



Patient Evaluation

Dr Preety Tuli

What we will learn in Patient centered care !

1. Gather information from patient
2. Explain required investigations/ findings/diagnosis
3. Discuss medical questionnaire/perform review of system, precautions considered while planning extraction.
4. Problem list
5. Explain treatment plan (PHASES)
6. Managing acute problems (Acute Phase)
7. Disease control phase-Common Conditions & Their Management
8. Definitive Phase – Active Clinical Management; Replacement & Maintenance

Case Scenario – Irreversible Pulpitis

Scenario: A 32-year-old male presents with severe, lingering pain in the upper left molar region, especially when consuming hot beverages. The pain often radiates to the ear and worsens at night, disrupting sleep. Patient is medically healthy and non-smoker.

Clinical Findings includes deep carious lesion with respect to tooth 26. Diagnostic test revealed prolonged pain on thermal testing (especially heat) and tenderness on percussion.

IOPA with respect to 26 shows large radiolucency approaching the pulp in tooth 26.

Explain findings and diagnosis.

Basic steps to follow

Acknowledge Chief Complaint

Gather specific (Medical and Dental):

- Any recent dental treatment

Clinical Exam Findings (Problem List):

- Deep caries close to pulp
- Prolonged response to thermal test
- Tender on percussion

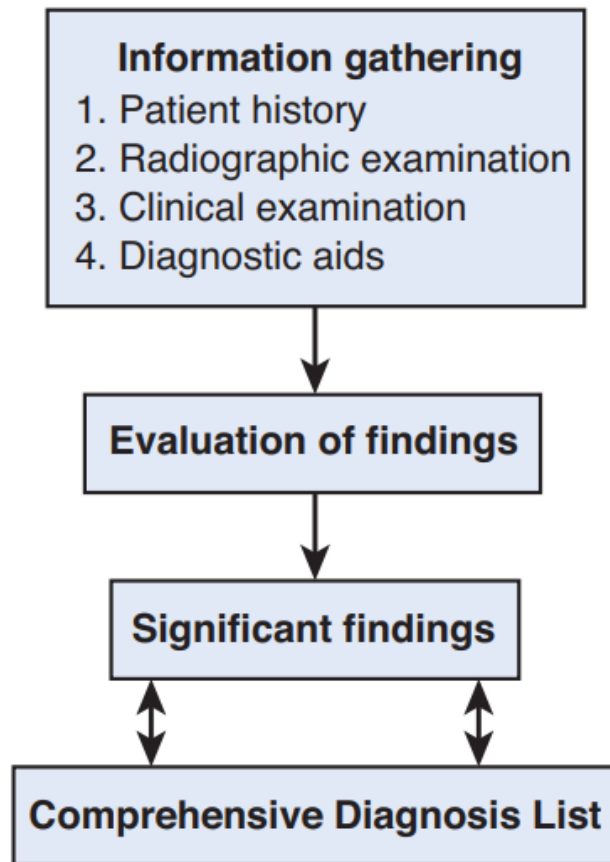
Cause and Course of Illness:

- When did the pain start
- Any history of deep decay or trauma
- Is the pain spontaneous or only on stimulus
- Pain relieved by medication or persists

Diagnosis –

Irreversible pulpitis is an inflammation of the pulp that cannot heal on its own and usually requires root canal treatment to save the tooth. **Symptomatic Apical Periodontitis** means that the inflammation has extended beyond the inside of the tooth and is now affecting the bone around the root.

DIAGNOSTIC WORKFLOW



Letter	Component	Explanation
C	C hief Complaint	What patient reports as primary reason for visit
O	O ther Conditions	Medical & dental history (systemic diseases, allergies, medications, etc.)
F	F indings – Clinical	Extraoral and intraoral examination findings
F	F indings – Radiographic	Radiographic interpretation (periapicals, OPG, bitewings, etc.)
E	E stablish Diagnosis	Synthesizing clinical + radiographic + history to conclude diagnosis
E	E xecute Treatment Plan	Phased treatment planning based on the diagnosis

CHIEF COMPLAINT

- Caries and non-carious lesions
- Periodontal/ pulp/ or Peri-apical pathology
- Pathology of the periodontium
- Defective restorations, an oral prosthesis and/or implants
- Disorders of the temporomandibular joint (TMJ)

HISTORY OF PAIN- SOCRATES

- **S: Site**
- **O: Onset**
- **C: Character**
- **R: Radiates**
- **A: Associated symptoms**
swelling/discharge/fever/lymphadenopathy
- **T: Time/Duration**
- **E: Exacerbating/Relieving factors**
- **S: Severity**

HISTORY OF CHIPPING/FRACTURE

- Any history of recent trauma
- Was the tooth/ restoration in hyper occlusion
- Were lateral forces on the tooth excessive
- Has there been loss of vertical dimension of occlusion
- Any history of bruxism/clenching

Medical History

REVIEW OF SYSTEMS

- Look at Directives and distribute time accordingly.
- Refer to given history.
- Refer to the given Medical chart.

Learn Mnemonics for Review of Systems

Physician
Organize
Smart
Medical
Dental
Help



Physician follow-up



Onset of illness



Severity, Stability,
or Symptoms



Medications (dose,
type, duration)



Dental relevance
(modifications, complications)

Hospitalizations

Medication History

- Prescription medications
- Over-the-counter medications / herbal remedies / vitamins / nutritional supplements
- Any peculiar or adverse reaction to any medication
- Any blood thinners (*e.g., Coumadin, Xarelto, Pradax, Eliquis, Clopidogrel, Aspirin*)
- Any recreational drugs (*e.g., Cocaine, Marijuana, Amphetamines*)
- Personal history: *Smoking / Alcohol*

Past Dental History

Date of last dental examination.

Frequency of dental visits.

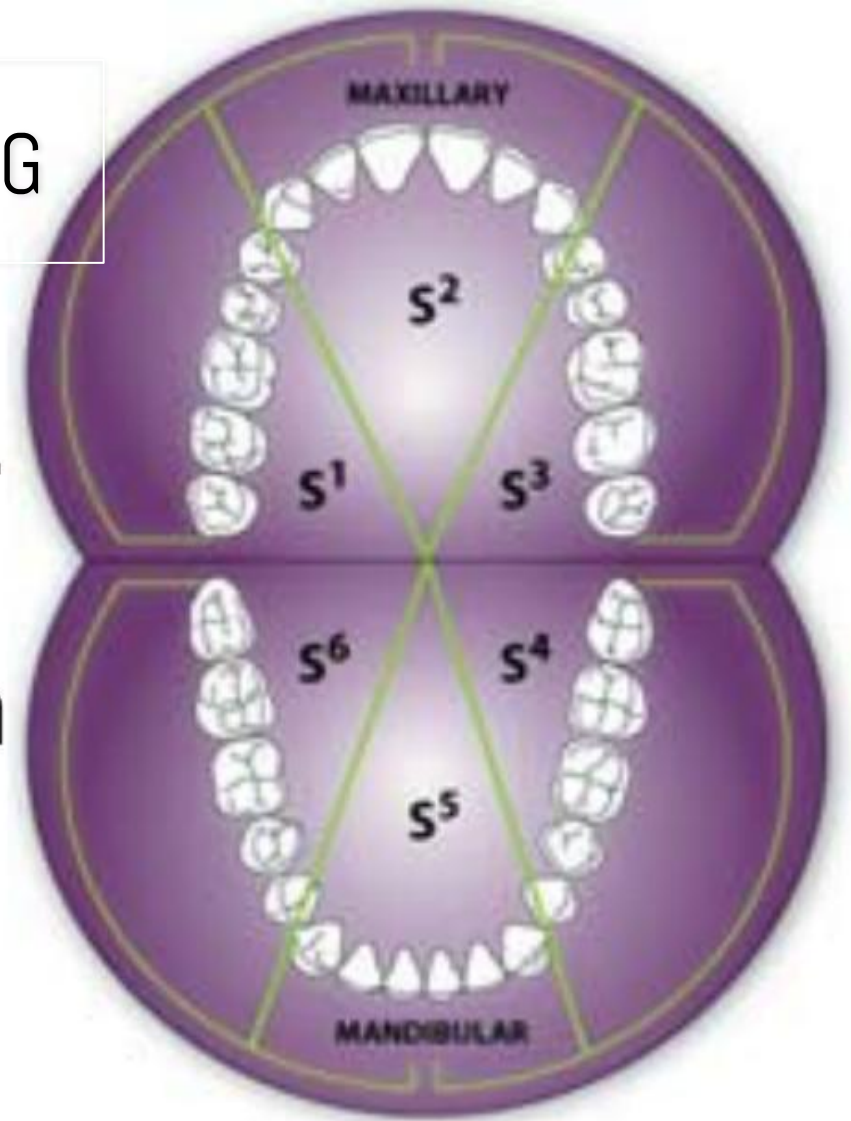
Types of treatment received, and history of any problems during past treatment.

Assessment/Diagnostic test

- Careful inspection.
- Pulp vitality testing
- Percussion test
- Mobility testing
- Occlusal assessment
- Selected radiographic or other imaging.
- Determination of the prognosis for a tooth

PERIODONTAL SCREENING & RECORDING

- Determine need for a comprehensive periodontal evaluation
- Evaluation of all sites at periodontal risk
- Adult patients, age 18 and older
- Sextants are labelled S1-S6



Periodontal Screening & Recording

0	Gingival tissues are healthy with no BOP	Implications
1	Bleeding on probing (BOP)	No further documentation needed.
2	Supragingival or subgingival calculus and/or defective margins are detected.	
3	probing depth between 3.5 and 5.5 mm.	Comprehensive periodontal assessment of entire mouth.
4	probing depth of greater than 5.5 mm.	
X	Any sextant that is completely edentulous.	
	Furcation involvement, mobility, mucogingival problems, or recession ≥ 3.5 mm	

Radiographic Examination

- **A thorough clinical examination, consideration of the patient history, review of any prior radiographs, caries risk assessment and consideration of both the dental and the general health needs of the patient should precede radiographic examination.**
- **Attempt to obtain previous radiographs.**

TYPE OF ENCOUNTER	PATIENT AGE AND DENTAL DEVELOPMENTAL STAGE				
	Child with Primary Dentition (prior to eruption of first permanent tooth)	Child with Transitional Dentition (after eruption of first permanent tooth)	Adolescent with Permanent Dentition (prior to eruption of third molars)	Adult, Dentate or Partially Edentulous	Adult, Edentulous
New Patient* being evaluated for oral diseases	Individualized radiographic exam consisting of selected periapical/occlusal views and/or posterior bitewings if proximal surfaces cannot be visualized or probed. Patients without evidence of disease and with open proximal contacts may not require a radiographic exam at this time.	Individualized radiographic exam consisting of posterior bitewings with panoramic exam or posterior bitewings and selected periapical images.	Individualized radiographic exam consisting of posterior bitewings with panoramic exam or posterior bitewings and selected periapical images. A full mouth intraoral radiographic exam is preferred when the patient has clinical evidence of generalized oral disease or a history of extensive dental treatment.		Individualized radiographic exam, based on clinical signs and symptoms.
Recall Patient* with clinical caries or at increased risk for caries**	Posterior bitewing exam at 6-12 month intervals if proximal surfaces cannot be examined visually or with a probe			Posterior bitewing exam at 6-18 month intervals	Not applicable
Recall Patient* with no clinical caries and not at increased risk for caries**	Posterior bitewing exam at 12-24 month intervals if proximal surfaces cannot be examined visually or with a probe		Posterior bitewing exam at 18-36 month intervals	Posterior bitewing exam at 24-36 month intervals	Not applicable



Systemic Assessment

Dr Preety Tuli

ASA Physical Status Classification

1

- Identify status of current medical condition

2

- Modify dental treatment based on systemic health

3

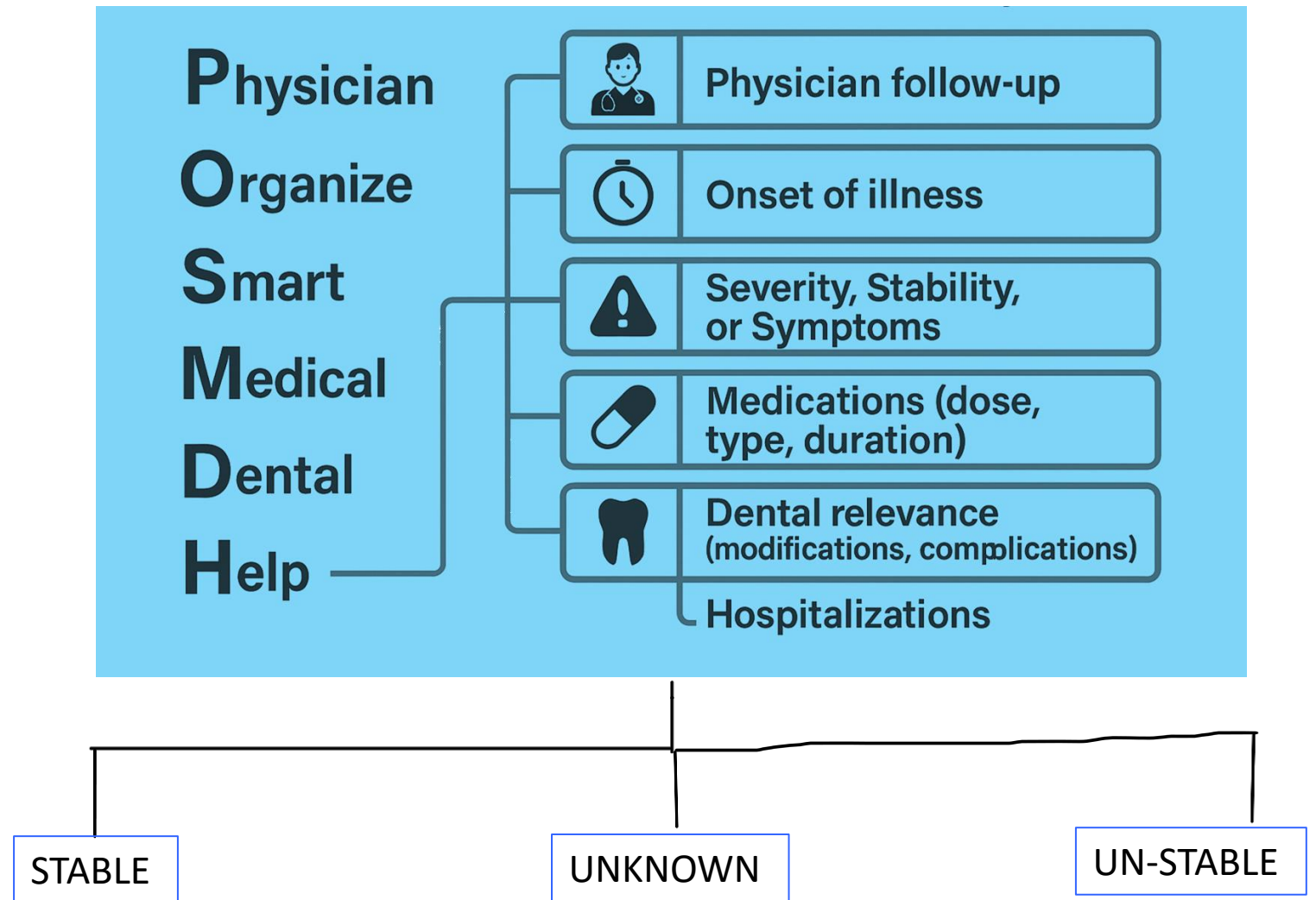
- Prevent Medical Emergencies in office

4

- Prevent Serious Postop complications

Review of system

Mnemonics



CONFIDENTIAL MEDICAL-DENTAL QUESTIONNAIRE

The information contained in the medical-dental questionnaire is necessary for the provision of dental care. Your dental record is protected by law and professional secrecy. It is kept in the office and only the dentist and authorized personnel may consult it and make entries.

Personal Information

First name _____
Last name _____
Gender ☐ F ☐ M ☐ X ☐
Date of birth
Health ins. No. _____ Expiry
Address _____
City _____
Province _____ Postal code _____

Dental Information

Reason for today's visit _____
Do you fear dental treatments?
☐ Not at all ☐ A little ☐ Very much ☐
Specify _____

This questionnaire will help the dentist and his or her staff provide the best possible care and reduce the risk of medical complications. It is in the patient's best interest to carefully fill it out and notify the dentist of any change in their health condition.

Operative precautions-For use by the professional

Modification(s) _____	Date <input type="text" value="YY/MM/DD"/>
Modification(s) _____	Date <input type="text" value="YY/MM/DD"/>
Modification(s) _____	Date <input type="text" value="YY/MM/DD"/>
Modification(s) _____	Date <input type="text" value="YY/MM/DD"/>

Medical history

- | | |
|--|--|
| 1. Would you like to speak privately with your dentist? | <input type="radio"/> Yes <input type="radio"/> No |
| 2. Are you being treated by a physician? | <input type="radio"/> Yes <input type="radio"/> No |
| 3. Have you ever had surgery or been hospitalized? | <input type="radio"/> Yes <input type="radio"/> No |
| 4. Do you have joint prostheses (hip, knee, etc.)? | <input type="radio"/> Yes <input type="radio"/> No |
| 5. Have you gained or lost a lot of weight recently? | <input type="radio"/> Yes <input type="radio"/> No |
| 6. Are you pregnant? | <input type="radio"/> Yes <input type="radio"/> No |
| 7. Are you breastfeeding? | <input type="radio"/> Yes <input type="radio"/> No |
| 8. Are you taking natural or homeopathic products? | <input type="radio"/> Yes <input type="radio"/> No |
| 9. Are you taking medication? | <input type="radio"/> Yes <input type="radio"/> No |
| 10. Are you taking birth control <input type="radio"/> or hormones <input type="radio"/> ? | <input type="radio"/> Yes <input type="radio"/> No |

Please indicate all medication (including birth control and hormones) that you are taking or have taken in the last 12 months

Medication and reason	Medication and reason

Please check Yes or No for each current or past condition

Blood disorders (hemophilia, anemia, prolonged bleeding)	<input type="radio"/> Yes <input type="radio"/> No
Heart conditions Infarction (heart attack), angina, surgery, etc.	<input type="radio"/> Yes <input type="radio"/> No
Heart infection (endocarditis)	<input type="radio"/> Yes <input type="radio"/> No
Surgery to replace or repair a valve /cusp	<input type="radio"/> Yes <input type="radio"/> No
Blood pressure <input type="radio"/> high <input type="radio"/> low <input type="radio"/>	<input type="radio"/> Yes <input type="radio"/> No
Dizziness, fainting	<input type="radio"/> Yes <input type="radio"/> No
Frequent headaches	<input type="radio"/> Yes <input type="radio"/> No
Jaw pain	<input type="radio"/> Yes <input type="radio"/> No
Liver disorders (hepatitis A, B, C, cirrhosis, etc.)	<input type="radio"/> Yes <input type="radio"/> No
Digestive system disorders or diseases Specify _____	<input type="radio"/> Yes <input type="radio"/> No
Stomach disorders <input type="radio"/> ulcer <input type="radio"/> reflux <input type="radio"/>	<input type="radio"/> Yes <input type="radio"/> No
Kidney disorders	<input type="radio"/> Yes <input type="radio"/> No
Diabetes	<input type="radio"/> Yes <input type="radio"/> No
Thyroid disorders	<input type="radio"/> Yes <input type="radio"/> No
Cancer (tumour) Specify _____	<input type="radio"/> Yes <input type="radio"/> No
Radiotherapy	<input type="radio"/> Yes <input type="radio"/> No
Chemotherapy	<input type="radio"/> Yes <input type="radio"/> No
Do you suffer from dry mouth?	<input type="radio"/> Yes <input type="radio"/> No
Sexually transmitted or blood-borne infections (STBBI) Specify _____	<input type="radio"/> Yes <input type="radio"/> No

Other aspects

Have you ever been told that you snore or seem to stop breathing while you sleep?	<input type="radio"/> Yes <input type="radio"/> No
Do you wake up tired in the morning and/or feel tired during the day?	<input type="radio"/> Yes <input type="radio"/> No
Do you suffer from sleep apnea?	<input type="radio"/> Yes <input type="radio"/> No
Do you smoke? <input type="text" value="cig/day"/> cig./day or ex-smoker <input type="checkbox"/>	<input type="radio"/> Yes <input type="radio"/> No
Do you drink alcohol?	<input type="radio"/> Yes <input type="radio"/> No
Frequency: <input type="text" value="drinks"/> drinks <input type="radio"/> /day <input type="radio"/> /week <input type="radio"/> /month	<input type="radio"/> Yes <input type="radio"/> No
Do you use cannabis?	<input type="radio"/> Yes <input type="radio"/> No

Skin diseases	<input type="radio"/> Yes <input type="radio"/> No
Eye disorders	<input type="radio"/> Yes <input type="radio"/> No
Earaches	<input type="radio"/> Yes <input type="radio"/> No
Arthritis	<input type="radio"/> Yes <input type="radio"/> No
Osteoporosis	<input type="radio"/> Yes <input type="radio"/> No
Prevention / treatment (e.g.: tablets)	<input type="radio"/> Yes <input type="radio"/> No
Annual or monthly injection	<input type="radio"/> Yes <input type="radio"/> No
Chronic pain	<input type="radio"/> Yes <input type="radio"/> No
Epilepsy	<input type="radio"/> Yes <input type="radio"/> No
Nervous system disorders or diseases	<input type="radio"/> Yes <input type="radio"/> No
Mental disorders or illnesses	<input type="radio"/> Yes <input type="radio"/> No
Frequent colds or sinusitis	<input type="radio"/> Yes <input type="radio"/> No
Tuberculosis or lung disorders	<input type="radio"/> Yes <input type="radio"/> No
Asthma	<input type="radio"/> Yes <input type="radio"/> No
Hay fever / seasonal allergies	<input type="radio"/> Yes <input type="radio"/> No
Allergy or manifestation with products containing:	
Latex <input type="radio"/>	<input type="radio"/> Sulfonamides <input type="radio"/>
Penicillin <input type="radio"/>	<input type="radio"/> Anesthetic <input type="radio"/>
Other antibiotics <input type="radio"/>	<input type="radio"/> Food <input type="radio"/>
Codeine <input type="radio"/>	<input type="radio"/> Iodine-containing products <input type="radio"/>
Aspirin <input type="radio"/>	<input type="radio"/> Other: <input type="text"/>
Other medical conditions that should be mentioned:	

Do you take other drugs?	<input type="radio"/> Yes <input type="radio"/> No
Do you take methadone?	<input type="radio"/> Yes <input type="radio"/> No

Section reserved for the dentist's special notes

CARDIOVASCULAR DISEASE

Stable Patients



Consider these treatment modifications

1. **Stress Reduction:** Short, morning appointment (calm environment/ preoperative anxiolytics)
2. **Medication Management:** Ensure the patient takes their medications as prescribed.
3. **Monitoring:** Continuously monitor vital signs (pre-op & 5 minutes post anesthetic inject)
4. **Local Anesthesia** with minimal vasoconstrictors (e.g., epinephrine). Avoid epinephrine-impregnated retraction cord
5. **Pain Control:** Use effective pain management to prevent postoperative pain, which can induce stress and angina.
6. **Emergency Preparedness:** Drugs and have emergency protocols in place.

Avoid rapid position changes

Hypertension

Suggested guidelines

Systolic		Diastolic	Treatment alteration
<140		<90	may proceed with dental treatment
140-159	&/or	90-99	reassess in 5 minutes if still ↑ encourage pt to see MD for assessment may proceed with dental tx at that appt
160-179	&/or	100-109	reassess in 5 minutes if still ↑ refer to MD within 1 month may proceed with dental tx at that appt intra-op monitoring of BP
 180-200	&/or	110-115	reassess in 5 minutes if still ↑ refer to MD in 1 wk avoid elective tx pain mgmt is a priority
 >200	&/or	>115	reassess in 5 minutes if still ↑ refer to MD immediately, especially if the patient is symptomatic avoid elective tx pain mgmt is a priority

Ischemic Heart Disease Conditions

Feature	Stable Angina	Unstable Angina	Myocardial Infarction (MI)
Nature & Trigger	Transient chest discomfort due to Physical or psychological stress	Angina with minimal exertion or at rest New onset	Severe ischemia Often spontaneous Not always stress-related
Duration & Pattern	Predictable, reproducible Constant over time	Unpredictable Increased frequency/duration	Severe chest pain >15 min
Relieving Factors	Resolves with rest or nitroglycerin	Less responsive to rest/nitroglycerin	Not relieved by nitroglycerin/rest
Associated Symptoms	None or mild	May present similarly to MI without markers	Nausea, vomiting, cold sweat, cyanosis, air hunger, palpitations

✓ Defer elective treatment- 1 month in hospitalization (MI); 3 months following major heart surgery.

Stroke

- ✓ Medications- Anticoagulants.
- ✓ Current neurological status (speech, swallowing, motor function).
- ✓ Defer elective dental treatment for at least 1 month following a stroke.

Aspect	Pacemaker Surgery	Coronary Stent Placement
Review of system	<ul style="list-style-type: none"> - Cardiac evaluation - Medication (Beta-blocker, anticoagulants) 	<ul style="list-style-type: none"> - Cardiac evaluation - Medication (Dual Antiplatelet Therapy (DAPT): Aspirin+ Clopidogrel (or Ticagrelor/Prasugrel)
Dental Concerns	<ul style="list-style-type: none"> - Electromagnetic interference (EMI) (electrosurgery units) - Bleeding risk minimal unless on anticoagulants 	<ul style="list-style-type: none"> - High bleeding risk due to DAPT - Risk of stent thrombosis if antiplatelets are stopped prematurely
Modifications for Extraction	<ul style="list-style-type: none"> - Avoid ultrasonic devices near chest 	<ul style="list-style-type: none"> - Discuss with cardiologist if DAPT is active and surgery is urgent

Patient with Bleeding risk

✓ Assess bleeding risk of patient

- ✓ Antiplatelet drugs(Aspirin or Clopidogrel); Anticoagulant (Warfarin, Dabigatrin)
- ✓ Plan minimally invasive surgical technique
- ✓ Use local hemostatic measures (e.g., pressure packs, suturing, tranexamic acid rinse, gelatin sponge)
- ✓ Post-op pain control with acetaminophen (avoid NSAIDs due to bleeding risk)
- ✓ Provide written and verbal post-op instructions for how to manage bleeding if appeared after surgery

Patient on WARFARIN (COUMADIN)

- ✓ Recent INR reading. How often do you get it checked ? When was your last test?
- ✓ Need recent INR prior to surgery (within 48 hrs, 24 hrs if possible)
- ✓ INR is ≤ 3.5 - Minor surgery (simple extractions)
- ✓ INR is ≥ 3.5 , then delay invasive procedure; Refer to MD & specialist.
- ✓ For bleeding emergency - pt to go to Hospital emergency dept - has reversal agent (vitamin K)

Joint Replacement

- **When was the surgery done**
- How often do you follow up
- Any complications due to treatment Hematoma
Wound drainage
- Were you advised to take antibiotics prior to dental treatments If yes, who recommended it And when did you last take antibiotic prophylaxis
- Any complication/infection with your prosthetic joint

Follow current guidelines of RCDSO and CDA. American heart association

Do a medical consult to discuss antibiotic use if required

If complications after joint replacement: discussion is needed with Orthopaedic surgeon.

If antibiotics are recommended by MD:

- (a) Then MD should prescribe the antibiotics.
- (b) MD should advise what procedures antibiotics are recommended for.
- (c) MD should decide which antibiotic should be used.

Current American Heart Association Recommendations (2007)

Cardiac Conditions Associated With the Highest Risk of Adverse Outcome From Endocarditis for Which Prophylaxis With Dental Procedures Is Recommended

- Prosthetic cardiac valve
- Previous infective endocarditis
- Congenital heart disease (CHD)[†]
 - Unrepaired cyanotic CHD, including those with palliative shunts and conduits
 - Completely repaired CHD with prosthetic material or device by surgery or catheter intervention during the first 6 months after the procedure*
 - Repaired CHD with residual defects at the site or adjacent to the site of a prosthetic patch or prosthetic device, which inhibits endothelialization
- Cardiac transplantation recipients who develop cardiac valvulopathy

Dental Procedures for Which Endocarditis Prophylaxis Is Recommended for Patients in Box 2-1

- All dental procedures that involve manipulation of gingival tissue or the periapical region of teeth or perforation of the oral mucosa
- This includes all dental procedures except the following procedures and events:
 - Routine anesthetic injections through noninfected tissue
 - Taking of dental radiographs
 - Placement of removable prosthodontic or orthodontic appliances
 - Adjustment of orthodontic appliances
 - Shedding of deciduous teeth and bleeding from trauma to the lips or oral mucosa

No antibiotic prophylaxis required

Mitral valve prolapse

Congenital heart disease

Rheumatic heart disease

Stent placed in heart

Pacemaker

All About Attacks

If Patient has history of attack in last dental visit:
(type of visit, procedure, stress level, how was it managed)

Letter	Stands For	Details	Modifications
M	Medications	Current meds, compliance, effect of medication	Bring medications
O	Onset & Frequency	When did it first start, at what usual time How often	Schedule appointments when attacks are least likely
T	Triggers	What provokes it (e.g., exercise, allergens, stress, infection)	Avoid triggers
H	Hospitalization History	Any ER visits or admissions for this condition	Medical Consult (4 weeks/1 month)
E	Episode Duration	How long does each attack last	
R	Recent Changes in attack	Onset/frequency/Severity	Medical Consult

Asthma

- ✓ Semi supine or upright chair position for asthma.
- ✓ If sedation is required, nitrous oxide–oxygen inhalation is best. Benzodiazepines can be given short term for well controlled cases.
- ✓ Narcotics (opioids) and barbiturates are avoided in severe asthma.
- ✓ Avoid ASA in all patients with asthma, avoid NSAIDS only in persistent cases.
- ✓ Avoid NSAIDS with ASA induced asthma and nasal polyps.

Allergy

- ✓ Allergen details.
 - ✓ Documented/ Not Documented.
 - ✓ Type of reaction: Trouble breathing or significant swelling
 - ✓ Past hospitalization
 - ✓ Latex allergy
- Be Aware: Gloves, rubber dam, rubber in anesthetic carpules, suction tubing, mixing bowls, blood pressure cuffs/pump, stethoscope, bite block, prophyl cup, etc.

Pregnancy

Type of treatment procedure

Trimester

Complications in previous or current pregnancy

- ✓ Delay routine treatment in 1st Trimester
- ✓ Delay all elective surgery until delivery.
- ✓ Minimize radiographic exposure.
- ✓ Short morning appointments, Semi reclined left lateral position.
- ✓ Avoid ASA , Anxiolytic drugs, Tetracyclines throughout pregnancy.
- ✓ Avoid Nitrous oxide in 1st trimester but can give in 3rd trimester provided its 50 % O₂.
- ✓ Avoid NSAIDs in third trimester, can be given in 1st and 2nd trimesters (Ibuprofen). Avoid Opioids in 1st and 2nd Trimesters.

COPD

Short appointment; treat them at the end of the day.

Stress Reduction Protocol; Avoid anxiolytic drugs (barbiturates/BZD) & opioids.

Avoid supine position (upright chair position is preferred)

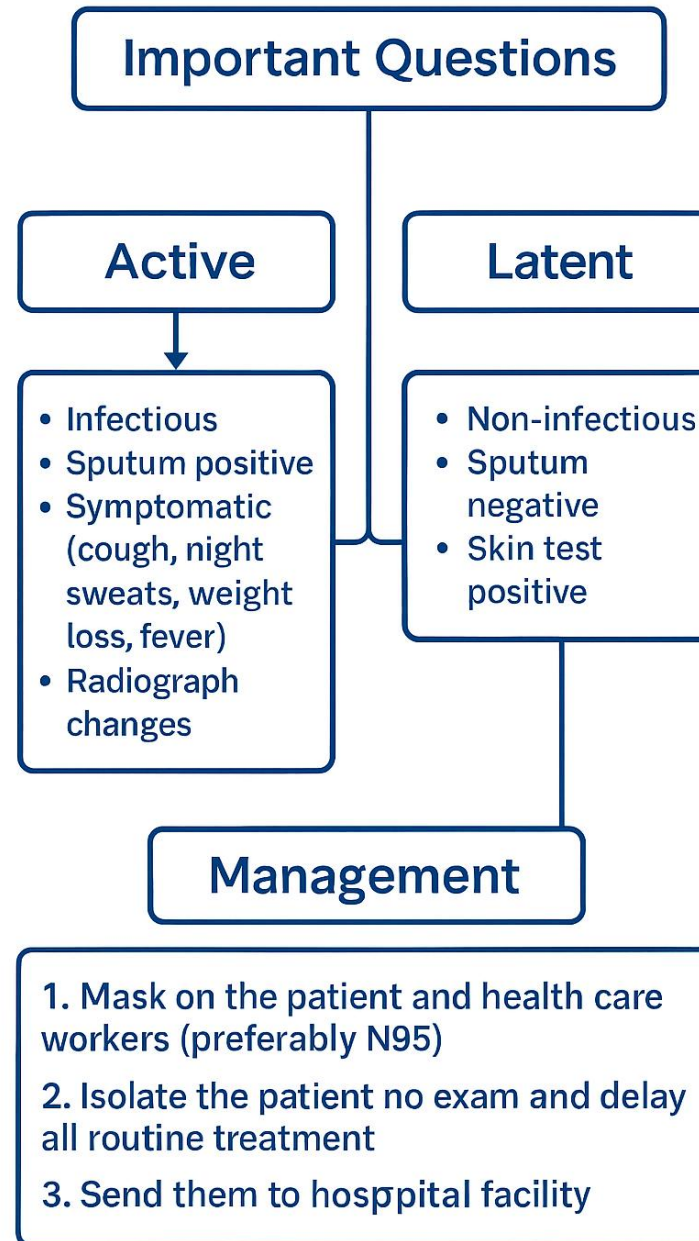
Severe COPD:

Avoid O₂ (specifically N₂O)' rubber dam

Refer to hospital.

Consider Smoking cessation

Tuberculosis



Diabetes

- ✓ Confirm if glycosylated hemoglobin (HbA1c) <7%
- ✓ Appointment should not interfere with usual medication dose/ meal. Prefer morning appointments.
- ✓ Take glucometer readings if patient miss taking FBS.
- ✓ Oral glucose source ready, know emergency protocols
- ✓ Treat all infections aggressively. Ensure excellent oral hygiene, and encourage preventive care

Question ?

Patient blood sugar level is **8 mmol/L**, Will you proceed with **treatment ?**

All about values ...

HbA1c (%)	Estimated Average Glucose (mg/dL)	Estimated Average Glucose (mmol/L)
7.0%	154 mg/dL	8.6 mmol/L

Glucometer measures

- **mg/dL** (milligrams per deciliter) – common in **North America**
- **mmol/L** (millimoles per liter) – common in **Canada, UK, Europe**

Comparison of HbA1c vs Glucometer in Dental Settings

Parameter	HbA1c	Glucometer (Capillary Glucose)
What it Measures	3-month average blood sugar	Current blood glucose level
Units	%	mg/dL or mmol/L
Sample Type	Lab test	Finger prick
Clinical Use	Long-term control Routine visits Treatment planning Poor wound healing	Immediate glucose status Acute symptoms Emergencies (chairside monitoring)
Reliability	Reliable; not affected by short-term fluctuations	Can vary due to food, stress, infection

HIV- infection

- What is normal range of CD4 ?
- **Above 500/mm cube**
- Bleeding problems (platelets may be decreased)
- Use routine practice (standard precautions/universal precautions)

Assess

• Any complications due to disease
Oral lesions

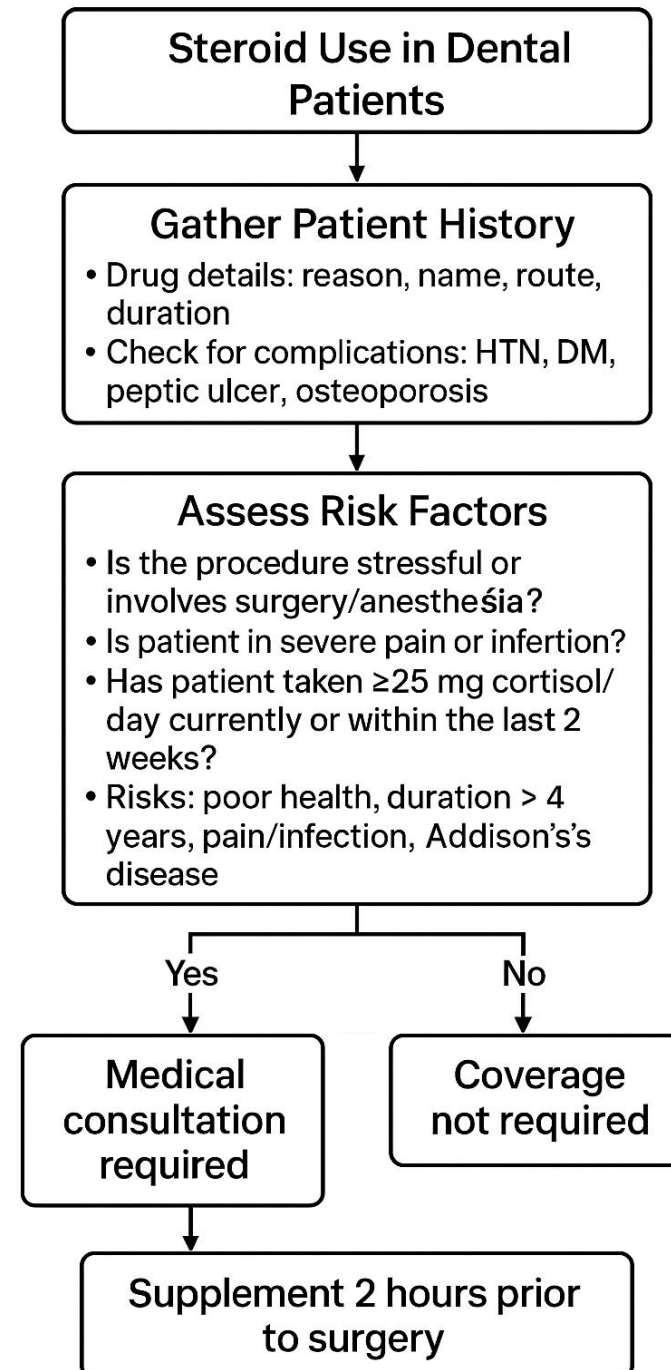
• Treatment:
previous, current

• Consult with MD
(to check CD count)

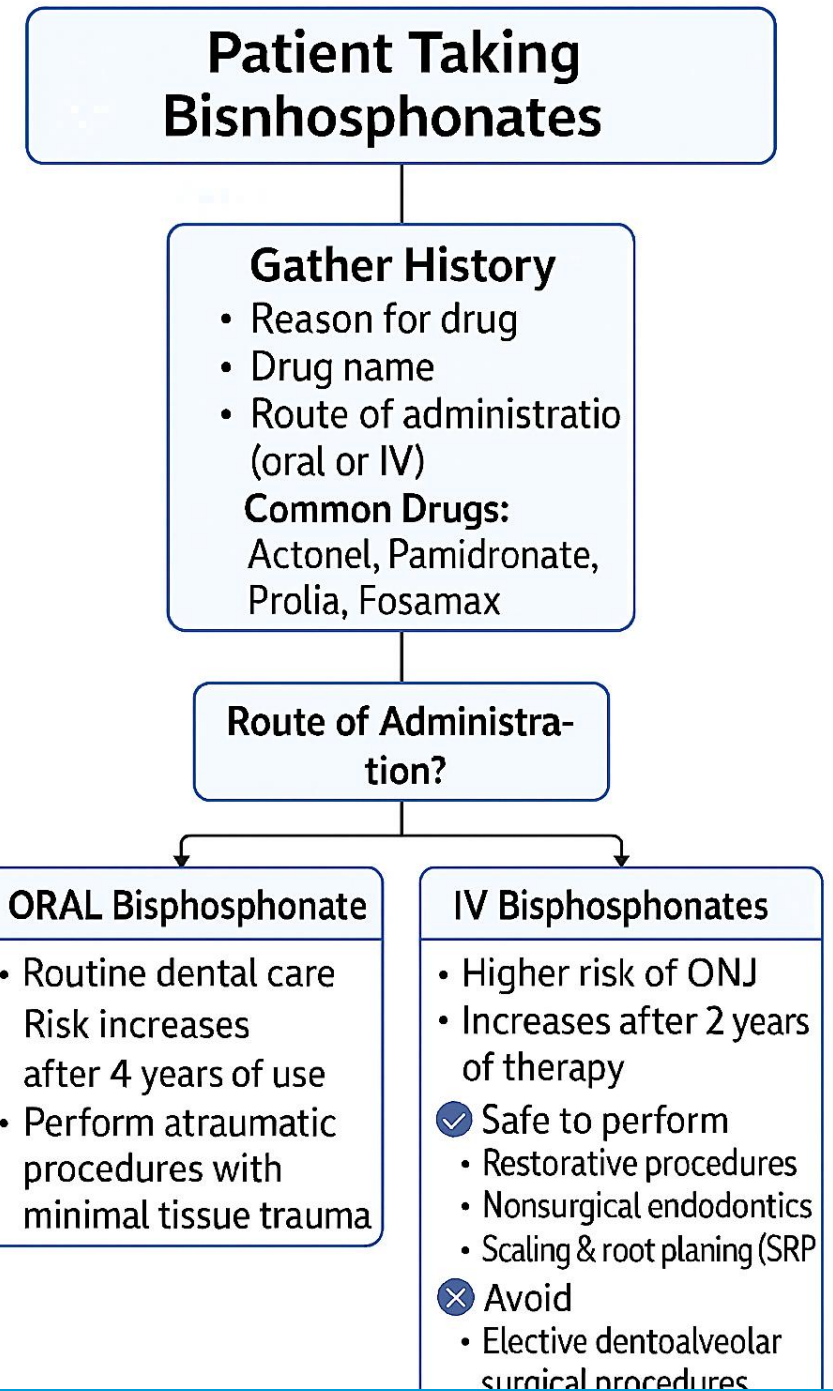
• CD4 count $>400/\mu\text{L}$
and are asymptomatic.

• CD4 count $<200/\mu\text{L}$
or neutrophil count less than $<500/\text{mm}^3$
• Antibiotic prophylaxis before invasive dental procedures.

Patients taking steroid



Patients taking bisphosphonates



Cancer

- Type of cancer
- Treatment- type/timeline: Surgery Radiation Chemotherapy
- Areas of the head and neck region irradiated & Amount of radiations
- Any complications due to treatment
- Are you currently using any preventive treatment as per dentist recommendations

Pre Cancer Therapy

- Thorough dental exam
- Repair / extract teeth
- Infection control
- Fluoride trays, hygiene enforcement

During Therapy

- Urgent care only
- Symptomatic care (pain, antifungals)

Post Radiation

- Consult Oncologist
- Increased oral recall
- Avoid extractions
- Fluoride trays daily

Medical Referral

1. Patient identifying information.
2. Background (History / findings)
3. The proposed dental treatment.
4. A specific request for information or action.

Date

From: ID

To: Physician

RE: (Pt name) (DOB:)

Dear Doctor:,

Patient named X, presented to clinic for multiple extractions of mobile teeth. M/H revealed joint replacement 5 years ago and Diabetes type 2.

Past Dental History revealed patient was prescribed antibiotic prophylaxis for multiple extractions. Planned treatment can be accomplished with minimal stress using local anesthetic containing 2% lidocaine and 1:100,000 epinephrine.

As per the current guidelines, its not mandatory to give prophylactic antibiotics for joint replacement. Please evaluate and advise or prescribe antibiotics if you find it necessary for the above-mentioned dental treatment. If there are any other health considerations, I should be aware of, please let me know. Should you require any additional information, please do not hesitate to contact me. Informed Consent of the patient attached herewith.

Sincerely

Unstable Medical Condition

- ✓ Symptomatic condition.
- ✓ Attack: increased severity/ Frequency.
- ✓ Any recent hospitalizations or changes in Medical condition
- ✓ Incomplete info regarding Medications

- ✓ Elective dental care should be deferred.
- ✓ Medical consultation obtained.
- ✓ Treat them in a hospital facility.
- ✓ Follow Stress Reduction Protocol.
- ✓ Take consent to refer to physician
- ✓ Manage any current emergency- analgesic/smoothen sharp edges



FIND WHAT YOU LOVE
AND LET IT KILL YOU.

Charles Bukowski