

1554

WESTERN STATE SCHOOL AND HOSPITAL

LIAISON COMMITTEE MEETING

Thursday, September 25, 1975

Dr. Craig Mulvihill, the dentist, was the guest.

Dr. Mulvihill: October 1974 the anogesa program began. Delayed several months due to state red tape.

Only one person would not allow the tranquilizer to be put in the vein (I.V. sedation). Valium and demorel are used. A local anesthesia is used.

Dr. Scott: Questioned how 20 fillings on one person would be recorded in medical report. She never saw more than 6 to 8 fillings on the monthly report.

Dr. Mulvihill: It was a while ago, several months back, when we had so many fillings in one month.

Alice Goldberg: Would you extract a tooth without parents' permission?

Dr. Mulvihill: Depending upon whether I could get parents. If I can't get parents, I will extract without permission.

Question: Is a surgical consent needed?

Dr. Mulvihill: Before we do an I.V. sedation, we will get a surgical consent.

Jack M.: How often will residents be seen by dentist?

Dr. Mulvihill: Lodge residents once every three/four months. Once every six months for cottage residents. We periodically review our files to pick up residents who we missed.

Jack M. & Harry G.: A heated discussion about DPW's failure to hire according to legislation 75-A occurred, tabled.

Dr. Mulvihill: You don't need as much cooperation from patient for an extraction as a filling.

Dr. Mulvihill: I give the attendants a pep talk when they first come into the institution (attendant training).

Jack M.: How often do we have prophylactic exams done on the residents?

Dr. Mulvihill: At every examination, there is prophylactic and fluoride treatment done.

Question: Is there a record of extractions per month?

Dr. Mulvihill: Yes, in the medical department's report.

Question: If there use to be two dentists and now there is one, they why has this come about?

Dr. Mulvihill: No answer. But I guess they felt if I was crazy enough to stay here, there wasn't a need for a second person. Crazy because the patients are so hard to work with.

Alice G.: How about using residents personal funds to get outside dental care instead of buying furniture or losing it to the state?

Dr. Scott: It is a good idea, I will look into it.

Question: Is it possible to give parents an option to be consulted if work needs done?

Dr. Scott: Where we cannot get a hold of a parent or guardian in three days, then permission is granted by Superintendent and Commissioner to do a surgical operation.

Question: Do you have an adequate amount of equipment?

Dr. Mulvihill: Need one lounge chair for general anesthetic, a high speed suction, small head high speed hand piece.

Question: Could a volunteer straighten up your follow-up system which has broken down?

Dr. Mulvihill: A volunteer would probably get it screwed up.

Jack M. & Dr. Mulvihill: Fought over whether Dr. M. should compromise the number of visits because of transportation difficulties.

Jack M.: Dr. Scott should Dr. Mulvihill be in the transportation business?

Dr. Scott: No.

Dr. Mulvihill: We only miss 1 or 2%.

Parent: If that 1% missed is my child, that is 100%.

Alice G.: Is standing table exercise a legitimate reason to miss an exam?

Dr. Mulvihill: No, the reason was those little bugs were flying around and I don't need lice in the dental office.

Alice G.: It sounds like you still just see what's wrong but don't take care of the care that's needed.



Dr. Mulvihill: That's right. Because we don't have a general anesthesia program.

Jack M. & Dr. Mulvihill: Discussed intensely the lack of an organized program. Dr. Mulvihill agreed that the (dental) program is a failure.

Dr. Scott: What kind of help can we get from Dr. Forest, Dean of Dental School.

Dr. Mulvihill: As soon as we get a power cord and get general anesthetic consent from parents, we will do one a day (twice a week).

Question: Can we get the Pitt Dental Clinic to work on some of our residents?

Dr. Scott: Yes. Dean Forest will help us.

Question: How about contacting community dentists and HCC for assistance?

Jack M.: We need to know what the program is.

Alice G.: Will you, Dr. Mulvihill, devise a plan of what is needed for adequate dental care?

Question: How do you get those men and women who work?

Dr. Mulvihill: Once every six months, I will see the people working late at night.

Question: Is there an impacted wisdom teeth problem?

Dr. Mulvihill: Panarex x-rays showed impacted wisdom teeth.

Question: Periocart - do you still need one? How is the oral care?

Dr. Mulvihill: A marked improvement in oral care as a result of Right to Education.

Dr. Scott: In the areas of Right to Education, it should be done each day.

Dr. Mulvihill: The periocart is in storage.