

Victoria Hsu

Den 1200 D200

Section B Cubicle 9

Monday PM/ Wednesday AM

Journal entry #3

DEMOGRAPHICS

N. H., 29 years old. ASA I, Heavy/ Perio type II

ASSESSMENT

- a. N. H. is a 29 years old Asian female here for dental prophylaxis. ASA I. Her blood pressure is 109/78 while his pulse per minute is 77.
- b. Patient is a non-smoker, and has no history of any type of tobacco use. Patient does not drink.
- 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. N. H. 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 left ear has a pronounced bony tissue. Patient reported no symptom. Macule found on patient's face, ear, and neck. Patient has bilateral linea alba, and left labial mucosa has a nodule. Patient is aware of it since January. Hematoma on the left buccal mucosa was also observed.

DENTITION

- a. Patient has missing tooth #5, 12, 16, 17, 21, 28, and 32. Possible supernumerary on tooth #1. Patient reported that tooth was extracted in 2013 and later a small and rudimentary tooth developed there in 2016. Angle's classification occlusion is bilateral class I with 5 mm overjet and 10% overbite. Attrition is found on the incisal surface of #24 and 25.

- b. Possible paramolar.
- c. There are composite restoration on occlusal surface of tooth #19, and 29. Amalgam restoration noted on occlusal surface on tooth #2, 3, 13-15, 18, 30 and 31. No decay was observed. Patient is currently at low risk for caries.

PERIODONTAL

- a. Patient is classified as Type II slightly periodontitis. There were generalized 1-3 mm sulci with localized 4-6 mm pockets on posterior teeth. There were localized minimal bleeding upon probing on posterior teeth. Localized 1 mm recession on posterior teeth was also seen.
- b. Patient's gingiva showed generalized pink color, knife edge with generalized minimal papillary inflammation. Generalized occlusal pit stains and localized lingual aspect stains of both upper and lower anterior teeth 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 0.5 which is equal good. Second plaque score was 0.5 equal good taken on patient's third visit. Third plaque was taken on the patient's fourth visit and recorded as 0.33 which is equal good. The last plaque score taken on patient's last visit was 0.33 still equal good; 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 marginally and interproximally. 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, and engine polishing.

RADIOGRAPHS

- a. Patient required FMS radiographs to evaluate bone lost because there were 6mm pocket found on the maxillary posterior teeth and to determine the possible paramolar growth. Moreover, patient's last dental radiographs were taken 6 years ago.
- b. Radiographs data collection was available however patient could not come in for a Full Mouth Series radiographs during radiology class. Unfortunately we do not take FMS during clinic sessions due to time limitation.
- 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. Treatment plan also include removing the calculus in the entire dentition, and the removal of extrinsic stains with coarse 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. Began scaling quadrant IV. On the revisit, visit 3, Modified Bass tooth brushing technique was reviewed, and flossing technique was introduced. Completed scaling quadrant IV was done on visit 3. Tooth #31 M and 30 D required re-scale. On the fourth visit, flossing techniques was reviewed with the patient. On this visit, #31 mesial and #30 distal rescaled were done along with the completion of scaling quadrant I and began scaling quadrant II. On the last visit, visit 5, patient reported continued use of Modified Bass tooth brushing technique at home, and started flossing everyday. Papillary inflammation was reduced, and plaque score was also reduced. Completed scaling quadrant II and III. Extrinsic stains were removed with coarse grit prophy paste engine polishing. Recommended 4 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 circular 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.
- d. Patient was cooperated with the suggestions on both tooth brushing and flossing techniques.
- e. After the removal of a big piece of calculus from a tooth that patient had previous complained about, the patient seem excited about her dental treatment and maintaining oral hygiene. The patient had mentioned that tooth had been causing her problems for years. She told me it had been inflamed for years and she could never really clean that tooth well on her own no matter how hard she brushed or flossed. On the next visit after I removed that calculus she expressed to me how grateful and comfortable that tooth is now. She previously thought home care and just brushing and flossing regularly are enough to maintain good oral health. I corrected and educated her that regular checkups are necessary because there are things the dental hygienist can do that she cannot do at home.
- f. Patient had minimal 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 dental charting. N. H. was my 4th patient this semester, so I had more practice and experience with the patient assessment, especially with the dental charting. I was able to notice a hematoma on the patient's buccal and distinguish the difference between a partially erupted molar and a paramolar by interviewing the patient about her dental history.
- c. Reflecting on my clinical treatment and faculty feedback, I feel my clinical weakness was time management. The patient has tight gingival and her calculus was very deep. In the beginning I didn't use the new senior instruments, like the Navi 4 and SN 135, for the deeper pocket posterior teeth so a lot of time was spent on the residual calculus on the posterior tooth using gracey 11/12 and 13/14. I was only able to scale one quadrant per visit so it took a much longer time for me to complete N. H. than usual. However, after we learned to use the cavitron, I was able to finish 2 quadrants and engine polishing in one single session.