment plan was presented to the patient. However, the scaling went smoothly and patient did not present any discomfort or the needs of using topical anesthesia. The inflammation showed signs of reduction within the quadrant that was scaled on each previous visit.

c. Reflecting on my clinical treatment and faculty feedback, I feel my clinical weakness was dental charting. I find it difficult to chart and examine the patient simultaneously. On one occasion I miss out on identifying and recording the composite restoration. I also needed to use air and required more time to carefully look and identify the composite restoration then I would have liked. I hope this would improve in due time and with more practice.