Zoe Stern

Journal 1 Entry

DEN 1200 - Spring 2019

New York City College of Technology

**Journal #1**

**1. DEMOGRAPHICS**

 D.N., 20 years old Caucasian male, Light/Type III.

**2. ASSESSMENT**

a. Patient presented for an initial visit. Blood Pressure: 137/79, Pulse: 116. ASA 2. Patient’s last dental cleaning and FMS done one year ago. Patient had a root canal done as well at that time.

b. Patient is a non-smoker, non-drinker.

c. Patient does not need premedication.

d. Patient reports he has seasonal allergies, Attention Deficit Disorder, and Irritable Bowel Disease Unidentified.

e. Patient takes the following medications: Concerta 54mg once daily and Ritalin 10mg once daily for Attention Deficit Disorder; Sulfasalazine 1000mg twice daily for Irritable Bowel Disease Unidentified; Loratadine 10mg once daily and Singular 10mg once daily for seasonal allergies; Lactose Digestive Advantage 32mg once daily for Folate deficiency; Zoloft 50mg once daily and Zyprexa 5mg twice daily for anxiety.

**3. ORAL PATHOLOGY**

a. Extra oral exam was within normal limits. Intraorally, the patient had a moderately coated tongue, as well as elongated, blunted papilla and inflamed gingiva.

**4. DENTITION**

a. Angle’s Classification: The patient has a bilateral class I occlusion. Overjet 4mm. Overbite 30%.

 b. He has a porcelain crown on teeth #21 and #30. Root canal previously on tooth #30. Attrition on teeth #6, 7, 8, 9, 10, 11, 22, 23, 24, 25, 26. Demineralization present on teeth #6, 7, 11, 12, 13.

 c. Active caries found on #3-B, 5-DO, 9-I, 11-I, 12-O, 16-O. Carious lesions status high risk. Referral given for caries.

**5. PERIODONTAL**

 a. Patient was a Periodontal Type III - 4-5mm with localized 6mm PD on left maxillary buccal with moderate BOP. No recession present. Heavily marginal generalized plaque present and localized interproximal calculus found on teeth #4M, 5D.

 b. Gingiva is red, blunted, enlarged, and firm. Marginal redness with inflammation and bulbous papilla is present.

**6. ORAL HYGIENE**

 a. Light case value. Initial PI score of 2.3 (poor). Second visit PI improved to 2.2 (poor).

 b. Heavy, marginal, generalized plaque present and localized interproximal calculus found on teeth #4-M, 5-D.

 c. OHI: modified bass technique due to marginal plaque found, drinking water to help demineralization, and using Biotine mouthwash rinse for dry mouth.

**7. RADIOGRAPHS**

 a. Patient was recommended for 4HBWs to further assess Periodontal Type III radiographic bone loss.

 b. Radiographs were not available during data collection.

 c. Radiographs were not available during data collection.

**8. TREATMENT MANAGEMENT**

 **a. State your proposed treatment plan and then elaborate on each visit; including clinical treatment provided as well as preventative services.**

The proposed treatment plan involved an oral hygiene instruction of modified bass technique, followed by flossing at his second visit. In addition, a full mouth hand scaling, engine polish, and fluoride varnish treatment was recommended. Lastly, a referral was then proposed for the patient to set up a dental exam to inspect carious lesions.

 **b. Any medical, social or psychological factors which impacted on the treatment?**

 Factors that may have impacted on the treatment could have been the patients Xerostomia, which most likely resulted from adverse effects of the patient’s medications. This caused the patient to get up several times in need of a drink of water or beverage.

 **c. State your patient home care goals for this patient and identify the physiotherapeutic aids(s) recommended along with rationale.**

 For this patient, who had told me originally that his normal routine involves brushing his teeth once monthly, my main goal was to introduce the habit of brushing and reinforce the importance of oral hygiene. I wanted for him to see it, not as a chore, but as an important step in improving his oral health. This involved showing him, through the plaque index, his plaque build-up near the gingival margin.

 **d. What was the patient’s response to the interventions introduced and taught?**

 Doing the plaque index on the patient set a goal for him to improve his brushing habits. He embraced seeing the plaque with much interest. By teaching the modified bass technique, he was able to brush himself and feel all the areas he had been missing. My goal was to hopefully let the patient feel determined to lower his score and better his oral hygiene regimen.

**e. Did the patient seem more interested in his/her oral health as treatment progressed?**

 The patient seemed more interested in his oral health following the improvement of his plaque score and reduction of his gingival inflammation. He wanted to repeat the plaque index repeatedly, enjoying the lower scores and the opportunity to see where he had missed. He had taken pictures throughout each visit, monitoring on his own where he had improved on.

 **f. Describe changes in the patient’s gingival tissue from initial visit to completion.**

 In the initial visit, the patient’s gingiva was red, enlarged, firm, and blunted. The patient felt sensitivity and pain associated with touching the gingiva. During the second visit, the gingiva had remained moderately inflamed, with specifically marginal redness and bulbous papilla. During the last visit, the gingiva had improved on the posterior surfaces. While still moderately inflamed on the maxillary anterior, the BOP had improved drastically.

 **g. Identify any additional interventions developed with the patient as treatment progressed.**

 Because of recurring breaks to take a drink, caused by the patient’s Xerostomia, the topic of water and its health benefits came into his interventions. We had discussed the importance of fluoride and the ways that it would benefit his oral hygiene regimen, especially in his case with generalized demineralization. He had been excited to take on this intervention as well.

 **h. Identify whether patient was referred to DDS, or MD and reason.**

This patient was referred to a DDS, in the initial visit for his dental caries on #3-B, 5-DO, 9-I, 11-I, 12-O, 16-O. This patient had restorations, previously, that had completely worn out and needed replacing. Depending on the radiographic bone loss and radiographic findings, the patient may need to have a periodontal disease evaluation as well.

 **i. In hindsight would you have changed any part of your treatment plan or patient education plan?**

 In my opinion, I would not have changed any part of my treatment plan or patient education plan. I think that for this specific patient, he needed the care of a correct oral hygiene instruction and to learn the importance of general brushing every day. I think that it was correct to refer him for a dental exam to assess his dental caries and possibly his Periodontitis. His radiographs, although unavailable however, will be needed in the future for further discussion of how to determine which type of Periodontitis he fits into exactly, and where to further treat his needs.

**9. REFLECTION**

1. **Did you accomplish everything you planned; both educational and mechanical, for this patient?**

 I felt that I did accomplish everything that I had planned in my three visits with this patient. I do feel, however, that in the case of this patient, he will need continuous care every 3 months to improve his oral health. Between the times of our visits, I felt that he was motivated and excited to improve his oral health and I hope that this can continue beyond the clinic. I had given this patient the tools, both educationally and mechanically, but it is his responsibility, ultimately, if he decides to use them or not.

 **b. Reflecting on your clinical treatment and faculty feedback, identify what you feel was your clinical strength or a positive experience, which may have occurred during the treatment of this patient.**

 I learned from this patient case that I have a strong skill as a patient educator. While many parts of the patient’s treatment did not entail many clinical skills, with little calculus and scaling, I was able to converse with the patient well and change his views on his oral hygiene regimen. I felt confident in the information that I was providing to the patient, and was able to develop a relationship where the patient felt confident to ask me questions as well. This back and forth allowed for the patient to not only learn about his oral health, but to improve and implement skills that he now has.

**c.** **Reflecting on your clinical treatment and faculty feedback, identify what you feel was your clinical weakness or a negative experience, which may have occurred during the treatment of this patient.**

 For this patient, my biggest weakness was conducting the medical history forms. Not being prepared for the list of medications that I received when the patient first arrived, set me back in my time management. I felt that this resulted in rushing and stressing when I should have better prepared myself for the patient’s arrival. I have learned to ask the correct questions before a patient arrives, so that I am better prepared and relaxed throughout the medical history process.