Grace Schroeder
DH120A, Spring Term
Patient Journal

Patient: Amber, age 31
Initial Appointment: 4/9/2014
Background: Stay at home mom of two small children
Assessment:
Medical and Dental History—Health history is clear, with last dental appointment at Oakway Clinic back in 2008 for a cleaning. BWX were taken at time of that cleaning. Vitals were in the normal range.
EO/IO—WNL
Dental—Teeth are in *fair restorative health, no carious lesions present. Patient has two(2) posterior PFMs (#18, #15), and composite fillings on occlusal surface of #31, with a DO on #14. Four(4) horizontal indirect digital BWX taken, with one(1) retake (patient was informed that a FMS was recommended, and was also educated on the diagnostic value of these radiographs, but exercised her right to informed refusal to the FMS, with informed consent to the BWX).
*Per Dr. Kelly: Restoration on #31 has potential for failure, recommends crown as preventative measure.
Perio Assessent—Generalized slight, with localized moderate, papillary and marginal inflammation. Plaque was generalized slight interproximal and marginal, however, it was localized moderate marginal on the facial of the maxillary posteriors.
Deposit Evaluation—1.5/1.5
Diagnosis:
DHD—Generalized Perio Case Type I, Slight Gingivitis; with localized Slight Periodontitis, Perio Case Type II. Amber and I discussed these findings, as well as the probe readings that I took. I explained that the inflammation in her tissues were to blame for *most* of the increased probe depths that we found in her posterior regions, however, I also explained that if we didn't work together to take care of the infection that attachment loss would occur, with the potential to be followed by bone loss and subsequent tooth loss. I spoke with her about the increased amount of plaque along the papillary margin of her posteriors and showed her the correlation between that and the slightly deeper pockets seen around those teeth. We discussed the importance of good home care for plaque reduction. I also explained the correlation between plaque control and caries prevention. Amber seemed to understand all that we discussed, and surprisingly most of it was completely new information to her.

Planning:
After we went over her individual dental hygiene diagnosis and all the findings in the dental exam, we began to plan our treatment. We planned to complete the maxillary arch that day and then to complete the cleaning during a second appointment. Amber is wary of systemic fluoride effects. We discussed fluoride's benefits at length and were not able to come to a consensus for using fluoride (varnish or tray) on her at the second appointment, but I was able to get informed consent to use polish containing a small amount of topical fluoride. During this appointment, I hand-scaled the entire maxilla and deplaqued before dismissing my patient.

OHI:
I demonstrated and explained sulcular brushing, c-shaped flossing, and using a tuft end brush to better reach her posteriors. Brushing and flossing only required slight modifications to what the patient already knew to do.

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Second/Final Appointment: 4/16/2014

Implementation and Evaluation:
There were no changes to medical history during this appointment. I checked Amber's plaque levels, especially on the maxilla, and bleeding was greatly decreased during exploring. However, I was surprised that the plaque very closely resembled the level it was at only a week prior. I asked her if she had been flossing and brushing like we discussed and she informed me that she had been practicing her 45-degree brushing, but was honest that she hadn't been flossing regularly. I reiterated the importance of flossing and removing the plaque between her teeth. I did a visual demonstration using the space between my fingers on one hand as interproximal spaces and my fingertips on the other hand to represent the bristles of the toothbrush to show her how difficult it is for a toothbrush to adapt inbetween the teeth. She seemed to really understand and told me she was make the effort to floss every day. I told her that if it seemed like a daunting task, something to try would be to floss one half of the mouth in the morning and the other half in the evening.

During this appointment, I completed the cleaning by hand-scaling the mandible. I did receive some help from our instructor, Tammy, as we were surprised to find localized deposits of very thick calculus on the distal of both #18 and #31 that were beyond my skill level. Tammy explained to both Amber and myself that those are the two most missed spots during dental cleanings. The debridement of these areas revealed deeper pockets that what our initial measurements were. This was another piece of the puzzle for Amber to see the importance of at-home plaque removal. We finished the prophy with a nice thorough polish, and Amber was pleased with how smooth her teeth felt and how nice they looked. It was recommended that she be seen again in 3-4 months so that the areas around #18 and #31 could be monitored for both pocket depth and deposits.
Reflections:
It was interesting working with a patient who was both health conscious, but also very wary. I appreciated how much the patient was intent on giving herself proper care, but I believe that she would benefit from pamphlets and other informational resources regarding both radiation and fluoride that she could use to educate herself with. For this particular patient, I feel that hearing something from a clinician is not enough [especially when it comes to topics where scare tactics are often employed], and that being able to back up the information we offer with something in print might be all the extra push needed for her to be truly proactive and accept additional services for her own health. I really enjoyed having the opportunity to work with Amber. She was a very pleasant patient, and I really hope that she has been as diligent with her home care as she assured me she would be. She definitely posed some interesting challenges for me, and has given me a lot to think on in regards to helping patients make informed decisions and even changing their viewpoints so that we can provide outstanding service to them and their health.

Patient: Brittany, age 26
Initial Appointment: 4/21/2014
Background: Newlywed bartender and hairstylist
Assessment:
Medical and Dental History—Medical history was clear. Date of patient's last dental visit and

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radiographs both unknown. Vitals were in the normal range.
EO/IO—WNL, patient has mandibular tori and geographic tongue (FYI).
Dental—Teeth in great restorative health. No carious lesions present. Patient has no restorations except 16 sealants (first and second molars, all bicuspids). Four(4) indirect digital horizontal BWX taken, no retakes.
Perio Assessment— Generalized slight, with localized moderate, papillary and marginal inflammation. Generalized slight interproximal and marginal plaque, localized moderate around all second molars. She also had localized marginal plaque on the flat lingual of her maxillary anteriors (revealed during disclosing).
Deposit Evaluation—2/1.5

Diagnosis:
Generalized Perio Case Type I, Slight Gingivitis. Though there was no radiographic bone loss, we were able to deduce that the patient has localized slight CAL (1mm) based on inflammation and probing depths. I explained the correlation between the attachment loss and inadequate plaque removal. We discussed these findings and how loss of attachment both creates pockets that are safe havens for harmful bacteria and can ultimately lead to tooth loss if left untreated. We discussed effective plaque removal for the treatment of periodontal infections (both in-clinic and at-home) and for cavity prevention. Brittany's level of understanding seems to be very high in this area and she seemed glad to learn about both risk factors and how to change her habits to combat these factors.
Planning:
We began planning treatment by determining that this would be a two(2) appointment cleaning. Hand scaling would be done by arch, beginning with the mandible since it was more involved and the deposits were greater. We planned to polish and apply 5% fluoride varnish at the end of the second appointment. We had discussed fluoride trays and varnishes because I knew my patient (whom is a friend of mine) was interested in the latter, and she did ultimately want [for her own personal peace of mind] varnish applied. I began scaling the mandible and soon changed our plans to focus on scaling by quadrant. The deposits are thick but easily removed in areas, especially the lingual on the mandibular anteriors. Brittany had a 60 second 0.12% chlorhexidine rinse prior to leaving the clinic. I achieved a lot of scaling on the right mandibular quadrant, but will have to go back over it at the reappoint before moving on to finish the rest of Brittany's dentition.

OHI:
We reviewed proper 45-degree sulcular brushing and c-shaped flossing techniques. I also showed Brittany how to adapt a tuft end brush to her posterior teeth and to the lingual fossa of her maxillary anteriors. I also introduced her to soft picks since she has a varying schedule and they are great for on-the-go. A warm saline rinse was recommended that evening.

Second Appointment: 4/28/2014 – Patient cancelled, will have to reschedule

Third and Final Appointment [with me]: 5/28/2014
Implementation and Evaluation:
There were no changes to medical history during this appointment. I checked Brittany's plaque levels and tissue healing/response in the area I had previously worked at removing *mostly* the

thick supra deposits from (lower right quadrant) and was impressed with the amount of healing and reduction in both bleeding and patient discomfort that even that small amount of debridement had accomplished. Her compliance with home care was pretty good, with her doing very well with the 45-degree sulcular brushing. Brittany's plaque levels were greatly improved, though I did have to reiterate the importance of flossing daily.

During this appointment, I started working where we previously left off by using the ultrasonic on the entire mandible. I then went into the lower right quadrant again and finished that quad. I was disappointed that I was unable to work further on this patient due to time constraints. This appointment, for reasons beyond my control, was only one hour long.

Reflections:

I was a little worried about trying to get Brittany back in since she had canceled on me once before, but being friends (and her having already paid for the cleaning) I think greatly helped to get her back in my chair. That just goes to show how having patients pay ahead of time and also having a good rapport with patients helps to get them in! Although I was unable to finish Brittany's treatment, I am pleased that she was able to be finished by one of my classmates. It was a win-win!

Patient: Roberto, age 13
Initial/Only Appointment: 4/22/2014 (Pedo Clinic)
Background: Middle school student; plays baseball ☺

Assessment:

Medical and Dental History—Medical History is clear. Date of last dental exam and radiographs unknown by patient. Vitals were in the normal range.

EO/IO—WNL

Dental—Teeth in good restorative condition. No carious lesions present. Amalgam restorations present on all first molars, all include occlusal surface and at least one other surface. Sealants were indicated on all four second molars, but patient's cleaning took precedence. Four(4) horizontal indirect digital BWX, with two(2) retakes.

Perio Assessment—Generalized moderate papillary and marginal inflammation. Generalized moderate plaque on most surfaces; 9% plaque-free.

Deposit Evaluation—2/2

Diagnosis:

Generalized Perio Case Type I, Moderate-Severe Gingivitis. There was no radiographic evidence of bone loss and since we do not probe children, I was only able to explain (not show) the consequences of inadequate oral hygiene in regards to CAL. We also discussed plaque as causing cavities, which I think helped the patient in understanding just why brushing his teeth helps prevent caries. There was a lot of bleeding during exploring (I related this to infection), so I was able to use both that and disclosing solutions to give Roberto a better picture of how inadequate his home care habits currently are.

Planning:

Because I had this patient during our shorter Pedo Clinic time slot with no possibility of a reappoint, I received help in getting this patient completed. We planned to first have myself pre-polish for plaque removal. Michelle would then use the ultrasonic for patient debridement over the entire dentition. I would next hand scale the dentition and we would check from there, to be followed up with either more debridement and 5% fluoride varnish or just fluoride varnish. Once we did get to that point, the deposits were still not up to par, so Tammy used the ultrasonic on

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Roberto again and finished by doing some fine hand scaling. We gave the patient a 0.12% chlorhexidine rinse to swish for 60 seconds in clinic, then applied varnish before patient dismissal.
OHI:
45-degree sulcular brushing and c-shaped flossing were both demonstrated. A warm saline rinse was recommended for inflammation that evening, and Roberto was prompted to discuss using anti-inflammatory agents with his parents.
Reflections:
What a great experience! Roberto was very quiet at the start of the appointment so I had worried that he wasn't listening to me and would not benefit as much from the appointment. After a while, he really seemed to warm up and despite being glad that he was missing science class, was more than happy to learn about dental science from me! This was such a tough patient to work on, but I am so grateful to my instructors for their help and to Roberto for being such a trooper. I am actually confident that some home care behaviors may have been changed that day!

Patient: Barrett, age 70
Initial Appointment: 4/28/2014
Background: Retired gardening enthusiast
Assessment:
Medical and Dental History—Medical history was clear. Patient is taking many medications for hypertension, but none had any dental considerations. Patient received care at our on-campus facility three years previous (adult prophy) Blood pressure was slightly elevated, but within the range we expected for this individual patient.
EO/IO—WNL
Dental—Teeth in good restorative health, especially for age. No carious lesions present, and no dental recommendations made. Patient had a fairly extensive/complicated mouth to chart restoratively speaking. He had full metal crowns, amalgam fillings, composite fillings, etc. mostly on his posterior teeth . Eighteen(18) indirect digital full mouth series was taken, no retakes.
Perio Assessment— Generalized slight papillary and marginal inflammation. Generalized moderate interproximal and marginal plaque, with moderate deposits on the distals of the most posterior molars and on the flat linguals of the mandibular anteriors.
Deposit Evaluation—1.5/1.5

Diagnosis:
Generalized Perio Case Type II, Slight Periodontitis. Radiographs revealed localized slight horizontal bone loss in the area of the mandibular right posteriors. We discussed the correlation between the attachment loss in this areas and inadequate plaque removal that seems to be more difficult to accomplish in this area due to brush angulation needed and the patient being right-handed. I explained how loss of attachment both creates pockets around the teeth where harmful bacteria are able to multiply, cause harm metabolic secretions, and ultimately lead to tooth loss if left untreated. We mostly discussed effective plaque removal for the treatment of periodontal infections, but did touch on cavity prevention as well.
Planning:
We began planning treatment by determining that this would be at least a two(2) appointment cleaning since this initial appointment was a shorter one (he was a replacement patient for

another that canceled and was unable to arrive until after patient treatment had begun). I planned to use the ultrasonic on the entire dentition and then hand scaling would be done by arch, beginning on the maxilla and then moving to the mandible. We planned to polish and apply 5% fluoride varnish at the end of the final appointment. We did not have time to begin scaling during this appointment.
OHI:
I demonstrated proper 45-degree sulcular brushing, c-shaped flossing techniques, and Perio-Aid.

Second Appointment: 5/14/2014
Implementation and Evaluation:
There were no changes to the patient's medical history. Plaque levels were improved from the last appointment, especially interproximally. OHI compliance was good [especially flossing], however, I re-demonstrated the 45-degree sulcular brushing technique and also introduced the rubber interdental tip to the patient since he had slight fibrotic gingiva. I began treatment by using the ultrasonic on the whole mouth. Because this was my first patient to use the ultrasonic on, I feel that my technique was not as effective as I had hoped. I hand-scaled and checked off on the maxilla, hand-scaled the mandible (which was difficult without a bite-block because I have been putting my patients to sleep in my chair, as of late!), but waited [productively by making sure paperwork was in order, answering the patient's questions, going over the Perio-Aid briefly, etc.] for a very long amount of time before my instructor came to check my work. Unfortunately by this time it was patient dismissal time, so I had to reschedule my patient to remove the few remaining deposits I had missed on the mandibular anteriors, polish, and apply fluoride.

Third and Final Appointment: 5/28/2014
Implementation and Evaluation:
There were no changes to medical history during this appointment. I checked Barrett's plaque levels and tissue healing/response and was thrilled with the marked improvement I could see in both tissue health and in plaque removal. His compliance with home care was amazing. Even using my explorer I had a hard time finding ANY plaque in this patient's mouth. No modifications were made to home care; the patient was just encouraged to keep up the good work!

During this appointment, I used the ultrasonic on the entire mandible. Hand scaling followed, and I was fortunate to receive needed instrumentation guidance from Michelle. Because I was not initially using the most effective tools in our DH arsenal on my patient, I wasted a lot of time struggling to remove his moderately difficult to remove deposits. Though it was a [good] rough experience, I was still able to finish the cleaning, polish, and apply 5% fluoride varnish.
Reflections:
I feel so relieved to have gotten the help I needed in my final appointment with Barrett. It has been difficult for me to admit that I needed the extra guidance, as it never seems like the other ladies are struggling. I should know this not to be the case, but I guess I am sometimes too proud and too stubborn. The experience prompted me to make time outside of clinic to meet with Michelle and work on my instrumentation, which I am glad to report is coming along very nicely. I am also pleased that I may have found a great returning patient for my little sis or bro, whoever they may be. ☺

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Patient: Kaitlyn, age 10
Initial/Only Appointment: 05/27/2014 (Pedo Clinic)
Background: Fourth Grade student; only child

Assessment:

Medical and Dental History—Medical History is clear. Date of last dental exam and radiographs unknown by patient. Vitals were in the normal range (first set was high, retook 5 minutes later to receive normal range values).

EO/IO—WNL

Dental—Teeth in good restorative condition with no carious lesions present. Sealants present on all first molars. No restorative recommendations were made by Dr. Day. Four(4) horizontal indirect digital BWX were taken with no retakes.

Perio Assessment—Generalized slight papillary and marginal inflammation. Generalized slight plaque on interproximal and marginal surfaces; 72% plaque-free.

Deposit Evaluation—1/1

Diagnosis:

Generalized Perio Case Type I, Slight Gingivitis. There was no radiographic evidence of bone loss, caries, nor any other clinical markers. We discussed plaque and how it causes cavities, which I think helped the patient in understanding just why brushing and [especially for this patient] flossing is so important.

Planning:

The course of action for this patient was fairly straightforward. Because plaque levels were relatively low, we planned to scale first and then finish by polishing and applying 5% fluoride varnish. We chose varnish due to the patient having some white areas on her teeth that were possible early-stage decay.

OHI:

45-degree sulcular brushing and c-shaped flossing were both demonstrated. Kaitlyn, as an only child, seemed to have more one-on-one instruction at home for oral care, but I showed her some slight modifications to make her home care even more effective. She said she was very excited to pass this information along to her mother.

Reflections:

This patient was such a pleasant young lady to work with. Because Kaitlyn's care was relatively uncomplicated, I felt that I had adequate time to really get to know my patient and provide the best clinical AND educational experience possible in the limited time frame we get for Pedo days.