Human Needs Deficits

1. Protection for health risk
   1. Patient doesn’t have a regular physician or recent check up
2. Freedom from fear and stress
   1. Patient expressed concern for cost of restorative work and money being the reason she hasn’t had fillings completed
3. Biologically sound and functional dentition
   1. Patient had 5 caries and was missing most her mandibular molars
4. Conceptualization and problem solving
   1. Patient doesn’t understand importance of getting fillings and is why several of her molars have been extracted
5. Responsibility for oral health
   1. Patient didn’t follow through with restorative work from prior visit

Contributing Factors

1. Initiating
   1. PLAQUE PLAQUE PLAQUE
2. Predisposing
   1. Calculus
   2. Deep pits and fissures where caries is collects plaque
   3. Pop

Preparing For Your Patient And Case Presentation

1. Biographical Sketch:
   1. April Conn
   2. 46
   3. Female
   4. Caucasian
   5. College
   6. Registered Nurse
2. Assessment
   1. Medical History
      1. There has been a lack of healthcare throughout her life. When she came to a dental visit 4 months ago it had been her first visit since she was a child and she also lacked care of a regular physician. She said she rarely goes to the doctor.
      2. I didn’t make a referral to a physician. She presented with normal blood pressure, no medications, and no “yes” boxes checked on her health history.
   2. Dental History
      1. She had no chief complaint and previously only had a chief complaint for an aphthous ulcer from biting her lip while numb.
      2. She did not follow through with the 3 fillings she was recommended to have filled 4 months ago. Those areas are creating a place for plaque to pack. She also had 2 additional areas of caries from her previous visit. She followed through with her recall appointment with me, being a month late due to my schedule availability.
      3. Before coming to our clinic she has only had teeth extracted. When she came to our clinic she had 4 quads of scaling and a restorative evaluation
      4. She never went to the dentist until she was in pain and at that point she was given the option to get a root canal and crown or have them extracted. Due to financial constraints she always had them pulled
      5. At her last appointment a 3 month maintenance interval was set. 4 months had elapsed when she actually came. The one month difference did not affect her oral health significantly.
   3. Oral examination
      1. On the distal of #31 there was a bony prominence. The dentist was not concerned because it was there at her last visit and said she didn’t need to have it looked at due to the radiographic evidence.
      2. Four months ago she presented with an inflammation index of generalized two and localized three on #22-27. Her periodontal case type was generalized case type two and her bleeding index was 18%. This appointment her inflammation index was zero. The periodontal case type was two and a 0% bleeding index.
      3. There were 5 areas of decay and 3 of the areas we referred to be treated the previous visit 4 months ago. The areas of decay are getting bigger and creating a place for plaque to get stuck.
      4. I took intraoral photos.
   4. Radiographic findings
      1. No radiographs were indicated because she had a CMRS and pano four months ago and had no significant findings that needed updated radiographs.
      2. On her previous x-rays there were 3 areas of decay and generalized slight horizontal bone loss. The distal of #31 was examined but nothing significant was found.
   5. Dental Hygiene Diagnosis
      1. Human needs deficits are explained at top of first page.
      2. She presented with active chronic periodontitis 4 months ago and she now has a history of chronic periodontitis and is presently being maintained.
   6. Dental Hygiene Treatment Plan
      1. During my assessment I decided my patient needed patient education specifically on the importance of getting caries taken care of, but also the comparison of where she was four months ago, and the importance to continue to maintain. I took intraoral photos to show her the progress of her tissues. I decided she had a high caries risk due to her history in caries. To help prevent further caries, I applied fluoride varnish
      2. Due to her lack of inflammation, I planned and completed her in one appointment. She presented with light supra calculus, sub calculus, plaque, and stain.
      3. She did accept the treatment plan. No changes were made to the treatment plan.
3. Health Instruction
   1. Assessment of patient status since last instruction
      1. She presented with a coated tongue but had trouble brushing her tongue without gagging. I sent her home with a tongue scraper and showed her how to use it. At her latest visit she still had a coated tongue. When addressing this she said she used her tongue scraper once a day but had just drank coffee before she came. She asked for a new tongue scraper. She didn’t lack homecare as an adult. She lacked instruction to brush her teeth as a child and as an adult she brushes, flosses, and uses mouthwash. I believe she needs more instruction on following through with future care. Like finding places she can afford to keep up with yearly cleanings and restorative work, so I sent her home with the list of clinics.
      2. As far as daily hygiene (brushing twice a day and flossing) I believe she complied well. Her tissue had a great response in between each appointment. She was very interested and had question regarding her oral health throughout appointments. When she came back for her recall appointment there was no further bone loss, no bleeding, and no inflammation.
   2. Current recommendations and patient education
      1. She has a history of caries on her molars. She has #17,18,19,30, and 32 missing. Her current caries is on #2 OL, 14 O, 15 O, 29 O, and 31 DO. I explained to her that she didn’t want to lose anymore teeth and that these cavities will continue to get worse.
      2. I expected to see tissue healing a less calculus. When she came back for her recall appointment she had no inflammation and light calculus.
      3. I recommended to continue brushing and flossing twice a day and to keep using her ACT fluoride mouth rinse
4. Maintenance
   1. I put her on a 6 month recall appointment. Since she had hardly any calculus build up in 4 months we are going to see what it’s like at 6 months and adjust as needed. Patient is hoping 6 months will do because her insurance covers two cleanings a year. I told her two is better than none and to take advantage of the free cleanings.
   2. I gave her a referral for caries and a list of offices. I will follow up at her 6 month appointment to see if she followed through with treatment.
5. Evaluation
   1. I believe she will be compliant with dental cleanings. I am still concerned she will not follow through with restorative work. She was very interested in the list of clinics and had motivation to go but emphasized the financial aspect of fillings.
   2. Following through with regular cleanings at least twice a year and finding clinics she can afford to have restorative done at.
   3. On this patient I wouldn’t do anything different. She came in with lack of knowledge in oral health, no experience at a dentist office, and left with having a sense of motivation to keep up with her oral health and a better understanding as to why it is important. She proved this when she came to her recall appointment that she was motivated to take care of her oral health.
   4. My documentation was lacking details. I need to remember to document exactly as the appointment went and conversations included. I did not put anything about how the doctor said the bony prominence D to #31 was of no concern, that she already used ACT fluoride rinse, and I’m not sure if I was suppose to put things in the radiograph interpretation part when I was using radiographs from previous appointment.