Clinic Information

Clinic Floor Levels

5th Floor- Radiology, Pediatrics, Ortho
6th Floor- OMS, Grad Prosth, Grad Perio
7th Floor- Groups 1-4, Implant
8th Floor- Endo, AEGD, Groups 5&6

Tips:
Foot Pedal: Move it first thing from under the chair or you will have to wait and call maintenance if it gets stuck underneath the chair.

When you send a referral to Oral surgery. Print the referral and bring the printed referral to the 6th Floor with your patient so they can schedule an appointment. The ladies at the front desk no longer have access to axium.
If you're patient is having surgery from OMS don't expect to hear back from OMS or see any notes since they don't use Axium. You have to contact your patient and ask them if they have had their surgery completed.

Rules:

1. Stay with your patient as much as possible especially if medically compromised.
2. If a patient needs to use the restroom, you must escort them so that you can open the door back for them.
3. You also must escort them when they leave to assure they leave safely.

Facilities phone number: 214-828-8250 (call this number if something is wrong with your chair so they can fix it!!)

Group 6 Clinical Recommendations

- **No lunch hour appointments (12-1 pm)**
- **Finish all appointments by 4 pm, so that you have time to clean unit, write notes by 4:30.**
- **Use rubber dam on all operative, if possible.**
- **Always have exam kit during removable procedures.**

- **Be prepared. You must review patient chart, notes prior to seating patient. There should be no question why your patient is scheduled or what procedure your patient is scheduled for.**
- **Set condylar angulation at 20 degrees on your removable articulator, as long as we are sending cases to YDL.**

For All Appointments

(Gracie confirmed we are supposed to be doing this) Patient Check-In: Your patients are "signed in" by the staff at the desk in reception, however, in order to be fully accounted for during each day, your patient must also be "checked-in" once you seat them in your assigned operatory. Your teammate can do this while vital signs are being taken. In the Axium schedule, identify the patient appointment, right click on the patient appointment and choose "Patient Check-In" from the list. You should see the appointment change from purple to red. Appointments in blue are "confirmed", purple-"patient signed in" in reception area, and red-fully "checked in". Please make sure to check in each of your patients every day as soon as you seat them, as this is an important measure of accountability for the college. Reports are being run regularly to monitor this

Armamentarium List:
PPE- Masks, Caps/Bouffants, Gowns, Face Shield (if aerosol), N95 (aerosol)
Peroxyl rinse
Goggles
Patient Drape(if aerosol procedure) or patient bib
Chair bags (7)
Small covers for suction, etc..
Vaseline and cotton tips (optional)

Before the Procedure Steps:

1. Make sure that your patient has paid for the procedure that day before you go get them. IF they have not, you can have them pay the cashier before you bring them back for their appointment.
2. Take Vitals:
   Blood Pressure
   Heart Rate
   Blood sugar (if diabetic)
   Temperature
   Add to Vitals in Axium

   Add Axium pictures here

3. Make sure that your patient rinses with peroxyl, has a patient drape, is wearing their bouffant and is wearing their goggles.
4. Ask at every appointment
   Are there any changes to your medical history?
   Any new hospitalizations?
   Are you taking any new medications?
   Did you take all of your medication today?
   Is there anything bothering you today?
5. Get start check
   Review vitals and medical history with assigned doctor and treatment procedure

Start checks:

1. Review the patient records, previous progress notes, radiographs and attachments. Check the Patient Care/Chart Audit icon in Axium for any missing forms.
2. Payment: Before you greet your patient in the reception area, please check to make sure your patient has paid for the day's procedure(s). You can do this by checking the patient account area in Axium. Please also make sure all your appointment requests are tied to a procedure code so the amount the patient needs to pay is reflected correctly. You may also make notes on the appointment request form to indicate payment amount or specific procedure information. Lastly, please ask your patient if they made their payment after you have greeted them and before you bring them to your operatory. The college policy is payment should be received before treatment is commenced.
3. Confirm you have signed informed consent and a signed treatment plan that includes the planned procedure.
4. Update medical history, record vital signs, reconfirm treatment planned for the appointment
5. Review these details with your covering faculty for authorization to proceed with patient care.

After the procedure steps:

1. Find a date and time that the patient can be scheduled
2. Put in appointment request (Even for completed cases)
   a. You have to put in a code on the bottom in the TX plan box look for D9310 and tie this code to the appointment request
   b. Then inform your patient manager (Jennifer Horn) that you have completed the case so the patient may be removed from your patient roster
3. Take patient to PAC to schedule their appointment (you may schedule several appointments at a time)

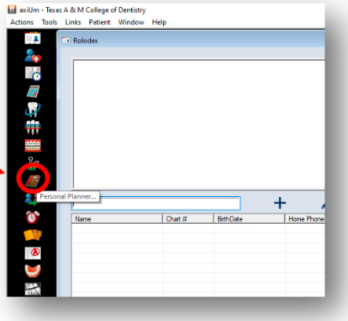
4. Change all procedures to completed in axium (it will not charge your patient's account until this is done) Right click on treatment and click complete
5. Write Progress Note
6. Get appropriate swipes
7. please record a discharge blood pressure. If patient is diabetic, please record a discharge blood glucose.
8. Escort patient to the waiting area

Add Axium pictures hereP
Writing a progress note

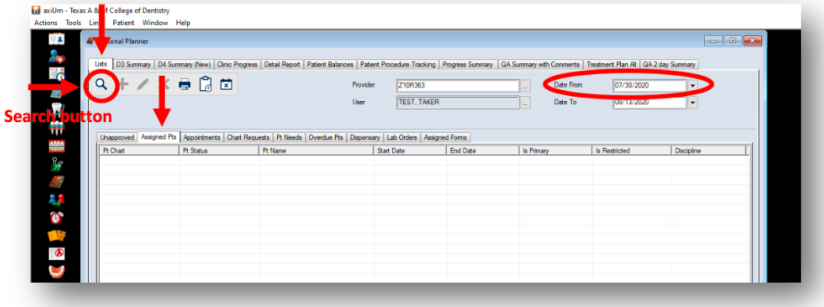
Submitting a Request

There are two different ways to submit a request. See below for the easiest and most efficient way to submit a request for patients who have in process or planned treatment.

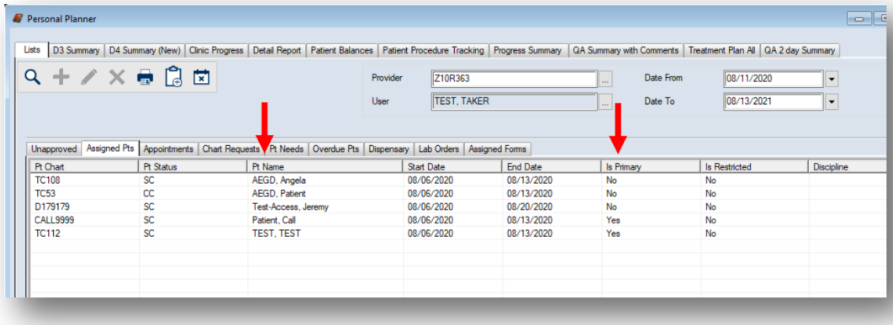
1. After logging into *Axium*, click on the *Personal Planner* icon (Brown book with a red bookmark) located on the left side of the screen. See image to the right.



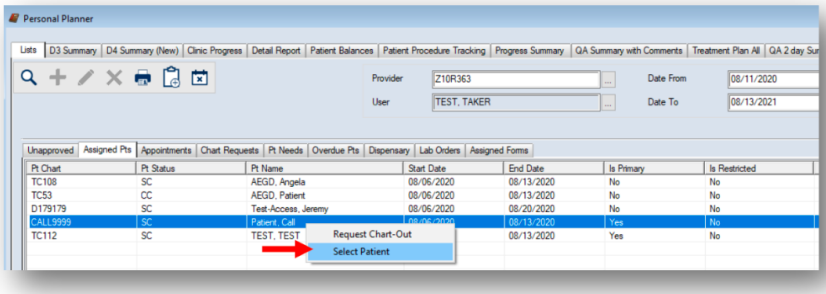
2. Click on the *Lists* tab followed by the *Assigned Pts* tab. Change the *Date From* to tomorrow's date and then the click on magnifying icon to search. See below.



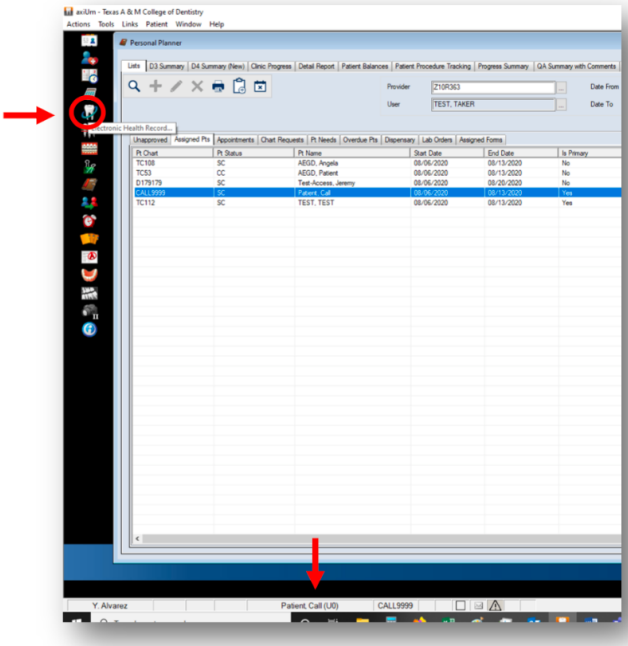
3. A list of all currently patients assigned will appear. To make the list easier to manage you put the list in any order you wish by selecting one of the categorized columns. We recommend you place the patients in alphabetical order followed by primary status.



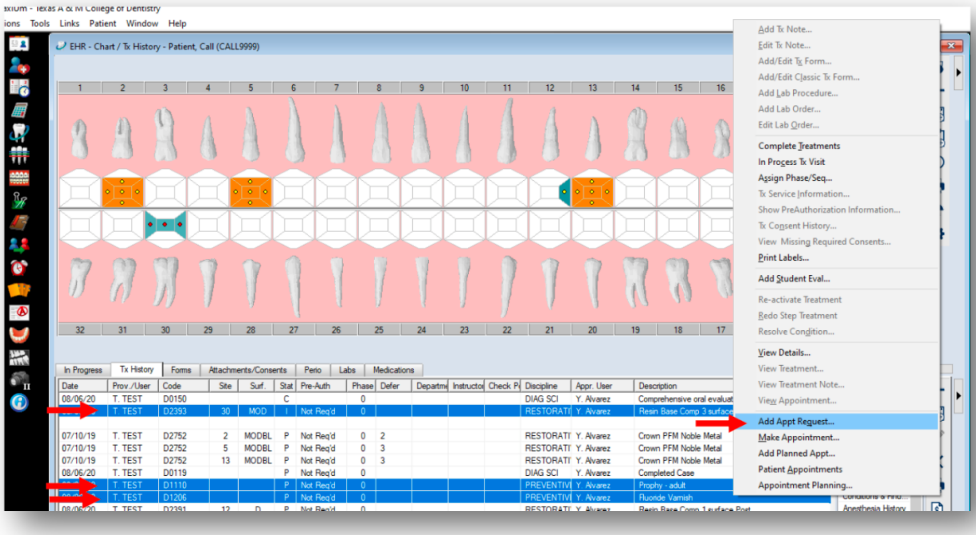
4. Select the patient you wish to submit a request for by right clicking on the patient's name followed by *Select Patient*.



5. This will make the patient's name appear at the bottom of the screen. Click on the *Electronic Health Record* also known as the EHR Chart (single tooth with a blue halo around it).

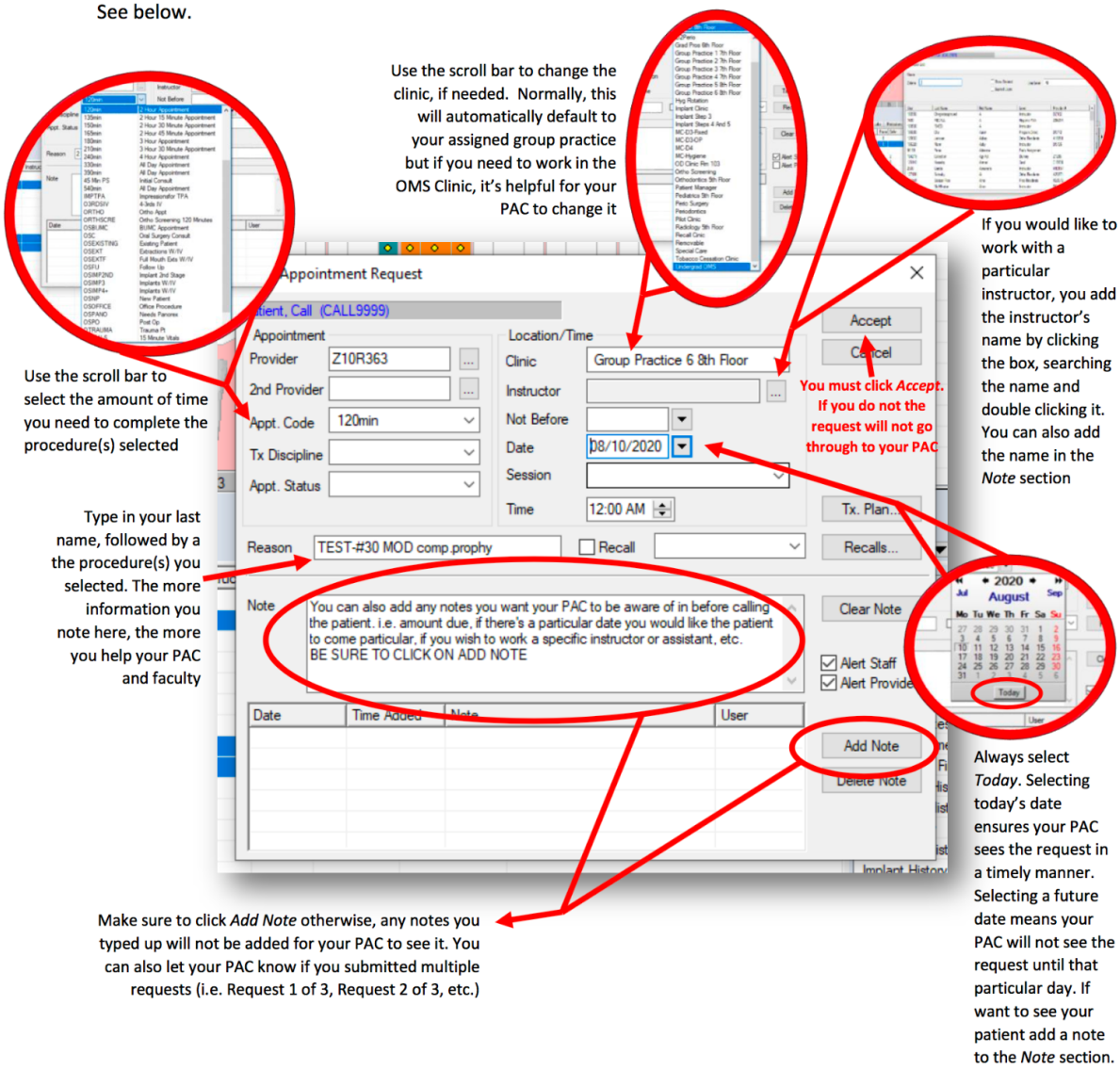


6. Select the treatment you wish to submit the request for by right clicking on it. If are planning on completing more than one procedure press the control button on the keyboard and select each procedure you wish to enter the request for and then right clicking on any of the procedures you selected. Click on *Add Appt Request*.



Please note: *Unless otherwise approved by both your group leader and patient manager, you may only select treatments with your name attached to it.*

7. A *New Appointment Request* window will open. Edit the following: the time you need to complete the procedure(s), the reason line, clinic, etc. You can also add any notes you want your PAC to be aware of before calling the patient. See below.



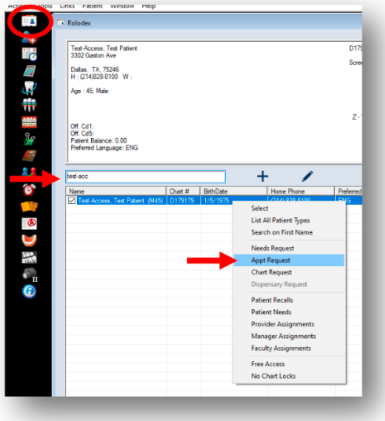
You may submit multiple request as applicable, but please keep in mind patients are only required to have 1 active appointment.

The more specific information you provide the faster your PAC will be able to schedule your patients.

Submitting a Request

Part II

A different way to submit a request is through the *Rolodex*. This is ideally for patients who do have any planned or in process treatment.



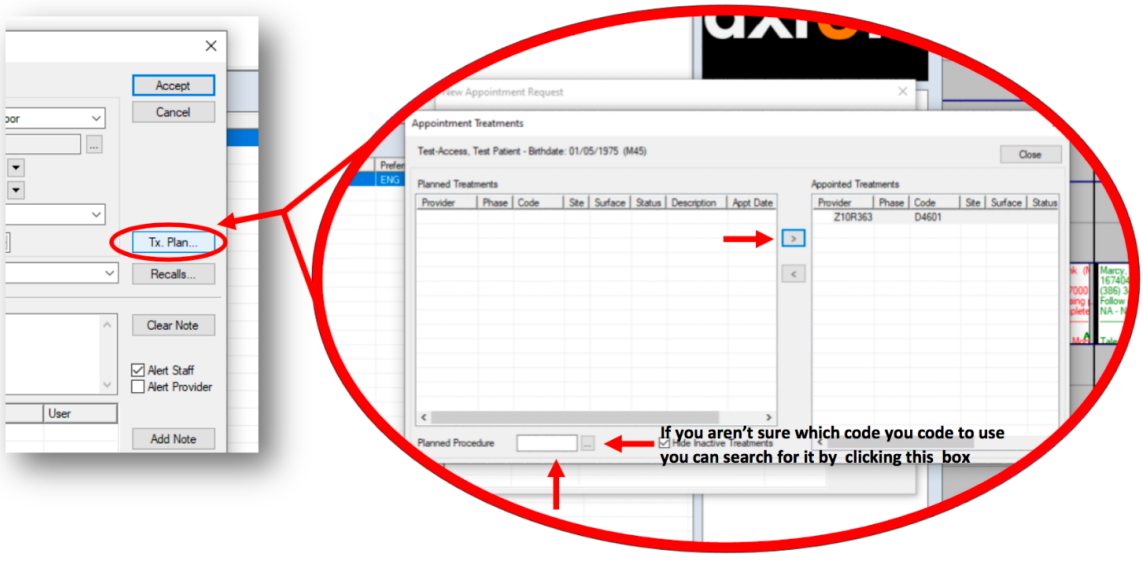
1. Click on the *Rolodex* icon (the first icon on the left side).Type the patient's name or chart number and click the *Enter* button on your keyboard.

2. Right click on the patient's name followed by *Appt Request*. See the image to the right for both step 1 and 2.

3. A *New Appointment Request* window will open. You can follow the instructions and diagram for step 7 on page 3 of this handout **but do not hit the *Accept* button at this time.**

Remember the more specific information you provide the faster your PAC will be able to schedule your patients.

4. Select the *TX. Plan* button. Enter the treatment code for the procedure you are planning on starting at the next appointment. Click on the arrow pointing to the right followed by the *Close* button.

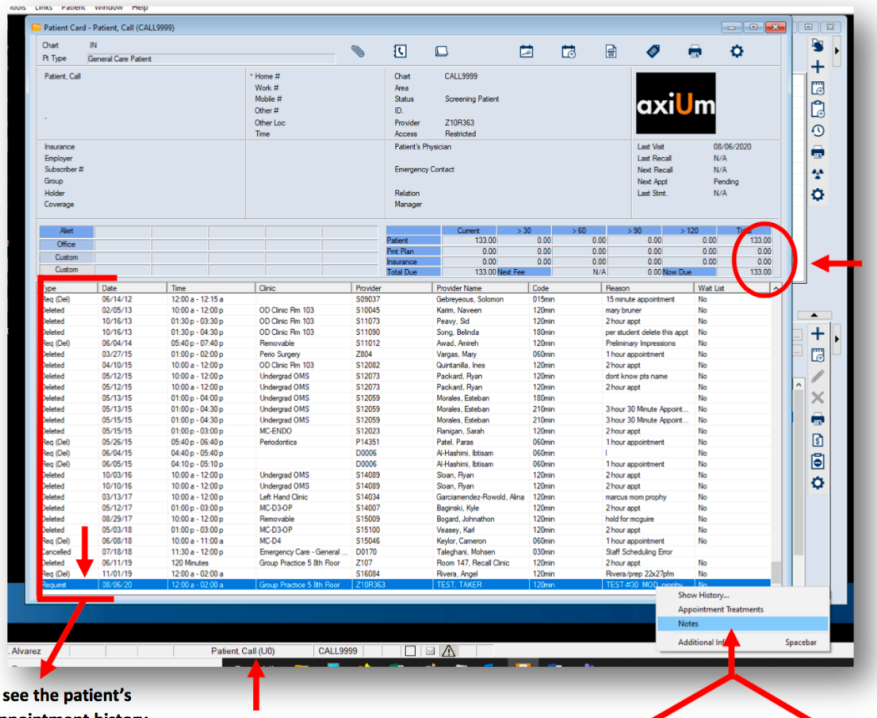


5. Clicking the *Close* button will take you back to the *New Appointment Request* window. You can now select the *Accept* button.

Please Note: *You must complete step 4 or you will not be allowed to submit the request.* ***You must click complete step 5 or your request will not go through to your PAC.***

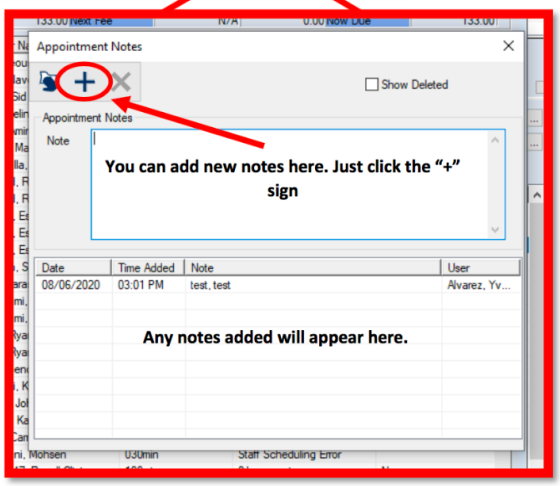
Checking the Status of a Request

You easily check the status of a request or see any notes you, your PAC or patient manager have added by pulling up the patient's *Patient Card*. You can do this from the *Rolodex* or if the patient is selected (like in Step 5 of page 2), you can click on the patient's name at the bottom of the screen and the *Patient Card* will pop up. Right click on the request you want to see and select *Notes*. See below.



You can see patient's balance here. Keep in mind that if the number is a positive number, the patient has a balance and if the number is negative, it means the patient has a credit

You can see the patient's entire appointment history here.



Initial/Last Appointments

Screening

Exam cassette

Screening Codes:
D0104-Screening Registration
D0190-Screening
D0330-Pano Film
D0210.R-Radiographic Film(if accepted)
Add “patient health records” if they are not already added.
Radiographic Order put in for FMX if accepted into the program
If patient isn’t accepted into program escort them back to 5th floor to get a refund

Go to 857H if assigned to OD Rotation. This is the designated OD rotation chair for group 6.

Blue Screening Folder labeled Group 6 is kept at the front where the instructors are.

Periodically check the folder for patient screening form and once it is in the folder you can go get your patient from the waiting area. (Screening patients wait on Floor 5)
If accepted into D3 or D4 patient pool make sure and have your PAC schedule the radiographs before they leave.

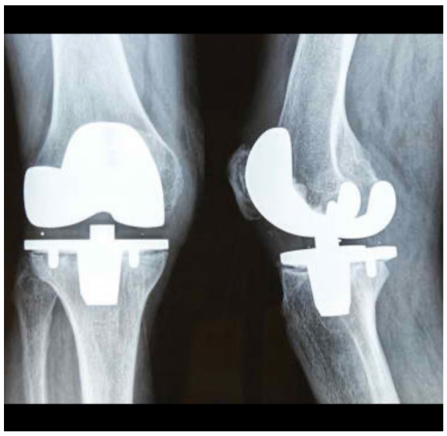
1. Ask the patient what their chief complaint is or what brought them to the dentist.

2. Fill out Systems section of Medical History and medications.

Make sure and get more details on any cardiovascular or joint replacement health issues. Make sure and get any information that you will need to see if you can get probing depths.
Rules for Prophylaxis:

Antibiotic guidelines: joints

- According to the ADA Chairside Guide, for patients with a history of complications associated with their joint replacement surgery who are undergoing dental procedures that include gingival manipulation or mucosal incision, prophylactic antibiotics should only be considered after consultation with the patient and orthopedic surgeon; in cases where antibiotics are deemed necessary, it is most appropriate that the orthopedic surgeon recommend the appropriate antibiotic regimen and, when reasonable, write the prescription.



Antibiotic guidelines: heart

- Infective endocarditis prophylaxis for dental procedures should be recommended only for patients with underlying cardiac conditions associated with the highest risk of adverse outcome from infective endocarditis. For patients with these underlying cardiac conditions, prophylaxis is recommended for all dental procedures that involve manipulation of gingival tissue or the periapical region of teeth or perforation of the oral mucosa.

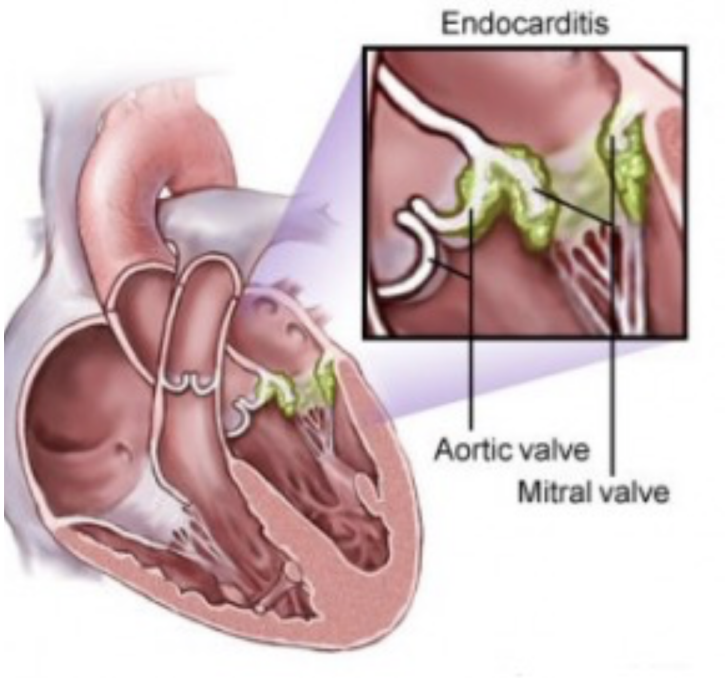
Patient Selection

The current infective endocarditis/valvular heart disease guidelines state that use of preventive antibiotics before certain dental procedures is reasonable for patients with:

- prosthetic cardiac valves, including transcatheter-implanted prostheses and homografts;
- prosthetic material used for cardiac valve repair, such as annuloplasty rings and chords;
- a history of infective endocarditis;
- a cardiac transplant[a] with valve regurgitation due to a structurally abnormal valve;
- the following congenital (present from birth) heart disease:[b]
- unrepaired cyanotic congenital heart disease, including palliative shunts and conduits
- any repaired congenital heart defect with residual shunts or valvular regurgitation at the site of or adjacent to the site of a prosthetic patch or a prosthetic device

[a] According to limited data, infective endocarditis appears to be more common in heart transplant recipients than in the general population; the risk of infective endocarditis is highest in the first 6 months after transplant because of endothelial disruption, high-intensity immunosuppressive therapy, frequent central venous catheter access, and frequent endomyocardial biopsies.[9]

[b] Except for the conditions listed above, antibiotic prophylaxis is no longer recommended for any other form of congenital heart disease.



Example questions to ask:
Have you ever been hospitalized? What for?
Have you had any surgeries?
Do you have any heart conditions?
Have you had any joint replacements? If so, Have you had any complications with the procedure or have you had to have them redone?(This one would be a good indicator that you do not want to take probing depths unless you have a medical consult.)

Also fill out the medical summary at the bottom of the form. You do not need a signature for screening appointments.

Under "Summary of patients medical status," in the medical history list what medical issues the patient presents with. You do not need to add any medications in this section.

3. Perform the following:

Extraoral Exam
Intraoral Exam
Cancer Screening

Perio screening:(only if the patient is not medically compromised. If the patient is a full/full case then you do not need probing depths or radiographs) Only check General Probing depths once you have determined the patient is healthy enough. Check for any deep pockets.

Examine Pano for lesions or caries.

4. Note any operative, Removable, perio, Fixed oral surgery, Endo, and /or night guard needs. Note any oral lesions.

5. Come up with a tentative general treatment plan with the treatment plan worksheet located with all the other forms next to the dispensary. Dr. Hennessey wants everyone in group 6 to use the form.

(If the patient is accepted into the undergrad department, this form will be filled out in more detail once the full FMX series is taken and during the OD appointment)

6. Talk to the patient about their options for treatment and talk about cost. When giving quotes always add 25% to the cost. Make sure and let them know that it could cost more.

7. Ask about how open their schedule is and tell them we would like for them to be available for at least 2 appointments a month. That does not mean that there will always be an opening that often though.

8. Present plan to assigned Faculty for approval.
9. Input all of their needs into the Needs right hand corner box in Axium. Input composites or extractions depending on how many they need NOT just one per procedure.

High stress patients and extremely medically compromised patients should go to Grad.

Removable patients ….about 9 appointments for a denture. About 8 weeks for fabrication of denture if you are able to get regular appointments. Interim dentures $405 for each arch.
Full denture $675 per arch
Can be up to 4 appointments for EXT if they want to drag it out.
Need about 6 weeks to heal after EXT
Need about 3-4 months to heal after Implant is placed in order to restore.
$53 per extraction in undergrad. Add Alveoplasty ×4 as well to your estimate.
Nitrous $36 (i recommend to suggest this to patients so they can be more relaxed and so you/ others can get some experience with this.)

Mention that being a patient at the school means that they will need more appointments than in private practice, but it is cheaper for them at the school. “What you save in money you will spend in time.”

Make sure and give the screening form to your PAC and don't forget to mark which department you are sending them to on their patient form before you turn it in.

If they are being referred to Grad, you must write a referral in axium and have it approved. Make sure and add what procedure they are wanting to have done and the medical issues that the patient has so the graduate department can plainly see why you are referring the patient.

Example Referral:

Patient presents with hypertension and diabetes.
Patient needs extensive restorations including implants, crowns 6-11, as well as extractions and bone graft. Patient states that #10 fell off within the last year and he used superglue to put it back on. Many of the anterior crowns need replacement due to fracture. Please evaluate as you see fit.

Example progress note:
Patient presents for screening. CC: low grade pain in lower left quadrant. Patient needs extensive restorations extractions, bone graft and has been referred to AEGD. Recommended that patient Return for extraction of #18 through the oral surgery clinic if symptoms warrant.

If they are accepted into the undergraduate department, get radiographic orders for an fmx and have Ida schedule them before they leave.

Call Patient Procedures: (incomplete)

Email Ida the following information:
Name
Date of Birth
Phone number
Email address
Emergency Contact information

She can start a Chart for them. Once a chart is made for them, you can request an appointment. You must inform Jennifer Horn to assign them to you once their chart is started, otherwise you will not have access to it.

Cost:$313 when they check in. This covers new patient registration, pano, screening exam and $200 to go towards future treatment.

Call patients can have a Screening and OD appointment all at once if you have time, however you still go through the screening process first. You should be able to get that part done in about 1.5 hours.

Before their appointment you will want to ask to have radiographic orders placed, so they can take their pano the day they come in. If they don't do it beforehand then when they come in, you can start out on the 5th floor in Radiology(you have to make sure that they have an appointment available and can schedule them on the day you need) then bring them back up to your floor when done.

You can have them fill out the oodles of paperwork beforehand, however it could be a waste of time because many call patients don't work out.(That is what Dr. Hennessey said)

I prefer to call them and have it all filled out just in case because that saves time if they are accepted. I would just make sure they know that it doesn't mean that they will be accepted as a patient.

Call Patient Screening Appointment:
Codes are the same as regular screening codes

Initial OD can be done the same day if there is time. I was told that if you know you are going to take them as a patient then you can schedule to take an FMX series in Radiology if there is room or you can use the Nomad or xray chairs on the 8th floor to take them yourself.

If they have current x-rays (under 1 year old) it would be good to have them send them to you before the appointment and enter them into axium. (Do this by emailing Jennifer Horn) Although Dr. Stookberry said that we normally have to retake them because many times the quality is bad.

You can do a “one procedure” call patient if you get a referral from their dentist and get the treatment plan and radiographs as well (FMX and Pano) That way you do not need a screening or OD appointment first.

Initial OD

OD Codes:

- **D0150 Comprehensive Oral Evaluation**
- **D0150.T Phasing and Sequencing Completed**
- **D1300 Oral Disease Risk Assessment**
- **Plaque Index**

- **D1301 Oral Self Exam Training**
- **D1310 Nutritional Counseling**
- **D1320 Tobacco Counseling**
- **D1330 Oral Hygiene Instructions**
- **Periodontal Charting**
- **D0470 Diagnostic - Plan early in tx with prophy or perio work up.**
- **D0605 Reassess Current Phase- end of phase 3**
- **D0119 Completed Case-end of phase 4**

D1110 Prophy Code
D1206 Fluoride varnish
D9701 Med consult

Exam cassette

Update patient health records, such as Medical and dental history and current medications. Have them sign each.

Go to New classic form:
Add patient health records, if they are not already in axium
fill out medical and dental history.

Add these forms:
Patient rights and responsibilities
Patient General informed consent
New Patient Guidelines
HIPAA
Fill out ODRA form
(Get signatures from patient for each) and the Medical, Dental and Current Medications tabs under Pt Health History

Intraoral Exam
Extraoral Exam

Cancer Screening?
(Already did this at screening appointment)

Formulate Detailed Treatment Plan using radiographic and intraoral findings. Fill out the Treatment Plan Worksheet located next to the dispensary, front and back.

Have assigned Faculty check your findings

Once approved, enter findings and treatment plan in axium. Phase and Sequence

Have them sign the treatment plan and print a copy of the treatment plan for them.

There are printed copies of the forms they sign if they want them. These are located with all the other forms next to the dispensary.
Get any Endo, Perio, Implant consults from faculty.

Treatment Planning Sequence of Events

Axium forms (med hx, social hx, medications, ODRA, x-rays, perio charting, plaque index, mobility, caries risk level etc)

Med Consult needed?

Identification of perio type (full mouth probing on all patients/no PSR)

Identification of caries & treatment suggestions

Review of findings and suggestions with faculty (presentation of preliminary TX plan)

Prophy, OHI, fl varnish (if applicable)

Impress for Dx

Preliminary TX plan entered by student & swiped as “planned” (includes .T code-swiped “in process”, comp case,reassessments, etc)

Proposed (but not finalized) TX estimate may be printed for the patient

_____ -Students should reorganize and rearrange entered/planned TX into the agreed upon categories/phases (Systemic, Acute, Disease Control, Definitive, Maintenance: SADDM)

-Properly phased/sequenced TX plan must be presented to and agreed upon by student’s group leader prior to or at the beginning of the following appointment.

-Once a finalized TX plan with acceptable phasing/sequencing has been agreed upon, the .T code can be swiped“complete”

-Properly ordered and finalized TX plan can be printed for group leadership faculty to divide TX between the student team before providing the information to OPS

-Have patient sign and print properly ordered and finalized TX plan for patient_____

All TX in each phase, including reassessment, should be completed before student moves to next phase.

TX within each phase may be addressed in a different order other than is listed if necessary.

Faculty swipe/approval required to change treatment from one phase to another and progress note entered should address reason for change.

___ Reassessment code: D0605

QA form addressing:

A/U: Treatment provided was necessary and appropriate

A/U: Precautions for medically compromised

A/U: Appropriate radiographs available

A/U/I: Phase Risk Assessment completed (preventive: plaque index/caries risk/tobacco hx/use, etc)
A/U/P/I: Periodontal treatment status

_____If there is no treatment identified as “acute/emergent”, or if chief complaint will be addressed within early proposed disease control treatment, then “phase 2” items are not necessary.

Phase & Sequence Protocol for Clinical Treatment Plans

Phase 1: Diagnosis/SYSTEMIC

- Initial OD, radiographs, ODRA, Perio charting, px (if needed for diagnostic purposes, or if included here so as not to require a second appt only for prophylaxis), FL, OHI, impressions for diagnostic , med consult, dental consults and other necessary tests to establish baseline info. Removable appliance design step may also be required in order to complete TX plan.
- **Example: Phase 1, Sequence 1: D9701: Medical Consult** (swiped "**in process**" until received, then swiped "complete" once received & reviewed. Scanned in by Clinical Affairs)

Phase 2: ACUTE/Emergent/Chief Complaint

- Management of infection, inflammation, pain, or acute esthetic concerns (example: interim partial/retainer for replacement of anterior tooth)
- Emergent exts, emergent endo, or tx of perio abscess etc.
- **Example: Phase 2, Sequence 1: Emergent/Urgent endo/extraction, or other patient priority that can be completed before comprehensive treatment plan is completed. (Limited consent form and limited treatment plan signed and completed).**
- **D0605**: code for "**Reassessment of Current Phase Treatment**" to be completed before proceeding to next Phase for tracking purposes

Phase3: DISEASE CONTROL/Perio/Operative/ Buildups/single unit crowns not adjacent to edentulous areas

- Perio (or prophy) & disease control may need to occur simultaneously, but perio is always to be listed first and initiated first
- Non-emergent endo
- Occlusal guard if needed to treat occlusal disease prior to major restorative tx
- Immediate denture to establish occlusal plane before proceeding with other restorative tx
- Some single unit crowns (not bordering edentulous spaces) may be done at this phase if related to chief complaint, urgent esthetic issue, or if removal of an existing crown is needed to manage disease control, determine restorability of tooth or to perform endo. Buildups and crown preps which are initiated and completed in the same appointment may also be included in Phase 2 tx. It is recommended that perio concerns be addressed first in quadrants to receive crowns prior to the start of the crown. Removal of a crown requires full payment of new crown fee and the crown procedure should be put "in process" even if tooth is provisionalized & not completed as permanent until other treatment is completed.
- Bleaching may be indicated at the end of Phase 2
- **Example: Phase 3, Sequence 1: Perio, or begin operative restorations.**
- **D0605:** code for "**Reassessment of Current Phase Treatment**" to be completed before proceeding to next Phase for tracking purposes

Phase 4: DEFINITIVE/Major Restorative

- Bleaching may be indicated within Phase 3 tx
- Some surgical procedures may be indicated during Phase 3 tx
- Crowns, bridges, removable pros, implants
- Occlusal guard (either as a final guard or as a remake after tx completed). A one-week re-eval is required for this procedure.
- **Example: Phase 4, Sequence 1: Crowns, FPD, RPD, Implant**
- **Completed Case code D0119: Outcomes Assessment will act as the reassessment** of all treatment and of the oral condition before placing the patient in maintenance phase. Additional radiographs may be warranted and ordered for this evaluation; additionally, a prophy or limited additional treatment not previously noted may be indicated before transitioning the patient to Phase 5 maintenance.

Phase 5: MAINTENANCE

- Recall frequency/type
- “Watches” of situations requiring long-term monitoring
- “.Z” codes for exam procedures that will be reserved long-term for assessments such as Mock Boards, which only occur in February

Phase & Sequence Protocol for Clinical Treatment Plans

Hints and Tips:

- **In each phase the treatment can be ordered but there will be the flexibility to move treatment around within a phase to accommodate the patients’ needs, preferences, time and resources first, and secondly those of the student.**
- **“Watches” should remain in Phase 5 upon the completed case**
- **“.Z” exam procedure codes reserved on a short-term basis for clinical assessments should be listed last in the appropriate phase.**

- **Procedures planned by grad students should not be sequenced with undergrad procedures**
- **Do not use "0" in the sequence column (example: 3.0 or 4.0 etc)**

Important Axium Codes*:*

- **D0150.T or D0120.T codes** (swiped "in-process" during treatment planning and swiped "complete" when phasing and sequencing is approved by group leadership faculty)
- **D9701-Medical Consult**
- **D0605-Reassessment of Current Phase Treatment (**must successfully be completed before completing treatment in next phase**)**
- **D2940-Protective Restoration-$13 (**for Glass Ionomers eventually intended to be replaced with definitive restorative material)
- **D2999a-Excavate and Evaluate for Restorability** (should accompany codes for restoration of extensive carious lesions/anticipated endo/procedures determining restorability)

TIPS: You can call your patient and enter the very long list of questions before the appointment to save clinic time.

<u>Update OD:</u>
4 Bitewings
Need updated BW's every year

TIPS: Sometimes you can do this at the end of other appointments to keep from having to use a whole appointment for this.

- **review of medical history**
- **Determine if new radiographs are needed**
- **Review of current treatment plan and make adjustments as necessary**

- **Evaluate periodontal condition**
- **Update ODRA form, plaque index, OHI**
- **Provide prophy or perio maintainence**
- **Have patient sign the updated treatment plan**
- **Discuss scheduling needs with your patient, number of appointments, and financial needs**
- **Identify procedures to be shared with your teammate.**

Radiographs with the nomad:
Hold arms straight out in order to avoid "back splash" radiation

Prophy:

Prophy/Perio Maintenance Workflow

Dispensary:

- Perio cassette
- Slow speed with SHORT nose cone for prophy cup
- Ask for extra gauze
- Fluoride varnish
- Toothbrush
- Cavitron/Piezo

Self-serve:

- Cotton swabs (Q-tips)
- Biofilm indicator (purple dye)
- Prophy paste (you can always use pumice/water if patient can't tolerate mint)
- Patient mirror
- Toothpaste
- Take-home floss
- At least two single flosses

Procedure:

1. Medical history, meds, vitals

2. START CHECK

3. Open new perio chart, choose "screening" or "biofilm index" as needed

4. Record Pocket Depths and BOP (6 surfaces per tooth)

a. ALWAYS GO IN ORDER OF. PERIO CHART (1-16 FACIAL, 1-16 LINGUAL, 32-17 FACIAL, 32-17 LINGUAL.
b. Make sure the correct square is yellow (distal, mid, mesial).
c. SAVE SAVE SAVE (at least every quad or even every group (molars, save, premolars, save…..)
d. Speak LOUDLY so your assistant can hear you, call out tooth # and surface every so often. Assistant should ask for # or repeats as needed.
e. Call out "BOP or Heme" (not "bleeding"). Sometimes the gums won't bleed right away, so I'll do molar PD, then premolar PD, then molar BOP then anterior PD, etc. Just be sure to call it out CLEARLY

5. Biofilm index

a. Squirt dye into blue cup. CHANGE GLOVES.
b. Apply Vaseline liberally to patients lips, inside and out.
c. Tell patient it will temporarily stain skin, but washes off.
d. Dry teeth (uppers then lowers)
e. Apply dye to teeth with cotton swab (lowers then uppers). Focus on gingival margins.
f. Rinse well, have patient swish water. Suction
g. Record Biofilm (6 surfaces per tooth) in same order on Perio Chart.
h. SAVE OFTEN.
i. Perio chart will give percentage of plaque surfaces.

6. Patient education (OHI)

a. Have patient look at teeth in mirror.
b. Explain different colors and what they mean. Pink = young plaque, Purple/blue = old plaque. Identify problem areas.
c. Have them use toothbrush and demonstrate how they brush. Tell them to try to get the dye off.
d. Give verbal feedback and demonstrate ideal brushing technique.
i. To reach posterior molars, have patient move mandible to the same side. This gives more space between coronoid process and buccal of maxilla.

ii. Proper brushing technique is a 45 degree angle to gingival margin, small circular motion.
iii. If patient has crowns, brushing the occlusal is not as important as the gingival margins and flossing.
e. Demonstrate flossing on a few teeth, focus on problem areas.
i. No “snapping floss down”
ii. Shimmy/wipe tooth with floss. C-shape. Get below gingiva. Floss even where there is no adjacent tooth.
f. Have patient demonstrate flossing
g. Discuss different types of floss if needed. Super floss, threaders, water pik, proxabrushes.
8. Cavitron
9. Hand scaling to remove calculus.
10. Floss all teeth.
12. Polish with umice.
13. Dry teeth, Apply fluoride varnish if patient agrees, give post-fluoride instructions (no eating/drinking/WATER) for 30 minutes. Sticky feeling will go away. Explain importance of fluoride.
14. Rinse toothbrush, put back in packaging. Give goody bag (toothbrush/paste/floss) to patient
15. Appt Request
16. Schedule patient with PAC and walk to front.
17. “Complete” Perio Chart if not adding anything at next appt.
18. Progress note. Swipes for note, vitals, perio chart, codes (below).

Codes to mark as complete:

_____ Prophy
D1310 OHI
D1330 Nutritional counseling (if you did)
_____ Fluoride application

Completed Case:

TIPS: Make sure and put an appointment request in. (have to specify something on the request….)

<u>Completed Cases</u>:

1. **Group Leadership faculty should complete these.**
2. **Perform a Chart Audit/Patient Care icon in Axium for any missing forms**
3. **Determine the patient's last prophy or perio maintenance date and complete if due or almost due**
4. **Verify current perio charting**
5. **Evaluate current radiographs and take update films if necessary. Consider follow-up of endo treatment, extensive restorative treatment and high caries risk patients**
6. **Complete an extra/intraoral patient exam to ensure restorations are intact and no further disease is present**
7. **Complete the Outcomes Assessment: completed for all completed case patients (P/F or for your progress exam). Forms completed for assessments that are not your progress exam should be maintained by your leadership faculty. Only the graded progress exam form should be submitted to Annick in room 841.**
8. **Patients are not required to complete elective treatment (some crowns, implants, other tooth replacement options, occlusal guards-in certain situations, etc.)**
9. **All treatment of disease must be completed for a patient to be considered a "completed case" patient.**
10. **If disease, decay, or infection remains that the patient is not willing to have treated, then the patient does not receive the "completed case" designation and is closed out instead.**
11. **If a patient is to be closed out, please do not delete the recommended treatment from their treatment plan. Enter a progress note recording the conversation and the reasons the patient is not wanting to proceed with treatment, then notify your PAC of the patient's close out. Your PAC will begin the close out process. Close out patients are eligible for a 30-day warranty on treatment provided at the college.**

COMPLETED CASES (TO BE COMPLETED ONLY BY GROUP LEADERSHIP FACULTY)

All treatment of disease must be completed for "Completed Case", if not patient will be closed out.

IF PATIENT IS CLOSED OUT:

- Do not delete the recommended/necessary treatment for disease from the treatment plan.
- Elective treatment procedures may be deleted from the treatment plan.
- "Watches" should remain as planned treatment.
- Enter a progress note regarding deleted treatment and reason patient does not want to continue care.
- Notify your PAC who will begin the close out process.
- Close out patients are eligible for 30-day warranty of treatment provided at the college.

Patients are not required to complete "Elective Treatment" for Completed Case
(Some crowns, implants, other tooth replacement options, occlusal guards-in certain situations, etc.)

COMPLETED CASE CHECKLIST

1.	**Complete Chart Audit:** *Use Patient Care Icon in Axium*	• Verify all progress notes have been completed and swiped • Verify treatment estimate is on file • Verify all initial OD forms have been signed and there are no missing forms (HIPAA, Informed Consent, Rights & Responsibilities etc.)
2.	**Determine Periodontal Status**	• Verify Current Perio Charting • Complete Prophy or Perio Maintenance if due or almost due
3.	**Review and Update Radiographs as Necessary**	• Consider follow-up of endo treatment, extensive restorative treatment and high caries risk patients
4.	**Complete an Extra Oral and Intraoral Exam**	• Ensure restorations are intact and no further disease is present • Treatment plan if any new findings and do CC only after completed
5.	**Verify "Tx History" tab in Axium and Check:**	• All treatment is Complete. Patient chief complaint has been addressed • There are no "P"- Planned Treatment or "I"- In Process Treatment • "Watch" treatment has been addressed and/or left in process to follow
6.	**Complete the Outcomes Assessment:**	• If completed for a PE. Submit to Annick in room #841 • If completed otherwise, provide to your group leadership faculty

Operative:

Class 1
Class 2
Class 3
Class 4
Class 5

Operative kit (green cassette)
Endo kit (purple cassette for the rubber dam instruments)
Shade guide
Composite/Amalgam/GI
Class 2 (Tofflemiere retainer, Garrison, and or Automatrix or Class 3
Class 4 (mylar strip)
Composite Polishing kit/Green bur block
High Speed, Slow Speed

Standard Composite Shade Posterior Adults=A2
Standard Composite Shade Posterior Kids=B1

Supplies:

Green cassette
Green bur block/composite polishing kit
High speed and slow speed hand pieces
Burs: 169L, 330, 245, #2/4/6 round Burs
Build up material (composite/amalgam/Glass Ionomers/build it FR-discuss with Group Leader about which one is recommended)
ETCH
BOND (optibond FL--gold standard or Optibond solo plus can be used)
Enhance Point
White Stone
Tolffomiere Retainer and accessories or automatrix
Possible need for pins and post and core materials.
1 Lidocaine

Syringe
4 extra small plastic cups(I like to organize my Burs with these)
Microbrushes
Possible need for Consepsis and Theracal
Articulating paper
If using Composite, Composite gun, A2 composite
Rubber Dam (Do not clamp crowns unless instructed) or Isolite

Consepsis 2% chlorohexidine antibacterial scrub (possibly): this contains pyrex glass particles;scrub clean disinfect. This also has shown to decrease postop sensitivity.

Steps:

1. Use preferred bur for filling removal or to cut a Virgin tooth. 245 is larger and better for large cavitations) Use the round burs for decay removal. (largest that will fit to avoid the pulp and on slow speed) Cut Prep or remove old filling.
   Excavate and Evaluate: first avoid the pulp and open up the Cavity mesially or distally depending on where the decay is shown on the radiograph. Open contacts since you know it will be a crown and for visibility. Find hard tooth structure to be able to determine if the tooth can be restored with a crown or not.
2. Have Prep checked by professor.
3. Remove decay or secondary decay (use largest round bur possible to avoid pulp exposure)
4. Have professor check to make sure all decay has been removed.
5. Place Theracal on any affected dentin (light cure). Clean with consepsis first.
6. Etch 15 sec, dry 5 sec (do not desicate)
7. Apply bond 15 sec
8. Light Cure 20 seconds
9. Place Composite, cure(other steps for other build up material) Make sure you are determining how much to fill the prep by looking at the marginal ridges of the adjacent teeth. Take off any excess.. I like to shape it as much as possible before curing so that I will have less to fix.
10. Check Occlusion.
11. Adjust as needed.(white stone and "Christmas tree" bur is good for shaping periphery; football bur is good for the occlusal)
12. Have professor check Build up.
13. Polish (Enhance point is great for this)

Glass Ionomer Restoration:

Cavity conditioner apply for 15 sec, rinse for 15 sec, (dry 5 secs? Don't dessicate tooth)
Push yellow button down to activate right before mixing glass ionomer carpule
Mix GI for 9 secs
Apply GI
Smooth out with damp cotton tip applicator
Apply fuji coat
Cure for 40 seconds
Polish
Apply another coat of fuji coat
Cure for 40 seconds

Sandwhich technique:

SDF:

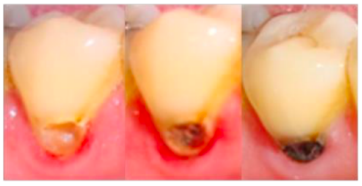
Have patient sign consent forms below before beginning any SDF treatment.

TEXAS A&M UNIVERSITY
College of Dentistry

CONSENTIMIENTO INFORMADO PARA LA APLICACIÓN DE FLÚOR DIAMINO DE PLATA

Datos útiles:

- El flúor diamino de plata (SDF, por sus siglas en inglés) es un líquido antibiótico. Usamos este flúor en las caries para detenerlas. También lo usamos para tratar la sensibilidad dental. Es necesario aplicar este flúor cada 6 a 12 meses.
- Cómo se aplica: 1) Se seca la zona afectada, 2) Se coloca una pequeña cantidad de flúor en la zona afectada, 3) Se espera un minuto para que el flúor se seque, 4) Se enjuaga.
- **El tratamiento con el flúor diamino de plata no elimina la necesidad de empastes o coronas dentales para mejorar la función dental o la estética. Los procedimientos adicionales se cobrarán aparte.**
- No deberían aplicarme este flúor si: 1) Soy **alérgico a la plata**, o 2) tengo llagas dolorosas o zonas lastimadas en las encías (p. ej., gingivitis ulcerosa) o en algún lugar de la boca (p. ej., estomatitis).



Antes | Después del tratamiento | Resultado final

Beneficios de la aplicación del flúor diamino de plata:

- Puede contribuir a detener las caries.
- Puede ayudar a aliviar la sensibilidad.

Los riesgos relacionados con este flúor incluyen, entre otros:

- **La zona afectada puede presentar manchas oscuras permanentes.** La estructura dental sana no se mancha. La estructura dental manchada se puede reemplazar con un empaste o una corona.
- Los empastes y coronas dentales del color del diente pueden teñirse si se les aplica este flúor. Los cambios de color en la superficie normalmente pueden pulirse. El borde entre el diente y el empaste puede mantener el color.
- Si se aplica accidentalmente este flúor en la piel o las encías, es posible que aparezca una mancha marrón o blanca que no causa daño, no se quita con agua pero desaparecerá en un lapso de 1 a 3 semanas.
- Es posible que sienta un sabor metálico que desaparecerá rápidamente.
- Si la caries no se detiene con un tratamiento, seguirá avanzando. En ese caso, el diente necesitará otro tratamiento, como repetir el flúor diamino de plata, un empaste o una corona, tratamiento de conducto o extracción.
- Es posible que estos efectos secundarios no incluyan todas las posibles situaciones informadas por el fabricante. Si observa otros efectos, comuníquese con su proveedor dental.
- Se realizarán todos los intentos razonables para asegurar un resultado satisfactorio del tratamiento con este flúor. Hay un riesgo de que el procedimiento no detenga la caries, por lo que no se concede ninguna garantía expresa o implícita con respecto al resultado.

Alternativas al flúor diamino de plata. No se limitan a lo siguiente:

- Ningún tratamiento, lo cual puede llevar a un deterioro continuo de la estructura dentaria y la apariencia estética. Los síntomas pueden aumentar en gravedad.
- Según la ubicación y la profundidad de la caries, el tratamiento alternativo puede incluir la aplicación de barniz de flúor, un empaste o una corona, la extracción del diente o una derivación a modalidades de tratamiento avanzado.

CERTIFICO QUE HE LEÍDO Y COMPRENDO PERFECTAMENTE ESTE DOCUMENTO Y QUE TODAS MIS PREGUNTAS FUERON RESPONDIDAS:

_____(firma del paciente) **_____(fecha)**

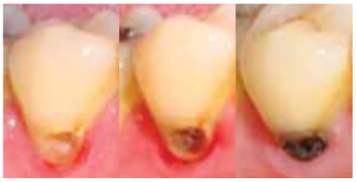
_____(firma del testigo) **_____(fecha)**

TEXAS A&M UNIVERSITY
College of Dentistry

Informed Consent for Silver Diamine Fluoride

Facts for consideration:

- Silver diamine fluoride (SDF) is an antibiotic liquid. We use SDF on cavities to help stop tooth decay. We also use it to treat tooth sensitivity. SDF application every six to 12 months is necessary.
- The procedure: 1. Dry the affected area. 2. Place a small amount of SDF on the affected area. 3. Allow SDF to dry for one minute. 4. Rinse.
- **Treatment with SDF does not eliminate the need for dental fillings or crowns to repair function or esthetics. Additional procedures will incur a separate fee.**
- I should not be treated with SDF if: 1. I am allergic to silver. 2. There are painful sores or raw areas on my gums (i.e., ulcerative gingivitis) or anywhere in my mouth (i.e., stomatitis).



Benefits of receiving SDF:

- SDF can help stop tooth decay.
- SDF can help relieve sensitivity.

Risks related to SDF include, but are not limited to:

- **The affected area will stain black permanently.** Healthy tooth structure will not stain. Stained tooth structure can be replaced with a filling or a crown.
- Tooth-colored fillings and crowns may discolor if SDF is applied to them. Color changes on the surface can normally be polished off. The edge between a tooth and filling may keep the color.
- If accidentally applied to the skin or gums, a brown or white stain may appear that causes no harm, cannot be washed off and will disappear in one to three weeks.
- You may notice a metallic taste. This will go away rapidly.
- If tooth decay is not arrested, the decay will progress. In that case the tooth will require further treatment, such as repeat SDF, a filling or crown, root canal treatment or extraction.
- These side effects may not include all of the possible situations reported by the manufacturer. If you notice other effects, please contact your dental provider.
- Every reasonable effort will be made to ensure the success of SDF treatment. There is a risk that the procedure will not stop the decay and no guarantee of success is granted or implied.

Alternatives to SDF, not limited to the following:

- No treatment, which may lead to continued deterioration of tooth structures and cosmetic appearance. Symptoms may increase in severity.
- Depending on the location and extent of the tooth decay, other treatment may include placement of fluoride varnish, a filling or crown, extraction or referral for advanced treatment modalities.

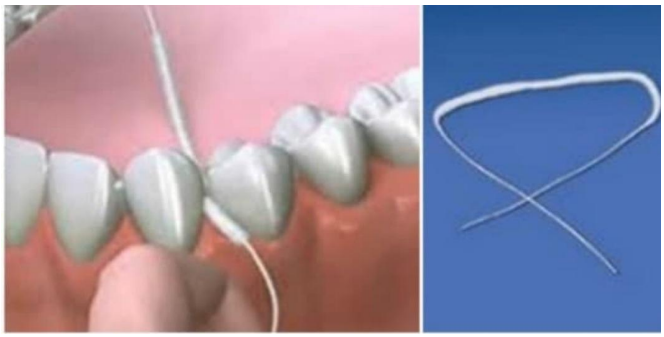
I CERTIFY THAT I HAVE READ AND FULLY UNDERSTAND THIS DOCUMENT AND ALL MY QUESTIONS WERE ANSWERED:

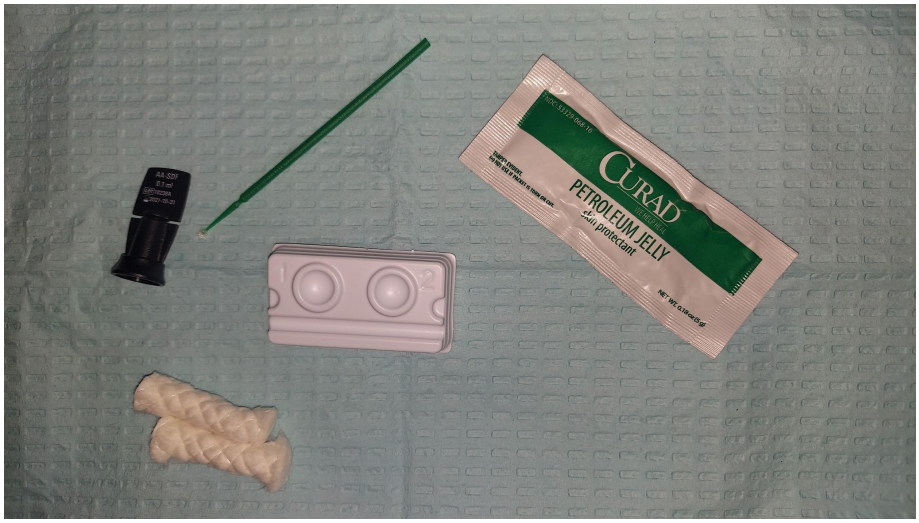
_____(signature of patient) _____(date)

_____(signature of witness) _____(date)

Need:

Microbrush
SDF
Superfloss
Dappen dish
Vaseline
Cotton Rolls





Steps:

1. Apply vaseline to lips and avoid touching lips or gingival surfaces when applying.
2. Isolate with cotton rolls
3. Dispense 1 drop onto dappen dish for 4-6 surfaces
4. Dry surface
5. Apply SDF with microbrush to caries lesion and rub for 1 minute
6. If the surface is interproximal, floss SDF into the interproximal surface with superfloss.
7. Air dry
8. Have the patient wait 60 minutes before eating or drinking

Reapply in 6 weeks-3 months

You can apply Glass ionomer over the black stain once you are done with your second application. Once the lesions are arrested. (need to double check with Dr. Burdette for timing-I believe this is correct)

This will not completely cover the stain. The areas on the periphery of the black stain will look greyish. Make sure the parents/patients are aware of this especially if it is an anterior tooth. Later on can place composites over the Glass Ionomer to have a more esthetic finish.

Indications: Medically compromised patients. Patients that are in the precooperative stage and parents do not want sedation (very young or have a disability that prevents them from cooperating.)

Pros: Research shows SDF is better for root surfaces than other methods. No need to prep.

Cons: Stains teeth black. Stains gingival surfaces.

TIPS: Watch for movement from patient (especially the young ones) when applying to avoid marking their lips.

Mark should go away in 1-3 weeks, but could be permanent.

Sealants:

Occlusal Guard:

Cases going to Griffin for occlusal guards should include the maxillary and mandibular as well as a full-arch bite registration with the deprogrammer embedded within the regisil.

In addition, all lab prescriptions should include your name and student number (18xxx or 19xxx), patient's name and chart number, the tooth/teeth or arch(es) involved, and a faculty signature. ***Due to the number of cases processed daily we are unable to stop and look the chart number up for you so please be prepared.***

Diastema Closure (Operative):

TIPS:

Oral Surgery Rotation:

Emergency Chairs in OMS are (627 A-H). Pick one, any one.

Do not put extraction items on the counters. Keep everything sterile on the tray.

Use Minnesota retractor. Don't use your finger for retraction.

Simple Extraction:

1. During rotation, wait to open anything until patients show up and you have their pink information sheet. (You put this sheet in the PHI bin when you leave)

2. Larry or staff scheduled will hand you a patient's info sheet and that patient is assigned to you.

3. Enter the medical history information in the computer under patient health records. (Only the information on the patient information sheet they signed)

4. Examine their pano.

5. Add pre-op and post-op oral surgery notes under "add note." (If you enter these beforehand and the patients opts not to get an extraction then you will need to delete these notes before leaving. Also if you get a swipe before the procedure starts, the pre-op note is the first note that pops up as long as you entered it firstn so select that one.)

6. Go get patient from waiting area

7. Ask you patient about their chief complaint and find out what tooth/teeth are bothering them.

8. Confirm their medical history and have them sign the document. Take Vitals.. Determine which tooth is bothering them.

9. Present your case to faculty and get a start check. Plan treatment in axium.

10. Have the patient sign the informed consent once you explain it to them. If the tooth can be restored, you must explain this to them.

11. You must write a progress note for each patient, even if the patient opted not to extract the tooth.

Common Extraction Forceps:

#150 Universal Maxillary Forceps. (For peds, it is called Pedo #150)
#151 Universal Mandibular Forceps. (Pediactrics, it is pedo #151)
88R (MX, Rt.) One prong on buccal
88L (MX, Lft)
#23 (MD molars)

Need:
Blue kit with EXT tools and suction tip
Suction tube
Syringe
Saline
Patient Drape
Goggles
Bouffant
Whichever forceps you need that day depending on the tooth
Gauze

Printed Post op. Note to give to patient when leaving and 2 packets of gauze.

Steps:

1.Confirm good anesthesia-They shouldn't feel anything sharp, but they will feel pressure. Make sure they know this beforehand.

2. Sever Soft Tissue Attachment with Pereosteal elevator.

Woodson or #9.

Severe as much as you can, and go as apical as you can. (A resident last year told me to be more aggressive with this part and it has helped)

This causes expansion of bone and tearing of PDL.

3. Luxate Tooth with Elevator.

Face of Blade against tooth to be extracted.
Back of Blade against alveolar crest.

Make sure to lever fulcrum in alveolar bone, not the adjacent tooth.

Find a purchase point. (Somewhere btwn bone and tooth where you feel resistance) Slowly move in a clockwise or CCW direction so that the Blade is gradually facing occlusally.) I find that if I put the blade deep inside the interproximal area side ways, it's easier to find a purchase point.

Can hold for up to 10 seconds. Support alveolar ridge with hand/finger.

Don't rotate tooth out that has more than one root.

3. Deliver Tooth with forceps:

Be slow and deliberate. Any forces should be held for several seconds. Outward (buccal/labial) initial movement for most permanent teeth.

Rotary for clinical teeth.

Apical-get far enough down, avoid excessive pressure in the max molars.(because of max sinus)

Upper Molars favor Buccal pressure. Deliver tooth in Buccal direction.

Lower Molars use Cowhorn forceps to engage the bifurcation area. (Hold tightly and twist in a figure 8 to push forceps further apically.)

4. After tooth is removed. Bend the bone inwards with your fingers, unless something is planned there in the future.

5. CSI

Curettage with currete
Smooth bone with bone file or Rongeur pliers. Avoid sharp areas on the ridge.
Irrigate sockets with Syringe with the sterile saline.
Have faculty check it or should them the full tooth with all roots intact. Do not leave any root tips.

6. Place Gauze and have patient bite down.

7. Go over post op notes. Dismiss patient.

8. Complete treatment and get swipes.

9. You must write a progress note for each patient, even if the patient opted not to extract the tooth

Some Extraction tools:

In private practice if you get in over your head with an extraction, you can stop and refer it to the oral surgeon. It's okay to leave it as is. Hopefully you have a good relationship with the oral surgeon and if you do a lot of times they can get your patient in the same day. (This is what one of the residents told me)

#9 Molt Periosteal

Straight Elevator:

Most common used Lever
Blade had concave surface towards the tooth to be elevated.

Triangular Elevator: used to remove a broken tooth left in socket.

#151 universal used for MX molar. The handle is always curved up when holding it in place and gripping teeth.

#23 MD molar cowhorn forceps

Can use Rongeur to remove interraducular/ interseptal bone. Take out little by little.

Use the bone file to smooth bone out by using a PULL stroke.

Links to good videos online:

Watch "Oral Surgery | Instrumentation for Extraction | NBDE Part II" on YouTube
https://youtu.be/Crfag75ztP4

Watch "Oral Surgery | Simple Extraction | NBDE Part II" on YouTube
https://youtu.be/mdE7H8maXcY

Watch "Oral Surgery | Surgical Extraction | NBDE Part II" on YouTube
https://youtu.be/Sr1nJJmi_C

TIPS:

Alveoplasty

Surgical Extraction:

TIPS:

FIXED

Excavate and Evaluate and build up:

You will possibly need an updated PA (if it is more than 6 months old??)

Green bur block/composite polishing kit
High speed and slow speed hand pieces
Burs: 169L, 330, 245, #2/4/6 round Burs
Build up material (composite/amalgam/Glass Ionomers/build it FR-discuss with Group Leader about which one is recommended)
ETCH
BOND (optibond FL--gold standard or Optibond solo plus can be used)
Enhance Point
White Stone
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Possible need for pins and post and core materials.
1 Lidocaine
Syringe
4 extra small plastic cups
Microbrushes
Possible need for Consepsis and Dycal
Articulating paper
If using Composite, Composite gun, A2 composite
Rubber Dam (Do not clamp crowns unless instructed) or Isolite
Consepsis 2% chlorohexidine antibacterial scrub (possibly): this contains pyrex glass particles;scrub clean disinfect. This also has shown to decrease postop sensitivity.

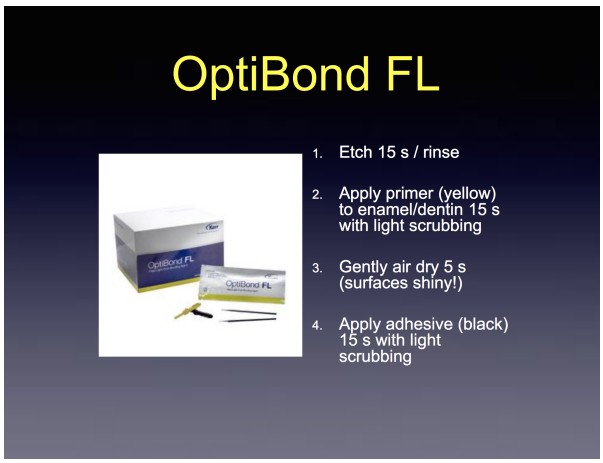
Steps:

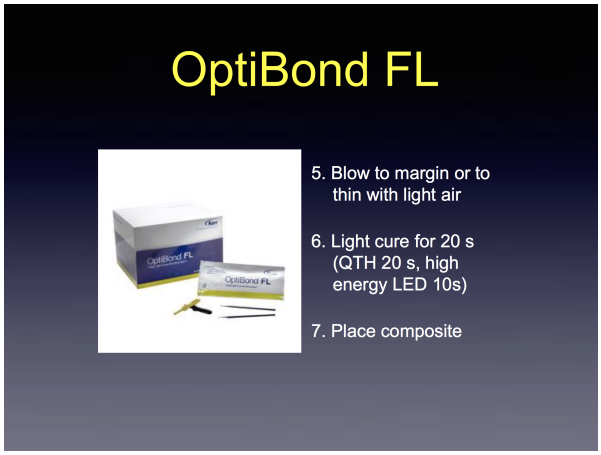
14. Use preferred bur for filling removal or to cut a Virgin tooth. 245 is larger and better for large cavitations) Use the round burs for decay removal. (largest that will fit to avoid the pulp and on slow speed) Cut Prep or remove old filling.
    Excavate and Evaluate: first avoid the pulp and open up the Cavity mesially or distally depending on where the decay is shown on the radiograph. Open contacts since you

know it will be a crown and for visibility. Find hard tooth structure to be able to determine if the tooth can be restored with a crown or not.

15. Have Prep checked by professor.
16. Remove decay or secondary decay (use largest round bur possible to avoid pulp exposure)
17. Have professor check to make sure all decay has been removed.
18. Place Dycal on any affected dentin (light cure). Clean with consepsis first.
19. Etch 15 sec, dry 5 sec (do not desicate)
20. Apply bond 15 sec
21. Light Cure 20 seconds
22. Place Composite, cure(other steps for other build up material) Make sure you are determining how much to fill the prep by looking at the marginal ridges of the adjacent teeth. Take off any excess.. I like to shape it as much as possible before curing so that I will have less to fix.
23. Check Occlusion.
24. Adjust as needed.(white stone and "Christmas tree" bur is good for shaping periphery; football bur is good for the occlusal)
25. Have professor check Build up.
26. Polish (Enhance point is great for this)

TIPS:





Preparation for Crown Prep:

Take alginate impressions

Pour (they do not have to be mounted)

Fabricate a custom tray: (Need 1-2 mm of wax space for PVS-so fold pink wax in half, heat with bunsen burner, mold to cast, add a layer of foil, fabricate with triad,(cure 2 min, then remove wax and foil, cure another 1 min **….)**

*****Fixed maxillary custom trays do not include the palate**

Make President's putty impression for the Fabrication of the temporary (you now need to have your instructor fill out a green form in order to get approval to use President's putty) Make sure you have an anterior stop and posterior stop.

You can use regisil and measure with the calipers to check occlusal clearance.

***Present to faculty for approval before the crown prep appointment day.**

Crown Prep

Need:

- Fixed Cassette (orange)
- High/slow speed handpieces
- Diamond Burs Barrel and Football both black and red striped (black diamond ending in 016 is the same as the 856-016)

- 169L, football bur, etc...
- Syringe, needle, and 2 carpules lido, topical
- Regisil for bite registration and checking for clearance
-- Heavy/Light body PVS and guns (for post prep impression)
- Tray adhesive and brush applicator
- Integrity and gun (provisional fabrication)
-- Flowable Composite (provisional repair)
- Template for Temporary (president's puddy), Custom Trays (2-3mm from the vestibule) and diagnostic
- Size 0 and 1 cords in Hemodent
- TempBond or NexTemp
- Micro Brushes
- Isolite
- Floss
- Articulating paper
- Optibon
- 4 extra small plastic cups
-- calipers

<u>Steps:</u>
Vitals, Med history
Start Check

Topical and anesthetize
Place Isolite
Prep crown
Pack cord for impression (2 cord technique)
Take bite registration (you do not need to make this over the whole bite, only the area near the crown)
Take impressions (or use triple tray if approved by faculty)
Fabricate provisional
Check contacts, margins, and occlusion of provisional
Have faculty check provisional
Cement provisional (temp bond, if you use next temp then only place it along the borders of the temporary) and remove excess cement
Check contacts, margins, and occlusion
Post op instructions(avoid hard/chewy/sticky foods on the side with the temporary, if any part of the temporary breaks off contact us to make an appointment, etc…) and release patient

Tips: Don't forget to return Isolite tip to dispensary when done. It's expensive!

Lab information:
Send impressions to Lab within 24 hours: YDL:PFM, Zirconia
Westbrook: PFM, ALL Gold crowns

Please make sure to complete your lab prescriptions correctly and completely when you submit your cases to the lab. At this time, the labs are no longer trimming dies. Die trimming should be done by the student who prepared the crown, so please consider this turn around when scheduling your patients.
Make sure to label any D4 crown PE's as such on the lab slip so your case can be graded.

TIPS:

Post crown prep:

Send form to YDL lab(or other lab) to please die trim.. You must put the order in axium and get it swiped by faculty. Drop Lab orders off at room 8.. with ……. …….

Add YDL form here. (Different for each kind of Fixed item)

You will get an axium message when the order is back.

Trim the die within 24 hours?? Also mount it. And then send another lab order in for fabrication of the crown.

If you used triple tray it is already mounted.

You will get an axium message when it has come back from the lab.

I believe you need to show the faculty before the day of your crown seating.

Crown Seating

Need:

- Fixed Cassette
- Porcelain polishing kit
- Porcelain Bur Block

- Articulating paper
- BW XEP, 2 size 2 films
- High/slow-speed handpieces
- Prophy cup and pumice
- Syringe, needle, and 1 carpule lido, topical
- Floss
- RelyX or FujiCem (get later)
- red strip football

--etch

--Consepsis

Steps:

1. Vitals, Med History
   Mouth rinse for 1 min
   Start check

2. Apply topical and anesthetize if needed. If it's nonvital, you don't need to. If it's vital, you likely need it.

3. Confirm Shade before doing anything(have patient approve it)

4. Remove Temporary(hemostat, spoon excavator, scaler)
5. Pumice tooth
6. Etch and clean with consepsis
7. Try on crown
8. Check contacts and adjust as needed
9. Check occlusion, Centric and then excursive and adjust as needed

Black for Centric

Red for excursive

10. Take BW
11. Cement crown and have patient bite down on cotton roll
12. Remove excess cement (knotted floss)
13. Check occlusion again
14. Post op directions and release patient

TIPS:

Veneers:

TIPS:

Crown removal:

TIPS:

The tooth can be stained dark and so it looks like metal, make sure you are not cutting through tooth when you think you are cutting through metal.

Lab Fixed:

For fixed cases being sent for fabrication you'll need to turn in the mounted, die trimmed and opposing models as well as the solid untrimmed model, impression, and bite registration. *All should be unwrapped.* YDL cases come back for die trim in clear plastic bags which may be left in the lab pans with the for reuse. Westbrook cases come back in boxes with blue foam (*please don't throw the foam away!)* and may be resubmitted in the boxes.

If the case is a redo then the prescription will also need to include the reason. If the remake is due to lab error, when submitting the case for fabrication please include the old and crown/bridge so they may address any issues internally. Keep in mind that if a prep is refined or adjusted *in any way*, this is no longer considered lab error. In this instance the crown/bridge that did not seat should be returned but not the old .

PERIODONTAL PROCEDURES

PROPHYLAXIS

Student should perform:

- **Probing depth charting (full mouth)**
- **Record bleeding**
- **Record plaque score**
- **Perform (active) OHI using hand mirror and toothbrush/floss**

  Make sure and run water through the cavitron first then put the tip on.

Faculty should:

  - **Check OHI has been performed**
  - **Confirm all PD (can be done quickly!!) are 1-3mm**
  - **If criteria for prophy are met, proceed with prophy**
  - **If PD >4mm with CAL (check xrays), get perio consult to see if case needs to be treated as a periodontal case.**

<u>DIAGNOSTIC WORKUP</u>

Student should perform:

- **FULL Mouth charting (all parameters)**
- **Complete DW form**
- **Assign prognoses to all teeth**
- **Perform (active) OHI using hand mirror and toothbrush/floss**
- **Present case to assigned Faculty**

Perio Incipient furcation involvement, you can feel it a little, but doesn't touch
Perio moderate furcation involvement, you can reach furcation with explorer
Re-eval form:
Put in stage 1 hygiene
Stage 2 surgical
Stage 3 restorative or
Stage 4 and what the plan is for each

Plan the perio treatment per phase

Know by looking at the stats whether the tooth has a good or poor prognosis.
Know when they need surgery, or other perio treatment, flap treatment, etc…

Tips: You can find perio stats by clicking the bar graph in the perio chart, you do not have to calculate them yourself.

Radiographic information needed to answer questions:

Prognosis info:

Surgical Information:

Enter DW form HERE:

TIPS:

SCALING AND ROOT PLANING

Student should perform:

- **Anesthetize quadrants (no more than 2)**
- **Plaque score (whole mouth)**
- **Perform (active) OHI using hand mirror and toothbrush/floss**
- **Identify calculus in assigned quadrants on green sheet**
- **Get green sheet checked by instructor BEFORE starting treatment**
- **Remove calculus and get case checked by Faculty**

Faculty should:

- **Check OHI has been performed**
- **Check Green sheet BEFORE student starts cleaning**
- **Check calculus has been removed**

TIPS:

Perio Re-evaluation

Student should perform:

- **FULL Mouth charting (all parameters)**
- **Complete Re-eval form**
- **Reassess prognoses of all teeth**
- **Perform (active) OHI using hand mirror and toothbrush/floss**
- **Present case to assigned Faculty**

Need:

- Perio cassette
- Plastic Probe kit (if implants present)
- Disclosing solution and Vaseline
- Floss

Steps:

Vitals, med history
Start Check
Complete Perio chart
Complete Re-eval form
Update prognoses of individual teeth
Check for residual calculus and remove
Fill out progress note with current diagnosis and recommended treatment plan
Release patient

TIPS:

Perio Maintainence:

Student should perform:

- Probing depth charting (full mouth)
  - The standard of care is to perform FULL mouth charting (all parameters) once every year
- Record bleeding
- Record plaque score
- Perform (active) OHI using hand mirror and toothbrush/floss
- Identify sites that have probing depths of 4mm with BOP AND CAL or sites with 5mm PD AND CAL
  - These sites will need to be anesthetized and will require SRP
  - All other sites can receive prophylaxis

Dispensary Items:
Cavitron tips
Perio cassette
Fluoride Varnish
Vaseline
Slow speed with nose cone for prophy cup
Peroxide rinse

Self Serve:
Consult and operative zip lock bags
Toothbrush/ paste/ floss
Purple Disclosing Solution
Cotton tip applicator
Prophy cup and paste

Steps:
1. New Chart in Perio, if not New you can continue a previous chart if it asks.
2. Probing Depths (Note Bleeding areas)
3. Biofilm
4. Show patient areas that they missed. Show them how to brush and floss properly

5. Get professors approval to continue with cleaning (so they can check your probing depths and pull up plaque scores) (list how to do this…)
6. Use the Cavitron (settings are….between 25%-75%?)
7. Can use Scalers to clean Supraginvgivally
8. Check for calculus Subgingivally with perio explorer. (Will feel a small click)
9. Get approved by professor when done.

TIPS:

Perio Appointment before gingival surgery:

TIPS:

Perio surgery:

TIPS:

Endodontics

Endo:

Endo Consult:

SOAP tooth first
Subjective:What the patient says
Objective: Radiographic, Pain info
Test 4 teeth with each suspected tooth,
contralateral tooth, and both Adjacent teeth.
Test for cold, palpation and percussion.

Find faculty on Floor 8th for Endo Consult if needed.

TIPS:

Removable:

Items needed:
Exam cassette

Each Step

TIPS:

Immediate Denture Reline procedures: Reline procedures for patients with immediate dentures will no longer be included in the original fee of the immediate dentures. The immediate denture fee will remain the same and the reline, if/when needed, will be coded separately from the immediate denture and will be an additional fee of $200. For patients who currently have an immediate denture in process, we will honor the previous agreement. However, if the immediate denture has not been started, please inform your patient of the change in the process and fees associated with the reline. This may mean you will need a new signed treatment plan. We will still contact the patient at 6 months after delivery to provide them the opportunity for the reline at the new fee.

Removable Fees: Effective immediately, patients who pay their removable fees in two payments, will owe the first half at the preliminary impression appointment and the final half due at the final impression appointment. This applies to complete dentures, immediate dentures and partials. For relines and interim appliances, payment will still be due in full at the first appointment.

please remember all removable patients must have an A/P wax/esthetic tryin, if at all possible, so the patient can approve the esthetics and the approval form can be completed in axium at that A/P tryin appointment.

Lab Removabe:

For removable cases the needed will vary based on the type of denture as well as where in the process you are, so please confirm what all is needed with faculty prior to

submitting the case to the lab office. Again, *all should be unwrapped* and the plastic bag may be left with the case for reuse.

Preliminary Impressions:
Final Impressions:
Jaw Relations:
Anterior Try-in
Posterior Try-in

IMPLANT

<u>Implant Information Fees and process:(incomplete) update cost</u>

1. First appointment. Extract the tooth and you need to do bone preservation the same day if they are in need of it. (Detemined by bone level, but not sure by how much?)

Code 7953 $283 (updated price) for bone preservation (we do the bone preservation at the school, but I guess not everyone does this)

If root fracture or radiolucency that might be a sign the buccal plate is not intact and you will have to get grad to do the preservation. That cost more to the patient so make sure they know it's a possibility.

Wait 8-12 weeks after extraction.

2. Second appointment??

$250 for a cbct and they need a radiographic guide and together = about $500
Wait time about 3 or 4 months until implant surgery

3. Third Appointment is Implant Surgery
   2IMPLR

$850
IV and bone grafting costs extra
Might need a bone graft again even though you already did one when the tooth was extracted. Make sure and inform the patient of this. They need at least 3 months of healing time. Sometimes more. The implant department will refer refer back to us once they determine it is healed.
3 or 4 months later.

4. Last appointment crown seating….add cost.Total cost is about $1500-2000 (update price) depending on bone grafts and other variables. The whole process can take 8-10 months. I think this is if you drag it out for payment or if the clinic is really busy or the patient's schedule is busy Otherwise, its possible it will be a faster process.(I think)

Tips:

Make sure and talk to the patient about esthetics if they have lost a lot of bone and the crown will be longer than normal and the patient needs to be aware of this. Additionally, if the crown is double the size of a normal crown, there will be more biting forces on the screw and this increases the risk of complications. Possible complication would be that the screw becomes loose. Another possibility is that the implant will fail.

If the crown is long and in addition they need a sinus lift, then their risk of complications is medium to high. (Dr. K)

Random Tips

Impressions:

1. Be careful when taking out impressions. I saw someone get hit on the anteriors when taking out the mandibular impression. Ouch!!

Pricing

- Know prices for certain items, undergrad and grad prices. Patients ask!! Crown $430(update). Anterior Root canal $283(I thiink) Form on desktop on clinic computer.

Rubber Dam

- If you use a rubber Dam you have to automatically do local. I guess bc of the clamp?? So you wouldn't use a rubber dam for a PRR.

Allowance Forms:

1. Group Leadership faculty or discipline directors (Drs. Foyle, Kontogiorgos and Schweitzer) are authorized to make allowances and sign the form.
2. Faculty will research the situation, verify the details and confirm the proper criteria for the allowance have been met
3. In general, Completed Case patients are eligible for a two-year warranty on treatment provided at the college and removable patients are eligible for a six-month warranty on any removable treatment.
4. Allowances are not automatic. The details of each specific situation are considered when the decision is made to allowance part or all of any treatment received.
5. Students should fully complete the front and back of the allowance form, have their group leadership faculty sign it once all research is complete and allowance is deemed appropriate
6. The completed allowance form should be submitted to your patient manager who will also verify appropriate criteria have been met.

Patient Advocate:

1. If a patient is unsatisfied with their care or has a complaint, the first line of communication is with the assigned/treating student
2. Once the student has reviewed the situation, review the details with your group leadership faculty. It is important to attempt to resolve the patients concerns within the group practices. Leadership faculty can also obtain consultation from another group leadership faculty so the patient receives a second opinion, if necessary.
3. If the situation would benefit from consultation from me, please call or stop by my office and provide details so I am able to review the situation and provide additional guidance.
4. If all else fails and the patient is not in agreement with the decision or recommendations made by the group practice leadership faculty, then the contact information for the college's patient advocate may be provided.
5. Ms. Connie Figueroa: 214-828-8331.
6. Please ask the patient to call her and leave a message including the information requested in the voicemail
7. The patient advocate will review the patient records, then reach out to the patient
8. Please make sure to document the patient's concerns, the conversation and the faculty recommendations in a detailed progress note so Ms. Figueroa has that information before she contacts the patient.

ROTATIONS

Radiology Rotation:

OMS Rotation:

Pediatric Rotation :

TIPS:

- Peds be really careful about tooth number. It can be confusing when you are used to seeing Adults. Someone was looking at the wrong tooth because of that and almost did the wrong one!!
- Assisting for sealants to do better by handing enchant and bond and sealer to the operator. Suction, rinse and suction after its placed maybe. Check seconds for cure light.
- Parent screening forms. There are 3, they must sign them all including the patient history. If you do not click a certain option, it will not take the signature and they will have to sign again. Look up each form and what they say so you can tell parent. (there is a list in a drawer in pedo of what forms you need.)
- Screening a child. Call the explorer a tooth counter and count as you go. Have the child hold the mirror for you. Gets them involved! Instructor did this with a 3 year old, was really cute.

Screening: will be M-F 10am-noon and 1pm-4pm. Morning patients will arrive at 9:15am for paperwork and radiographs and in the afternoon, patients will arrive in two groups. The first at 12:30pm and the second at 1:30pm for paperwork and radiographs.

Student teams should greet their patients in the 5th floor reception area at 10am, 1pm and approximately 2:30pm. There will be a sign-in and sign-out sheet at the 5th floor reception desk so we are able to track the patients when they are in the clinic. Each student team should expect to screen 1 patient during the morning clinic session and 2 patients during the afternoon session.

For each patient screening, please complete all the paperwork on the checklist, enter the progress note and appropriate referrals if any and obtain necessary faculty swipes. If the patient will be accepted, please inform your PAC so they may schedule the patients' FMX or BWX/PA radiograph appointment.

If the patient is a confirmed perio patient, then an FMX may be ordered. If the patient will not be a perio patient, then BWX and appropriate PA's may be ordered.

In addition to screening, these appointments are excellent opportunities to complete the D4 / D3 Clinical Assessment of Head & Neck Oral Cancer Screening progress/competency exam. Assessment forms are located next to the dispensary in the 7th and 8th floor clinics. Please turn the completed assessment forms into Annick Room 841.

Extramural Rotations:

NDSM:

Address:

Always wear eyewear, even for extractions. Bring eye protection if you don't want to wear loupes for extractions.

Agape

Address:

AXIUM

Dental school in Oklahoma has youtube video tutorials for axium!!!

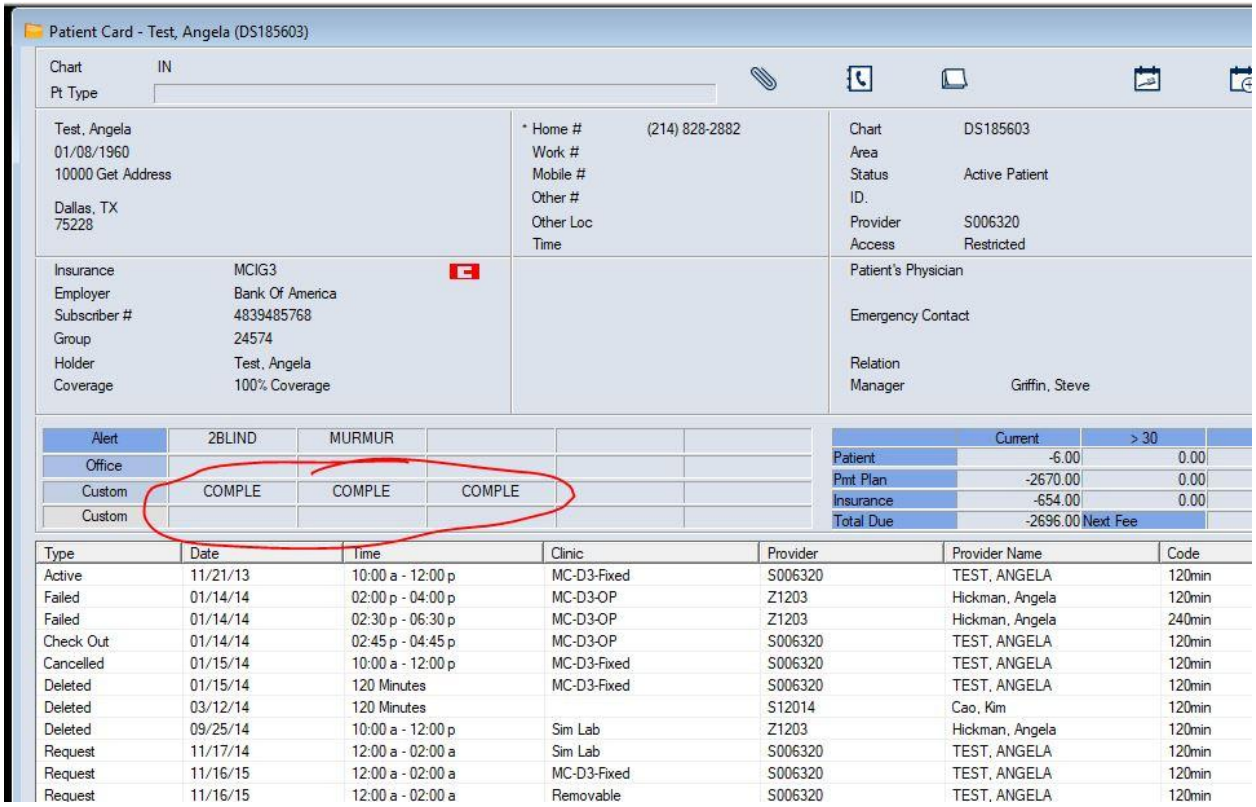
General axium procedures:

1. You have to put an appointment request in for a completed case, even though they are done.

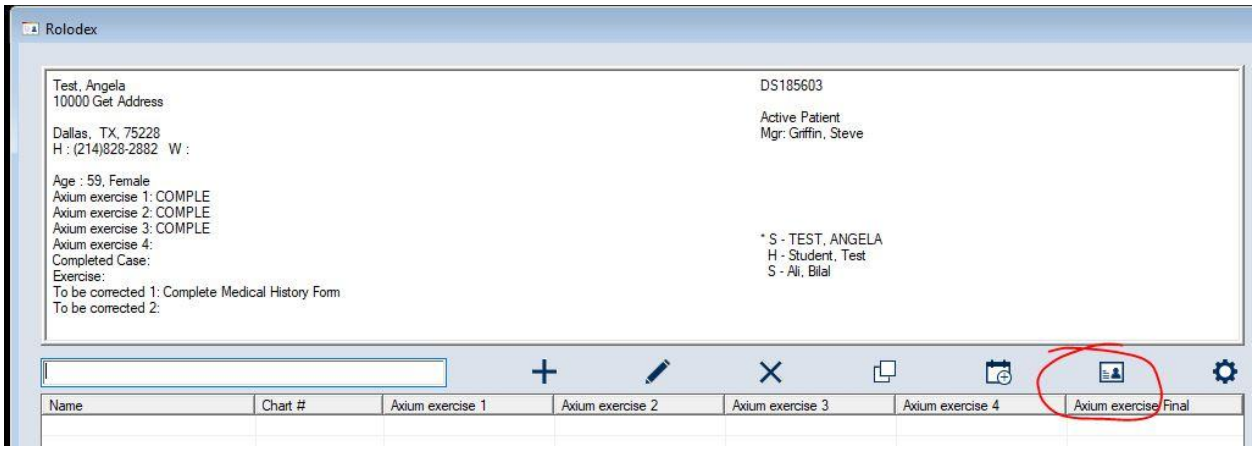
General axium procedures that a professor might not know:

1. Even if a procedure is listed and assigned to someone else, if you are the one who does it and is signed in then the credit goes to you automatically and the professor doesn't have to change the assignment in axium.
2. You are able to see the stats for perio and don't have to calculate them yourself. It's a bar graph icon in the perio chart app.
3. Perio charts suck and the program sucks. Always save numbers as you go and print the final report asap just in case the program shuts down on you.

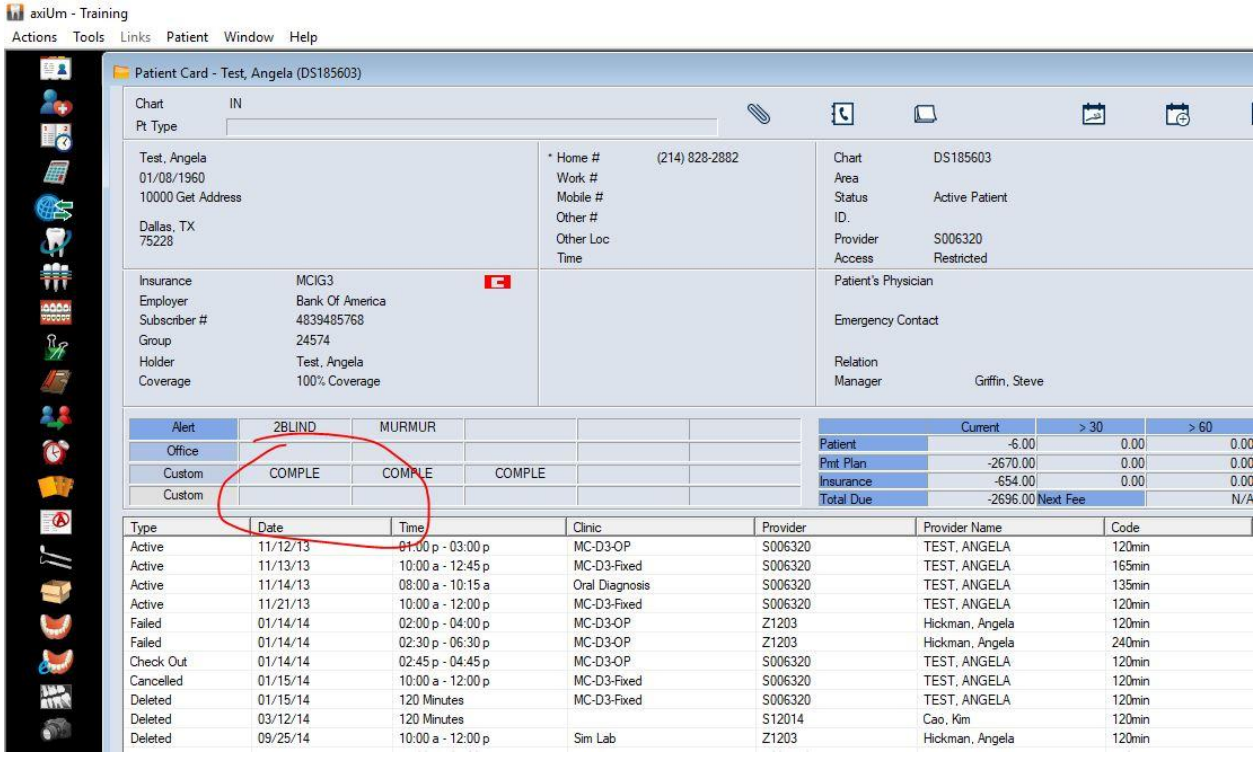
Complete Code



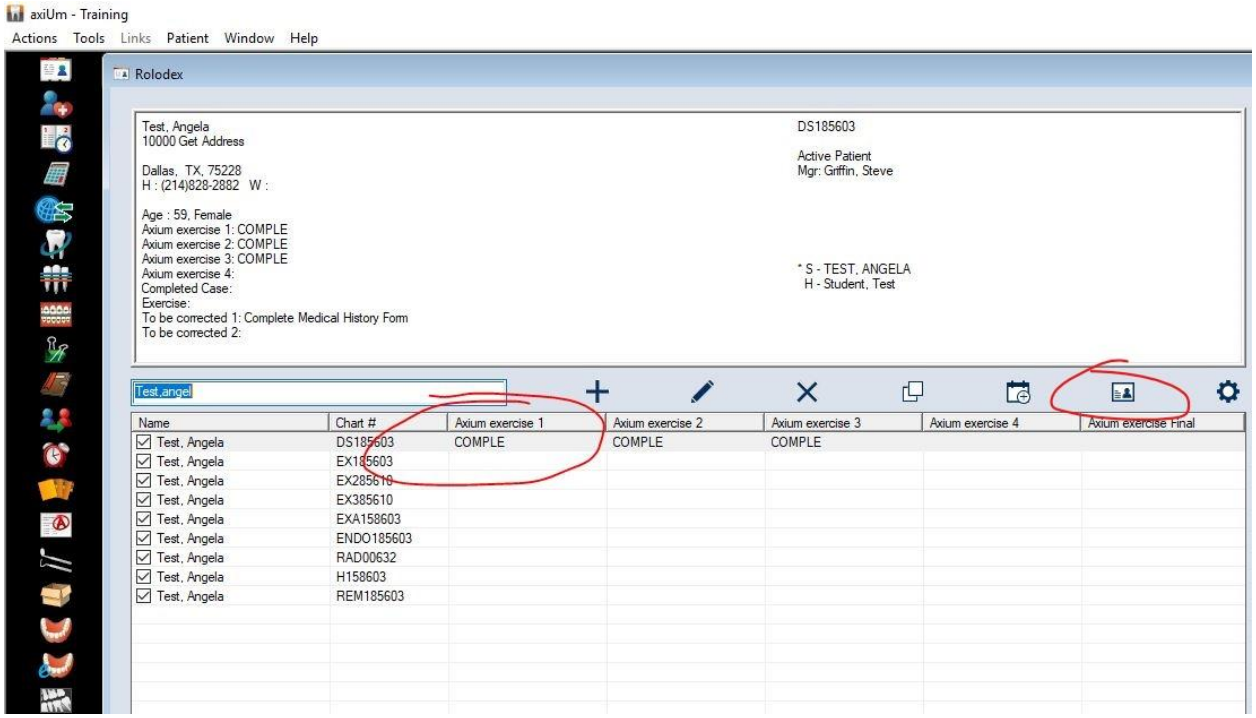
Patient Card:



Complete

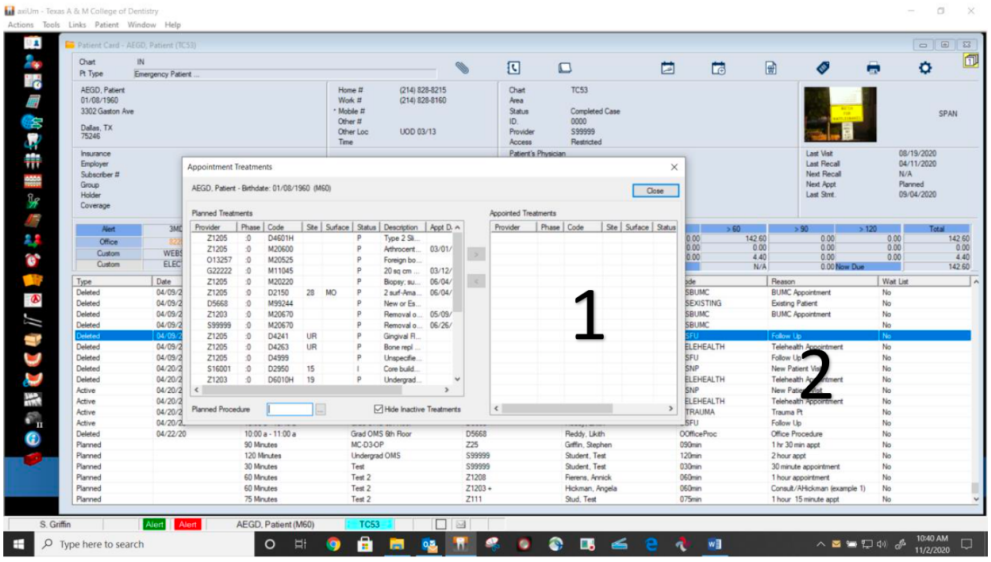


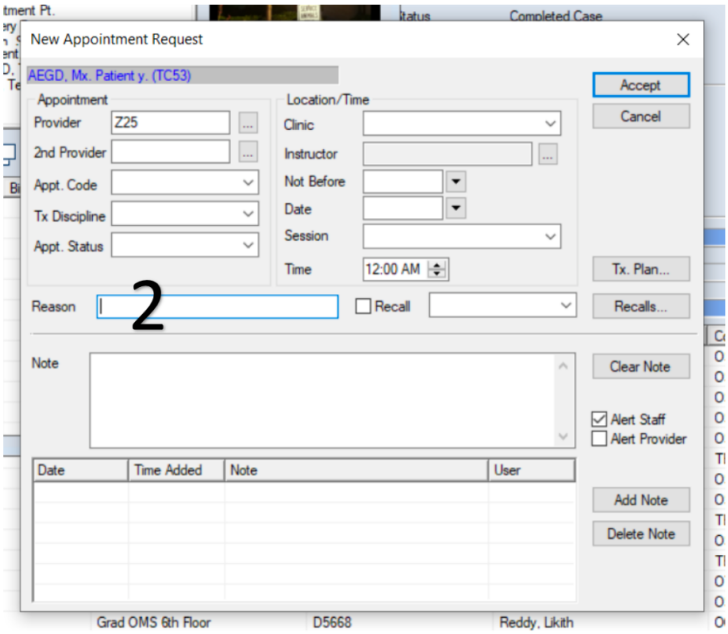
Correct and Complete:



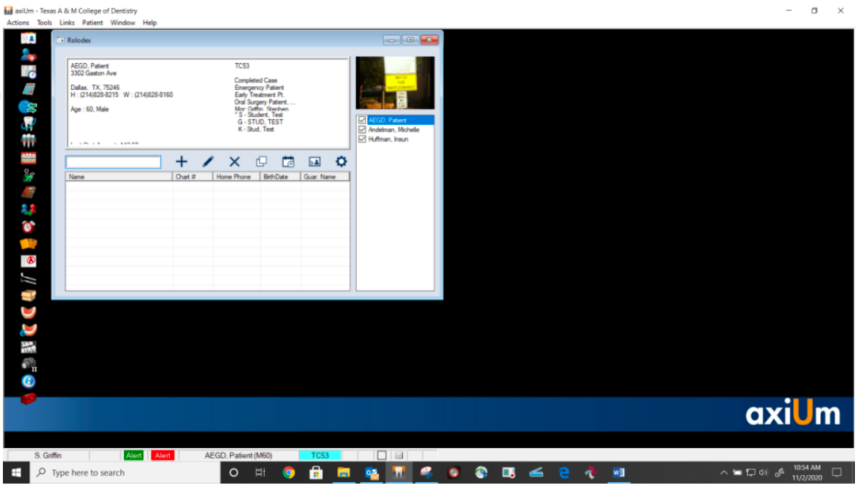
View balance patient owes:

There are two places the cashier is trained to go to look for what a patient might owe for that day, both are areas you are asked to complete when making an appointment request. The first is the appointed treatments (1). They will try to collect according to what is planned. The second place is the appointment reason (2), this is a free text entry field where you can type “appt total $XXX” along with other information in that field.

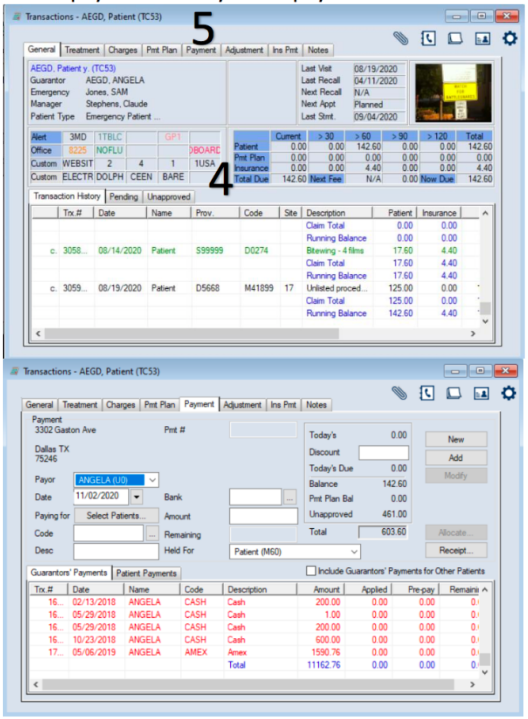




To see if/what the patient paid that day or what the patient owes or has on credit, click Transactions (looks like a calculator) (3).



You can see what the patient owes (+ number) or has on credit (- number), see the Total Due Field (4). To see payment history or if a payment was made "today" click on Payment Tab. (5)



Progress Exams:

D4 Clinical Assessments, Competencies, Expectations and Grade Distribution 2021-2022

% of Clinic Grade	Assessment/Competency	Patient/Typodont/Other	Date/Location/Deadline	Additional Information
Satisfactory	Professionalism	Other	May 6, 2022	
Satisfactory	Faculty Assessment of Student Competency	Other	May 6, 2022	
Satisfactory	Clinic/Rotation Attendance	Other	May 6, 2022	
20%	**Mock Board Exam (D4 Competency)**: Operative-Class II & Class III, Perio, Endo, Pros, CTP	Typodont/Patient/ Computer	February 7-9, 2022 SimLab, Clinic	
5%	Fixed Prosthodontic Typodont Assessment	Typodont	August 23, 2021	
	Direct Rest/Operative Typodont Assessment 2-Class II & III	Typodont	Sept. 20 & 27, 2021	
10%	Operative Patient Exam Class II or Class III	Patient	Student Discretion/April 1, 2022	From assigned patients
10%	Crown Patient Exam	Patient	Student Discretion/April 1, 2022	From assigned patients
10%	Perio Diagnostic Workup Competency	Patient	April 1, 2022	Minimum 24 teeth including 4 molars Minus 1 point for each <24 or <4 molars
	Perio Re-eval Competency	Patient	April 1, 2022	
	All other perio experiences: Surgeries etc		May 6, 2022	
10%	Removable Competency: F/F or F/P	Patient	One-week recall completed by April 29, 2022	Both U/L appliances must be completed simultaneously
10%	OMS-two-year program 2-D4 Exams: Student Choice/Faculty Choice	Patient	May 6, 2022	3 Total Exams/6-Prepros/Extractions 6 Nitrous cases (12 hours) required by state for certification.
10%	Endodontic Assessment & Exercise	Typodont/Other	Fall 2021 - TBD	
10%	Pediatric Dentistry	Other	May 6, 2022	Includes all pedo experiences
5%	Outcomes Competency Assessment	Patient	Student Discretion/April 29, 2022	Completed at each completed case appt as P/F. Only one assessment graded for competency.
	CAT Project	Other	July 23, 2021	Presentations Aug 17, 19, 20, 2021
P/F	Implant OSCE	Other	Fall 2021 - TBD	Arranged by Dr. Kontogiorgos
P/F	Radiology	Other	May 6, 2022	Rotation/Attendance
100%	Clinical Grade			
Fixed Prep and Impress Deadline: April 1, 2022				
All individual components of the clinic grade must be completed with a satisfactory/passing/≥ 75 score or successfully remediated to receive a final course grade and to be recommended for graduation				

*THE COLLEGE AND THE DEPARTMENT OF COMPREHENSIVE DENTISTRY RESERVES THE RIGHT TO REVISE THIS INFORMATION AS NECESSARY AT ANY TIME.

D4 Clinical Assessments, Competencies, Expectations and Grade Distribution 2021-2022

Comprehensive Dentistry Clinical Program Measurement Methods

1. Clinical Evaluation of Procedures/Quality Assessment (QA) Forms
2. Group Leadership Overall Competency Evaluation/Group Leadership Conferences
3. Semester Progress Evaluations
4. Patient Manager/Patient Appointment Coordinator (PAC) Assessment
5. Office of Patient Services Computer Analysis
6. Exams, Assessments and Competency (Mock Board) Examination
7. Final Report from All Discipline Modules

Professionalism

Professionalism is the most important part of academic performance.
Demonstration of intellectual, ethical and behavioral attributes is expected at all times.
All areas of ethical and professional behavior are considered. Any unprofessional or unethical behavior by a student will result in an unsatisfactory evaluation. The penalty assessed for a professionalism infraction or unsuccessful remediation of an unsatisfactory professionalism assessment is at the discretion of the Group Leadership Faculty, the Clinical Director and Comprehensive Dentistry Department Head. The penalty may range from grade reduction to loss of clinical privileges, to dismissal from the Comprehensive Clinical Program, to repeating the clinical year, or other as appropriate.
A student receiving an unsatisfactory professionalism evaluation on their final report will not be recommended for graduation, regardless of the values assigned to clinical performance and attendance.

Listed below are some guidelines that affect professionalism:

1. **Ethics, Integrity and Honest Conduct**: always conduct yourself in an ethical and honest manner. You should have integrity at all times and follow the ADA Principles of Ethics and Code of Professional Conduct.
2. **Willingness to Accept Instruction and Evaluation**
3. **Timely Completion of all Clinical Administrative Responsibilities, Paperwork, Forms, etc.**: includes completion of comprehensive, accurate record entries that address all pertinent patient treatment data, address any risk management concerns and have proper faculty authorization.
4. **Work Habits, and Time Utilization**: be punctual and use clinic time efficiently
5. **Personal Hygiene and Appearance; Adherence to Personal Protective Equipment Protocols**: in compliance with dress code (clean shoes, proper scrubs, badge present). Proper necessary PPE protocol followed, as required, in all settings.
6. **Communication:** Patient communication must be in terms and language the patient can understand concerning their well-being, alternative risks involved with treatment, length and time of procedures and appointments, and financial considerations. Communication with faculty and staff must be timely, responsive and efficient; professional.
7. **Patient Management, Empathy and Consideration**: If a violation of professional conduct occurs, the circumstances will be recorded on the Quality Assessment Form and/or QA Addendum Form and the students' Group Leadership Faculty and the Clinical Director/Comprehensive Dentistry Department Head will be notified.
8. **Any type of Financial or Compensatory Gain** on the part of a student/students with regard to patients is unprofessional and unacceptable. Examples include, but are not limited to: "selling of a patient", trading of treatment procedures, promises of goods or services in exchange, etc. Any infraction of this policy will be dealt with according to appropriate college reporting protocols.