

Patient Case Presentation

Katie Hart & Alexis Peterson

Medical/Dental History

- New pt., female, age 20
- BP was 126/80, elevated
- Last known dental visit Oct. 2020
- No significant findings in health or dental history
- Ear surgery in March 2021, did not effect treatment
- No allergies

MEDICAL HISTORY

PLEASE ANSWER EACH QUESTION - THIS INFORMATION IS CONFIDENTIAL AND FOR OUR RECORDS ONLY

- Are you in good health? YES ☒ NO ☐
- Has there been any change in your general health within the past year? YES ☐ NO ☒
If so, explain: _____
- Date of last physical exam: Feb 2021
- Are you presently under the care of a physician? YES ☐ NO ☒
- Have you had any serious illness, surgery or been hospitalized in the last 5 years? YES ☒ NO ☐
If so, describe: ear surgery 3/2021
- Have you ever had an adverse reaction to latex products? YES ☐ NO ☒
If so, explain: _____
- Do you have any allergies to drugs or medications? YES ☐ NO ☒
If so, list: _____
- Please list any allergies or hypersensitivities: _____
- Are you taking any drugs or medications? YES ☐ NO ☒
If so, list: _____
- Do you have or have you had any of the following diseases or problems:

	YES	NO	YEAR	COMMENTS
a. Rheumatic fever		<input checked="" type="checkbox"/>		
b. Heart murmur		<input checked="" type="checkbox"/>		
c. Artificial heart valves/shunts		<input checked="" type="checkbox"/>		
d. Abnormal heart condition		<input checked="" type="checkbox"/>		
e. Heart attack		<input checked="" type="checkbox"/>		
f. Cardiac pacemaker		<input checked="" type="checkbox"/>		
g. Artificial joints		<input checked="" type="checkbox"/>		
h. High/low blood pressure		<input checked="" type="checkbox"/>		
i. Blood disorder		<input checked="" type="checkbox"/>		
j. Healing complications		<input checked="" type="checkbox"/>		
k. Immunosuppressive disorder		<input checked="" type="checkbox"/>		
l. Diabetes		<input checked="" type="checkbox"/>		
m. Hepatitis/jaundice		<input checked="" type="checkbox"/>		
n. HIV/AIDS		<input checked="" type="checkbox"/>		
o. Sexually transmitted disease		<input checked="" type="checkbox"/>		
p. Kidney disease		<input checked="" type="checkbox"/>		
q. Respiratory disease TB/Asthma/Hay Fever		<input checked="" type="checkbox"/>		
r. Arthritis		<input checked="" type="checkbox"/>		
s. Ulcers		<input checked="" type="checkbox"/>		
t. Stroke		<input checked="" type="checkbox"/>		
u. Chemically dependent		<input checked="" type="checkbox"/>		
v. Anemia		<input checked="" type="checkbox"/>		
w. Leukemia		<input checked="" type="checkbox"/>		
x. Malignancies		<input checked="" type="checkbox"/>		
y. Benign tumors/cysts		<input checked="" type="checkbox"/>		
z. Emotional/nervous problems		<input checked="" type="checkbox"/>		
zz. Epilepsy/CNS disorders		<input checked="" type="checkbox"/>		

- Are you pregnant? YES ☐ NO ☒
- Do you wear contacts? YES ☐ NO ☒

Extra/Intra Oral Exam

- Slight pain on left TMJ when opening wide
- Patient had limited jaw opening, classifying them as special needs
- Chapped skin near mouth

Hard Tissue Exam Findings

- Patient had braces on all teeth except third molars
- Patient has 28 teeth, #4, 13, 28, and 21 were extracted so teeth could correct properly with braces
- No restorations or sealants
- Occlusion Class 1 on both sides, 3 mm of Overjet
- Slight overbite and overjet of 3mm

Hard Tissue Exam

Date	Prov	#	Code	Description	Tooth	Surface	Status	Amount	Show	Appt
4/7/2021	KH		CL1	DAC 1			Completed	0.00	X	
4/7/2021	SK2		01204	TOPICAL AP. OF FLUORIDE L...			Completed	0.00	X	
4/7/2021	LSC		01110	PROPHYLAXIS-ADULT			Completed	0.00	X	
4/7/2021	LSC			Braces	31		Condition		X	
4/7/2021	LSC			Braces	30		Condition		X	
4/7/2021	LSC			Braces	29		Condition		X	

Periodontal Screening Exam Findings

- Patient had healthy gums, 1-3mm pockets, very minimal bleeding.
- Gingival assessment:
 - Marginal: Light pink, localized rolling on posteriors, edematous mandibular anteriors
 - Papillary: Light pink, filled most spaces, stippled
 - Attached: Light pink, non-movable, stippled
- DAC I, calc accumulation on lingual mandibular anteriors

Periodontal Screening Exam



Patient asked what probing was and why it was necessary: Showed patient the probe and explained that we check for “gum disease” through measurements. Increments of 3 mm or less equal healthy gums and 4mm or greater are indications of inflammation, bleeding or “gum disease”. Clarifying that gums can harvest bacteria that infects this space, by not being cleaned out consistently it creates those 4,5,6mm spaces over time. Pointed out that this is why it is so important to be flossing, using a waterpik, or floss threaders - These things will keep the gums strong and healthy!

Auto Notes

Pt presented and consented for care in hygiene clinic: NP, 20 yo female

Primary complaint: none

Rev. HH; Significant findings: ear tubes placed March 2021

Vitals: 126/80

ASA Class: I

Last known dental visit: October 2020

IO/EO screen: slight pain in left TMJ when opening wide

HTC/significant findings: braces

Occlusion class: R: 1 L:1 Overbite: slight Overjet: 3 mm

Perio Stage and Grade: N/A

Gingival assessment below=

-Marginal (color, contour, texture): light pink, rolled on posteriors, edematous mandibular anterior

-Papillary (color, contour, texture): light pink, fills most spaces, stippled

-Attached (color, contour, texture): light pink, non-movable, stippled

Risk assessment: moderate for caries

DDS screen done by: N/A

DDS authorization for: N/A

Consent/TV also: DUCB

Auto Notes

-Papillary (color, contour, texture): light pink, fills most spaces, stippled

-Attached (color, contour, texture): light pink, non-movable, stippled

Risk assessment: moderate for caries

DDS screen done by: N/A

DDS authorization for: N/A

Consent/TX plan: DHCP

Services provided: DW, POH, PD whole mouth, brush w/ toothpaste, floss, fluoride rinse

Current OH Practices: manual toothbrush, floss once a week

Oral hygiene instructions: electric toothbrush, bass & charters method, floss everyday

N.P.I. Score: N/A

Recommended DH recall: 6 months

Noted on x-ray by DDS: N/A

Referrals made: Patient was referred to their DDS for an exam

Other comments: none

DAC: I

DHCP completed (YES/NO; if no, indicate reason for next visit): yes

Signature: K Hart 2, L. Gerard, RDH

Dental Hygiene Care Plan

Discussed what we could accomplish at the visit:

- Discussed NPI and why it's helpful
- Got consent for fluoride rinse
- Explained Periodontal scaling/debridement and what we hope to achieve by the end of their appointment

Dental Hygiene Care Plan

- Did not end up doing NPI
- Special needs not checked yet
- DHCP was completed in one appointment
- Services provided: Medical history, DW, POH, PD throughout whole mouth, brush w/toothpaste, floss, fluoride rinse

Student Name: Katherine Hart

I. Assessment Plan

Dental History:
October Date of last visit
 Type of treatment at last appointment
☒ Prophylaxis
☐ Operative
☐ Exam X-rays
☐ Oral surgery
☐ Perio treatment
☐ Other (specify)

Current:
☒ Medical History Premedication
☒ Blood Pressure Screening
☒ Extra/Intra-Oral Exam
☒ Periodontal Screening Exam
☐ Dentist Screening
☐ Dental Radiographs
☐ FMX BWX Pan PA (specify)

II. Dental Hygiene Care Plan

A. Patient Education Counseling
☒ Plaque Index
☒ Oral Hygiene Instructions
☒ Brushing Methods (specify) charts, bass Brush Type (specify) electric
☒ Floss Type (specify) waxed, threader
☐ Adjuncts (specify)
☒ Risk Assessment (specify categories) moderate for caries
☐ Other (specify)

B. Instrumentation and Soft Tissue Management
 Pain Control: local topical N₂O/O₂ other
☒ Periodontal Scale
☐ Root Plane Airpolisher
☐ Ultrasonic Scaler Subgingival Irrigation
☐ Mechanical Polish
☒ Fluoride Application: ☒ rinse gel foam varnish
☐ Other (specify)

C. Expanded Services
☐ Clean Removable Prosthesis
☐ Impressions: maxillary mandibular
☐ Sealants (teeth #) DDS:
☐ Amalgam polish (teeth and surfaces) DDS:
☐ Margination (teeth and surfaces) DDS:
☐ Other (specify)

D. Specialized Patient Competencies
 Peds (10 & under) Adolescent (11-17) Adult (18-64) ☒ Geriatric (65 & older)
 Maintenance Orthodontic ☒ Partially Edentulous Special Needs

E. Post-Op Instructions (specify)

F. Recall Interval/Specify 6 months

Risk Assessment

- Moderate risk for caries because of orthodontics
- ASA Class I
- Edematous tissue
- Family history of diabetes
- Patient had limited jaw opening, classifying them as special needs.

RISK CATEGORY	CARIES RISK CLASSIFICATION		AT INITIAL VISIT FOR PATIENTS WITH NO HISTORY OF LAST CARIES EXPERIENCE CANNOT BE DETERMINED
	AGE CATEGORY FOR RECALL PATIENTS		CHILD, ADOLESCENT AND ADULT
	CHILD AND ADOLESCENT	ADULT	
LOW □	No carious lesions in last year Coalesced or sealed pits and fissures Good oral hygiene Appropriate fluoride use Regular dental visits Low Diagnodont readings No current suspicious areas	No carious lesions in last three years Adequately restored surfaces Good oral hygiene Regular dental visits Low Diagnodont readings No current suspicious areas	A person with no decayed, missing or filled surfaces (DMFS = 0)
MODERATE ✱	One carious lesion in last year Deep pits and fissures Fair oral hygiene Inadequate fluoride White spots and/or interproximal radiolucencies Irregular dental visits Orthodontic treatment Moderate Diagnodont readings Minimal suspicious areas	One carious lesion in last three years Exposed roots Fair oral hygiene White spots and/or interproximal radiolucencies Irregular dental visits Orthodontic treatment Moderate Diagnodont readings Minimal suspicious areas	A person with past caries experience, (DMFS > 0) and/or one active lesion
HIGH □	2 or more carious lesions in last year Past smooth surface caries Elevated <i>mutans streptococci</i> count Deep pits and fissures No/little systemic and topical fluoride exposure Poor oral hygiene Frequent sugar intake Irregular dental visits Inadequate saliva flow Inappropriate bottle feeding or nursing (infants) High Diagnodont readings Numerous suspicious areas	2 or more carious lesions in last year Past root caries; or large number of exposed roots Deep pits and fissures Poor oral hygiene Frequent sugar intake Inadequate use of topical fluoride Irregular dental visits Inadequate saliva flow High Diagnodont readings Numerous suspicious areas	A person with past caries experience and/or two active caries or one smooth surface lesion

POH

- NPI: N/A due to braces
- Patient stated that their current oral hygiene routine is brushing twice a day with a manual toothbrush, and flossing once a week.
- Encouraged regular 6 month cleaning appointments, explaining her higher risk for decalcification. Further explained that decalcification is white spots on the teeth that will appear around where the brackets are currently. Informed the patient that these spots are permanent, and will be very noticeable once braces are removed. To avoid this, recommended patient brush twice a day, preferably with an electric toothbrush using the Bass and Charter's method. Discussed flossing more frequently, with the eventual goal to be flossing everyday, and tongue brushing. Demonstrated proper brushing techniques, as well as flossing with a floss threader and Super Floss. Also suggested a Waterpik for flossing between braces.

POH: Continued

- During the Risk Assessment & POH nutritional status was discussed. Explained the importance of avoiding foods that can damage or break the structures, specifically crunch, sticky, hard, or tough foods. Gave examples such as: nuts, toffees, popcorn, hard taco shells, hard candies and gum. Stating that these foods can damage the braces and teeth, and prolong wearing-time. Noted that even healthy foods like apples have to be eaten with care.
- Overall summarizing the importance of avoiding foods that can pull the brackets away from your teeth, requiring a dental visit to repair the damage. A good diet while wearing braces relies on foods that are easy to chew and don't put too much pressure on the teeth.

Dental Hygiene Therapy

- NPI was not performed, due to braces
- Was concerned about the braces but was still able to debride in a timely manner
- Probing was difficult due to brackets on braces being so close to the gumline, especially on posteriors

Reflection

- May have tried a bite block to help with patient's limited opening
- Unique experience as this was my first patient with braces