Zoe Stern

Journal 1 Entry

DEN 1200 - Spring 2019

New York City College of Technology

**Journal #2**

**1. DEMOGRAPHICS**

 M.C., 58 years old African American female, Light/Type I.

**2. ASSESSMENT**

 a. Patient presented for an initial visit. Blood Pressure: 104/73, Pulse: 64. ASA 2. Patient’s last dental visit was in December 2018, where she had a dental cleaning and FMS done.

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

 c. Patient does not need premedication.

 d. Patient reports she has controlled Hypertension and glaucoma.

 e. Patient reports taking Telmisartan 25mg once daily for Hypertension and Brimonidine eye drops twice daily for her glaucoma.

**3. ORAL PATHOLOGY**

 a. Extra oral exam was within normal limits. Intraorally, the patient had prominent Linea alba present as well as an Amalgam tattoo above tooth #11.

**4. DENTITION**

a. Angle’s Classification: The patient had bilateral class I occlusion, with a tendency to class III on the right side. The patient also had a cross bite present on teeth #27 and #28. Overjet 2mm. Overbite 20%.

 b. Patient had a porcelain to metal crown present on teeth #3 and #30. The patient was missing teeth #1, #14, #16, and #17. The patient also had amalgam fillings on teeth #2- OM, #15-OBL, #18-O, #19-OB, #31-O, and #32-O. Patient had abrasion present on teeth #4, 6, 7, 8, 18, 19, 20, 27, 28, 29. Tooth abfractions were present on teeth #5, and #20. Attrition was present on teeth #22, 24, 25.

 c. Patient had no active caries found clinically.

**5. PERIODONTAL**

 a. Patient was a Periodontal Type I. She had generalized 3-4mm PD, with slight bleeding upon probing.

 b. Patient had pink, stippled and firm gingiva that hugged the tooth with pyramidal papilla. Patient had slight inflammation present on maxillary and mandibular molars and anteriors.

**6. ORAL HYGIENE**

a. Patient had a plaque score of 0.67 (fair) during her visit. She will be reassessed at her 3 month follow-up visit.

 b. Patient had moderate calculus present on her mandibular anterior facial and lingual surfaces. She also had slight calculus on teeth #30-D, 31-D, 32-MD. She was classified as a light case value.

 c. Based on assessments done, the oral hygiene instruction that was given was teaching flossing. This technique was taught with emphasis on the anterior surfaces.

**7. RADIOGRAPHS**

a. The patient did not require radiographs, as she had been exposed just last year with a full mouth series.

 **8. TREATMENT MANAGEMENT**

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

 For this specific case, all preventative services and clinical treatments were administered on the same day as initial visit. Patient education was given to promote flossing daily, as this was not part of the patient’s normal regiment. A full mouth hand scaling as well as engine polishing was also administered. The patient then was cleared and made her next appointment for a 3-month recall visit.

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

 The patient’s hypertension was the main concern throughout the visit. The patient originally had a high reading, but she claimed it had resulted from rushing into the clinic building from the train station. Upon a retaking of blood pressure, she had a normal reading, which allowed for treatment to be administered at the same day as initial visit. However, patient was not able to lay back too far and get up too quickly from the chair, or she would not feel well.

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

 The goal for this patient would be to continue with her new flossing regimen into her daily routine, and possibly lower her plaque score and pocket depths. She was a diligent patient that regularly brushes twice daily and uses mouthwash twice daily. This added benefit would allow the patient to fully see the results that she was hoping for in her oral health.

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

 The patient had been very open-minded to the idea of flossing daily. She had recalled not enjoying it when she was younger, over 20 years ago, and had converted to using a Waterpik as an alternative at the time. While I had suggested at first to continue use of the Waterpik, she assured me that she never used it and would most likely not use it as it was too big and bulky. Therefore, she was open to the idea of flossing again.

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

 The patient had clearly cared about her oral hygiene, and was interested from the very start at her oral hygiene progress. She was curious in knowing how she had been handling her oral hygiene thus far, and was surprised in the amount of calculus that we had come across. She seemed encouraged, just by our findings, to monitor her oral hygiene regimen better and to improve her plaque score for her next planned visit.

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

 Because the patient had only one visit, we were not able to see her changes in gingival tissue at her next visit. Next semester, however, she will be able to assess how her plaque score has changed and if the slight inflammation that had been found on her maxillary and mandibular anteriors and molars has improved.

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

 An additional intervention that had been discussed with the patient during her visit, was the change of mouthwash to Biotine from Listerine. While we advised that any mouthwash would show benefits, the Biotine would help with her dry mouth that she claimed she had sometimes because of the medications that she was taking.

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

This patient was not referred to a DDS or MD for any reason. She was only recommended to continue seeing her regular healthcare specialists, and her regular dental visits for cleanings.

 **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, she needed the care of a correct oral hygiene instruction and to learn the importance of general flossing every day. While she is a good overall patient, this added benefit will put her in an even better position for her oral health. I would have liked to examine her previous dental x-rays for further diagnosis, but as nothing had clinically shown to be harmful, and the patient was not in pain, it was acceptable to continue treatment and re-examine at the next visit.

**9. REFLECTION**

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

While I do not feel that I was able to accomplish my educational goals, I was able to provide proper mechanical treatment for this patient. I feel that this patient was well taken care of and that her oral health is in a good state for the next 3 months. I was able to properly hand scale her whole mouth and engine polish, in one visit, leaving the patient extremely satisfied with her dental experience. I was not, however, able to show the patient the changes that she might have made with her oral instruction, further motivating her to continue on with flossing. This left me with no assessment of changes for her inflammation or gingival tissue. Ultimately, it will be her responsibility to continue on with her instructions without the proper motivating tools.

 **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.**

For this case, I had been very proud of my accomplishment of time management with this patient. I had never imagined that I would be able to complete both assessment, treatment planning, and proper administering of treatment all in one visit. This left me with the belief that I can grow and get even better with time management, and I am confident that I know the information and clinical skills well enough to get even better. While this was only a light patient, I felt that the educative skills I have been working on have improved and that I am becoming an educator myself on the correct oral hygiene instruction. This patient felt confident in me, as well, in feeling she could ask me questions and learn from my knowledge of oral health.

 **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.**

 I had been using the clutch of having quick revisit appointments as the opportunity for patient education and motivation. I regret, now reflecting on this visit, not having an alternative to properly motivating my patient well enough in a one visit timeframe. Without the patient seeing the changes that she had made through oral instruction, I had not thought of a way to assure that the patient would continue with her oral hygiene instruction. I just have to hope that she is diligent in wanting the best of her oral health and that I had explained the benefits of flossing well enough to her that she may carry on with the newfound information into her regiment.