



MCC Mohave
Community
College

IMPROVING LIVES. IMPROVING COMMUNITIES.

Dental Hygiene Program
Clinic Manual
2024-2025

MCC

Mohave Community College

DENTAL PROGRAMS

Dental Hygiene CLINIC MANUAL

Section I – Program Reference Guide
August 2024

Table of Contents

SECTION I – Program Reference Guidelines	Page #
I. Dental Programs Faculty and Staff Members	3
II. Dental Programs Philosophy	4
III. Dental Programs Performance Standards	5
IV. Dental Hygiene Competencies	5
V. Licensure Requirements (DH)	9
VI. Remediation/Termination	10
VII. Attendance	11
VIII. Remote Learning Expectations	11
IX. Statement on Ethical Behavior	12
X. Student Grievances	12
XI. Substance Abuse Policy	13
XII. Complaints Related to Accreditations Standards	13
XIII. Dress Code and Personal Hygiene	14
XIV. General Rules	14

I. Dental Programs Faculty and Staff

A. PROGRAM DIRECTOR

Tracy M. Gift, RDH, EdS

B. FULL-TIME FACULTY

Daytaina Matheius, RDH

Tonya Wade, CDA, BS

Dani Walker, RDH, MEd, Clinic Coordinator

C. PART-TIME FACULTY

Victoria Arico, RDH, D. Ac.

Grace Brown, DA

Makenna Harris, RDH

Douglas Kaylor, DDS

Nikki Markle, RDH

Jasmine Alvarado Medrano, RDH

Sarah Palme, RDH, BS

Diane Paz, RDH, Dr. BH.

Greg Sindad, DMD

Steven Smith, RDH, BS

D. STAFF MEMBERS

Mary Palm - Administrative Assistant

Stephanie Egan – HPS Data Team

Tabitha Gray – HPS Student Engagement Team

Linda Kahokuolani – HPS Clinical Compliance Team

II. DENTAL PROGRAMS PHILOSOPHY

MCC DENTAL PROGRAMS MISSION STATEMENT

Mohave Community College Dental Programs is dedicated to student success and learning by providing diverse educational opportunities, excellence in teaching and encouragement of lifelong learning and professional development.

MCC DENTAL PROGRAMS VISION STATEMENT

We believe that the educational experience is a life-long process. We vow to treat students with respect and as colleagues from day one. We will approach education in a timely, purposeful way. Further, we agree to be attentive to any student who feels this philosophy is not being met. Our primary purpose is to provide the highest quality of education while recognizing and respecting the dignity of each individual. Students, while having the responsibility of their own learning are provided a physical and emotional atmosphere conducive to learning. Mutual respect is demonstrated between faculty, staff and students in all endeavors. Students are encouraged to attain their professional goals while realizing their individual potential as learners and newly licensed professionals

We believe our mission is to work effectively together, and with students, to provide an educational setting where students have the opportunity to become dental professionals who are personally, professionally, and socially effective.

Students will understand that serving the needs of the public who seek treatment in our clinic involves respecting the individuality, dignity, and rights of every person regardless of race, color, creed, national origin, sexual orientation, socioeconomic or medical/dental status.

Graduates of our program will understand that dental hygiene is a multi-faceted health profession. As a member of that profession, they are expected to serve humanity competently whether as a clinician, educator, consumer advocate, researcher, or change agent.

III. PERFORMANCE STANDARDS FOR DENTAL HYGIENE

In order to begin or continue in the Dental Programs, a student must have skills and abilities essential to perform as a dental professional. Reasonable accommodations are made on an individual basis; however, the candidate must be able to perform in an independent manner.

DENTAL PROGRAMS PERFORMANCE STANDARDS

Standard		Examples of Activities
Critical Thinking	Critical thinking ability sufficient for clinical judgment.	Identify cause-effect relationships in clinical situations; develop treatment plans.
Communication	Communication abilities sufficient for effective interaction with patient and other members of the healthcare team in verbal and written form.	Able to obtain information, explain treatment procedures, initiate health education training, describe patient situations, perceive non-verbal communications.
Mobility	Physical abilities (including standing, walking, bending, range of motion of extremities) to move from room to room and maneuver in small spaces.	Able to administer cardiopulmonary resuscitation; move around in the patient treatment area.
Motor	Gross and fine motor function sufficient to provide safe and effective dental care.	Able to use dental instruments, manipulate various dental materials.
Hearing	Auditory ability sufficient to monitor and assess health needs.	Able to listen to breath and heart sounds. Able to hear equipment monitors, such as autoclave timers.
Visual	Visual ability sufficient to provide safe and effective dental care.	Able to observe patients and use instruments in the oral cavity. Adequate close vision to see small lesions and deposits on teeth.
Tactile	Tactile ability sufficient for physical assessment and instrumentation skills.	Able to perform palpation of a pulse, extraoral and intraoral structures, and use or pass dental instruments.

IV. PROGRAM COMPETENCIES for Dental Hygiene

Forward

This document describes the abilities expected of a dental hygienist entering the profession. The competency statements were originally drafted by The American Association of Dental Schools (now named ADEA), Section of Dental Hygiene Education Competency Development Committee, and presented in 1998. MCC has adapted the updated competencies approved in 2010 and implemented in 2011 to encompass the competencies our graduates should possess.

A major role of the hygienist is to assist patients to achieve and maintain optimal oral health. The competencies listed below describe the desired combination of knowledge, psychomotor skills, communication skills, and attitudes, as well as the standards used to measure the hygienist's independent performance.

1. Core Competencies (C)

The dental hygienist must possess the ethics, values, skills, and knowledge integral to all aspects of the profession. These competencies are foundational to all of the roles of the dental hygienist.

- C.1 Apply a professional code of ethics in all endeavors.
- C.2 Adhere to state and federal laws, recommendations, and regulations in the provision of oral health care.
- C.3 Use critical thinking skills and comprehensive problem-solving to identify oral health care strategies that promote patient health and wellness.
- C.4 Use evidence-based decision making to evaluate emerging technology and treatment modalities to integrate into patient dental hygiene care plans to achieve high-quality, cost-effective care.
- C.5 Assume responsibility for professional actions and care based on accepted scientific theories, research, and the accepted standard of care.
- C.6 Continuously perform self-assessment for lifelong learning and professional growth.
- C.7 Integrate accepted scientific theories and research into educational, preventive, and therapeutic oral health services.
- C.8 Promote the values of the dental hygiene profession through service-based activities, positive community affiliations, and active involvement in local organizations.
- C.9 Apply quality assurance mechanisms to ensure continuous commitment to accepted standards of care.
- C.10 Communicate effectively with diverse individuals and groups, serving all persons without discrimination by acknowledging and appreciating diversity.
- C.11 Record accurate, consistent, and complete documentation of oral health services provided.
- C.12 Initiate a collaborative approach with all patients when developing individualized care plans that are specialized, comprehensive, culturally sensitive, and acceptable to all parties involved in care planning.
- C.13 Initiate consultations and collaborations with all relevant health care providers to facilitate optimal treatments.

C.14 Manage medical emergencies by using professional judgment, providing life support, and utilizing required CPR and any specialized training or knowledge.

2. Health Promotion and Disease Prevention (HP)

Since Health Promotion and Disease Prevention is a key component of health care, changes within the healthcare environment require the dental hygienist to have a general knowledge of wellness, health determinants, and characteristics of various patient communities. The hygienist needs to emphasize both prevention of disease as well as effective health care delivery.

- HP.1 Promote positive values of overall health and wellness to the public and organizations within and outside the profession.
- HP.2 Respect the goals, values, beliefs, and preferences of all patients
- HP.3 Refer patients who may have physiological, psychological, or social problems for comprehensive patient evaluation.
- HP.4 Identify individual and population risk factors and develop strategies that promote health-related quality of life.
- HP.5 Evaluate factors that can be used to promote patient adherence to disease prevention or health maintenance strategies.
- HP.6 Utilize methods to ensure the health and safety of the patient and the oral health professional in the delivery of care.

3. Community Involvement (CM)

The dental hygienist must appreciate his/her role as a health professional at the local, state, and national levels. This role requires the graduate dental hygienist to assess, plan, and implement programs and activities to benefit the general population. In this complex role, the dental hygienist must be prepared to influence others to facilitate access to care and services.

- CM.1 Assess the oral health needs of the community to determine action plans and availability of resources to meet the health care needs.
- CM.2 Provide screening, referral, and educational services that allow patients to access the resources of the health care system.
- CM.3 Provide community oral health services in a variety of settings.
- CM.4 Facilitate patient access to oral health services by influencing individuals or organizations for the provision of oral health care.
- CM.5 Evaluate reimbursement mechanisms and their impact on the patient's access to oral health care.
- CM.6 Evaluate the outcomes of community-based programs and plan for future activities.
- CM.7 Advocate for effective oral health care for underserved populations.

4. Patient Care (PC)

Because the dental hygienists' role in patient care is ever changing, yet central to the maintenance of health, dental hygiene graduates must use their skills to assess, diagnose, plan, implement, and evaluate treatment

Assessment

- PC.1 Systematically collect, analyze, and record data on the general, oral, and psychosocial health status of a variety of patients using methods consistent with medicolegal principles.
- PC.2 Recognize predisposing and etiologic risk factors that require intervention to prevent disease.
- PC.3 Recognize the relationships among systemic disease, medications, and oral health that impact overall patient care and treatment outcomes.
- PC.4 Identify patients at risk for a medical emergency, and manage the patient care in a manner that prevents an emergency.

Dental Hygiene Diagnosis

- PC.5 Use patient assessment data, diagnostic technologies, and critical decision-making skills to determine a dental hygiene diagnosis, a component of the dental diagnosis, to reach conclusions about the patient's dental hygiene care needs.

Planning

- PC.6 Utilize reflective judgment in developing a comprehensive patient dental hygiene care plan.
- PC.7 Collaborate with the patient and other health professionals as indicated to formulate a comprehensive dental hygiene care plan that is patient-centered and based on the best scientific evidence and professional judgment.
- PC.8 Make referrals to professional colleagues and other health care professionals as indicated in the patient care plan.
- PC.9 Obtain the patient's informed consent based on a thorough case presentation.

Implementation

- PC.10 Provide specialized treatment that includes educational, preventive and therapeutic services designed to achieve and maintain oral health. Partner with the patient in achieving oral health goals.

Evaluation

- PC.11 Evaluate the effectiveness of the provided services, and modify care plans as needed.

PC.12 Determine the outcomes of dental hygiene interventions using indices, instruments, examination techniques, and patient self-reports as specified in patient goals.

PC.13 Compare actual outcomes to expected outcomes, reevaluating goals, diagnoses, and services when expected outcomes are not achieved.

5. Professional Growth and Development (PGD)

PGD.1 Pursue career options within health care, industry, education, research, and other roles as they evolve for the dental hygienist.

PGD.2 Develop practice management and marketing strategies to be used in the delivery of oral health care.

PGD.3 Access professional and social networks to pursue professional goals.

The American Dental Educators' Association revised the competencies in 2023. The program is in the process of updating curriculum to reflect the changes. The updated competencies can be found at

https://www.adea.org/ADEA/Blogs/Bulletin_of_Dental_Education/New!_ADEA_Entry-level_Compencies_for_Allied_Dental_Professionals.html.

V. LICENSURE REQUIREMENTS for Dental Hygiene

Graduation from an accredited dental hygiene school does not automatically grant a graduate the license to practice dental hygiene. The graduate must prove competency in all areas of the dental hygiene curriculum including dental sciences, pre-clinical and clinical sciences, practical skills and state jurisprudence.

The National Board Dental Hygiene Examination (NBDHE) is developed and administered by the American Dental Association's Joint Commission on National Dental Examinations. This examination is a comprehensive written examination designed to show competency in the areas of dental science, pre-clinical and clinical sciences. The minimum acceptable level of competency is 75%.

State Licensure varies from state to state. Each state has its own licensing board that sets the requirements for licensure and governs the practice of dentistry and dental hygiene in that state. Each state requires proof of competency in the dental hygiene curriculum through satisfactory results on the NBDHE. In addition, clinical board examinations are often required for licensure. Arizona is a member state of the Central Regional Dental Testing Service (CRDTS) and the Commission on Dental Competency Assessment (CDCA)-Western Regional Examining Board (WREB)-Council of Interstate Testing Agencies (CITA) which offers the American Board of Dental Examiners (ADEX)

exams. Arizona dental hygienists may take either examination. Arizona also requires satisfactory completion of the CRDTS or ADEX anesthesia exam consisting of a computer-based written exam and a clinical injection exam. Each state also requires the prospective licensee to pass a written examination on the jurisprudence of that state. Students are responsible for requesting information from the state dental board in the state(s) they wish to work.

Anyone convicted of a felony may not be eligible for licensure. At the time of license application, all arrests must be disclosed to the state board.

VI. REMEDIATION / TERMINATION

Dental Programs faculty and staff are here to help each student succeed. However, at times there are barriers that prevent the student from reaching required and expected competencies and goals. MCC Dental Programs adheres to the college's academic, behavioral and grading policies. In addition, the following guidelines for re-teach and retest are followed regarding final exams and clinical performance.

Academic:

- ◆ Successful completion of each dental hygiene program course with a "B" or better is required to progress to a subsequent course.
- ◆ Students who receive a "C" may be given the opportunity to retake the course final exam (**re-test) if an improved score will bring the final grade to a passing level. Maximum course grade possible following a re-test final is a "B". Further, individual course instructors may have additional remediation processes.
- ◆ When an exam score falls below 75%, it is the student's responsibility to schedule a meeting with the course instructor. Subsequent exams may not be taken until this meeting occurs.
- ◆ The program rounds to the nearest tenth (one decimal place). For example, when a student earns 89.45 in a course, the grade is rounded to 89.5 which will earn an 'A' grade. In contrast, when a student earns 89.44 in a course, the grade is rounded to 89.4 which will earn a 'B' grade.

Clinical:

- ◆ Each clinical semester grade must be a "B" or better. One opportunity to repeat Clinic I, II, III or IV in the following semester is permitted.
- ◆ A score below 75% on the PreClinic final clinical exam results in student termination from the program. The student may reapply to the program.
- ◆ Demonstration of continuous clinical competency is assessed during each clinic assignment. Each evaluation is recorded for that day in TalEval. The student should review the printouts for any discrepancies. If, under the column identified

as “# of Checks/X’s”, the student has two or more in any line item category, the student must make an appointment with the Clinic Coordinator. During this meeting, the student and Clinic Coordinator will determine remediation needs. Examples of remediation might be chairside demonstration, ***re-teach** and practice sessions and skill evaluations, as deemed necessary.

***"Re-teach"** sessions would involve reviewing, with a clinical instructor, the particular portion(s) of the clinical performance in need of improvement. The student must also demonstrate improvement to the required level of competence as a result of the re-teach sessions.

****"Re-test"** sessions are a second chance final exam of a failed class. The re-test will take place with instructor approval only if an increased final exam score will allow the student to achieve a “B” in the class.

VII. ATTENDANCE

Students are expected to attend all classes, labs and clinics. Missed classes result in missed experiences and will not be made up. In the event of an absence, the student must communicate with the instructor through the contact information provided in the syllabus as soon as possible. A record of attendance is kept for all classes.

If a student fails to arrive for a patient experience, and another student is not available to treat the patient, the lab duty person will treat the patient. The student who treated the patient will become the patient’s student of record. If the student arrives late, he or she will assume the responsibilities of lab duty.

VIII. REMOTE LEARNING EXPECTATIONS

Classes conducted via Zoom are considered an extension of the face-to-face classroom. As such all rights and responsibilities of an MCC student applies to the class sessions conducted in an online environment. Dental Programs expects that students will use the camera during sessions (speak directly to your instructor for any accommodations). The use of background filters may be beneficial. If you choose to use a virtual background, refrain from distracting features such as motion or flashing lights. Keeping your microphone on mute until you are ready to speak is another way to reduce distractions. Instructors reserve the right to disconnect an individual’s connection if they believe the student could be harmed by a distraction. An example would be if the student was driving a vehicle.

IX. STATEMENT ON ETHICAL BEHAVIOR

The students, faculty and staff in the dental hygiene program at Mohave Community College have the ethical obligation to subscribe to the following principles:

A. To serve all patients without discrimination.

The dental hygiene student will respect the individuality, dignity, and rights of every person, regardless of race, color, creed, national origin, age, sexual orientation, socioeconomic, or medical/dental status.

B. To hold patient relationships in confidence.

The dental hygiene student will understand that keeping patient information confidential is necessary because it helps create trust, which must exist between the patient and the hygienist, and enables the patient to feel comfortable in telling the truth. To decrease trust is to cause harm. (Patient confidentiality is also required legally.)

C. To generate public confidence in members of the dental health professions.

The dental hygiene student is obligated to refrain from making disparaging remarks about the services of another student, faculty member, dental hygienist, or dentist in the presence of a patient. A lack of knowledge of conditions under which the services were provided may lead to unjust criticism and to a lessening of the patient's confidence in the dental health care profession.

D. To understand the responsibility of being a student dental hygienist.

Being a dental hygienist or a dental hygiene student does carry with it an enormous responsibility to individual patients and to society. Patients depend on the skill and caring attitude of the dental hygienist. They entrust the dental hygienist with their health. The enormity of that responsibility should be at the very core of professional, ethical behavior.

E. To follow all aspects of the MCC Student Code of Conduct.

Being a dental hygienist or a dental hygiene student carries with it the responsibility to maintain ethical behavior in all aspects of student life. Further details can be found in the MCC Student Handbook.

X. STUDENT GRIEVANCES

Students are encouraged to utilize a proactive and constructive approach to conflict resolution. Students are to address class issues with their classmates, instructor issues with instructors, clinic issues with clinic coordinators, and program concerns with the Program Director. Please be as specific as possible in identifying a concern. Suggested

solutions are encouraged. Do not let a concern grow into a big problem before addressing the issue with the appropriate party.

If a student feels that he/she did not receive proper consideration over a concern, the formal complaint process must be followed. The MCC Student Grievances procedure can be found in the student handbook.

XI. SUBSTANCE ABUSE POLICY

Mohave Community College prohibits the unlawful manufacture, distribution, possession, or use of controlled substances on the campus. Violators will be prosecuted and punished by the applicable court of law.

MCC has posted its Drug-Free Schools and College Prevention Program, in the MCC Student Handbook. Please refer to the Student Handbook for the complete policy statement.

XII. COMPLAINT POLICY RELATED TO ACCREDITATION STANDARDS

The Commission on Dental Accreditation requires that dental hygiene programs notify students of an opportunity to file complaints with the Commission. In addition, the accredited program must retain in its files information to document compliance with this policy so that it is available for review during the Commission's on-site reviews of the program. The required notice follows:

Required Notice of Opportunity & Procedure Dental Hygiene Program

Mohave Community College wants to assure the continual high quality of its dental hygiene program and therefore invites students, faculty, constituent dental societies, state boards of dentistry, and other interested parties to submit any appropriate, signed complaint to the Commission on Dental Accreditation (CODA) regarding Mohave Community College's Dental Hygiene Program.

The Commission will consider only written, signed complaints; oral and unsigned complaints will not be considered. The Commission strongly encourages attempts at informal or formal resolution through the program's or sponsoring institution's internal processes prior to initiating a formal complaint with the Commission.

Required Notice of Opportunity & Procedure to File Complaints with the Commission

The Commission on Dental Accreditation will review complaints that relate to a program's compliance with the accreditation standards. The Commission is interested in the sustained quality and continued improvement of dental and dental-related education programs but does not intervene on behalf of individuals or act as a court of

appeal for treatment received by patients or individuals in matters of admission, appointment, promotion or dismissal of faculty, staff or students.

A copy of the appropriate accreditation standards and/or the Commission's policy and procedure for submission of complaints may be obtained by contacting the Commission at 211 East Chicago Avenue, Chicago, IL 60611-2678 or by calling 1-800-621-8099 extension 4653.

XIII. DRESS CODE AND PERSONAL HYGIENE

Dress and appearance should be that of a professional. Scrubs are to be worn when on campus. When participating in assigned PreClinic/Clinic sessions, students must wear their black clinic scrubs. When in the dental programs at other times such as classes, labs or study time any type of G-rated scrubs may be worn. Additionally, MCC logo attire is permitted in place of a scrub top. Any dental programs instructor who notes that the student has not assumed this responsibility will ask the student to make the appropriate changes. It is expected that student dress and appearance will always be appropriate.

- A. Hair should always be clean, neat and of a natural color. Facial hair should be well groomed and clean.
- B. Hands, hair and clothing must be free of all objectionable odors.
- C. Make-up should be applied conservatively and be appropriate for daytime.
- D. No perfume, cologne or scented lotions should be worn. The college encourages a scent-free environment to avoid the possibility of allergic reactions by others.
- E. A dental programs student is expected to pay meticulous attention to the details of grooming and personal hygiene. In addition to such basic points of daily bathing, use of deodorant, regular shampooing of hair and wearing freshly laundered clothing is essential.
- F. Teeth must be kept clean. Professionalism includes modelling the behaviors we promote. Immediate attention should be given to any needed dental work. The appearance of your teeth is indicative of your own health values and a factor in counseling patients.
- G. Additional dress code requirements can be found in Section II and are related to patient care labs, PreClinic and Clinic sessions.

XIV. GENERAL RULES

- A. Any changes in a student's address, e-mail, telephone number and emergency contact information are to be reported to the department staff immediately. In addition, the changes should be made in the student's online MCC profile.

Section I - Program Reference Guidelines

- B. Only emergency phone calls will be referred to students during class or clinic.
- C. Purses, backpacks, coats and personal items should not be left unattended. They should be secured in your locker. All areas of the building are considered public property; therefore, lockers should be kept locked at all times. Student lockers, instrument storage boxes and "mail box" areas are provided for student use.
- D. Books and periodicals on the bookshelves are available for student use. Sign these items out with department staff prior to removing them from the Dental Programs area.
- E. The personal use of cell phones in the classroom is not permitted. Cell phones and other electronic devices may be used at the instructor's discretion to facilitate learning activities.
- F. Children are not permitted to attend class. Parents have the responsibility to obtain satisfactory childcare arrangements.
- G. Dental hygiene students are required to complete five (5) hours of service each semester. Service opportunities must be related to MCC and are available through program activities, campus activities and college activities. Opportunities are often shared through email, the bulletin board closest to student mailboxes, Student Activities Council (SAC), and directly from the program director or campus dean's office.

Section II - Clinic Protocol

MCC

Mohave Community College

DENTAL PROGRAMS

Dental Hygiene CLINIC MANUAL

Section II – Clinic Protocol
August 2024

Table of Contents

SECTION II – Clinic Protocol	Page #
I. Personal Appearance	3
II. Clinic Requirements	4
III. Clinic Evaluation	4
IV. ASA Classifications	9
V. Vital Signs	10
VI. Local Anesthesia - Clinical Protocol	11
VII. Local Anesthetic Injections Guide	13
VIII. Patient Flow Utilizing Eaglesoft HER	16
IX. Calculus Assessment	50
X. Re-evaluation Appointment	52
XI. Check Out for All Patients	53
XII. Appropriate Abbreviations	54
XIII. Patient Appointment Management	55
XIV. Broken Appointments/Late Cancellations/Close-Outs	57
XV. Telephone Etiquette	59
XVI. Clinic Service Fees and Collection	59
XVII. Infection Control Protocols	59
XVIII. Radiology	71
XIX. Emergency Management Protocol	79

I. PERSONAL APPEARANCE

The way you appear to others is an indication of the value you place on your profession and the esteem you have for yourself. Knowing this, a dental professional takes pride in appearance. The following dress code will be helpful in achieving the appearance required of dental programs students at Mohave Community College.

- A.** Male and female student uniforms include all of the following:
 - 1. clean, wrinkle-free scrubs; if you are going to layer the top with the hem of the undergarment visible below, the undergarment must be either solid white or solid black only.
 - 2. name tag
 - 3. solid-material close-toed and close-heeled shoes
 - 4. protective eye wear-either ANSI Standard (Z87.1) or loupes
- B.** Full uniform must be worn for all clinic assignments, on or off campus, unless notified otherwise. Duty assignments are part of the clinical experience and all dress code policies pertaining to clinic are mandatory for duty assignments.
- C.** Uniforms, hands and hair must be clean and free of objectionable odors. Smoking is not permitted while in uniform. No perfumes, colognes or scented lotions shall be worn. The college encourages a scent-free environment to avoid provoking allergic reactions by others.
- D.** Shoes must have a closed toe and heel. Tennis-type shoes are permissible as long as they are leather or other solid type material. Shoes must be freshly polished and buffed. Laces must be washed regularly.
- E.** Socks must be worn at all times when in the clinic. Style and color may reflect personality but socks must be tall enough so that bare skin is not to be exposed when seated.
- F.** Name tags must always be visible and attached on the outside of the scrub (lab) coats on the upper right side.
- G.** Hair must be clean and neatly secured in a conservative fashion such that it cannot fall forward into the working area.
- H.** Facial hair must be neatly trimmed and groomed.
- I.** Single post style earrings may be worn in each ear lobe.

II. CLINIC REQUIREMENTS

Each procedure that is performed by the dental hygiene student is evaluated. Procedures and skill performance evaluations will be specific to Preclinic, Clinic I, Clinic II, Clinic III, and Clinic IV and are set forth in the syllabi for each clinic.

A. Preclinic

The student will be required to satisfactorily complete and demonstrate basic dental hygiene skills on a student partner in Preclinic Dental Hygiene Lab for advancement to Clinic I. During Preclinic, typodonts and student partners are used for laboratory practice and process evaluation procedures.

B. Clinic I, II, III, and IV

Students will be required to work towards graduation requirements at the proficiency level specified for each clinic. Total cumulative points required for graduation must be equal to or greater than 70. Points are awarded based on TalEval input by instructors, the number of completed patients and the difficulty level of each completed patient. In addition, students will successfully complete skill evaluations established for each clinic course; these are identified in each syllabus.

C. Eligibility for Graduation:

Graduation eligibility requires that all Clinical and Program requirements be met. This includes, but is not limited to, a minimum of 20 quadrants of SRD and patient experiences for the following CODA classification of patients:

Child (up to age 9)

Adolescent (between 10-19 years of age)

Adult (healthy individuals between 20-64 years of age)

Geriatric (healthy individuals 65 years and above)

Special Needs (patients with conditions that impact dental hygiene treatment).

A failure to have obtained the minimum cumulative clinic points and to have maintained at least minimum skill performance levels by the end of Clinic IV will result in being ineligible for graduation. Requirements may be met during the summer session after commencement provided arrangements have been made with the appropriate faculty and the Program Director.

III. CLINIC EVALUATION

A. Introduction

The purpose of clinical evaluation is two-fold. First, it gives feedback to the student regarding their performance in clinic on a daily basis. It is the intent of

the clinical faculty to provide feedback to the student that is immediate, accurate and honest.

Second, dental hygiene faculty use clinical evaluation to assess a student's progress and adjust or correct as needed. The following areas are evaluated each time a student treats a patient in clinic.

1. Assessment
2. Planning
3. Implementation
4. Evaluation

B. Definitions

The following terms are defined as follows to clarify the process of clinical evaluations.

1. Assessment

That section of TalEval that reflects evaluation of the student's performance in the following areas:

- Medical/Dental History
- Extra/Intra Oral Exam
- Occlusal Assessment
- Perio Charting
- Radiographs
- Hard Tissue
- Deposit

2. Planning

That section of TalEval that reflects evaluation of the student's performance in the following areas:

- DH Treatment Plan

3. Implementation

That section of TalEval that reflects evaluation of the student's performance of the following clinical skills:

- Prevention/Education
- Pain Control
- Instrumentation
- Calculus Removal
- Pain Control

4. Evaluation

That section of TalEval that reflects evaluation of the student's performance of the following clinical skills:

- Quality Assurance
- Professionalism

C. Attendance

Clinic attendance is required per the duty roster. If a student decides not to attend clinic because of a patient cancellation, the student will incur an "X" for Attendance under Professionalism in addition to No Patient. This error will not be remediable. On-time students are set-up and prepared for the clinic huddle. The clinic huddle occurs 15 minutes prior to patient appointment time. Students assigned to lab duty or business assistant must arrive 30 minutes prior to the start of clinic. Late arrival results in an error in TalEval. Arrivals <30 minutes late result in a check mark and >30 minutes is an X. Additionally, TalEval tracks the number of No Patient Treatments and Missed Duty Sessions each clinic (IA, IB, II, IIIA, IIIB, IVA, and IVB). If a student has more than four No Patient or Missed Duty or a combination of both appointments per semester, an X will be marked in TalEval. These critical errors will not be remediated off.

D. Day Book

Each student will prepare a three-ring notebook. All clinic evaluation forms and records are contained therein; a grade is assigned based upon the completeness and accuracy of the day book. It is the student's responsibility to maintain a current day book. It will be evaluated by their Clinic Coordinator at regularly scheduled audits. In addition, it may be evaluated at any time by the Program Director. It is expected that if a student is within Legacy Foundation Allied Health Building I, his or her day book is also present.

Day books include two sections for patients organized alphabetically with proposed treatment schedules, will call forms and any other pertinent patient information. One section for completed patients and one for patients in progress; a section for TalEval reports organized by date; a section for skill evaluations organized by date; and a section for a calendar for managing patient appointments. In addition, day books will contain a recall list section. Once final grades are posted, students will remove that semester's documents in order to prepare for the upcoming semester. All removed materials should be maintained in a safe and secure location until graduation.

E. Audit and Progress Evaluation

Computed TalEval sheets will be dispensed to students weekly. It is the student's responsibility to verify that the computed sheet matches the awarded grades. This includes completed patients, perio classification, and calculus level. Quad counts can be found in student folders located inside the clinic. If there is a discrepancy, bring the documentation and the computed sheet to the appropriate Clinic Coordinator for verification within **one** week. With Clinic Coordinator approval, the grade will be amended. Adherence to the time parameter is a requirement for grade amendment. In addition to students finding discrepancies

that may elevate their points and/or completed quadrants, it is also expected that if the points and/or completed quadrants discrepancies are made in the student's favor that the student report those errors to the clinic coordinator as well. Not doing so is a violation in professionalism and will result in an un-remediable error in Taleval.

The Taleval grading system has a complex algorithm that calculates clinic points as you complete patients. There are times that only a single student will receive a "p" error in one of the APIE categories leading to a 7.69 point deduction. The student must wait until they receive their **final** Taleval report for that period, then email the instructor that marked the error to request a remediation for the error received. If this occurs, the student must meet with the instructor that gave the error and inquire about remediation. The error will be evaluated by the instructor and if it is determined that the error can be remediated, points will be restored after the last day of clinic for that clinic session.

Clinical progress evaluation is scheduled with the clinic coordinator at mid-semester by appointment. This is a formal, methodical examination, review, and evaluation of the student's clinical progress to date, based on components included in the daybook. The student will meet with his/her clinic coordinator to discuss strengths and weaknesses. Any necessary interventions will be prescribed at that time.

F. Duties

Each student is expected to rotate as assigned through duties associated with clinic: Business Assistant (BA) and Lab Duty (LAB).

G. Requirement Logs

These documents record requirements for radiography and clinical experiences, as well as other graduation requirements such as patient types and classifications. Patient requirements are found in Taleval reports. Clinical graduation, quad count, radiographic proficiency and injection logs are kept in student folders in the clinic. The folders are not be removed from the clinic.

Clinical Graduation Requirements include demonstrating proficiency in the following tasks:

- Autoclave cleaning
- Cold sterilant change
- Emergency kit
- Oxygen
- Lab traps
- Operatory traps

- Running (flushing) the lines
- Biological monitoring part 1 and part 2
- ScanX cleaning

Radiology Proficiency Graduation Requirements include:

- Four FMX series
 - One sensor with landmark form completed
 - One PSP with landmark form completed
 - Two choice
- Four Bitewing series
 - Two HBWX
 - Two VBWX
- Two Panorex exposures with one landmark form completed

H. Injections

Students will complete the CRDTS anesthesia exam at the completion of the Anesthesia course, usually in July. Students will conduct anesthesia under direct supervision until completion of the CRDTS exam. Five PSAs and five IAs must be successfully accomplished prior to the CRDTS exam. General supervision will be used for any subsequent injections.

I. Professionalism

This evaluates your work ethic on a daily basis; grades for professionalism are entered under the Evaluation tab of TalEval. The criteria for evaluation are clearly stated and self-explanatory in the TalEval Criteria Section. This section on TalEval will be scored daily by the clinical instructors.

J. Computation of Final Grades

Final grades will be computed depending on the semester. See your course syllabus for additional information.

IV. ASA CLASSIFICATIONS

The American Society of Anesthesiologists (ASA) has developed a classification of patient physical status. It provides a concise, accurate description of a patient's medical or dental risk.

ASA PS Classification	Definition	Examples, including, but not limited to:
ASA I	A normal healthy patient	Healthy, no tobacco/nicotine use, no or minimal alcohol use
ASA II	A patient with mild systemic disease	Mild diseases only without substantive functional limitations. Examples include (but not limited to): current smoker, social alcohol drinker, pregnancy, obesity (30 < BMI < 40), well-controlled DM/HTN, mild lung disease
ASA III	A patient with severe systemic disease	Substantive functional limitations; One or more moderate to severe diseases. Examples include (but not limited to): poorly controlled DM or HTN, COPD, morbid obesity (BMI ≥40), active hepatitis, alcohol dependence or abuse, implanted pacemaker, moderate reduction of ejection fraction, ESRD undergoing regularly scheduled dialysis, premature infant PCA < 60 weeks, history (>3 months) of MI, CVA, TIA, or CAD/stents.
ASA IV	A patient with severe systemic disease that is a constant threat to life	Examples include (but not limited to): recent (< 3 months) MI, CVA, TIA, or CAD/stents, ongoing cardiac ischemia or severe valve dysfunction, severe reduction of ejection fraction, sepsis, DIC, ARD or ESRD not undergoing regularly scheduled dialysis
ASA V	A moribund patient who is not expected to survive without the operation	Examples include (but not limited to): ruptured abdominal/thoracic aneurysm, massive trauma, intracranial bleed with mass effect, ischemic bowel in the face of significant cardiac pathology or multiple organ/system dysfunction
ASA VI	A declared brain-dead patient whose organs are being removed for donor purposes	

*The addition of "E" denotes Emergency surgery: (An emergency is defined as existing when delay in treatment of the patient would lead to a significant increase in the threat to life or body part)

V. VITAL SIGNS

Normal Vital Signs for Children

Vital Sign	Infant	Child	Pre-Teen/Teen
	0 to 12 months	1 to 11 years	12 and up
Heart Rate	100 to 160 beats per minute (bpm)	70 to 120 bpm	60 to 100 bpm
Respiration (breaths per minute)	0 to 6 months 30 to 60 bpm 6 to 12 months 24 to 30 bpm	1 to 5 years 20 to 30 (bpm) 6 to 11 years 12 to 20 bpm	12 to 18 bpm footnote 1
Blood Pressure (systolic/ diastolic) footnote 1	0 to 6 months 65 to 90/45 to 65 millimeters of mercury (mm Hg) 6 to 12 months 80 to 100/55 to 65 mm Hg	90 to 110/55 to 75 mm Hg	110 to 135/65 to 85 mm Hg

Adult Blood Pressure Guidelines

Blood Pressure Categories



BLOOD PRESSURE CATEGORY	SYSTOLIC mm Hg (upper number)		DIASTOLIC mm Hg (lower number)
NORMAL	LESS THAN 120	and	LESS THAN 80
ELEVATED	120 – 129	and	LESS THAN 80
HIGH BLOOD PRESSURE (HYPERTENSION) STAGE 1	130 – 139	or	80 – 89
HIGH BLOOD PRESSURE (HYPERTENSION) STAGE 2	140 OR HIGHER	or	90 OR HIGHER
HYPERTENSIVE CRISIS (consult your doctor immediately)	HIGHER THAN 180	and/or	HIGHER THAN 120

MCC Clinic Guidelines

No Restrictions	Treatment with instructor or clinic dentist approval OR written consent of physician	Treatment with written consent of physician AND clinic dentist approval
159/99 mm Hg or below	Between 160/100 mm Hg and 180/120 mm Hg Referral for medical attention if not under physician's care	>180 and/or >120 mm Hg Hypertension Crisis Referral for medical attention

Pulse Rates for Adults

Normal	Bradycardia	Tachycardia
60-100 beats/minute	<50 beats/minute	>100 beats/minute

Respiratory Rates for Adults

Abnormal Range	Normal Adult Range	Older Adult Range
<12 breaths/minute >25 breaths/minute	12-20 breaths/minute	Dependent on physical and health status

VI. LOCAL ANESTHESIA – CLINIC PROTOCOL

The administration of local anesthetic enables a clinician to provide a comfortable treatment sequence for his or her patients. Students learn protocol consistent with criteria required for passage of the Western Regional Examining Board written and clinical anesthesia exams.

Patient treatment in our clinic requires the students to format an individualized treatment plan which, depending on patient comfort and severity of disease may include the administration of local anesthetic.

A. Injections used in our clinic include:

1. Inferior Alveolar nerve block (IANB)
2. Posterior Superior Alveolar Nerve Block (PSA)
3. Greater Palatine Nerve Block (GP)
4. Nasopalatine Nerve Block (NP)
5. Mental/Incisive Nerve Block (M)
6. Long Buccal Nerve Block (LB)
7. Middle Superior Alveolar Nerve Block (MSA)

8. Anterior Superior Alveolar Nerve Block (ASA)
 9. Anterior Middle Superior Alveolar Nerve Block (AMSA)
 10. Inferior Orbital (IO)
- B.** MCC clinical armamentarium may include:
- Aspirating syringes
1. Local anesthetic solutions
 - a. Lidocaine 2%, epi 1:100k
 - b. Mepivacaine 3% plain
 - c. Topical anesthetic gel
 2. Needles
 - a. 25 gauge (long and short)
 - b. 30 gauge (short)
- C.** Clinical protocol for administration of local anesthetic
1. List planned local anesthetic delivery on the Proposed Treatment Schedule for the instructor's perusal at the beginning of each clinic session.
 2. Upon completion of all assessments, students formulate a Dental Hygiene Treatment Plan including all proposed patient treatment recommendations including the type of anesthetic to be used.
 3. Until a student has passed all sections of the WREB Anesthesia exam, local anesthetic administration is observed by an instructor.
 4. Prior to administering anesthetic to a patient, students must demonstrate adequate knowledge of the muscles, nerves and vessels pertinent to their proposed injection. Recitation of penetration and deposition site, landmarks and tissues innervated aids learning.
 5. Following the appointment, the student will document the administration of local anesthetic as follows: (example) R. IA, L. PSA, 1.8 ml Lidocaine 2%, epi 1:100k administered. Patient tolerated procedure well.

Section II - Clinic Protocol

VII. LOCAL ANESTHETIC INJECTIONS GUIDE							
Injection	Structures Anesthetized	Anatomical Landmarks	Penetration Site	Path of Insertion	Depth of Insertion	Terminal Deposition Site	Amount Deposited
GP Greater palatine nerve block	Mucosal, osseous tissues of posterior portion of hard palate and Lingual gingiva of posterior teeth	Greater palatine foramen, junction of hard and soft palates	Depth of 2-3 mm. just anterior to greater palatine foramen	Approach from opposite canine or premolar at a right angle to target, bevel toward bone	Cover bevel and gently contact bone	Directly over Greater Palatine foramen	.45 - .6 ml of solution
NP Nasopalatine nerve block	Mucosal and osseous tissues of anterior portion of the hard palate and lingual gingiva canine to canine	Incisive foramen, incisive papilla & maxillary central incisors	Base of the incisive papilla	45 degree angle toward papilla, needle parallel to occlusal plane, bevel toward bone	Just a few mm. to cover the bevel (27 short)	2-3 mm from penetration toward middle of incisive papilla	Up to .45 ml 1/4 cartridge
Men/Inc Mental Incisive Nerve Block	Facial tissues anterior to mental foramen, facial tissues of lip and chin to midline, pulpal from foramen to midline	Mental foramen, apices of premolars and adjacent mucobuccal fold	Mucobuccal fold just anterior to the mental foramen	45 degrees to the occlusal plane, bevel toward bone	Cover bevel or up to 5-6mm (25-27 short)	At or slightly anterior to mental foramen apply pressure 2 minutes	.6 ml or 1/3 cartridge
LBNB Buccal nerve block	Buccal mucosa, periosteum and gingival tissues of Mandibular molars	Retromolar area, horizontal plane of occlusal and Coronoid notch	Buccal and distal to last molar for which soft tissue anesthesia is required	Parallel to horizontal plane of occlusal surfaces	2-3 mm slowly until bevel covered 25 or 27 long	At buccal aspect of ramus lateral to the external oblique ridge as nerve passes over anterior border of ramus	Varies .2-.3 ml 1/8 – 1/6 cartridge
IA Inferior alveolar nerve block	Mandibular teeth pulpal to the midline; soft tissues of the inferior portion of the ramus and body of the mandible; lower lip and buccal periosteum of the premolars and incisors and lingual soft tissue and periosteum, floor of mouth, anterior 2/3 of tongue on the affected side.	Height of the Coronoid notch, pterygomandibular raphe; pterygomandibular triangle; mandibular foramen; external oblique ridge; horizontal plane of mandibular occlusal surfaces	Center of pterygomandibular triangle 3-5 mm medial from bisected thumb	From opposite premolars parallel to occlusal plane 1 cm above occlusal plane	2/3-3/4 of long needle (20-25 mm) MUST CONTACT BONE (25 or 27 gauge long)	Superior to mandibular foramen	1.5 ml

Section II - Clinic Protocol

Injection	Structures Anesthetized	Anatomical Landmarks	Penetration Site	Path of Insertion	Depth of Insertion	Terminal Deposition Site	Amount Deposited
ASA Anterior superior alveolar nerve block	Pulpal, osseous, labial soft tissues of Maxillary central & lateral incisors and canine of the injected quadrant	Canine eminence, apex of canine and fossa anterior to eminence	Within mucobuccal fold slightly anterior to eminence at apex of canine	10 degrees off long axis of canine	Cover bevel or up to 1/4 inch 1/4 of short needle (27 gauge)	Canine apex	.45 - .9 ml. (varies) up to 2/3 cartridge
MSA Middle superior alveolar nerve block	Pulpal, osseous and labial soft tissues of Maxillary premolars and mesial-buccal root of 1 st permanent molar	Mucobuccal fold at apex of second premolar	Within mucobuccal fold, parallel and anterior to apex of second premolar	Parallel to long axis of second premolar	Cover bevel or up to 1/4 inch 1/4 of short needle (27 gauge)	Apex of second premolar 3-5 mm. superior to apex	.45 - .9 ml. up to 2/3 cartridge
PSA Posterior superior alveolar nerve block	Pulpal, osseous and buccal soft tissues of Maxillary molars excluding the mesiobuccal root of the 1 st permanent molar.	Distobuccal root of Maxillary 2 nd molar, mucobuccal fold, Zygomatic process of the maxilla	Within mucobuccal fold superior and distal to the distobuccal root of the Maxillary 2 nd molar	45 degree to horizontal plane of Maxillary occlusals; 45 degree to midsagittal plane and 45 degree to long axis of the Maxillary second molar	16 mm; 9 mm from the hub of an average 25 short needle; at optimum depth and angle about 5 mm should remain visible beyond the hub.	Adjacent to the foramina of the PSA nerve on the posterior surface of the maxilla inferior and distal to the PSA nerve	.9- 1.8 ml
AMSA Anterior middle superior alveolar nerve block	Pulpal anesthesia of Maxillary incisors, canines and premolars along with their buccal attached gingiva and attached palatal tissues from midline to free gingival margin on the associated teeth.	Imaginary line drawn between the maxillary premolars from the free gingival margin to the midpalatal suture	Halfway point along an imaginary line drawn from the free gingival margin to the midpalatal suture.	Approach from opposite side of the mouth at right angle	4-7 mm, cover bevel	Convergence of the AMSA nerves and associated subneural dental plexus in the region of the apices of the premolars	.7 to .9 ml

Section II - Clinic Protocol

Injection	Structures Anesthetized	Anatomical Landmarks	Penetration Site	Path of Insertion	Depth of Insertion	Terminal Deposition Site	Amount Deposited
IO Inferior	Pulps of the maxillary central incisors through the canine, and premolars, and their facial periodontium, the lower eyelid, lateral aspect of the nose, and the upper lip. In some individuals, the mesiobuccal root of the maxillary first molar is also anesthetized.	In a typical adult the IO foramen is approximately 8 to 10 mm below the IO ridge.	Height of the mucobuccal fold directly over the first premolar.	Advances through the thin mucosal tissue to superficial fascia consisting of connective tissue, microvasculature, and nerve endings to the infraorbital foramen.	Approximately 16 mm (half the length of a long needle.) The depth will vary based on the amount of soft tissue that needs to be penetrated.	Infraorbital foramen (below the infraorbital notch)	Minimum of 0.9mL (1/2 a cartridge. You must apply finger pressure over the deposition site for 1-2 minutes.

VIII. PATIENT FLOW UTILIZING EAGLESOFT ELECTRONIC HEALTH RECORD

Comprehensive Exam

The comprehensive exam will be completed on all new patients and every two years thereafter. You can view the type and date of past exams by clicking on the “Clin Exam” folder icon and then click on the “Exam Date” tab.

Medical/Dental History

All patients must update full MD/Dent Hx records every two years. The student will verify all information on the history and ask additional follow up questions as appropriate and document in the comments section of the form. The student should also record when and where the last dental exam/visit was and the type and date of the last radiographs in the comments section. Vital signs and ASA classification should also be recorded in the comments section.

The following sections of the Clinical exam will be completed as part of the MD/Dent Hx: Habits, General and History.

Habits Tab

Summ	Perio	Restor	TMJ	Occl	Images	Cosm.	Head	Habits	General	Cancer	History	Other	Notes
		N/A	None	Pot.	Manif.	Hist.			N/A	None	Pot.	Manif.	Hist.
Grind Teeth:	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>			Smokeless Tobacco:	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Bite Cheek:	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>			Thumb / Finger:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
Tongue Thrust:	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>			Toothpick / Stimulator:	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Mouth Breather:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>			Chewing Gum:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
Bulimia / Anorexia:	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>			Candy:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
Cigar / Cigarette:	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>			Soft Drinks:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
Pipe:	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>			Other:	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Bite Nails:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>								

Comments:

Buttons:

Toolbar:

The **Habits** window provides an area to record the patient's habits.

Record a status of *N/A, None, Potential, Manifested* or *Historical* for each of the following habits:

Grind Teeth	Cigar/Cigarette	Toothpick/ Stimulator
Bite Cheek	Pipe	Chewing Gum
Tongue Thrust	Bite Nails	Candy
Mouth Breather	Smokeless Tobacco	Soft Drinks
Bulimia/Anorexia	Thumb/Finger	Other

If a status of **Potential, Manifested** or **Historical** is recorded in the habit **Other**, a line is provided to enter a description for that habit. At the very bottom, a **Comments** section provides an area for entering and/or editing notes specific to this exam.

General Tab

The **General** window provides an area to record miscellaneous patient information and serves as a quick reference regarding the patient's overall condition/pain.

Dental Care

Under the **Dental Care** section at the top of the window, use free-form entry to record the frequency with which the patient brushes and flosses, the brand of toothpaste and mouthwash the patient uses, and any other information you want to enter specific to the patient.

Emotional Motivators/Concerns

These can also be recorded using free-form entry for the patient.

Use this window as a quick reference for the patient's status. Enter information for the following fields:

Oral Cancer, TMJ, Blood Pressure and Pulse.

The last section of the window summarizes the patient's pain for Dental and Mucosal in the Maxillary Anterior, Maxillary Posterior, Mandibular Anterior and Mandibular Posterior areas of the mouth.

Each type of pain should be recorded for each area of the mouth using the following ratings:

Low Acute Pain	Low Chronic Pain	High Acute Pain
High Chronic Pain	None	

At the very bottom, a **Comments** section provides an area for entering and/or editing notes specific to this exam. Respiration rate and ASA classification should be noted in the **Comments** section.

History Tab

The **History** window provides an area to record past conditions pertaining to the patient. The window divides History into two sections: sensitivity (top) and general history (bottom).

Select **Present**, **Past**, **Never** or **N/A** for the following questions:

Are your teeth sensitive to:	Have you ever had:
Hot or Cold	Orthodontic Treatment
Biting / Chewing	A Bite Plate or a Guard
Sweets	Periodontic Treatment
	Oral Surgery
	Serious Injury to Mouth or Head

A **Comments** section at the bottom of the page provides an area for entering and/or editing notes specific to this exam.

Extra Oral / Intra Oral Exam

Upon completion of the MD/Dent Hx, the student will complete the Extra Oral /Intra Oral exam utilizing the techniques learned in Pre-Clinic. A full EO/IO exam is completed on all new patients and every two years with existing patients. The following tabs in the Clinical Exam will be completed as part of the EO/IO exam: TMJ, Head and Cancer.

TMJ Tab

The **TMJ** (Temporal Mandibular Joint) window provides an area to record information pertaining to a patient's TMJ condition. The top section is reserved for input describing the Pain, Popping, Crepitus and Deviation on Opening for the joint.

The ratings for each of these conditions are as follows:

1. From each section, select a rating from the drop-down list box.

Condition	Rating
Pain	Left side, Right side, Both, None
Popping	Left side (Open, Closed or Both), Right side (Open, Closed or Both), or Both (Open or Closed)
Crepitus	Left side (Open, Closed or Both), Right side (Open, Closed or Both), or Both (Open or Closed)
Deviation on Opening	Left side, Right side, Both, None

2. Select a **Rating** from the drop-down list box.
3. Click **Save** to keep the settings.

The Maximum Opening Unassisted is how far a patient can open his/her mouth. This is recorded in millimeters.

The next three sections provide fields for answers regarding **Musculature**, **History of Trauma** and **Myofacial Pain**. If the patient answers **Yes** to **History of Trauma** or **Myofacial Pain**, a **Comments** section is provided to elaborate on those conditions.

The Diagnosis for Treatment explains whether the condition is treatable and whether the treatment will be performed by the dentist or by a specialist. Select an option from the drop-down list box.

A **Comments** section provides an area for entering and/or editing notes specific to this exam.

Head Tab

Clinical Exam for - Charles Abbott (Chip) (2)

Exam Date: Today Exam Type: Complete Exam Status: Incomplete

Summ | Perio | Restor | TMJ | Occl | Images | Cosm. | **Head** | Habits | General | Cancer | History | Other | Notes

	Normal	Abnormal	N/A		Normal	Abnormal	N/A
Facial Tissue:	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	Retro Molar:	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Upper Lips:	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	Tuberosity (Maxillary):	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Lower Lips:	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	Gingivae:	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Floor of Mouth:	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	Lingual Tonsils:	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Hard Palate:	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	Vestibular Depth:	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Soft Palate:	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	Buccal Mucosa:	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Tongue (Lateral):	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	Edentulous Ridge:	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Tongue (Anterior):	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	Oropharynx:	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Tongue (Dorsal):	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	Salivary Ducts:	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>

Comments:

All Normal All Abnormal Default

Print Save Cancel

The Head window provides an area to record the patient's head and neck conditions. Record a score of Normal, Abnormal or N/A for the following conditions:

Facial Tissue	Retro Molar
Upper Lips	Tuberosity (Maxillary)
Lower Lips	Gingivae
Floor of Mouth	Lingual Tonsils
Hard Palate	Vestibular Depth
Soft Palate	Buccal Mucosa
Tongue (Lateral)	Edentulous Ridge
Tongue (Anterior)	Oropharynx
Tongue (Dorsal)	Salivary Ducts

The **Comments** section at the bottom provides an area for entering and/or editing notes specific to this exam.

Cancer Tab

The **Cancer** window provides an area to record information regarding a patient's cancer condition.

The window splits this into the following four phases:

Developmental	Deep	Systemic	Surface
---------------	------	----------	---------

Under each phase, select **Yes**, **No** or **N/A** for **Pathology Present** or **Biopsy Indicated**. For each section, choose an **Affected Area** option from the **Affected Area** dropdown list box.

Check the appropriate radio button for the **Tooth Related Pathology Present** section.

A **Comments** section provides an area for entering and/or editing notes specific to this exam.



You must have a dentist check-in the patient.



During the initial dentist check-in, the dentist will not sit down. If there is a significant change or something concerning, it is the clinician's responsibility to direct the dentist's attention to the issue at this point. After the dentist check-in, and the dentist or instructor have signed the medical history have the patient sign the medical history. Then expose all ordered radiographs, evaluate your radiographs and retake as prescribed. The next assessment to be completed is the Dental Chart. Complete the dental chart from the chart menu from the Clinical Mode. The Restorative and Other sections will be utilized in the Clinical Exam. The clinic dentist will complete the Dental Chart and the Dental Evaluation together on all new patients.

In addition to new patients, the dental chart must be updated when radiographs are exposed. The 'Dental Evaluation of Radiographs' form must be completed, and saved as a PDF and uploaded into the patient's chart. You will then print the form and give to the patient to take to his or her dentist of record. Existing patients must have their radiographs reviewed by their dentist, the referral form must be completed and returned to MCC in order for the patient to be reappointed for recare. The "Dental exam required before rescheduling" alert must be raised in Eaglesoft. This process ensures that the patient is not using MCC as his or her dental home. The program is unable to fill the role as a dental home.

Bitewings will be taken every two years. A full-series of radiographs will be taken every four to six years to coincide with bitewing updates.

Dental Chart

Date	Prov	#	Code	Description	Tooth	Surface	Status	Amount	Show	Appt
1/8/2009	GGY		02750	Crown, porc & high noble	17		Proposed	777.00	X	
1/8/2009	GGY		D0120	PERIODIC ORAL EVALUATION			Proposed	32.00	X	
1/8/2009	GGY		00210	FMX			Proposed	50.00	X	
1/8/2009	DCM		D1110	PROPHYLAXIS-ADULT			Proposed	53.00	X	
12/17/2008	DCM		D1110	PROPHYLAXIS-ADULT			Completed	53.00	X	
12/16/2008	GGY			Cracked Tooth	8	M	Condition		X	
12/11/2008	GGY		03320	Root canal, bicuspid	5	BP	Accepted	0.00	X	12/23/2008
11/12/2008	DCM		D0470	DIAGNOSTIC CASTS			Completed	68.00	X	

Chart Window

The main **Chart** window features a layout of anatomically correct teeth, with mandibular on the bottom and maxillary on the top. This is to enable easier, more accurate charting while enhancing the presentation of patient cases. The draw types, colors and hatches assist in creating an accurate patient chart, thereby improving treatment. The **Chart** window also enables mixed dentition in the same window. With just a right-click of the mouse, you can chart primary or permanent teeth.

Fast Walkout Fast Walkout

The **Fast Walkout** button allows you to access the Walkout screen from the chart window with the current patient defaulted. MCC does not utilize the Fast Walkout function.

Insurance



The **Insurance** button allows you to view a summary of the current patient's insurance information. Select the **View Claim** button to view the claim associated with this patient's services. MCC does not utilize the Insurance function.

Ledger



The **Chart** window defaults to show the entire Chart display (*see the preceding image*), if using the recommended screen resolution of 1024x768. Use the **Ctrl** or **Shift** key to select multiple **Chart** ledger items. Right-click and apply an option to all selected items. To show the Chart ledger, click **Ledger**. To hide the Chart ledger, click **Ledger** again.

Date	Prov	#	Code	Description	Tooth	Surface	Status	Amount	Show	Appt
1/8/2009	GGY		02750	Crown, porc & high noble	17		Proposed	777.00	X	
1/8/2009	GGY		D0120	PERIODIC ORAL EVALUATION			Proposed	32.00	X	
1/8/2009	GGY		00210	FMX			Proposed	50.00	X	
1/8/2009	DCM		D1110	PROPHYLAXIS-ADULT			Proposed	53.00	X	
12/17/2008	DCM		D1110	PROPHYLAXIS-ADULT			Completed	53.00	X	
12/16/2008	GGY			Cracked Tooth	8	M	Condition		X	
12/11/2008	GGY		03320	Root canal, bicuspid	5	BP	Accepted	0.00	X	12/23/2008
11/12/2008	DCM		D0470	DIAGNOSTIC CASTS			Completed	68.00	X	

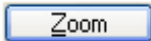
Images



To display images for selected teeth, click **Images** and highlight a tooth that has images. To remove the images, click **Images**. The images will appear as thumbnails as shown below.



Zoom



The **Zoom** button allows you to view an enlarged version of a specific tooth in the chart. Click to select a specific tooth or place your cursor over a tooth to view it in the zoom area. Click the **Zoom** button again to return to the normal view.

Alerts



This symbol will appear if that patient has any Patient or Medical Alerts attached to them.

Patient Photo



If this symbol appears, the patient has a photo available for viewing.

Patient Last FMX, Last Bitewing and Last Pano

FMX:

None

Bitewing:

1/14/2005

Pano:

None

In the lower right of the chart screen in Eaglesoft versions 14.00 and above, the dates of the patients last fmx, bitewing and/or pano are listed.

Selecting Teeth

Before you can do any charting, you need to select a tooth or teeth. There are several options for selecting teeth to chart:

First you can select if the teeth should be Permanent or Primary.

Permanent

Primary

Other options include:

- Click on a tooth or teeth
- Click **Select All** to select all the teeth
- Click **Clear All** to clear selection
- Click **All Upper** to select all upper teeth
- Click **All Lower** to select all lower teeth
- Click **UL** or **UR** to select the upper-left or upper-right teeth quadrant
- Click **LL** or **LR** to select the lower-left or lower-right teeth quadrant

Service

Service

The Service button will bring up the Service Codes window to allow you to select the correct services that will be proposed or completed for the patient.

Condition

Condition

The condition button will assist with the charting of existing work done elsewhere or health issues that may need to be addressed. The conditions list includes things like attrition, distal drift and open contacts.

Quick Picks

The Quick Pick buttons (located in the upper right of the chart) allow quick and convenient charting. Utilize the drop-down boxes to chart existing restorations. For example, click on the COM A drop down box to find choices for one, two, three or four surface anterior composite restorations.

Status

To chart items of different statuses, choose the status drop-down list box on the bottom of the window. *There are six status types from which to choose:*

- **Accepted** - Has been accepted (by patient or by insurance).
- **Existing** - Treatment performed previously (by another clinic).
- **Proposed** - Proposed treatment.
- **Referred** - Treatment has been referred to a different clinician.

MCC utilizes the **Existing** status type.

Once the Dental Chart has been completed, refer back to the Clinical Exam and complete the following tabs:

Restorative Tab

The **Restorative** window summarizes the information from the patient's Restorative exam performed on the date given in the **Exam Date** box.

The **Caries** section provides a summary of the Number of Caries, Number of Dentinal Caries and Number of Recurring Caries for the patient.

The **Restorations & Fractures** section displays the Number of Restorations with Poor Marginal Integrity, Number of Fractured Restorations and Number of Fractured Teeth.

*General teeth conditions follow the **Restorations and Fractures** section, showing totals for:*

<i>Erosion</i>	<i>Tori</i>	<i>Malposition</i>
<i>Extrusion</i>	<i>Impaction</i>	<i>Open Contacts</i>
<i>Lesions</i>	<i>Wear Facets</i>	<i>Non-Func Teeth</i>

Next, the **number of primary teeth lost prematurely** section divides the total into two segments: the number of teeth lost in over a year and the number of teeth lost in less than or equal to one year.

The **Roots** section displays the number Amputated and the total Number of Root Canals for the patient.

A **Comments** section provides an area for entering and/or editing notes specific to this exam.

Chart

This button takes you directly to the **Chart** window.

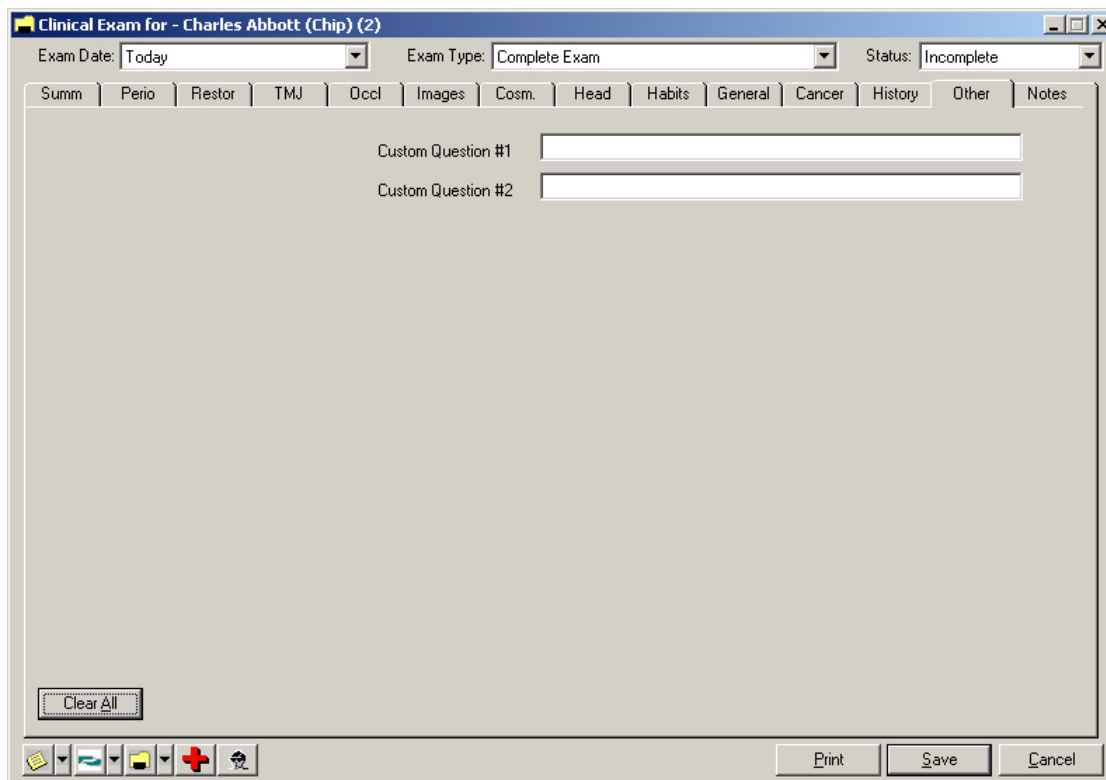
Tx Plan

Create or modify treatment plans from here as well by clicking on the **Treatment Plan** on the top right of the window. At this time, MCC does not utilize the Treatment Plan function.

Calculate

Click **Calculate** to calculate values for the fields on the **Restorative** tab based on the action code of the patient's conditions, services and existing services. After entering or editing items on the chart, calculate the totals for the conditions charted automatically by clicking **Calculate** on the right of the window or enter the totals manually by clicking on the desired box and editing the number.

Other Tab



The Other Tab includes questions about occlusion classification and malrelations.



A dentist must evaluate the dental chart and complete a Dental Evaluation

If teledentistry is to be utilized, an instructor will complete a preliminary dental chart. The student will expose intra/extra oral images. Teledentistry images include: a full front face, left face profile, right face profile, maxillary occlusal, mandibular occlusal, right occlusal plane and left occlusal plane. Additional images (extra or intra oral) should be exposed of soft or hard tissue concerns. Teledentistry appointments are made with our teledentistry dentist in either synchronistic or asynchronistic format. The dental review must be completed before treatment is begun.

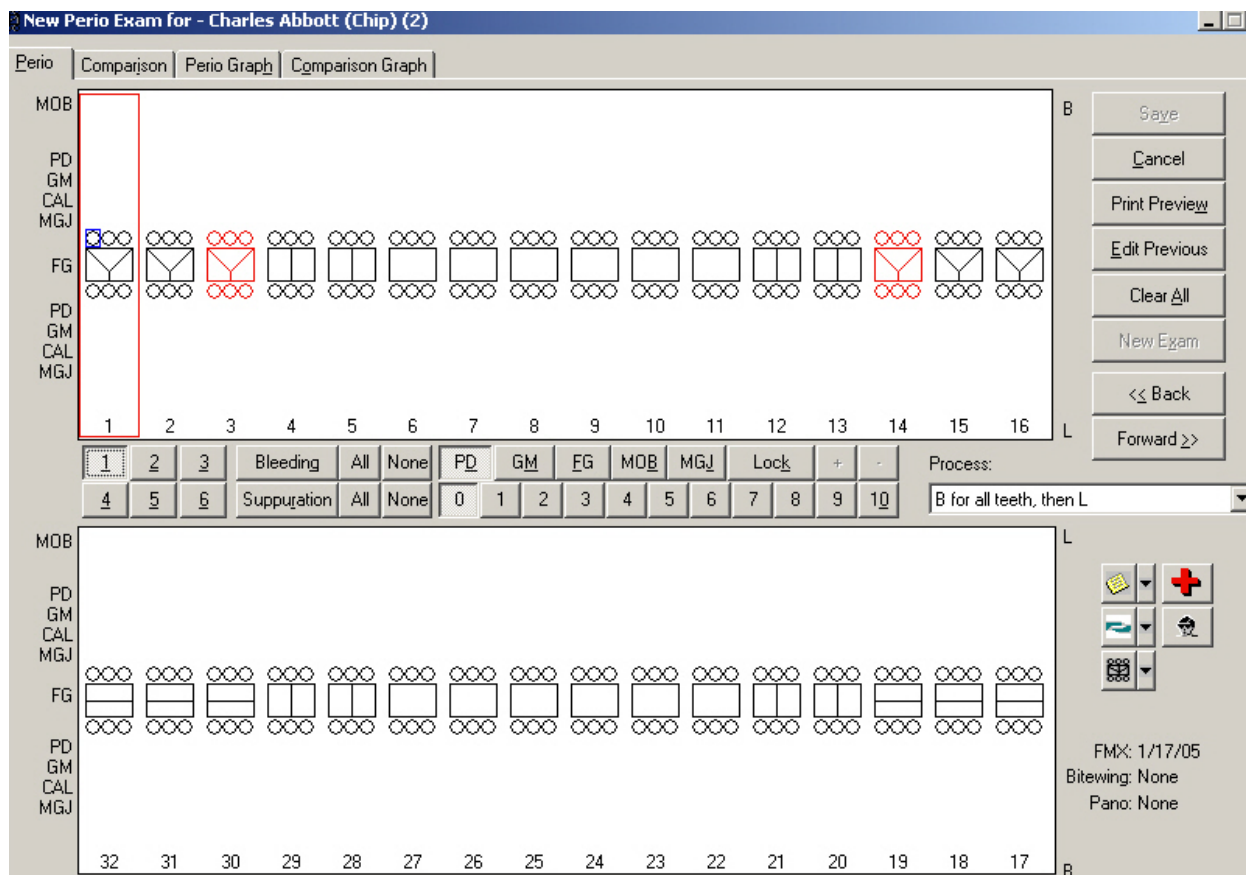
If the patient provides a completed 'Patient Referral to MCC' form, there is no need for the clinic dentist to provide an exam nor for teledentistry images to be completed, rather the clinic instructor will conduct the check-in process.

Each time the dental chart is updated, you must have the chart evaluated by a clinic instructor.

The use of disclosant must be postponed until the dental evaluation is complete. While waiting for the dentist evaluation, periodontal charting can be completed followed by the calculus chart.

Periodontal Chart

The next assessment is the Periodontal Chart. The Periodontal Chart must be completed every 12 months. Complete the periodontal assessment from the chart menu. The Perio section of the clinical exam will be utilized.



Using the *Perio Exam*

From the *Perio* tab, enter *Perio exam* findings for your patients. A numbered box represents each tooth. The six small circles or dots positioned around each box represent the measurement sites. Teeth 1 through 16 are displayed at the top of the screen and 17 through 32 appear at the bottom.

A tooth in Red represents any tooth charted as missing or extracted. Missing teeth are based on completed services in the patient's dental chart.

The buttons in the center of the window allow you to record your findings or manually move to a specific tooth or site when necessary. The abbreviations to the left of the screen indicate where each type of measurement or grade is displayed.

Following are the available findings:

<u>FINDINGS</u>	<u>USE BUTTON</u>	<u>DISPLAY</u>
Mobility Grade	<u>MOB</u>	<u>MOB</u>
Pocket Depth Measurement	<u>PD</u>	<u>PD</u>

Gingival Margin Measurement	<u>GM</u>	<u>GM</u>
Clinical Attachment Level	<i>Automatically Calculated</i>	CAL
Mucogingival Junction	MGJ	MGJ
Furcation Grade	<u>FG</u>	<u>FG</u>
Bleeding	Bleeding	Colors Site Dot
Bleeding All	Bleeding all pockets	Colors Site Dot
Suppuration	<u>Suppuration</u>	Colors Site Dot
Suppuration All	Suppuration all pockets	Colors Site Dot
Bleeding and Suppuration	Bleeding and Suppuration	Colors Site Dot

Position of Tooth

Position is indicated by a red rectangle that surrounds the "tooth" and the related measurements or grades.

Site on Tooth

A blue box surrounds the site dot to show the exact position.

Record Findings

To record findings for each tooth and/or site, click the button for the finding you wish to record (for example, MOB, PD, GM, FG, MGJ) and click the correct number, 1-10, for the measurement or grade. Only the numbers that are applicable will be enabled for each choice. When appropriate, the plus (+) and minus (-) buttons are enabled.

For example, when you have selected MOB (for mobility), you are not able to select any number greater than 4; however, you can use the + sign.

The selection recorded for the appropriate tooth and/or site will display. If the pocket depth meets or exceeds the alert depth, the display will indicate this by showing the pocket depth measurement in red.

If bleeding and/or suppuration are present, simply click the correct button(s) to show the coloration indicating the condition(s).

Lock

Charting mouths with bleeding and suppuration is time-consuming. However, the Lock button for Bleeding and Suppuration can speed up the charting process. Once you have clicked Lock, select Bleeding or Suppuration, and every pocket you select is marked accordingly until the lock is removed.

Perio Tab

Section II - Clinic Protocol

Clinical Exam for - Charles Abbott (Chip) (2)

Exam Date: Today Exam Type: Complete Exam Status: Incomplete

Summary | **Perio** | Restor | TMJ | Occl | Images | Cosm. | Head | Habits | General | Cancer | History | Other | Notes

Summary Info

	Teeth	Sites		Teeth	Sites
Bleeding:	0	0	Clinical Att. Level < 0:	0	0
Suppuration:	0	0	Clinical Att. Level 1-3:	0	0
Furcation:	0	0	Clinical Att. Level 4-5:	0	0
Mobility:	0	...	Clinical Att. Level 6+:	0	0
Pocket Depth > Alert Depth:	0	0			

Buttons: Perio, PSR, Calculate, Default

Consistency: Boggy Inflammation: Moderate Plaque: Moderate
Hygiene: Good Margins: Thin Exudate: Blood

Attached Gingiva
Color: Pink Texture: Stippled

Papillae
Shape: Flat Color: Pink Texture: Boggy

Periodontal Diagnosis
 N/A Normal Type I Type II Type III Type IV Type V
 Early Onset Periodontitis Systemic Associated Acute Necrotizing Ulcerative Gingivitis

Comments:
Type your Comments Here...]

Print Save Cancel

The **Perio** window summarizes the information from the patient's Perio exam performed on the date given in the **Exam Date** box.

The top section of the **Perio** window, **Summary Info**, provides a summary of the number of teeth and the number of sites charted for the following:

- Bleeding
- Suppuration
- Furcation
- Mobility
- Pocket Depths greater than the Alert Depth
- Clinical Attachment Levels - *These are divided into four levels: <0, 1-2, 4-5, and 6+.*

These fields are based on charting in the Perio module. Click **Calculate** to update the numbers in the fields.

Beneath the **Summary Information**, record ratings for **Consistency, Hygiene, Inflammation, Margins, Plaque** and **Exudate**.

The ratings for each of these conditions include:

<u>Condition</u>	<u>Ratings</u>
Consistency	Firm, Boggy, Fibrous
Hygiene	Good, Fair, Poor
Inflammation	Light, Moderate, Severe, None
Margins	Thin, Swollen, Receded, Irregular, Normal
Plaque	N/A, None, Light, Moderate, Severe
Exudate	Blood, Suppuration, Both

Next, the **Attached Gingiva** section allows input for the color and texture of attached gingiva, and the **Papillae** section allows input for the shape, color and texture of papillae.

Section II - Clinic Protocol

The ratings for each of these conditions are as follows:

<u>Attached Gingiva</u>	<u>Ratings</u>
Color	Pink, Red, Magenta
Texture	Stippled, Glossy, Granular, Boggy, Smooth

<u>Papillae</u>	<u>Ratings</u>
Shape	Pointed, Blunted, Flat, Inverted
Color	Pink, Red, Magenta
Texture	Firm, Boggy, Fibrous

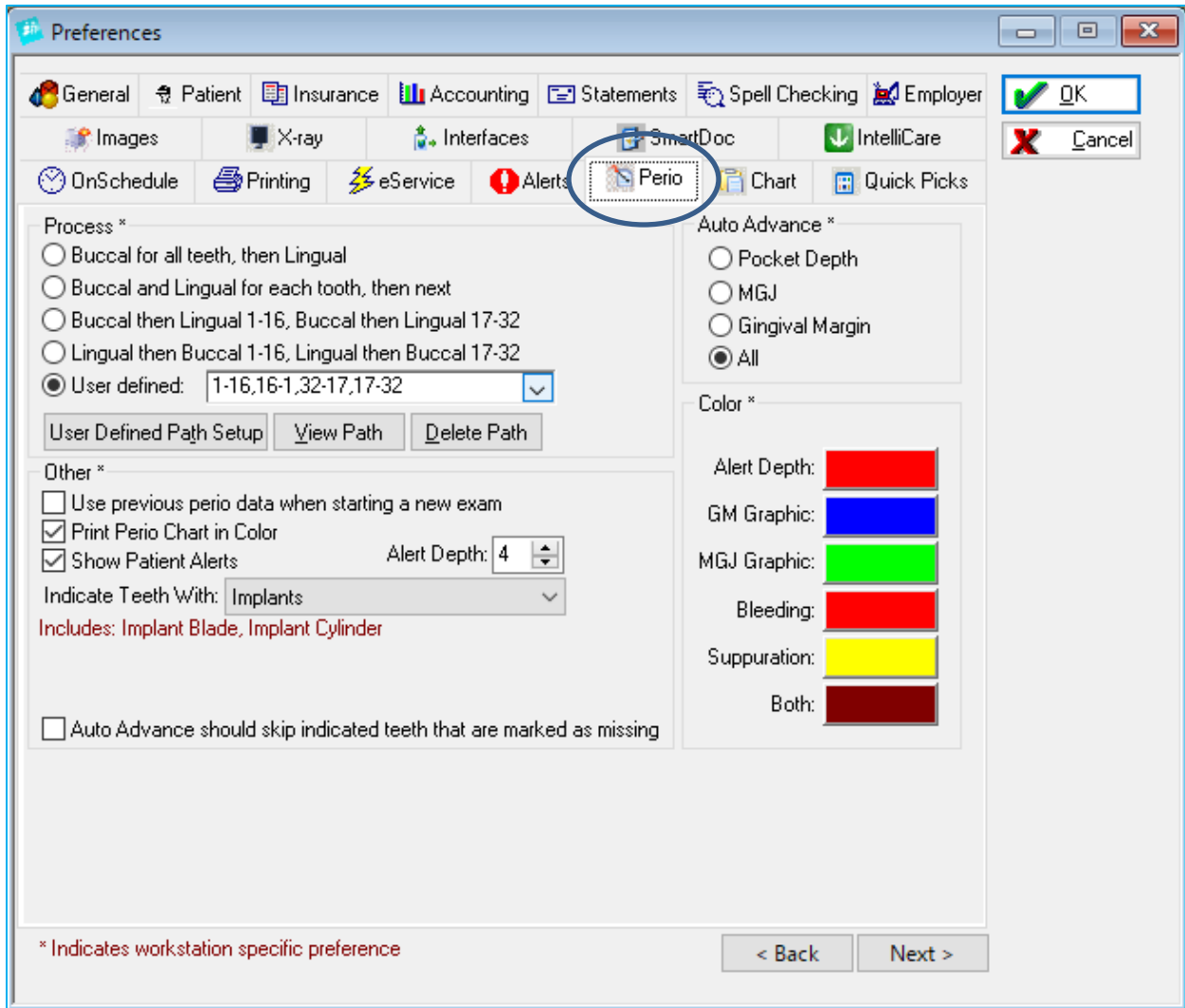
Beneath this, the ***Periodontal Diagnosis*** section indicates the level of gingivitis for the patient.

The levels include the following:

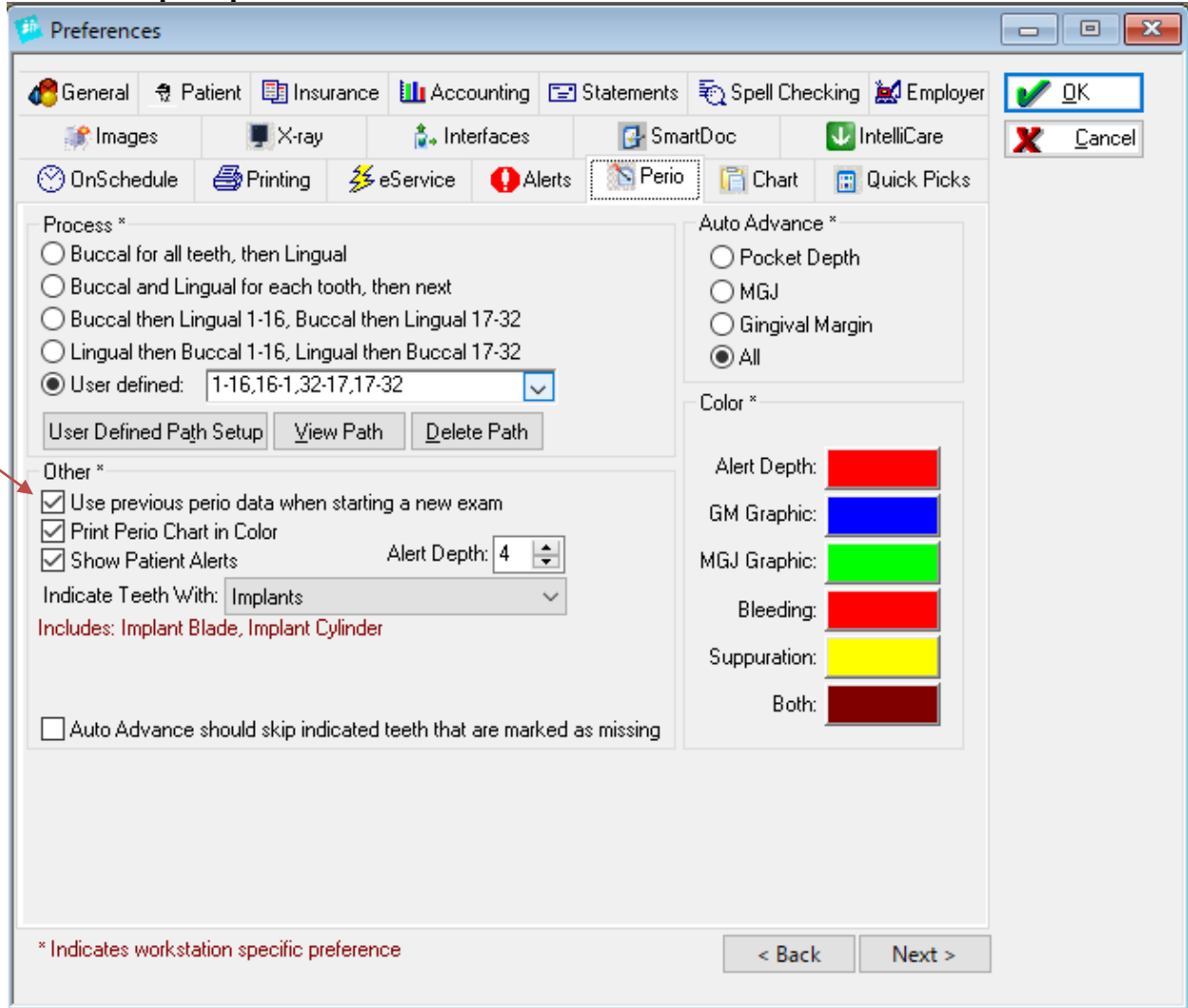
<i>N/A</i>	<i>Normal</i>
<i>Type I</i>	<i>Type II</i>
<i>Type III</i>	<i>Type IV</i>
<i>Type V</i>	<i>Early Onset Periodontitis</i>
<i>Systemic Associated</i>	<i>Acute Necrotizing Ulcerative Gingivitis</i>

Clinicians may alter the default Periodontal Chart settings to begin a current perio chart with the measurements from a previous chart.

File→Preferences and then select the “Perio” tab.



You will then click to check the box in front of the “Use previous perio data when starting a new exam” prompt. Press OK.



Restart Eaglesoft to complete the change. Be aware that changing preferences on one computer does not change your settings on all of the computers. You must do this sequence on each computer in the clinic.

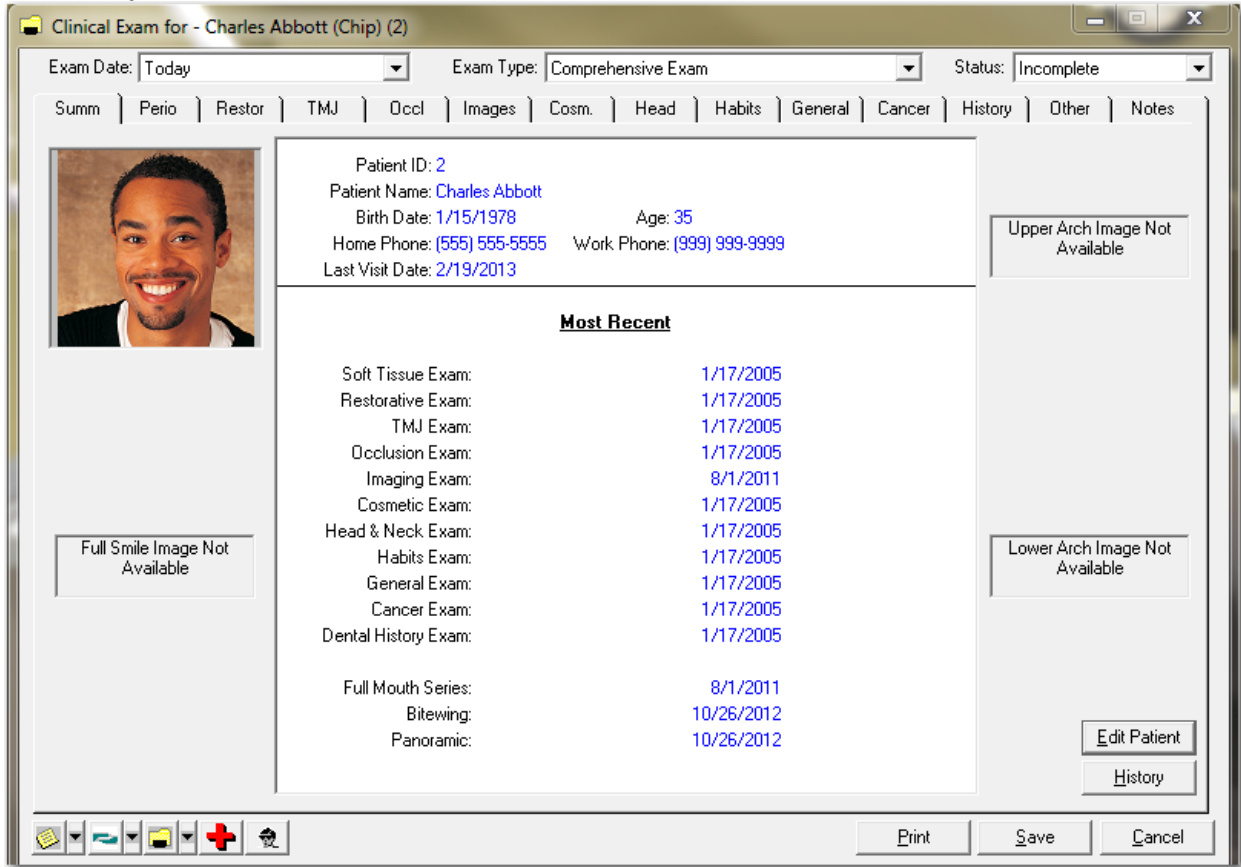


You must have an instructor evaluate the patient.



Use disclosant and complete patient education if not already done. Develop the Dental Hygiene Treatment Plan.

Summary Tab



The **Summary** window shows the patient's standard images and gives you an overview of the most recent exams for the patient. The patient photo, full smile, and most recent upper and lower arch photos will display.

The patient's ID, name, phone numbers and last visit date are centered in the middle of the window.

The most recent dates of the following exams are given:

Perio (Soft Tissue Exam)	Radiography	Cancer
Restorative	Cosmetic	Dental History
TMJ	Head and Neck	Full Mouth Series
Occlusion	Habits	Bitewing
Intraoral	General	Panoramic

Edit Patient

The **Edit Patient** button links the **Patient Summary** tab to the **Edit Patient** window. Easily view or modify the patient's information directly from this window with one click from **Clinical**.

History

The **History** button opens the **Patient History** window for the current patient. The **History** window provides a detailed history of everything that has been entered in *Eaglesoft*. For more information, simply double-click an item to call up the related chart, images or notes option. Then, close that option to return directly to the **History** window. This enables you to easily review any of the items entered in *Eaglesoft* without having to go from option to option.



Present the Dental Hygiene Treatment Plan to an instructor. The instructor and student will sign the DH Tx Plan. Upon approval, present the Dental Hygiene Treatment Plan to the patient and obtain the patient's signature. Proceed to treatment.

Dental Hygiene New Patient Day

There are designated days in each semester where new, clinic generated patients will be screened by assigned students. The first visit for prospective patients will consist of medical history, EOIO, dental chart, radiographs and dentist evaluation. At the completion of New Patient Day, patients will be disbursed by program staff.

Directions:

- A. Complete a medical history, EOIO exam and vital signs.
- B. Get instructor's or dentist's permission to proceed.
- C. Complete a dental chart/exam and needed radiographs.
- D. Assist the Dentist with the hard and soft tissue exam.
- E. Categorize the patient for these characteristics by using an estimation, not tooth by tooth evaluation:
 1. Calculus Deposits Skill Level - visual (use air), explore proximal surfaces only for estimate
 2. Periodontal Skill Level - condition of gingiva, probe proximal surfaces only for estimate, or PSR, check all teeth for mobility

- F. Patient referred to appropriate clinic for complete DH care by the clinic coordinator.

Periodic and Continuing Care Exams

New patients and patients that are due for full updates should utilize the Comprehensive Exam.

Patients less than two years since full updates should utilize the Periodic Exam.

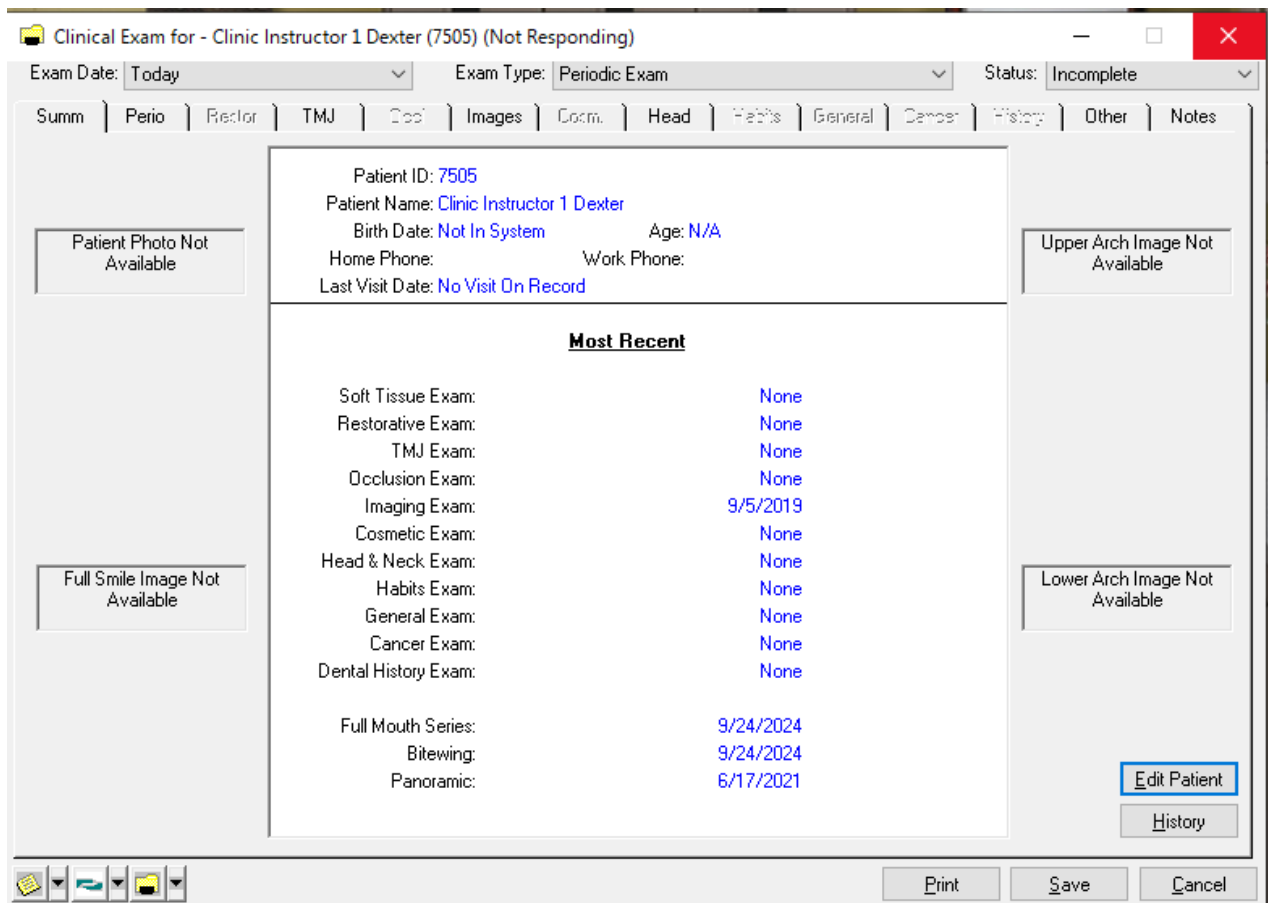
Patients that are in the process of an appointment or within an appointment series should utilize the Continuing Care Exam.

Periodic Exam Process

Medical History Update

At the start of an appointment series for an existing patient of record where it has been less than two years since the Medical/Dental History has been completed a new Clinical Exam should be opened. Choose the Periodic Exam type from the drop down box.

Complete MD Hx updates by accessing the Other tab, answer the update questions and record the vital signs.



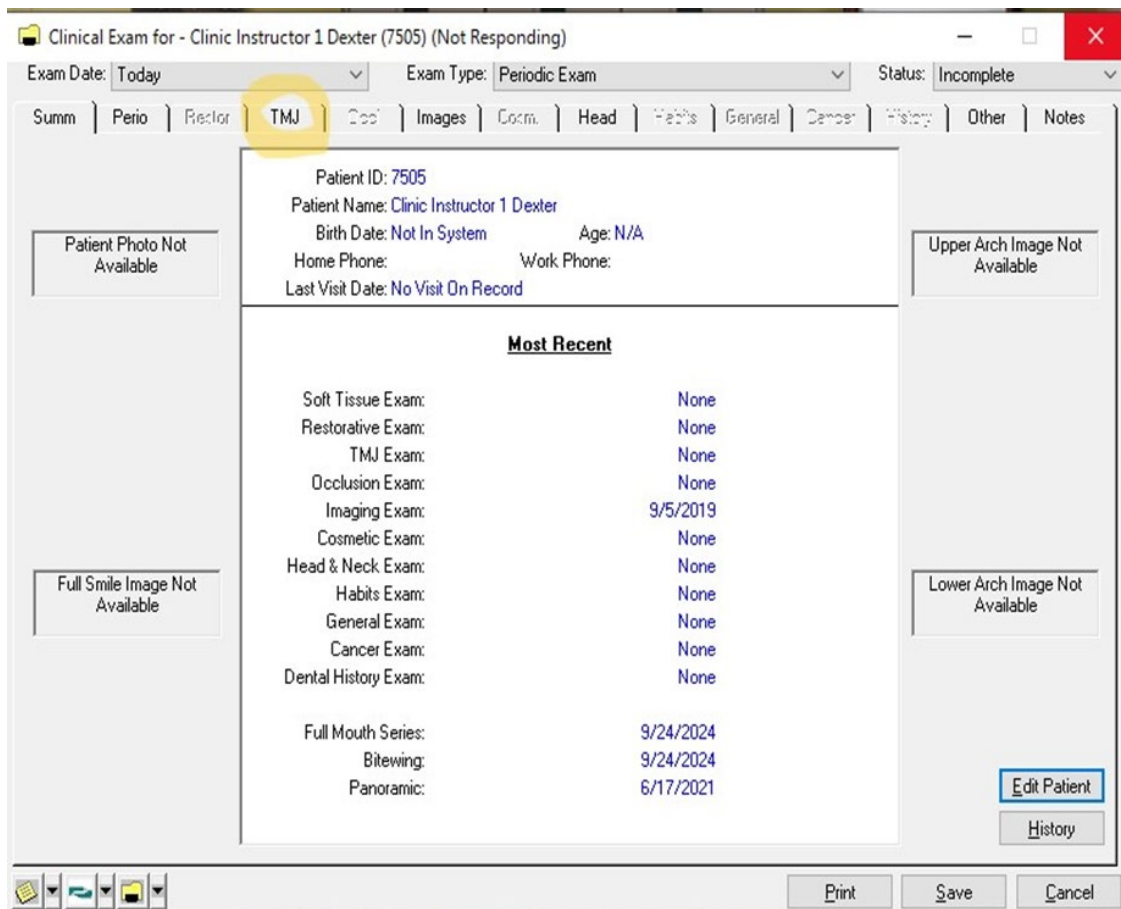
The questions are as follows:

- Are there any MD Hx changes?
- Are you taking any meds?
 - If so, what are the meds?
- Blood Pressure:
- Pulse:
- Respiration:
- ASA Classification:
- Any dental difficulties?

Any additional information that does not fit in the allotted character space can be included in chart notes.

Extra Oral / Intra Oral Exam Update

Upon completion of the MD Hx updates, the student will complete the Extra Oral /Intra Oral exam utilizing the techniques learned in Pre-Clinic. The following tabs in the Clinical Exam will be completed as part of the EO/IO exam: TMJ and Head.



The **TMJ** (Temporal Mandibular Joint) window provides an area to record information pertaining to a patient's TMJ condition. The top section is reserved for input describing the Pain, Popping, Crepitus and Deviation on Opening for the joint.

The ratings for each of these conditions are as follows:

From each section, select a rating from the drop-down list box.

Condition	Rating
Pain	Left side, Right side, Both, None
Popping	Left side (Open, Closed or Both), Right side (Open, Closed or Both), or Both (Open or Closed)
Crepitus	Left side (Open, Closed or Both), Right side (Open, Closed or Both), or Both (Open or Closed)
Deviation on Opening	Left side, Right side, Both, None

1. Select a **Rating** from the drop-down list box.
2. Click **Save** to keep the settings.

The Maximum Opening Unassisted is how far a patient can open his/her mouth. This is recorded in millimeters.

The next three sections provide fields for answers regarding **Musculature**, **History of Trauma** and **Myofacial Pain**. If the patient answers **Yes** to **History of Trauma** or **Myofacial Pain**, a **Comments** section is provided to elaborate on those conditions.

The Diagnosis for Treatment explains whether the condition is treatable and whether the treatment will be performed by the dentist or by a specialist. Select an option from the drop-down list box.

A **Comments** section provides an area for entering and/or editing notes specific to this exam.

Head Tab

Exam Date: Today Exam Type: Periodic Exam Status: Incomplete

	Normal	Abnormal	N/A		Normal	Abnormal	N/A
Facial Tissue:	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	Retro Molar:	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
Upper Lips:	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	Tuberosity (Maxillary):	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
Lower Lips:	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	Gingivae:	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
Floor of Mouth:	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	Lingual Tonsils:	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
Hard Palate:	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	Vestibular Depth:	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
Soft Palate:	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	Buccal Mucosa:	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
Tongue (Lateral):	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	Edentulous Ridge:	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
Tongue (Anterior):	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	Oropharynx:	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
Tongue (Dorsal):	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	Salivary Ducts:	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>

Comments:

All Normal All Abnormal Default

Print Save Cancel

The Head window provides an area to record the patient's head and neck conditions. Record a score of Normal, Abnormal or N/A for the following conditions:

Facial Tissue	Retro Molar
Upper Lips	Tuberosity (Maxillary)
Lower Lips	Gingivae
Floor of Mouth	Lingual Tonsils
Hard Palate	Vestibular Depth
Soft Palate	Buccal Mucosa
Tongue (Lateral)	Edentulous Ridge
Tongue (Anterior)	Oropharynx
Tongue (Dorsal)	Salivary Ducts

The **Comments** section at the bottom provides an area for entering and/or editing notes specific to this exam.



You must have an instructor check-in the patient.



Complete disclosing of the patient and provide Patient Education.

Periodontal Chart

The next assessment is the Periodontal Chart, which is accessed from the chart menu. This must be completed every 12 months. The Perio section of the clinical exam will be utilized.

Clinical Exam for - Clinic Instructor 1 Dexter (7505)

Exam Date: Today Exam Type: Periodic Exam Status: Incomplete

Summ Perio Restor TMJ Cop Images Cosm. Head Pab's General Cancer History Other Notes

Summary Info

	Teeth	Sites		Teeth	Sites
Bleeding:	0	0	Clinical Att. Level < 0:	0	0
Suppuration:	0	0	Clinical Att. Level 1-3:	0	0
Furcation:	0	0	Clinical Att. Level 4-5:	0	0
Mobility:	0	---	Clinical Att. Level 6+:	0	0
Pocket Depth > Alert Depth:	0	0			

Buttons: Perio, PSB, Calculate, Default

Consistency: N/A Inflammation: N/A Plaque: N/A
 Hygiene: N/A Margins: N/A Exudate: N/A

Attached Gingiva: Color: N/A Texture: N/A
 Papillae: Shape: N/A Color: N/A Texture: N/A

Periodontal Diagnosis:
 N/A Normal Type I Type II Type III Type IV Type V
 Early Onset Periodontitis Systemic Associated Acute Necrotizing Ulcerative Gingivitis

Comments:
 Type your Stage and Grade Here...]

Buttons: Print, Save, Cancel

The **Perio** window summarizes the information from the patient's Perio exam performed on the date given in the **Exam Date** box.

The top section of the **Perio** window, **Summary Info**, provides a summary of the number of teeth and the number of sites charted for the following:

- Bleeding
- Suppuration
- Furcation

- Mobility
- Pocket Depths greater than the Alert Depth
- Clinical Attachment Levels - *These are divided into four levels: <0, 1-2, 4-5, and 6+.*

These fields are based on charting in the Perio module. Click **Calculate** to update the numbers in the fields.

Beneath the **Summary Information**, record ratings for **Consistency, Hygiene, Inflammation, Margins, Plaque** and **Exudate**.

The ratings for each of these conditions include:

<u>Condition</u>	<u>Ratings</u>
Consistency	Firm, Boggy, Fibrous
Hygiene	Good, Fair, Poor
Inflammation	Light, Moderate, Severe, None
Margins	Thin, Swollen, Receded, Irregular, Normal
Plaque	N/A, None, Light, Moderate, Severe
Exudate	Blood, Suppuration, Both

Next, the **Attached Gingiva** section allows input for the color and texture of attached gingiva, and the **Papillae** section allows input for the shape, color and texture of papillae.

The ratings for each of these conditions are as follows:

<u>Attached Gingiva</u>	<u>Ratings</u>
Color	Pink, Red, Magenta
Texture	Stippled, Glossy, Granular, Boggy, Smooth

<u>Papillae</u>	<u>Ratings</u>
Shape	Pointed, Blunted, Flat, Inverted
Color	Pink, Red, Magenta
Texture	Firm, Boggy, Fibrous

Beneath this, the **Periodontal Diagnosis** section indicates the level of gingivitis for the patient.

The levels include the following:

N/A	Normal
Type I	Type II
Type III	Type IV
Type V	Early Onset Periodontitis
Systemic Associated	Acute Necrotizing Ulcerative Gingivitis

Next, complete the Dental Hygiene Treatment Plan.



The student will sign and present the Dental Hygiene Treatment Plan to an instructor. Upon approval, the instructor will sign the DH Tx Plan. The student will present the Dental Hygiene Treatment Plan to the patient and obtain the patient's signature. Proceed to treatment.

Continuing Care Exam Process

Medical History Update

Each comprehensive exam should be marked as complete once the dental hygiene treatment plan has been signed. If the patient must return to complete the proposed treatment, utilize the continuing care exam from the exam type drop down box. The medical history will be updated by accessing the Other tab, answer the questions and record the vital signs.

Section II - Clinic Protocol

Clinical Exam for - Clinic Instructor 1 Dexter (7505)

Exam Date: Today Exam Type: Continuing Care Exam Status: Incomplete

Summ | Perio | Restor | TMJ | Ocul | Images | Comm. | Head | Habits | General | Cancer | History | Other | Notes

Patient ID: 7505
Patient Name: Clinic Instructor 1 Dexter
Birth Date: Not In System Age: N/A
Home Phone: Work Phone:
Last Visit Date: No Visit On Record

Patient Photo Not Available

Upper Arch Image Not Available

Full Smile Image Not Available

Lower Arch Image Not Available

Most Recent

Soft Tissue Exam:	None
Restorative Exam:	None
TMJ Exam:	None
Occlusion Exam:	None
Imaging Exam:	9/5/2019
Cosmetic Exam:	None
Head & Neck Exam:	None
Habits Exam:	None
General Exam:	None
Cancer Exam:	None
Dental History Exam:	None
Full Mouth Series:	9/24/2024
Bitewing:	9/24/2024
Panoramic:	6/17/2021

Edit Patient
History

Print Save Cancel

The questions are as follows:

- Are there any MD Hx changes?
- Are you taking any meds?
 - If so, what are the meds?
- Blood Pressure:
- Pulse:
- Respiration:
- ASA Classification:
- Any dental difficulties?

Any additional information that does not fit in the allotted character space can be included in chart notes.

Extra Oral / Intra Oral Exam Update

Upon completion of the MD Hx updates, the student will complete the Extra Oral /Intra Oral exam utilizing the techniques learned in Pre-Clinic. The Head tab in the Clinical Exam will be updated as part of the continuing care exam.

Head Tab

Exam Date: Today Exam Type: Continuing Care Exam Status: Incomplete

Summ | Peri | Reclor | TMJ | Oop | Images | Docm. | **Head** | Habits | General | Cancer | History | Other | Notes

	Normal	Abnormal	N/A		Normal	Abnormal	N/A
Facial Tissue:	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	Retro Molar:	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
Upper Lips:	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	Tuberosity (Maxillary):	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
Lower Lips:	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	Gingivae:	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
Floor of Mouth:	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	Lingual Tonsils:	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
Hard Palate:	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	Vestibular Depth:	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
Soft Palate:	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	Buccal Mucosa:	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
Tongue (Lateral):	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	Edentulous Ridge:	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
Tongue (Anterior):	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	Oropharynx:	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
Tongue (Dorsal):	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	Salivary Ducts:	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>

Comments:

All Normal All Abnormal Default

Print Save Cancel

The Head window provides an area to record the patient's head and neck conditions. To ensure that any updates or changes to medical history and TMJ information are added to the current exam, follow these steps:

1. Hover your cursor over the "Other" tab, right-click, and select "Add to Current Exam".
2. Hover your cursor over the "TMJ" tab, right-click, and select "Add to Current Exam".

Record a score of Normal, Abnormal or N/A for the following conditions:

Facial Tissue	Retro Molar
Upper Lips	Tuberosity (Maxillary)
Lower Lips	Gingivae
Floor of Mouth	Lingual Tonsils
Hard Palate	Vestibular Depth

Soft Palate	Buccal Mucosa
Tongue (Lateral)	Edentulous Ridge
Tongue (Anterior)	Oropharynx
Tongue (Dorsal)	Salivary Ducts

The **Comments** section at the bottom provides an area for entering and/or editing notes specific to this exam.



You must have an instructor check-in the patient.



Complete disclosing of the patient and provide Patient Education. Proceed to treatment.

IX. CALCULUS ASSESSMENT

Calculus assessment is a method of evaluating patient difficulty. It in no way replaces the AAP Case Type Classification, but does provide a means at an evaluation of student progress. Utilize the Calculus Chart on the header section of TalEval.

The screenshot displays the TalEval software interface for a clinical evaluation. The top navigation bar includes 'America's Software Corporation' and 'Tallahassee Comm'. The main header shows 'Clinical Evaluation' and 'Make Validation'. The patient information section includes 'Doe, Jane' and 'NEW Grade *'. The 'Grade Header' section contains fields for 'Date' (05/27/2021), 'Clinic' (NON GRADED), 'Treatment Phase' (02. Initial appointment with student), and 'Quad / Sextant'. The 'Patient (Enter 2 Characters)' field is set to 'AD13', and the 'Instructor' is 'Cynthia Biron'. The 'Special Needs' section has a 'Details' button. The 'Gingival Perio Disease' is set to 'Healthy', and the 'ASA' is set to 'N/A'. The 'Debridement Skill Level' section has radio buttons for 'N/A', '0', 'I', 'II', 'III', and 'IV' for both 'Calculus' and 'Perio'. The 'Critical Error' and 'Extra Credit' fields are both set to '0.00'. The 'Auto Calc' and 'Total' fields are also set to '0.00'. At the bottom, there are 'Recare' and 'Patient Complete' checkboxes, a 'Calculus Chart' button (highlighted with a red arrow), and a 'Continue' button.

Section II - Clinic Protocol

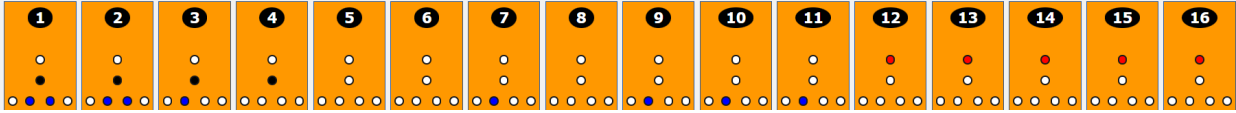
Calc Assessment

© Student Grades

Student: **Doe, Jane** Clinic: **Clinic III-A** Patient: **Doe, John R. 01/01/2016**

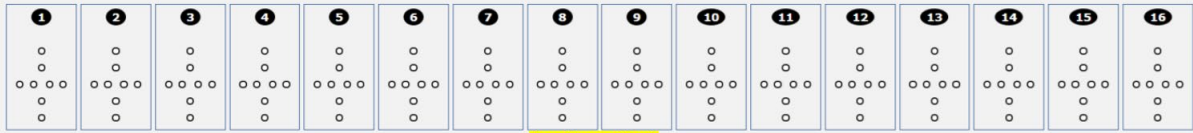
Visit #	Assess Date	Teeth Numbers	Supra	Sub	Visit #	Assess Date	Teeth Numbers	Supra	Sub	Visit #	Assess Date	Teeth Numbers	Supra	Sub
1	07/08/2021	1,2,3,4,5,6,7,8,9,1	100.00 %	85.94 %	2					3				
4					5					6				

Comments Complete?

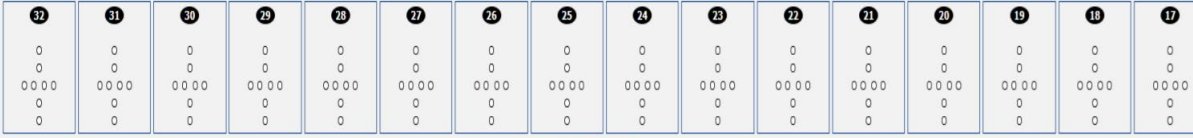


Facial Aspect of Teeth

Click on the outer circle to chart SUPRA deposits. Click on the inner circle to chart SUB deposits.



Lingual Aspect of Teeth



Save

Facial Aspect of Teeth

The student logs into TalEval and clicks on Calculus Assessment Chart

Enters date of appointment and numbers of teeth being assessed

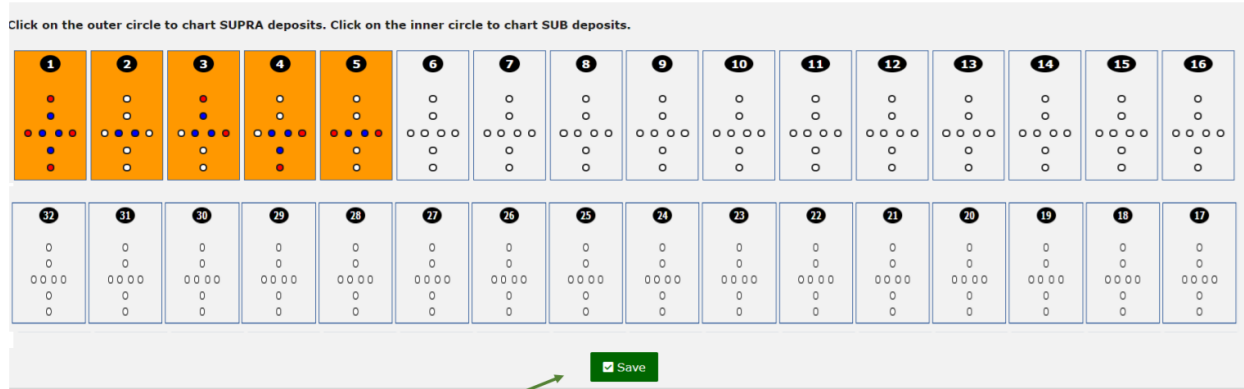
Calc Assessment

Clinic: NON GRADED Patient: AD13

Visit #	Assess Date	Teeth Numbers (1,2,3)	Supra	Sub	Visit #	Assess Date	Teeth Numbers (1,2,3)	Supra	Sub	Visit #	Assess Date	Teeth Numbers (1,2,3)	Supra	Sub
1	05/27/2021	1,2,3,4,5			2					3				
4					5					6				

Comments Complete?

This is the student's Assessment



Student clicks Save and the Prepared Calc Chart is there for the instructor

Calculus Detection Evaluation

An instructor will evaluate the student's Calculus Chart and then deposit removal can commence.

X. RE-EVALUATION APPOINTMENT FOLLOWING NON-SURGICAL PERIODONTAL THERAPY

The student will:

1. Educate the patient regarding the importance of the reevaluation process
2. Schedule the reevaluation appointment no less than three weeks and no more than eight weeks following the completion of non-surgical periodontal therapy
 - a. Ideally schedule 4-6 weeks post therapy
 - b. If semester breaks make this schedule impossible all of the re-evaluation assessment procedures will occur at the three-month recare appointment
3. Perform a plaque control record and provide patient education
4. Perform a comprehensive perio charting, including gingival description, pocket depths, BOP, gingival margin, furcas and mobility
5. Obtain instructor evaluation
6. Complete instrumentation
7. Perform S/RD as needed
8. Complete selective polishing
9. Apply fluoride
10. Evaluate the need for further periodontal therapy
 - a. If the attachment level improves or stays the same
 - i. reduction in clinical signs of inflammation
 - ii. reduction bleeding upon probing

- iii. schedule a re-care
 - b. If the attachment level is worse or there is no suggestion of healing
 - i. clinical signs of inflammation
 - ii. bleeding upon probing
 - iii. evaluate for further treatment or referral
- 11. Determine re-care interval

There is no charge for re-evaluation. The regular charge for perio maintenance is in effect for recare appointments. This **should not** take up an entire clinic session; therefore, you should schedule a second patient.

Re-evaluation Appointment Flow

1. Med/Dent Hx update
2. Instructor check
3. Plaque Index
4. Patient Education
5. Perio charting
6. Instructor check
7. Instrumentation
8. S/RD as needed
9. Polish
10. Instructor check
11. Fluoride
12. Dismiss pt.

XI. CHECK-OUT FOR ALL PATIENTS

- A. An instructor must do a final evaluation prior to patient release. This transfers patient responsibility from the student to the licensed professional.
- B. Chart Notes must be signed by an instructor at the end of each appointment. Before you ask for an instructor signature:

Complete the Progress Notes, listing all services completed at this appointment, **in the order provided**, and all information pertinent to the progress of the patient. Use the following list as a guide. **NOTE:** Cooperation or lack of it by the patient **IS** a part of the clinic record and is required.

1. Identify the type of appointment (i.e.: RC, PM, etc.)
2. Assessment procedures performed during the appointment.
 - a. Including lesions--who checked and what was told

- b. including radiographs--FMX/BWX/PA/PAN--number of films plus retakes
3. Detailed patient education recommendations- Patient education should include pertinent med/dent/EOIO concerns as well as oral hygiene instruction and list any other aids or instructions given to the patient.
4. Treatment procedures performed during the appointment.
5. Topical/Local anesthesia--type and amount administered.
6. Refusal of any procedures by the patient.
7. Postoperative instructions given to patient.
8. A comment to how procedures were tolerated.
9. Record the discussions with the patient regarding treatment at upcoming visits such as radiographs, laser treatment or local anesthesia. For example: NV: Complete instrumentation, polish, floss and fluoride. Another example for a completed patient: NV: 6-month recare appt, FMX.
10. End all completed patients with the phrase: Pt. complete, referred to general dentist.
11. Sign the chart notes with first initial and last name; instructor signs the notes with full first name and last name.

XII. APPROPRIATE ABBREVIATIONS

Acidulated Phosphate Fluoride	APF	Anterior	ANT
Appointment	Appt.	Bitewing Radiographs	BWX
Bleeding on Probing	BOP	Blood Pressure	BP
Broken Appointment	BA	Cancellation	CA
Chlorhexidine	CHX	Clinical Attachment Loss	CAL
Continuation appt.	Cont.	Dental Chart	Dent CH
Dental Hygiene Treatment Plan	DH Tx Plan	Deposit Inventory	DI
Diagnosis	Dx	Digital Sensor	DS
Extra Oral Intra Oral Exam	EOIO	Full Mouth Series	FMX
Hand Scale	HS	Incomplete	INC
Late Cancellation	LC	Local Anesthesia	Loc. anes.
Left	L	Lower Left	LL
Lower Right	LR	Mandibular	MAND
Maxillary	MAX	Medical/Dental History	M/D Hx
New Patient	NP	Next Visit	NV
No Show	NS	No Significant Findings	NSF

Panorex	PAN	Patient	Pt
Patient Education	Pt Ed	Periapical Pathology	PAP
Periodontal Chart	Perio CH	Phosphor Sensor Plate	PSP
Periodontal Maintenance	PM	Plaque Index	PI
Polish	POL	Posterior	POST
Prescription	Rx	Proxybrush	PXB
Pulse	P	Reappoint	RA
Recare	RC	Recommend	Rec
Respiration	Resp	Right	R
Scale/Root Debridement	SRD	Sodium Fluoride	NaF
Sextant	SEXT	Treatment	Tx
Ultrasonic	US	Upper Right	UR
Upper Left	UL	Within Normal Limits	WNL

XIII. PATIENT APPOINTMENT MANAGEMENT

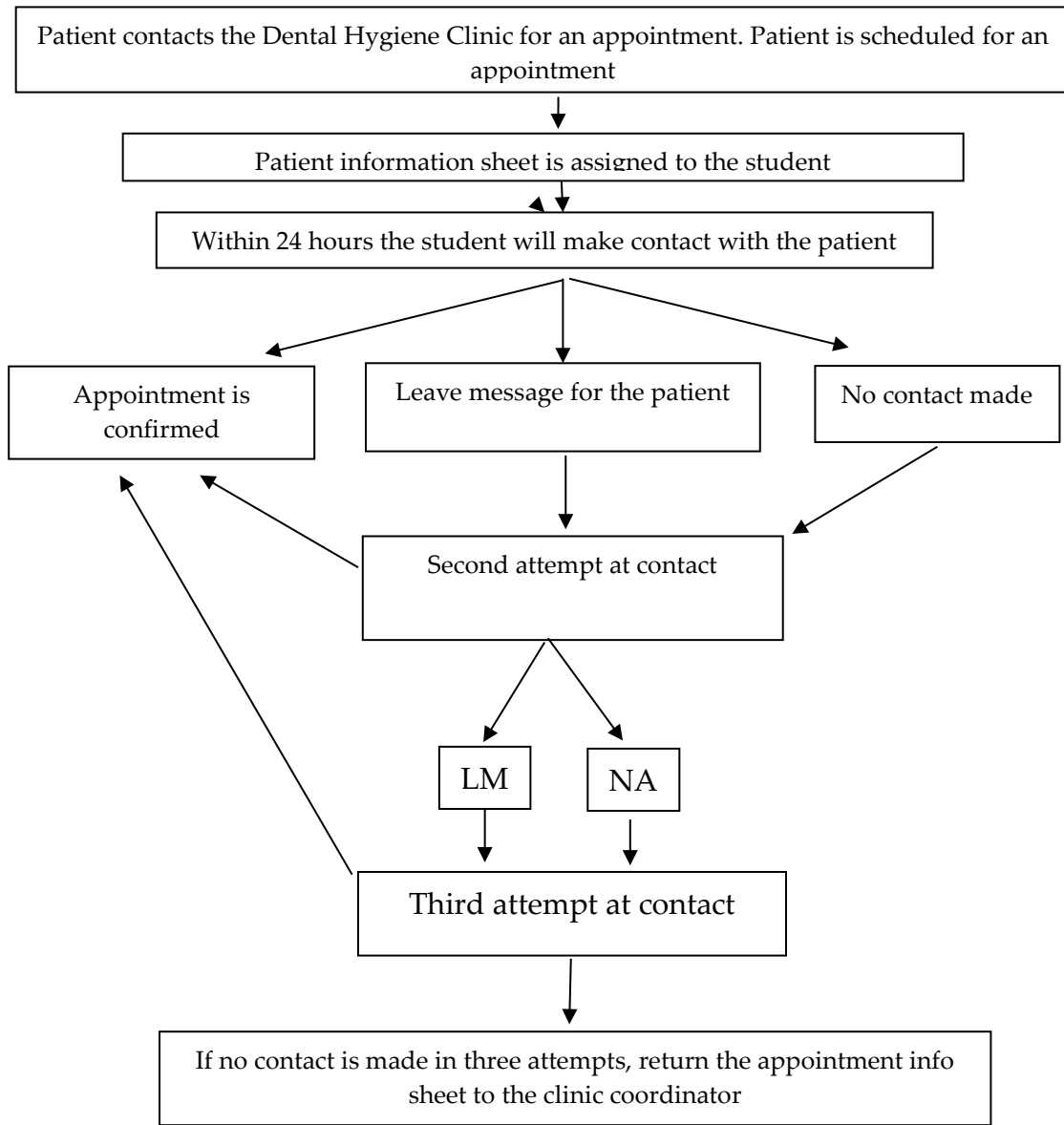
Students are responsible for maintaining their own personal appointment book. They should keep their patient's contact information (i.e. name, phone number, etc.) in the appointment book.

It is the responsibility of the student to contact patients that are assigned to them by the Dental Hygiene Clinic. They must respond to the patient contact within 24 hours of receiving the Will Call form. The student must keep a record of the attempt to contact the patient on the Will Call form. This record should be made available to faculty at their request. It reflects poorly on the Dental Hygiene Clinic and Mohave Community College when patients are not treated with professionalism and respect. Therefore, it is assumed that all patient contacts will follow the appropriate format.

The information needed to contact the patient is included on the Will Call form. In the event that the patient does not return phone calls or is unreachable after a minimum of three attempts, the Will Call form is returned to the clinic coordinator.

When contacting a prospective patient, it is important that the individual understands the time commitment that is expected of them. It should be explained that an appointment can be 3 ½ hours and that multiple appointments may be necessary. The time frame is necessary due to the learning environment. Parents or guardians that are scheduling an appointment for a minor child(ren) need to understand that they must be available during the appointment for consultation. Patients should be informed of the fees.

Patient Contact Flow Chart



- A. It is the student's responsibility to obtain his/her own patients. Program staff will assist, time permitting.
- B. Personal Appointment Book.
 1. An accurately kept appointment book is indispensable. In addition to keeping a daily appointment schedule for patients, the student should record all assignments, clinics, holidays, examinations and the like so that these will not conflict with patient appointments. Students should record patients' names and contact information in their personal appointment book.

2. Be sure that every appointment made is entered into the Master Schedule in Eaglesoft.
3. In the interest of maintaining the patient/therapist relationship, once patient care has been initiated, care and follow-up will be completed by the student who initiated it. Therefore, all patient **reassignments** will be handled only through the Clinic Coordinator or Program Director. Abandonment of a patient is not acceptable and could have medical and/or legal consequences.
4. Patient theft occurs when a student schedules a patient whose care initiated with another student. Patient theft also occurs when a student schedules a patient that has called in for an appointment and the student does not verify through records or inquiry with the patient that treatment was not in progress or initiated by another student. Any student participating in patient theft will not receive any credit for that patient. Any student participating in patient theft will be in violation of the Statement on Ethical Behavior.

C. Master Schedule

The Master Schedule is kept in Eaglesoft. It is the student's responsibility to transcribe the appropriate information into Eaglesoft daily. Patient contact information must be updated and the appointment type and length recorded. Students are responsible for maintaining their own schedule. New patients that call into the clinic are assigned to a student and an appointment time. It is the student's responsibility to initiate contact within 24 hours, utilize the Will Call form and follow the procedure as outlined in the Patient Appointment Management protocols. In an emergency situation if a student will not be able to be in clinic or on a rotation, notify the clinic coordinator and/or program director. Patient trades are not permitted to avoid a particular duty or rotation. Students gain clinical experiences by participating in all duties and rotations.

XIV. BROKEN APPOINTMENTS/LATE CANCELLATIONS/CLOSE-OUTS

All late cancellations (LC) and broken appointments (BA) are documented in the patient's Chart Notes. Late Cancellations (LC) are appointments that are cancelled the day of the appointment. A brief explanation for the cancellation is noted in the patient's record. EXAMPLE: LC/car trouble. A No Show (NS) is one for which the patient fails to attend. CALL the patient to follow up on the reason for the broken appointment and enter it into the patient's record. Families may schedule for the same day, but emphasis must be made as to the seriousness of their "LC" or "BA" as it would affect several students adversely. No family that late cancels or no shows may be rescheduled as a family without special permission by the clinic coordinator. However, they may reschedule family members individually. When you are cancelling or deleting an

appointment, make sure you uncheck the box that states it will add it to Eaglesoft's "QuickFill List."

The screenshot shows a 'Delete Appointment' dialog box with the following details:

- Appointment Information:**
 - Patient: DXTR Test
 - Provider: Tracy Gift
 - Date/Time: Friday, August 16, 2019 @ 8:00 AM
- Consider Appointment As:**
 - Failed
 - Cancelled
 - Neither
- Checkboxes:**
 - Create Account Note
 - Apply Appointment Cancellation Fee
 - Add to QuickFill List (circled in red)
- QuickFill Note:** An empty text area with a vertical scrollbar.
- Bottom:** Add QuickFill Note to Account, OK button, and Cancel button.

A Close-Out is a patient that the school refuses to treat. It is protocol to refuse any further treatment to a patient who has broken TWO appointments and not made an attempt to notify the student. The patient must have been warned of this standard after breaking the first appointment, and the student must have documented the warning in the patient's record. A close-out also applies to any patient who cannot return for completion of treatment regardless of the circumstances. EXAMPLE: Patient is moving out of town. A note should be made in Eaglesoft detailing the reason and the patient marked inactive.

With Clinic Coordinator approval, a student may transfer a patient to a classmate. Once the Patient Transfer form is complete, the Clinic Coordinator will approve the transfer.

The transfer patient becomes the responsibility of the new clinician. Students may not transfer patients that are in the middle of treatment.

*****Transfer of patients without the appropriate Patient Transfer form and/or Clinic Coordinator approval will result in an X in TalEval.*****

XV. TELEPHONE ETIQUETTE

Students are required to answer the reception phone in the Dental Hygiene Clinic while on business assistant duty. Please be courteous at all times. The voicemail attached to the clinic phone occurs at least every clinic day. Students are not to use the reception telephone for personal calls.

XVI. CLINIC SERVICE FEES AND COLLECTION

The Dental Hygiene Department charges a fee of \$15.00 for children (3-13 years old) and \$8.00 per sealant - per treatment series. Adults are \$25.00 to \$100.00 depending on **perio classification and treatment**. X-rays are \$30.00 for an FMX or a Panorex and 4 Bitewing x-rays. A "recare" appointment begins a new treatment series and another charge is assessed regardless of the recare interval. Adjunctive services, such as Arestin or lasers will be charged based on the cost of the treatment. Fees are collected at the end of each clinic session. Fee collection occurs the day of service. No patient may be scheduled if his or her account is not current.

Students are given \$250.00 at the start of the program to use to pay for treatment of their selected patients. The student bank is meant to last for the entire program and can only be used for payment of treatment. Students need to "walkout" the patient in Eaglesoft and then notify the cashier when it comes time for the patient to pay.

XVII. INFECTION CONTROL PROGRAM

Introduction

The Infection Control Program is an ongoing program designed to minimize cross-contamination and the spread of infection during the course of providing dental hygiene services to patients.

Exposure Control Plan

The following procedures and protocols have been written to protect students, faculty, and staff from exposure to bloodborne (and other) pathogens. These directives offer guidance in situations where there is a reasonably anticipated skin, eye, mucous

membrane, or parenteral contact with blood or other potentially infectious materials (OPIM) such as saliva in dental hygiene procedures.

A. Standard Precautions

Purpose

Dental personnel are exposed to a wide variety of microorganisms from patients. These microorganisms may cause infectious diseases that may result in serious health complications. Since not all infected patients can be identified routinely by health history, physical examination, or laboratory tests, each patient must be considered as potentially infectious. For these reasons, standard precautions for infection control will continue to be utilized within MCC's Dental Hygiene Clinic. The purpose of this infection control plan is to protect patients, faculty, students, and staff from acquiring and/or transmitting infectious disease.

The standard precautions for infection control outlined in this document comply with recommendations (issued to date) by the Centers for Disease Control Prevention (CDC), the American Dental Association (ADA), and the Occupational Safety and Health Administration (OSHA) Bloodborne Pathogen Standard.

Responsibility

It is the responsibility of faculty, staff, and students of the MCC Dental Programs to recognize the need for implementation of standard precautions as outlined in this plan and to comply with standard operating procedures. The faculty members responsible for supervision of clinical care of patients must ensure that proper steps are taken to protect the patients and students.

Rationale

The spread of infection in a dental healthcare delivery system requires three components: a source of infecting organisms; a susceptible host; and a means of transmission of the microorganisms. The precautions that are recommended in this document are based upon the measures required to protect against infection by Hepatitis viruses and Human Immunodeficiency Virus (HIV), and SARS-CoV-2.

B. Classification Category

All users of MCC's Dental Hygiene Clinic are classified in accordance with OSHA guidelines into Category I, II, or III, depending on their job-related risk of exposure to infectious disease. The categories are defined as follows:

Category I: Tasks that involve exposure to blood, body fluids, or tissues.

Category II: Tasks that involve no exposure to blood, body fluids, or tissues, but employment may require performing unplanned Category I tasks.

Category III: Tasks that involve no exposure to blood, body fluids, or tissues.

Specifically, dental assistants and dental hygienists including students, dental equipment repair technician and dentists have job-related risk of exposure to infectious disease.

C. Immunizations and Medical History

Immunizations

The Center for Disease Control and Prevention publishes specific immunization recommendations for healthcare workers. Visit the CDC website, www.cdc.gov, for more information. Dental program students must provide documentation of up-to-date Hepatitis B, MMR, Varicella and Tdap vaccinations or proof of immunity. All faculty and occupationally exposed staff personnel are advised to have appropriate immunizations.

Medical History

A thorough medical history must be obtained from each patient in the MCC Dental Hygiene Clinic. Faculty and student clinicians are required to review and update the history at every subsequent clinic visit. **Note:** A complete new medical history must be completed every two years. Updates to the medical history are to be made at every visit. Original information is **NEVER** to be changed.

D. Hand Hygiene

Hand hygiene is the most important means for preventing the spread of infection. Hand hygiene is a general term used to describe routine handwashing, antiseptic handwashing, and the use of an alcohol-based hand rub. Bar soap is never used when handwashing as it may transmit contamination. To reduce the possibility of cross-contamination, the MCC dental hygiene clinic and dental materials lab are equipped with hands-free soap dispensers. Additionally, the MCC dental hygiene clinic is equipped with hands-free alcohol rub dispensers.

Handwashing

Simple handwashing implies washing the hands with plain soap and water for a minimum of 20 seconds. An antiseptic handwash implies washing the hands with an antiseptic agent (i.e. chlorhexidine, iodine and iodophors, chloroxylenol, and triclosan) has been added to the soap for a minimum of 20 seconds. All surfaces of the hands and fingers must be completely covered with both simple and antiseptic handwashing. Indications for hand hygiene include the following:

- before and after treating each patient (i.e. before glove placement and after glove removal)
- after barehanded touching of inanimate objects likely to be contaminated by blood, saliva, or respiratory secretions
- before leaving the treatment operator
- when hands are visibly soiled

- before re-gloving after removing gloves that have been torn, cut or punctured during treatment
- Gloves become more porous the longer they are worn allowing hands to become contaminated. Therefore, handwashing or use of an alcohol-based hand-rub is mandatory between de-gloving and re-gloving.

Alcohol-based Hand-rubs

Alcohol-based hand-rubs are waterless agents that are available as gels, foams or rinses. A quarter-sized portion of this product is applied to dry hands, which are rubbed together to cover all surfaces with the product. It is more effective than both plain soap and antiseptic soap in reducing microbial count. Products with 60-95 percent concentrations of ethanol or isopropanol-alcohol are the most effective. Both higher and lower concentrations and amounts used will decrease effectiveness; therefore, **follow manufacturer's directions**. In addition, these products are not recommended for visibly soiled hands or hands contaminated with blood or saliva. In these cases, wash hands first with antibacterial soap and water, ensuring complete coverage of the hands and fingers, followed by a hand-rub with an alcohol-based product. All surfaces of the hands and fingers must be covered with the hand-rub and the hands must be allowed to completely dry before re-gloving.

Types of Hand Hygiene				
Method	Agent	Purpose	Area	Minimum Duration
Routine handwash	Water and plain soap	Removal of soil and microorganisms	All surfaces of the hands and fingers	20 seconds
Antiseptic handwash	Water and antimicrobial soap	Removal and destruction of microorganisms; reduction of resident flora	All surfaces of hands and fingers	20 seconds
Antiseptic hand-rub	Alcohol-based hand-rub	Removal and destruction of microorganisms and reduction of resident flora	All surfaces of the hands and fingers	Until the hands are completely dry (20 seconds)
Surgical antisepsis	Water/anti-microbial soap OR water and plain soap followed by an alcohol-based surgical hand scrub product with persistent activity	Removal and destruction of microorganisms and reduction of resident flora	All surfaces of the hands and fingers and the forearms	2-6 minutes

Reference: CDC Hand Hygiene in Dental Settings

Hand Lotions

Healthy intact skin is the primary defense against infection and the transmission of potential pathogens. Therefore, lotions are recommended to reduce drying and cracking of the skin. However, lotions that contain oil-based emollients should only be used at the end of each day. Only water-based lotion products should be used on days that will require the wearing of patient treatment gloves and use of antimicrobial products.

E. Barrier Techniques

Adhere to the following barrier techniques in all areas of the Dental Hygiene Clinic as part of the universal precautions against the transmission of infectious diseases. The routine use of personal protective equipment (PPE) consisting of intact gloves, correctly worn masks, protective eyewear or face shield, and program-approved lab coats over scrubs is required.

F. Environmental Surfaces, Suction System, And Water Lines

Environmental Surfaces

Surfaces contaminated by blood or saliva that cannot be disinfected easily must be wrapped in a barrier cover. Examples of such surfaces include x-ray unit heads and control boxes, and switch controls on the dental units. Change these barriers between each patient. Wear utility gloves to remove and discard the barriers, and disinfect contaminated areas. After proper handwashing, replace the protective barrier with clean barriers. Take care while disinfecting electrical controls; there is a risk of causing damage to the equipment or of electrical shock.

Disinfecting wipes are both a cleaner and disinfectant. The “Wipe-Discard-Wipe” protocol is as follows: Use one towelette to remove debris and bioburden from all surfaces. Discard the used towelette. Use a second towelette to disinfect all precleaned surfaces. Discard used towelette. Treated surfaces must appear visibly wet for the length of time necessary to kill TB. Check the manufacturer’s guidelines for the appropriate time.

Vacuum System

Clean the vacuum system by running water through both the high speed and low speed evacuators for one minute prior to treating patients. Repeat this procedure at the end of the clinic session as well. It is the responsibility of the student to check the vacuum **trap in their operatory on the last clinic day of each week.**

Water Lines

Purge the water lines that supply the air/water syringe and ultrasonic handpieces by running water through these lines at full pressure for 30 seconds at the beginning of the day and between patients. This procedure is carried out without the syringe tip and handpiece mounted.

G. Limiting Contamination

Limit contamination by minimizing the amount of splatter, droplets, or aerosol from patients. Provide a pre-op antimicrobial rinse to each patient, utilize high-speed evacuation, and follow ergonomic positioning strategies to control contamination.

H. Handling of Needles and Other Sharps

Handle needles and other sharp instruments carefully to prevent unintentional injuries. The clinician must use the needle cap holder mounted in the instrument cassette or cardboard shields when recapping needles. Never hold the cap with fingers while recapping the needle. Do not re-cap the short, cartridge penetrating end of the needle. Place recapped needles, used anesthetic cartridges, and other disposable sharp items in the appropriate puncture-resistant container immediately after use.

I. Care of Instruments

Sterilize metal and heat-stable instruments between each use. After appropriate preparation, place instruments in sterilizer pouches or cassettes, wrap and identify with the date, the initials of the preparer prior to sterilization and the sterilizer used.

J. Waste Disposal

MCC Dental Programs follows the guidelines of the Arizona Department of Environmental Quality (ADEQ). The ADEQ monitors hazardous biohazard medical waste. All waste disposal follows these procedures:

Trash receptacles are lined with plastic bags. Disposable materials, such as face masks, wipes, paper towels, and surface covers used during patient treatment may be discarded in the trash receptacles. In addition, any disposable items such as gloves, saliva ejectors, and cotton products that have come into direct contact with blood or other body fluids may be disposed of in those trash receptacles as long as they are not saturated and/or dripping with blood or other body fluids. Any items that are saturated and/or dripping with blood or other body fluids will be placed in a sterilization pouch and autoclaved, then disposed of in a trash receptacle.

K. Accidental Exposures to Body Secretions That May Lead to Infection

Treat all needle sticks, punctures, and mucous membrane contact with blood occurring during the course of treating patients or while cleaning instruments as potentially infectious. Immediately seek first aid treatment and report the injury to the supervising instructor or clinic dentist. Before leaving the premises for follow-up care, perform first aid treatment by thoroughly cleaning the wound with soap and water.

NOTE: DO NOT encourage bleeding of the wound!!!

A confidential report of occupational exposure must be completed by the exposed student, faculty, or staff member. The "Post-Exposure Incident Management Record" form must be completed and returned to the program director within 24

hours of the exposure accident. After immediate first aid treatment, the injured person should initiate appropriate protocols for possible hepatitis and HIV exposure. Post-exposure evaluation and follow-up care is voluntary but students, patients and faculty are urged to comply. Refusal of post-exposure evaluation must be documented on the "Post-Exposure Incident Management Record."

L. Accidental Exposure to Hazardous Materials

Students, faculty, and staff may be exposed to hazardous materials in the course of providing patient care, and in following infection control procedures. An example of such materials includes glutaraldehyde solutions. All precautions (including appropriate barrier techniques) should be taken while handling such materials to prevent exposure. If an exposure occurs, appropriate first aid treatment should be sought and rendered immediately. To determine the appropriate measures to be taken, refer to the Safety Data Sheet (SDS) pertaining to the particular hazardous material. SDS books are found in the reception area. An "Accident or Incident Management Record" should be completed and returned to the appropriate instructor within 24 hours.

M. Accidental Contamination of the Eye

In the event of an eye contaminant, immediately cleanse the eye at an eyewash station. Report the incident to the appropriate instructor. The instructor and student will identify the nature of the contaminant and the proper treatment. An "Accident or Incident Management Record" should be completed and returned to the appropriate instructor within 24 hours.

ACCIDENT OR INCIDENT MANAGEMENT RECORD

<i>Student Name</i>	<i>Date</i>
<i>Supervising Faculty</i>	<i>Time</i>
<i>Classification of Occurrence</i> <input type="checkbox"/> <i>Accident</i> <input type="checkbox"/> <i>Percutaneous Incidence</i> <input type="checkbox"/> <i>Emergency</i>	
<i>Describe the accident/incident in detail:</i>	
<i>Action taken:</i>	
<i>Student signature</i>	<i>Date</i>
<i>Patient signature</i>	<i>Date</i>
<i>Faculty signature</i>	<i>Date</i>

POST-EXPOSURE INCIDENT MANAGEMENT RECORD

<i>Student Name</i>	<i>Date</i>
<i>Supervising Faculty</i>	<i>Time</i>
<i>This student was involved in a possible infectious disease exposure incident.</i>	
<i>Exposure incident circumstances: (Describe what, how, and why the incident occurred.)</i>	
<i>Route and Area of exposure: (Example: <u>Route</u>: needle stick, splash, puncture wound, abraded skin, and ingestion. <u>Area</u>: Tip of the left index finger.)</i>	
<i>Source patient name: (if known)</i>	
<i>Source patient significant medical history:</i>	
<i>Source patient blood results: (if applicable)</i>	
<p><i>MCC Dental Hygiene Department has offered to facilitate follow-up medical evaluation for me in order to assure that I have full knowledge of whether I have been exposed to or contracted an infectious disease for this incident. Given this information, I:</i></p> <p>_____ Accept this offer and details of the follow-up medical evaluation are attached.</p> <p>_____ Decline this offer.</p>	
<i>Student signature</i>	<i>Date</i>
<i>Patient signature</i>	<i>Date</i>
<i>Faculty signature</i>	<i>Date</i>

N. Infection Control Procedures for Patient Treatment

- a. Before patient treatment following MCC protocol:
 - i. Sanitize and disinfect all environmental surfaces.
 - ii. Place barriers on appropriate surfaces.
 - iii. Purge water lines (30 seconds at the beginning of the day and between patient appointments).
 - iv. Clean the vacuum system by running water through the high and low-speed evacuators daily for one minute.
 - v. Obtain sterilized instruments and other supplies from your student instrument locker.
- b. During patient treatment following MCC protocol:
 - i. Wash hands thoroughly.
 - ii. Wear appropriate PPE.
 - iii. Follow proper protocol for handwashing and gloving.
- c. After patient treatment following MCC protocol:
 - i. Close instrument case.
 - ii. Remove and discard patient gloves and utilize alcohol rub.
 - iii. Dismiss patient.
 - iv. Upon return to the clinical area, don utility gloves on.
 - v. Disinfect cart including keyboard.
 - vi. Remove utility gloves and complete chart notes.
 - vii. Don utility gloves to complete disinfection of the operatory.

O. Standard Operating Procedures (SOPs)

Pre-Appointment

1. Perform a 20-second hand wash with antimicrobial soap and dry completely. (1)
2. Check equipment – attach filled water bottle to unit. (1)
3. Check equipment – pick up the handpieces and run the rheostat for 30 seconds. (1)
4. Check equipment – run water through the saliva ejector and HVE (2) for 1 minute. (1)
5. Check equipment – run water through the air/water syringe (2) for 30 seconds. (1)
6. Check equipment – turn the dental light on and off. (1)
7. Obtain all barriers – 2 large barriers (1)
8. Obtain all barriers – 4 small sleeves (1)
9. Obtain all barriers – 2 air/water syringe tips (1)
10. Obtain all barriers – saliva ejector and safe-flow valve (1)
11. Apply barriers to – patient chair (large) (1)
12. Apply barriers to – bracket tray (large) (1)
13. Apply barriers to – saliva ejector and HVE (1) (2 small sleeves) (1)
14. Apply barriers to – air/water syringes (2 small sleeves) (1)
15. If utilizing the overhead light, place a sticky barrier on the handles (2 stickies) (1)
16. Obtain sterilized instruments. (1)

Post-Appointment

- a. Prior to dismissing patient, ensure all instruments are in the cassette. Close and fasten the cassette to signal the lab assistant that they are ready for re-processing.
- b. Remove gloves and utilize alcohol rub.
- c. Proceed with patient dismissal and walk-out.
- d. Upon return to the operatory don utility gloves and disinfect computer cart.

17. Place clean hands in heavy duty gloves. (1)
18. Transport instruments and biohazard waste to the sterilization room and/or sharps to the sharps collection container. (1)
19. Remove all barriers and place in the headrest barrier (used as a collection container). (1)
20. Run water through the saliva ejector and HVE (2) for one minute. (1)
21. Run water/air through the air/water syringe and any type of hand piece for 30 seconds. Lubricate hand pieces according to manufacturer's directions. (1)
22. With soap and water spray, wipe down the upholstered surfaces of the patient chair, operator chair and assistant chair. (1)
23. Use a disinfecting wipe to clean: (8) <ul style="list-style-type: none"> a. Saliva ejector, HVE (2) and receptacles b. Air/water syringe and receptacles c. Handpiece receptacles d. Bracket tray e. Light post and handles if utilized f. All solid surface areas of the clinician and operator chairs (i.e. positioning levers) g. Any areas that were covered by barriers but are visibly soiled h. Any items exposed to contamination (i.e. hand mirror, computer monitor, face shield)
24. Repeat above with a new disinfecting wipe and allow to air dry. (1)
25. Wash utility gloves with anti-microbial soap and water; dry thoroughly. Wash hands. Put away utility gloves. (1)
26. Remove and wash eyewear or loupes with antimicrobial soap and water; dry thoroughly. Put away. (1)
27. Using the ear loop, remove the mask and dispose. (1)
28. If there is a clinic session immediately following, place all barriers as indicated in Pre-Appointment SOP. (1)

P. Infection Control Procedures for Dental Impressions

When taking alginate impressions on a patient, proceed as follows:

- a. Using proper patient universal precaution protocol, register the patient's bite in wax.
- b. Spray the wax with disinfection solution, then place in a small, sealable plastic bag.
- c. Use the bagged bite registration to determine the correct size of impression tray.

- d. After taking the impression, rinse the impression to remove the saliva.
- e. Spray the impression with disinfection solution.
- f. Wrap the impression in a moist paper towel. The impression should remain wrapped for the required time frame per manufacturer's guidelines for the disinfecting solution.
- g. If the impressions are not to be poured up immediately, place them in small, sealable plastic bags.

Q. Infection Control Procedures for Radiology

Barriers and Surfaces

- a. All personnel will be expected to wear proper personal protective equipment when radiographing patients in the Dental Hygiene Clinic.
- b. All wall-mounted radiographic equipment is covered with the proper barriers. The tube head, exposure control button and control panel of the dental x-ray unit will be disinfected and re-covered for each patient use. The Nomad will be disinfected between patient uses.
- c. Intraoral film positioning devices: All intraoral film-holding devices will be sterilized between each patient use. After use, they should be rinsed before being wrapped for sterilization.
- d. Any environmental surface which was not covered during patient treatment and which may have become contaminated should be disinfected according to MCC protocol.
- e. Lead aprons should be disinfected after patient use. Upon completion of the radiographic series, using patient gloves the lead shield should be wiped with a disinfectant towelette and hung on the wall. Patient gloves should be discarded and hands sanitized. Further, lead aprons must never be draped over any object. This action compromises the integrity of the apron to protect the patient.

Radiograph processing

- a. Image-receptor processing procedures should be performed in a manner that will minimize cross-contamination.
- b. Sensors: Cover the sensor and any cords that may contact intraoral surfaces or contaminated hands with an FDA-cleared barrier. After image exposure is complete, remove and discard the barrier. Between patients, clean and disinfect the sensor with an EPA-registered hospital disinfectant.
- c. PSPs: Cover the imaging plate with an FDA-cleared barrier. After the procedure is complete, remove and discard the barrier. Gently drop the PSPs into the transfer box being careful not to touch the transfer box. Remove gloves and use an alcohol rub or wash hands. At this point, the receptors are considered decontaminated and should then be placed in the ScanX with clean ungloved hands.

- d. There is no reason to routinely disinfect the PSPs unless contamination is suspected. If a PSP has touched a contaminated surface, it may be immersed BRIEFLY in a cold sterilant. Do not immerse the plate(s) if there is evidence of deep scratches in the surface of the plate(s) or nicks in the edges. After disinfection, clean and dry the plate as stated above.

XVIII. RADIOLOGY

A. Radiographic Surveys and Practical Measurements

- a. The indication for radiographic examination is based on the expectation of obtaining necessary information to assist in the patient's diagnosis. The dental hygienist (student) will be able to expose the necessary radiographs based on the patient's health and dental hygiene needs. Professional judgment will assist in what type of radiograph survey will benefit the patient's needs. The Mohave Community College Dental Hygiene Clinic follows the American Dental Association Guidelines for Prescribing Radiographs.

B. Dental Facilities Radiation Protection Procedures As Low As Reasonably Achievable (ALARA)

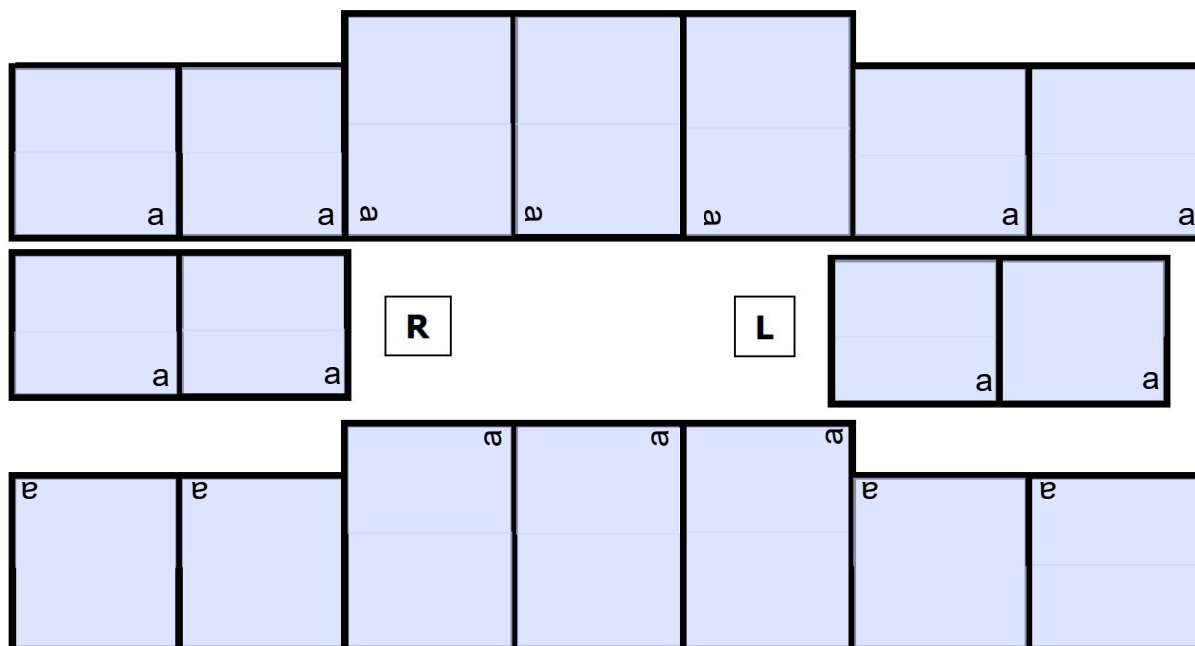
- a. Always think about the radiation safety aspects of any x-ray examination, providing radiation protection to the patient, other department personnel, the public and yourself.
- b. Practice sound radiation protection principles to achieve occupational doses As Low As Reasonably Achievable (ALARA). Think ALARA, think what procedure could be performed more efficiently and effectively, resulting in less radiation exposure.
- c. Safety procedures include machine operating procedures and a plan on selecting a holder.
 - i. Machine operating procedure: No student may operate any x-ray machine unless adequately instructed in basic radiation safety practices and the safe operation of the x-ray producing equipment. Training will be provided prior to operation of x-ray machine.
 - ii. Plan on selecting a holder and procedure to follow:
 1. Never hold the patient or the film during an exposure. Use mechanical holding devices when the technique permits.
 2. Never hold the x-ray tube housing or the pointer cone during an exposure. X-ray tube support assemblies are required by the regulations to be stable enough to remain positioned unattended.
- d. Use a lead apron and thyroid collar on patients during x-ray procedures.

- e. No x-ray machine will be operated with the aluminum filtration removed.
- f. Never direct the primary radiation beam toward another patient or student. To prevent such a primary beam exposure, reposition the patient's chair and x-ray source, or use available shielding.
- g. The useful radiation beam must always be entirely intercepted either by the patient, an image receptor (for extraoral), or by the structural shielding. Only the patient shall be in the useful beam.
- h. A series of radiographs may be deemed diagnostic with a maximum of four (4) retakes for an FMX and one (1) retake for BWX. A panorex may be used as a retake when capturing third molars. Prior to exposing retakes, consult with a clinic instructor to determine appropriate retake strategies and supervision. If following retakes a series is not considered diagnostic, a clinical instructor will complete the exposures.
- i. Do not remove radiographs from the clinic for any reason. **ONLY** with written permission from the patient will radiographs be forwarded to the patient's dental home.
- j. Always stand at least six (6) feet from the tubehead. Never stand in direct line with the beam, regardless of distance from the tube. When utilizing the Nomad, follow training manual protocols.
- k. No x-ray exposure will be made without proper radiation beam limitation. For intraoral x-ray machines, no exposure will be made with the beam limiting cones removed. For extraoral (or panoramic and cephalometric) equipment, no exposure will be made unless the primary radiation beam is collimated to an area no larger than the image receptor. Ideally, collimation should be only to the clinical region of interest.
- l. "As low as reasonably achievable" (ALARA) is a principle of radioprotection. The ALARA radiation safety principle is based on the minimization of radiation doses and limiting the release of radioactive materials into the environment by employing all reasonable methods.
- m. Lead aprons shall be inspected prior to each use. Any wear or irregularities will be brought to the attention of the clinic coordinator.

C. Procedures

- a. The student will be responsible for checking the machine setting prior to any attempted exposures. Utilize the touchpad to adjust based on patient size and type of exposure.
- b. An instructor **MUST** be present in the building by student appointment before any attempt to expose radiographs.
- c. The student will explain the procedure to the patient prior to exposure.
- d. The student will mount and evaluate the survey before presenting it to an instructor for review.

- e. The orientation of the “a” on a properly exposed and mounted FMX will look like this:



- f. Exposures will only be retaken in order to assemble a diagnostic series, not to improve a clinically acceptable series. Retake strategy must be discussed with an instructor. No more than four retakes will be allowed for an FMX and one retake for a BWX series. In Clinic I, retakes will only be exposed under the direct supervision of a clinical instructor. In Clinic II, III and IV, supervision of retakes will be at the discretion of the clinical instructor.
- g. ALL radiographs must be evaluated by the student prior to verbal presentation to an instructor.

D. Evaluation

- a. The Mohave Community College Dental Programs has standing orders for a current full-series of radiographs for all patients. A full-series of radiographs is current for four–six years. Variation of these standing orders when appropriate should be discussed with the clinical instructor on the floor. New patient radiographs must be evaluated by the MCC clinic dentist on duty. The clinic dentist will complete a dental evaluation which will be provided to the patient.
- b. The Mohave Community College Dental Programs has standing orders for bitewing radiographs every two years. Variation of these standing orders when appropriate should be discussed with the clinical instructor on the floor. Recare radiographs must be evaluated by the patient’s primary care dentist. Patients will be provided a referral document. The student clinician will email the radiographs and the ‘Dental Evaluation of Radiographs’ form to the

patient's dental home. It will then be completed by the dentist and returned. Patients will not be reappointed until a dental radiograph evaluation has been documented.

- c. Radiographs will be evaluated for diagnostic acceptability by the following guidelines:
- i. Molar periapical exposures must include the distal of the terminal molar; the distal half of the second premolar; 2mm of bone surrounding the apices; and open contacts
 - ii. Premolar periapical exposures must include the mesial of the first molar and the distal of the cuspid; 2mm of bone surrounding the apices and open contacts
 - iii. Canine periapical exposures must be centered with open mesial and distal contacts and include 2mm of bone surrounding the apices; must include the distal half of the lateral incisor
 - iv. Central incisor periapical exposures must be centered, with open mesial and distal contacts and 2mm of surrounding apices; must include mesial half of the later incisors
 - v. Molar bitewing exposures must show the occlusal plane centered; the distal of terminal molars must be visible; must include the distal half of the 2nd premolar; open contacts; and crestal bone
 - vi. Premolar bitewing exposures must show the occlusal plane centered; must include the distal half of the cuspid; open contacts; and crestal bone.
 - vii. Anatomy that is not visible in the required exposure but is visible in another exposure is considered for diagnostic acceptability.

Exposure Equivalents

Effective Dose Equivalents from Dental X-Ray Techniques and Probability of Excess Fatal Cancer Risk per Million Examinations*

Technique	Dose millirems	Dose microSieverts	CA Risk per Million exams	Background equivalent
Panoramic - fast screens	1	10	0.25	½ day
Panoramic - par screens	2	20	0.5	1 day
Skull/Cephalometric images - fast screens	2	20	0.5	1 day
Tomogram (8 cm X cm field) ²	1	10	0.25	½ day
FMX (E-Rectangular Collimation)	1.5	15	0.4	1 day
FMPAs (E-Rect) & 4 Bitewings (D-Round)	3.5	35	0.9	3 days
FMX (D-Rectangular Collimation)	3.5	35	2.5	1 week
FMPAs (E-Round) & 4 Bitewings (D-Round)	5.5	55	1.75	4 days
FMX (D-Round Collimation)	10	100	2.5	1 week
Single PA or Bitewing (E-Rectangular Collimation)	0.1	1	0.025	2 hours
Single PA or Bitewing (D-Rectangular Collimation)	0.15	1.5	0.04	3 hours
Single PA or Bitewing (E-Round Collimation)	0.25	2.5	0.06	5 hours
Single PA or Bitewing (D-Round Collimation)	0.5	5	0.13	8 hours
4 Bitewings (E-Rectangular Collimation)	0.4	4	0.01	8 hours
4 Bitewings (D-Round Collimation)	2	20	0.5	1 day

Based in part on data found in:

White SC. 1992 Assessment of radiation risk from dental radiography. Dentomaxillofac. Radiol., 1992;21:118-26.

Additional extrapolations from:

- 1 National Council on Radiation Protection and Measurements. Exposure of the U.S. population from diagnostic medical radiation:
- 2 Clark DE, Danforth RA, Barnes RW, Burtch ML. Radiation absorbed from dental implant radiography: a comparison of linear tomography, CT scan, and panoramic

Compiled by: J. Ludlow DDS, MS, University of North Carolina School of Dentistry.

Guidelines for Prescribing Dental Radiographs (retrieved August 2012 from www.ada.org)

The recommendations in this chart are subject to clinical judgment and may not apply to every patient. They are to be used by dentists only after reviewing the patient’s health history and completing a clinical examination. Because every precaution should be taken to minimize radiation exposure, protective thyroid collars and aprons should be worn whenever possible. This practice is strongly recommended for children, women of childbearing age and pregnant women.

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

Section II - Clinic Protocol

TYPE OF ENCOUNTER	PATIENT AGE AND DENTAL DEVELOPMENT STAGE				
	Child with Primary Dentition (prior to eruption of first permanent tooth)	Child with Transitional Dentition (after eruption of first permanent tooth)	Adolescent with Permanent Dentition (prior to eruption of third molars)	Adult, Dentate or Partially Edentulous	Adult, Edentulous
Recall patient* With periodontal disease	Clinical judgment as to the need for and type of radiographic images for the evaluation of periodontal disease. Imaging may consist of, but is not limited to, selected bitewing and/or periapical images of areas where periodontal disease (other than nonspecific gingivitis) can be indentified clinically.				Not Applicable
Patient for monitoring of growth and development	Clinical judgment as to the need for and type of radiographic images for evaluation and/or monitoring of dentofacial growth and development		Clinical judgment as to need for and type of radiographic images for evaluation and/or monitoring of dentofacial growth and development. Panoramic or periapical exam to assess developing third molars	Usually not indicated	
Patient with other circumstances including, but not limited to, proposed or existing implants, pathology, restorative/endodontic needs, treated periodontal disease and caries remineralization	Clinical judgment as to need for and type of radiographic images for evaluation and/or monitoring in these circumstances.				

Section II - Clinic Protocol

*Clinical situations for which radiographs may be indicated include but are not limited to:	
Positive Historical Findings	Positive Clinical Signs/Symptoms
1. Previous periodontal or endodontic treatment	1. Clinical evidence of periodontal disease
2. History of pain or trauma	2. Large or deep restorations
3. Familial history of dental anomalies	3. Deep carious lesions
4. Postoperative evaluation of healing	4. Malposed or clinically impacted teeth
5. Remineralization monitoring	5. Swelling
6. Presence of implants or evaluation for implant placement	6. Evidence of dental/facial trauma
	7. Mobility of teeth
	8. Sinus tract ("fistula")
	9. Clinically suspected sinus pathology
	10. Growth abnormalities
	11. Oral involvement in known or suspected systemic disease
	12. Positive neurologic findings in the head and neck
	13. Evidence of foreign bodies
	14. Pain and/or dysfunction of the temporomandibular joint
	15. Facial asymmetry
	16. Abutment teeth for fixed or removable partial prosthesis
	17. Unexplained bleeding
	18. Unexplained sensitivity of teeth
	19. Unusual eruption, spacing or migration of teeth
	20. Unusual tooth morphology, calcification or color
	21. Unexplained absence of teeth
	22. Clinical erosion

**Factors increasing risk of caries may include but are not limited to:		
High level of caries experience or demineralization	History of recurrent caries	High titers of cariogenic bacteria
Existing restoration(s) of poor quality	Poor oral hygiene	Inadequate fluoride exposure
Prolonged nursing (bottle or breast)	Frequent high sucrose content in diet	Poor family dental health
Developmental or acquired enamel defects	Developmental or acquired disability	Xerostomia
Genetic abnormality of teeth	Many multi-surface restorations	Chemo/radiation therapy
Eating disorders	Drug/alcohol abuse	Irregular dental care

XIX. EMERGENCY MANAGEMENT PROTOCOL

I. MCC POLICY ON MANAGING EMERGENCIES IN THE CLINIC

A. "An ounce of prevention is worth a pound of cure". It is with that old adage as a guidepost that the policy of the Dental Hygiene Program is to prevent emergencies rather than to be surprised by them. When participating in clinic activities the following regulations apply to all students and faculty:

1. MCC protocol as per OSHA and CDC guidelines will be followed at all times.
2. In the event of fire or accident, be familiar with the following items:
 - fire extinguisher: in the east end of the clinic, in the reception area, and in the hallway across from 902.
 - exits:
 - one at front of clinic
 - one at rear of clinic
 - first aid kit: in the dental lab and reception area
 - naloxone and bleeding control kit: in the reception area
 - medical emergency kit: in the alcove during clinic and stored in the file cabinet at all other times
 - eyewash station: sink of the sterilization room and dental lab
 - MSDS book: in the front desk area
 - AED: on the wall by the student mailboxes
3. If necessary, activate the EMS by calling 911 from the closest phone. Immediately notify the nearest MCC employee who will notify administration by dialing 4999 from a campus phone.
4. Bring only those materials you need to clinic. Books, book bags, or purses are not to be in clinic and should be stored in personal lockers. No food, beverages or gum chewing in the clinic.
5. Keep your treatment area neat and organized in order to make access to dental chairs as safe as possible for all.
6. In the event of an accident or incident, complete the "Accident or Incident Report Management Record." This must be returned to the appropriate instructor within 24 hours.
7. Complete the "Post-Exposure Incident Management Record" if needed.

II. MCC POLICY ON MANAGING EMERGENCIES IN THE LABORATORY

- A. "An ounce of prevention is worth a pound of cure". It is with that old adage as a guidepost that the policy of the Dental Hygiene Program is to prevent emergencies before they happen. When participating in lab activities the following regulations apply to all students and faculty:
1. Safety glasses with side shields are to be worn at all times when you are in the lab.
 2. Buttoned up lab coats are required at the instructor's discretion.
 3. Long hair will be pulled to the back of the head and restrained.
 4. Face masks are required when measuring or mixing plaster, using the model trimmer, or the lathe. "The Handler" lab vacuum must be used when trimming plaster casts.
 5. In the event of fire or accident, be familiar with the following items:
 - fire extinguisher: east end of the hallway, in the reception area, and in the hallway across from 902
 - exits:
 - one at the end of the hallway
 - one by the reception area
 - first aid kit: in the dental lab and reception area
 - naloxone and bleeding control kit: in the reception area
 - medical emergency kit: in the alcove during clinic and stored in the file cabinet at all other times
 - eyewash station: sink of the dental lab and sterilization room
 - MSDS book: in the front desk area
 - AED: on the wall by the student mailboxes
 6. If necessary, activate the EMS by calling 911 from the closest phone. Immediately notify the nearest MCC employee who will notify administration by dialing 4999 from a campus phone.
 7. Bring only those materials you need to lab. Do not place books or purses on top of the counter or in the aisles.
 8. Keep your workstation neat and organized.
 9. In the event of an accident or incident, complete the "Accident or Incident Report Management Record". This must be returned to the appropriate instructor within 24 hours.

MCC

Mohave Community College

DENTAL PROGRAMS

Dental Hygiene CLINIC MANUAL

**Section III – Medically Compromised Patients
August 2024**

Table of Contents

SECTION III – Medically Compromised Patients		Page #
	Introduction	3
I.	Bleeding Disorders	4
II.	Cancer	6
III.	Cardiovascular Disease	7
IV.	Diabetes Mellitus	13
V.	Epilepsy	14
VI.	Prosthetic Appliances	16
VII.	Liver Disease	17
VIII.	Pregnancy and Breastfeeding	17
IX.	Radiation Therapy	18
X.	Renal Disorders	20
XI.	Transmissible Diseases	21
XII.	HIV, ARC, AIDS	22
XIII.	Tuberculosis	23
XIV.	Suspected Negligence or Abuse of the Vulnerable	24
XV.	Mental Disorders	24
XVI.	Seasonal Allergies/Pulmonary Disease	27
XVII.	Thyroid Disease	27
XVIII.	Adrenal Insufficiency	29
XIX.	Adrenal Insufficiency	28
XX.	Movement Limitations (Arthritis/Stroke/Paralysis)	28
XXI.	Organ Transplant	30

The Medically Compromised Patient

Introduction

Identifying patients with systemic conditions is crucial for ensuring both their safety and the success of treatment in dental hygiene practice. As dental hygienists, our commitment to comprehensive care extends beyond the oral cavity to consider the overall health and well-being of our patients. Understanding the medical conditions that may impact oral health allows us to tailor treatment plans and precautions accordingly, ensuring optimal outcomes for every individual we serve. In this section, we will explore the importance of recognizing and addressing systemic conditions in dental hygiene practice, equipping you with the knowledge and tools necessary to provide effective and personalized care to medically compromised patients.

Medical History Health Questionnaire

The patient should be asked the following three (3) questions **prior** to each appointment:

1. Has there been any change in your health since your last visit?
2. Are you taking any medication(s)? If so, what medications?
3. Are you having any dental difficulties?

Medical Consultation

In all cases when a medical consultation is necessary, a faculty member and/or a student must contact the patient's physician by telephone to obtain any pertinent information so that treatment may be initiated. The medical consultation and information obtained must be recorded on the patient's health questionnaire and/or chart notes signed by the student and faculty member.

An example of this could be when a patient mentions a non-urgent health issue like hypertension, and reveals to have been advised to take preventive antibiotics before dental procedures. The patient might not fully understand the rationale behind this advice, or their condition might not actually require pre-treatment medication. To ensure proper care, we would need to confirm the patient's health status before proceeding with treatment, which may involve reaching out to their primary care physician or cardiologist.

Universal Precautions

Every patient should be regarded as a potential infectious disease carrier. As such, it is required that the students and faculty wear disposable gloves. Eyeglasses for patients and clinicians are mandatory while in the clinic and facemasks are mandatory for all

intraoral procedures. Face shields are required for clinicians when performing aerosol producing procedures.

I. Bleeding Disorders

No patient with any bleeding disorder should be treated in the dental hygiene clinic until that disorder is controlled as determined by the patient's physician. A medical consultation must be completed and in the chart prior to initiating any dental hygiene care.

A. Findings that may suggest a blood disorder include the following:

1. Gingival bleeding, spontaneously or upon gentle probing.
2. History of difficulty in controlling bleeding by usual procedures.
3. History of bruising easily, with large ecchymoses.
4. Numerous petechiae.
5. Marked pallor of the mucous membranes.
6. Atrophy of the papillae of the tongue.
7. Persistent sore or painful tongue (glossodynia).
8. Acute or chronic infections, such as candidiasis, that do not respond to usual treatment.
9. Severe ulcerations associated with a lack of response to treatment.
10. Exaggerated gingival response to local irritants, sometimes with characteristics of necrotizing ulcerative gingivitis (ulceration, necrosis, bleeding, pseudomembrane).

B. Anticoagulant Therapy

1. Should these patients be treated in the dental hygiene clinic?
 - a. Yes, these patients may be treated.
 - b. A medical consultation and/or clearance from the clinic instructor must be completed before initiating treatment.
2. What information should be obtained from the health questionnaire and /or the patient's physician?
 - a. Why is this patient on anticoagulant therapy?
 - b. What medication(s) are being taken by this patient?
 - c. Have any prior precautions been taken concerning dental treatment? If so, what were the precautions and were they effective.
 - d. If the patient is prescribed warfarin (Coumadin), document their most recent international normalized ratio (INR) test result. Typically, patients are equipped with this information; however, if unavailable, consulting their physician is required to continue with treatment. The recommended INR range for safe treatment is between 2 and 3; medical consultation is necessary if the INR exceeds 3.0.

3. Patient Management Suggestions:

- a. Routine nonsurgical dental procedures can usually be accomplished on these patients without alteration of their anticoagulant therapy. Mohave Community College Dental Programs does not advise patients to alter directions given to them by their treating physician.
- b. The prescribing of aspirin or aspirin-containing medications is contraindicated for these patients.
- c. DH Bleeding Test: Probe an area that bleeds; hold pressure 30 seconds with gauze. If bleeding persists, apply pressure for another 60 seconds. If after 1.5 minutes of pressure, do not proceed with dental hygiene services. Record on the medical history and in the chart notes.

4. Other suggestions:

- a. The following are examples of oral anticoagulant/antiplatelet medications which are commonly prescribed:

Drug Class	Drug Names
Anticoagulant*	<ul style="list-style-type: none"> • warfarin (Coumadin®)
Antiplatelet agents*	<ul style="list-style-type: none"> • clopidogrel (Plavix®) • ticlopidine (Ticlid®) • prasugrel (Effient®) • ticagrelor (Brilinta®) • aspirin
Direct-acting oral anticoagulants**	<ul style="list-style-type: none"> • dabigatran (Pradaxa®) • rivaroxaban (Xarelto®) • apixaban (Eliquis®) • edoxaban (Savaysa® [Lixiana® in Europe, Japan, elsewhere]) <p data-bbox="815 1396 1421 1453">https://www.ada.org/en/member-center/oral-health-topics/anticoagulant-antiplatelet-medications-and-dental-</p>

- b. Patients on oral anticoagulants may also exhibit renal disorders. Refer to the **Section X Renal Disorders** for additional comments, if indicated.

C. Other Bleeding Disorders (including Hemophilia)

- 1. Should these patients be treated in the dental hygiene clinic?
 - a. No patient with any bleeding disorder should be treated in the dental hygiene clinic until that disorder is controlled as determined by the patient's physician.
 - b. A medical consultation must be completed and in the chart prior to initiating any dental care.

2. What information should be obtained from the health questionnaire and/or the patient's physician?
 - a. What is the nature of the patient's disease?
 - b. At what age did onset occur?
 - c. When was the most recent physician's appointment?
 - d. What medication(s) are being taken by this patient?
 - e. What pertinent laboratory test(s) have been done?
 - f. Have any precautions been taken concerning dental treatment?
 - g. If so, what are the precautions and were they effective?
3. Patient Management Suggestions:

The clinic dentist will assist the student in the management of these patients.

II. Cancer (including leukemia)

A. Cancer

1. Should these patients be treated in the dental hygiene clinic?
 - a. Yes, these patients may be treated.
 - b. Patients in remission may be treated without modification or consultation.
 - c. A medical consultation must be completed prior to initiating dental care for patients who are not in remission.
 - d. Minimum laboratory values:
 - i. Postpone treatment if platelet count is less than 75,000 platelets/mm³.
 - ii. Postpone treatment if abnormal clotting factors are present.
 - iii. Postpone treatment if neutrophil count is less than 1,000/mm³.
2. What information should be obtained from the health questionnaire and/or the patient's physician?
 - a. What type of cancer, the location or dissemination and the prognosis?
 - b. When was cancer diagnosed?
 - c. Is the patient under active treatment, in remission or has the cancer been completely cured? How long has it been since treatment was completed?
 - d. What was the mode of treatment (i.e. chemotherapy, radiation, etc.)?
 - e. Are you cleared for receiving preventative dental treatment by your oncologist??
3. Patient Management Suggestions:
 - a. Patients treated with radiation to the head and neck should be treated according to **Section IX Radiation Therapy**.
 - b. The clinician may observe excessive dental caries, gingival inflammation, excessive bleeding, poor healing, and dermatologic changes. Such observations should be comprehensively documented.

- c. Antibiotic coverage may be necessary for invasive procedures due to possible infections.
- d. A complete preventive program for plaque biofilm control and home fluoride therapy, along with complete scaling and root planning should be started at the first appointment.
- e. A patient undergoing radiation of the head and neck will have a decrease in salivary flow. A saliva substitute would be effective to help dilute the bacteria in the mouth and facilitate mastication and swallowing.

III. Cardiovascular Disease

Prophylactic antibiotic coverage prior to certain dental procedures is recommended by the [American Heart Association](#) for patients with:

- Artificial heart valves
- A history of infective endocarditis
- A cardiac transplant that develops a heart valve problem
- A congenital heart condition, such as an unrepaired or incompletely repaired cyanotic congenital heart, including those with palliative shunts and conduits; a completely repaired congenital heart defect with prosthetic material or device, whether placed by surgery or by catheter intervention, during the first six months after the procedure; any repaired congenital heart defect with residual defect at the site or adjacent to the site or a prosthetic patch or prosthetic device.

People who may have been required to take prophylactic antibiotics before the new recommendations were issued in 2008 but **NO LONGER NEED PREMEDICATION** include those with:

- Mitral valve prolapse (may have been identified as a heart murmur)
- Rheumatic heart disease
- Bicuspid valve disease
- Calcified aortic stenosis
- Congenital heart conditions such as ventricular septal defect, atrial septal defect and hypertrophic cardiomyopathy.

A. Transient Ischemic Attack (TIA); Cardiovascular Accident (CVA); Myocardial Infarction (MI)

1. Should these patients be treated in the dental hygiene clinic?
 - a. Yes, all TIA, CVA and MI patients may be treated after 6 months of time has passed following their medical incident.
 - b. Newer guidelines state that patients may be treated 60 days after their medical incident with a written clearance from their cardiologist. The letter of medical clearance must be on file prior to scheduling the patient.

2. Patient Management Suggestions:
 - a. Dental care for these patients should be planned according to the physician's recommendations.
 - b. Special precautions may be necessary due to the patient's decreased ability to withstand stress. Treatment should be planned according to the individual needs of the patient. Look to the clinic dentist and/or your clinical instructor for guidance and assistance.
 - c. Be sure to incorporate any homecare modifications that may be necessary due to compromised dexterity or loss of physical function.
- B. Heart Disease (includes heart attack, angina and arrhythmia)
 1. Should these patients be treated in the dental hygiene clinic?
 - a. Yes, these patients may be treated.
 - b. Clearance from the patient must be completed before initiating treatment.
 2. What information should be obtained from the health questionnaire?
 - a. Did you suffer a heart attack?
 - i. How long has it been since your heart attack?
 - ii. How is your health now?
 - iii. Can you walk up a flight of stairs without having to stop and rest?
 - iv. What medications are you taking?
 - b. Do you experience angina?
 - i. What type of angina? (Stable, variant or unstable [a/k/a Acute Coronary Syndrome])
 - ii. What usually causes your angina episode?
 - iii. How often does it occur?
 - iv. How long does it last?
 - v. Do you use Nitroglycerin (NTG) to manage the pain?
 - vi. Does rest relieve the pain?
 - vii. Have you ever needed to call EMS because of angina?
 - viii. Have you ever had a heart attack?
 - c. Are you taking any medication(s)?
 - d. Are you on anticoagulant therapy? (See **Section I. B - Anticoagulant Therapy**)
 - e. Does your physical status allow you to tolerate dental procedures?
 - f. Can you tolerate local anesthetics containing vasopressor (epinephrine)?
 3. Patient Management Suggestions:
 - a. Dental care for these patients should be planned according to the physician's recommendations.
 - b. If the patient carries an anti-angina medication such as nitroglycerine, make certain that the patient has this medication at each appointment.

- c. Place it within arm's reach, for use in the event the patient should experience an angina attack during dental treatment.
- d. Appointments for these patients should be as short as practical within the program schedule.
- e. Some of these patients may require anti-anxiety premedication prior to dental care. This should be discussed with the patient's physician and/or the patient's dentist.
- f. Symptoms of angina is pain in the mandible that radiates to the neck and throat. If a patient experiences an angina episode in the operatory chair, emergency protocol is the following:
 - i. Dental procedure is discontinued and patient is allowed to adjust to a more comfortable position.
 - ii. Alert clinic instructor.
 - iii. Record the time of onset of pain.
 - iv. Calm reassurance is given to the patient and restrictive garments are loosened.
 - v. Have patient use their prescription of nitroglycerine pill or nasal spray. While waiting for the medicine to take effect bring the oxygen tank, AED and the Nitroglycerin bottle from the emergency kit to the operatory, preparing the items for use. After 3-4 minutes, evaluate your patient. Monitor the patient's vital signs. Record the time and readings.
 - vi. If the pain has not subsided, administer a NTG tablet from the clinic's prescription bottle to the patient. Deliver oxygen (4-6 lit/min) to the patient. Monitor patient's vital signs. Record the time and readings.
 - vii. After 3 minutes, evaluate the patient. If the pain has not subsided, administer another NTG and activate emergency services. Monitor patient's vital signs. Record the time and readings.

C. Heart Murmur

1. Should these patients be treated in the dental hygiene clinic?
 - a. Yes, these patients may be treated.
2. What information should be obtained from the health questionnaire?
 - a. What is the etiology and significance of the heart murmur?
 - b. Is there a history of infective endocarditis requiring prophylactic antibiotics? (See **Section III. Cardiovascular Disease**)
 - c. If antibiotic coverage is required, are there any known allergies to antibiotics?
3. Patient Management Suggestions:

- a. If antibiotic coverage is required, appointments should be arranged such that the maximum dental care can be provided during each episode of antibiotic prophylaxis.
- D. Heart Prostheses (including pacemakers)
1. Should these patients be treated in the dental hygiene clinic?
 - a. Yes, these patients may be treated.
 2. What information should be obtained from the health questionnaire?
 - a. What is the nature of the prosthesis?
 - b. Does your physical status allow you to tolerate dental procedures?
 - c. Is prophylactic antibiotic coverage indicated for dental procedures that may result in a bacteremia?
 - d. Are you on anticoagulant therapy?
 3. Patient Management Suggestions:
 - a. Some of these patients, particularly with prosthetic heart valves, require parenteral antibiotics as a part of their prophylactic antibiotic coverage. (See **Section III. Cardiovascular Disease**).
 - b. If the patient is on anticoagulant therapy, refer to **Section I Bleeding Disorders, B. Anticoagulant Therapy**).
 4. Pacemaker
 - a. Although evidence is conflicting, consideration should be given to the possible effects ultrasonic or electronic devices could have on patients who have implantable cardiac devices. Some manufacturers offer recommendations on use of their device in the vicinity of such implants, and reports of interference are from a dental device generally within 37.5 cm (~15 inches) to the device or leads. Ask the patient if he/she carries an identification card for their unit. If not, the student should have a phone consultation with the patient's cardiologist to ensure there are no contraindications to dental treatment.
 - b. If ultrasonic devices (or other such equipment) are used, it may help reduce the risk to avoid waving the device or its cords over the patient's pectoral region, and turn off this equipment when not in use. A piezoelectric dental scaler may be safer than magnetostrictive models. <https://www.ada.org/en/member-center/oral-health-topics/cardiac-implanted-devices-and-electronic-dental-instruments>
- E. Hypertension
1. Should these patients be treated in the dental hygiene clinic?
 - a. Yes, these patients may be treated.
 - b. See guidelines under Patient Management Suggestions
 - c. Mastectomy-Patients who have had a mastectomy are at an increased risk for lymphedema, especially those who have had axillary dissection or

sentinel node biopsy or have been treated with radiation therapy. In order to reduce the risk of lymphedema patients (which may include men) who have had a single-sided mastectomy, should have the blood pressure cuff placed on the arm opposite the surgery site. For patients (which may include men) who have had a double mastectomy, the student should take the patient's blood pressure with the wrist cuff, which is located at the instructor area.

2. What information should be obtained from the health questionnaire?
 - a. Have you even been told you had an abnormal blood pressure reading?
 - b. Do you take any medications?
 - c. When were you last evaluated by your physician?
 - d. Is your blood pressure controlled?
 - e. Has your physician recommended altering your diet or recommended an exercise program? Are you following your physician's suggestions?

3. Patient Management Suggestions:

Blood Pressure Level (mm Hg)	Elective Dental Treatment	Emergency Dental Treatment
<160/100	No modification	No modification
>160/100	Repeat measurement 1. If lowered or within written guidance from physician, proceed. 2. If confirmed, no elective treatment and the patient should seek care from a physician	Repeat measurement 1. If lowered or within written guidance from physician, proceed. 2. If confirmed systolic pressure 160-180 and/or diastolic pressure 100-190 where dental symptoms and pain contribute to hypertension, initiate emergency care with BP monitoring every 10-15 minutes, consider anxiety reduction techniques 3. If confirmed systolic pressure >180 and/or systolic >109 seek medical clearance before proceeding.

- a. Patient blood pressure readings of <160/100 mm Hg are treated without restriction.
- b. Patient blood pressure readings between 160/100 mm Hg and 180/110 mm Hg with medication may be treated with instructor approval OR written clearance from the prescribing physician.

- c. Patient blood pressure readings above 180/110 mm Hg must have written consent of the physician AND instructor approval.
 - d. Uncontrolled hypertensive patients with blood pressure readings >180/110 mm Hg will be given immediate medical referral.
 - e. At the recommendation of the clinic dentist or instructor, a medical consultation may be required before initiating treatment.
4. Other Suggestions:
- a. Appointments should be kept as short as practical within the clinic protocol parameters.
 - b. Some of these patients may require anti-anxiety premedication to allay anxiety and stress. The use of anti-anxiety medication is at the discretion of the patient and his/her primary care provider. However, patients must be able to provide informed consent for treatment.
 - c. Some of these patients may be more prone to orthostatic hypotension.
- F. Congenital Heart Disease
1. Should these patients be treated in the dental hygiene clinic?
 - a. Yes, these patients may be treated.
 - b. Clearance from the patient's dentist must be completed before initiating treatment.
 2. What information should be obtained from the health questionnaire?
 - a. What is the etiology and significance of the disease?
 - b. Is prophylactic antibiotic coverage indicated? (See **Section III. Cardiovascular Disease**).
 - c. If antibiotic coverage is indicated, do you have any known allergies to antibiotics?
 - d. If the patient is on anticoagulant therapy, refer to **Section I Bleeding Disorders, B. Anticoagulant Therapy**).
 - e. Do you experience any breathing difficulties?
 3. Patient Management Suggestions:
 - a. Appointments should be arranged so a maximum of dental care can be provided during each episode of antibiotic prophylaxis.
 - b. Patients who take antibiotic prophylaxis to prevent infective endocarditis should not have a new antibiotic regimen started less than 10 days following the last regimen to prevent the development of resistant organisms.
 - c. For patients who have just had surgery to correct a congenital heart defect, refer to **Section III. Cardiovascular Disease**.
- G. Fen Phen

All persons who have taken Fen Phen or Pondemin (fenfluramine/phentermine) or Redux (desfenfluramine) for any period of time should have a thorough medical history and cardiovascular physical examination. These people should also have an echocardiographic evaluation. If the patient has not been seen by a dental provider since he/she was prescribed the medication, a referral to their primary care physician is suggested to determine the need for antibiotic premedication. Patients who require a medical or dental procedure known to create risk for bacterial endocarditis may benefit from premedication. Consult with the clinic dentist.

IV. Diabetes Mellitus

A. Definitions:

1. A controlled diabetic patient is one who indicates he/she controlled by
 - a. insulin, oral medications or diet
 - b. regular visits to a physician
 - c. regular urine or blood testing
2. An uncontrolled diabetic is a patient who is expressly diabetic and/or:
 - a. is not submitting to regular testing
 - b. is no longer under the care of a physician
 - c. manifests symptoms suggestive of diabetic problems
 - d. glucose levels do not fall within the normal range
 - e. A1C is above 7%

B. Normal blood glucose levels are between 80 mg/dL and 100 mg/dL. The HbA1c is a lab test that shows the average level of blood sugar (glucose) over the previous 3 months. It indicated how well the diabetes is being controlled. According to the American Diabetes Association (2014) patients should be at or below a 7% A1C. The A1C is sometimes reported to patients as eAG, which is a conversion to mg/dl. A 7% A1C translates to an eAG of 154 mg/dl; therefore, patients should be at or below 154 mg/dl eAG.

C. Signs of hypoglycemia include perspiration, confusion, mood changes, lethargy, vital sign changes and tachycardia.

1. Should these patients be seen in the dental hygiene clinic?
 - a. Yes, controlled patients may be treated in the dental hygiene clinic.
 - b. In the case of a possible uncontrolled diabetic, treatment will be determined on a case-by-case basis at the MD/Dent EOIO check-in.
2. What information should be obtained from the health questionnaire?
 - a. What type of diabetes do you have?
 - b. What have your recent blood sugar levels been like?

- c. How often do you test your sugar levels?
 - d. Do you heal slowly or have frequent infections?
 - e. When was your last meal?
 - f. Did you take your medication today?
 - g. Have you experienced symptoms of hypoglycemia recently?
 - h. Have you had any problems during dental treatment?
 - i. When was your last appointment with your physician?
3. Patient Management Suggestions:
- a. Patients on insulin therapy or taking first generation sulfonylureas such as chlorpropamide should be scheduled shortly following a meal, but morning appointments are preferred.
 - b. The tissue should be handled with no undue trauma.
 - c. Each patient should be questioned concerning the following at the beginning of each appointment:
 - i. Have you taken your medication regularly since your last appointment?
 - ii. Have you taken your medication today?
 - iii. When and what did you eat last?
 - d. Appointments for these patients should be as short as practical within the MCC Dental Hygiene Clinic protocol.
 - e. The clinician may observe delayed wound healing, especially after SRD.
 - f. If an uncontrolled diabetic patient is cleared by the clinical faculty to proceed with dental hygiene services, power instrumentation (ultrasonic scaler and/or air powder polishing) is contraindicated.
 - g. Instaglucoze is located in the medical emergency kit.

V. Epilepsy

- A. Should these patients be treated in the dental hygiene clinic?
- 1. Yes, patients with a history of epilepsy may be treated.
 - 2. A medical consultation is recommended but the patient's dentist may provide clearance for treatment.
 - 3. Common epileptic medications include:
 - a. Dilantin (phenytoin)
 - b. Tegretol (carbamazepine)
 - c. Luminal (phenobarbital)
 - d. Depakene (valproic acid)
 - e. Neurontin (Gabapentin)
 - f. Lyrica (Pregabalin)

- B.** What information should be obtained from the health questionnaire and/or the patient's physician.
1. What type of seizure do you have?
 2. When was your last seizure?
 3. Do you have an aura prior to a seizure?
 4. Have you ever had a seizure during dental treatment?
 5. Are there any things I should avoid during your treatment that may precipitate a seizure?
 6. At what age did you experience your first seizure?
 7. How frequently do you experience seizures?
 8. Are the seizures controlled by medication(s)?
 9. What medication(s) do you take?
- C.** Patient Management Suggestions:
1. Each patient should be questioned concerning the following at the beginning of each appointment:
 - a. Have you taken your medication(s) regularly since your last dental appointment?
 - b. Have you experienced any seizures since your last dental appointment?
 2. Stress may precipitate a seizure; therefore:
 - a. The length of appointments should be as short as practical within the MCC Dental Hygiene Clinic protocol. Understanding and extra consideration should be given to the epileptic patient regarding missed or tardy appointments due to effects of medications.
 - b. Promote a calm environment; avoid loud music and/or noise, bright and/or flickering lights and monotonous sounds. Avoid shining your loupe light into the patient's eyes. Any one of these may cause a seizure.
 3. Epileptic patients on anti-seizure medications will require more diligent homecare and maintenance. Be aware of any possible impairment the patient may have when reviewing oral care instructions.
 4. Possible oral conditions due to anti-seizure medications include:
 - a. gingival hyperplasia (enlargement)
 - b. delayed healing
 - c. excessive bleeding
 - d. xerostomia
 - e. increased chance of infections

VI. Prosthetic Appliances (including ALL anatomical implants)

A January 2015 ADA clinical practice guideline, based on a 2014 systematic review states, "In general, for patients with prosthetic joint implants, prophylactic antibiotics are not recommended prior to dental procedures to prevent prosthetic joint infection. 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."

- A.** Should these patients be treated in the dental hygiene clinic?
 1. Yes, these patients may be treated if there were no complications during or after orthopedic surgery.
 2. If the patient reports complications during or after orthopedic surgery a telephone consult with the surgeon's office may be recommended. Consult with a clinical instructor on the floor.
 3. If a telephone consult is suggested, documentation must be included in chart notes.
 4. If premedication is required by the orthopedic surgeon, the "Premedicate" alert must be raised.
 5. MCC does not prescribe premedication, the patient must seek the recommended prescription from his or her physician.
- B.** Patient Management Suggestions:
 - a. Short appointments may be necessary depending on the severity of the disability. Physical comfort may be a concern. As much dental treatment as possible should be done during each coverage period. When it is known that a patient will have surgery for total joint arthroplasty all possible effort should be made to complete the treatment necessary to bring periodontal tissues to a healthy, maintainable state before the joint replacement.
 - b. The most critical period for bacteremia to cause hematogenous seeding is up to two years following the joint replacement surgery.
 - c. Other patients such as those with pins, plates or screws do not require antibiotic prophylaxis for reason of the pin, plate or screw but other health factors must always be considered for all patients.

VII. Liver Disease

- A. Should these patients be treated in the dental hygiene clinic?
 - 1. Yes, patients with a history of liver disease may be treated.
 - 2. For patients with suspected active hepatitis, treatment should be postponed until cleared by the physician.
- B. What information should be obtained from the health questionnaire and/or the patient's physician?
 - 1. What type of liver disease do you have?
 - 2. If Hepatitis, do you know how you acquired it?
 - 3. What type of treatment did you receive and was it successful to resolve the viral infection?
 - 4. Do you know if you are a carrier for any Hepatitis virus?
 - 5. Do you have liver damage and bleeding problems?
 - 6. What medications are you taking?
 - 7. At what age did the disease occur?
- C. Patient Management Suggestions:
 - 1. Follow universal precautions.
 - 2. Oral manifestations may include lichen planus, ulcers, xerostomia, erosion and tongue irregularities

VIII. Pregnancy and Breastfeeding

- A. Should these patients be treated in the dental hygiene clinic?
 - 1. Yes, pregnant women may be treated.
- B. What information should be obtained from the health questionnaire?
 - 1. In which trimester of pregnancy is the patient currently? When is the expected delivery date?
 - 2. Have there been any complications related to this pregnancy?
 - 3. Is the patient currently taking any medication(s)?
 - 4. Is this the patient's first pregnancy?
 - 5. Have there been any problems with previous pregnancies?
 - 6. Is there a recommended medication for pain control?
 - 7. If the health history indicates a high-risk pregnancy, **NO TREATMENT** will be provided without consultation with and approval by the patient's OB/GYN.
- C. Patient Management Suggestions:
 - 1. The American Dental Association states that during pregnancy, individuals may be at increased risk for oral conditions such as gingivitis and dental caries, and should be counseled by both their obstetrician and dental professional on the importance of good oral hygiene throughout pregnancy.

Regular and emergency dental care, including the use of local anesthetics and radiographs, is safe at any stage during pregnancy. (American Dental Association Council on Advocacy for Access and Prevention and the ADA Center for Dental Practice, last updated May 4, 2021, <https://www.ada.org/resources/research/science-and-research-institute/oral-health-topics/pregnancy>)

2. Routine dental hygiene services, with an emphasis on meticulous home care, are encouraged. Counsel the patient in nutrition, and the importance of home care.
3. Nitrous oxide is classified as a pregnancy risk group Category C medication, meaning that there is a risk of fetal harm if administered during pregnancy, exposure should be avoided.
4. Long appointments should be avoided in the interest of patient comfort.
5. Avoid the supine position for a variety of reasons, including supine hypotensive syndrome, increased incidence of dyspepsia due to gastroesophageal reflux and decreased arterial oxygen. Should supine hypotensive syndrome occur, help the patient roll to her left side (to lift the uterus off the vena cava).
6. Radiographs are considered safe for the pregnant patient, at any stage during pregnancy, when abdominal and thyroid shielding is used
7. The patient should be advised to consult her OB/GYN for analgesic recommendations if post-treatment episodes of pain are experienced.
8. If a breast-feeding mother must receive antibiotic premedication, she should take medication right after breast feeding, and then wait four hours until breastfeeding again.

IX. Radiation Therapy

- A. Should these patients be treated in the dental hygiene clinic?
 1. Yes, these patients may be treated.
 2. A medical consultation must be completed before initiating treatment on a patient currently undergoing radiation therapy.
 3. If radiation therapy was done to head or neck area the patient's physician should be consulted?
- B. What information should be obtained from the health questionnaire and/or the patient's physician?
 1. Where was the field of radiation; what type of radiation was used?
 2. What was the dosage and what was the duration of treatment?
 3. What was the objective: As a total treatment or in conjunction with surgery?
 4. What was the diagnosis of the tissue irradiated?

5. Is the patient having any complications at this time?

C. Patient Management Suggestions:

1. The patient should be seen often both during therapy and after therapy.
2. Patients may be treated within guidelines established by the physician.
3. Ionizing radiation induces changes, such as:

Early Onset

Dermatitis

Mucositis

Alopecia

Reduced saliva

Late Changes

Xerostomia

Radiation caries

Trismus

Osteoradionecrosis

4. Pre-treatment recommendations:

- a. A dentist should extract all teeth beyond repair.
- b. All teeth with advanced perio should be extracted.
- c. Perform all pre-prosthetic surgery.
- d. Restore all large carious lesions.
- e. Establish good oral hygiene.
- f. Start daily fluoride treatments.
- g. All non-vital teeth should be removed or treated endodontically.
- h. Infections should be treated.

5. During treatment recommendations:

- a. If the patient is symptomatic:
 - i. sodium bicarbonate mouthwash
 - ii. elixir of diphenhydramine (Benadryl)
 - iii. topical steroids
 - iv. milk of magnesia
 - v. Orabase
 - vi. avoid tobacco and alcohol
 - vii. soft diet
 - viii. maintain hydration
 - ix. avoid irritating foods
 - x. use a humidifier or vaporizer
- b. If the patient is experiencing xerostomia:
 - i. sugarless lemon drops
 - ii. buffered solution of glycerin and water
 - iii. saliva substitutes
 - iv. pilocarpine
- c. To prevent trismus, place bite block or tongue blades into the mouth to maintain maximum opening
- d. Plaque control and decay prevention:
 - i. chlorhexidine rinse

6. Post-Treatment Recommendations

- a. If treatment was more than 6,000 rads, effort should be taken to avoid osteonecrosis:
 - i. teeth should **NOT** be extracted
 - ii. Diseased teeth should be treated; aggressive preventive measures should be made. Most dental procedures other than extractions and surgical procedures can be done.
- b. Have the patient back for recare appointments every 3 months.
- c. Emphasize good oral health; treat carious lesions when first detected.
- d. Make every effort to avoid oral infection.
- e. Manage xerostomia.
- f. Manage chronic loss of taste.

7. Other suggestions:

If the patient has received radiation to the mandible or maxilla in excess of 3,000 rads, no procedures should be initiated without consultation with the clinic dentist and/or the patient's physician.

X. Renal Disorders

A. Should these patients be treated in the dental hygiene clinic?

1. Yes, these patients may be treated.
2. A medical consultation is required for patients on dialysis and must be completed before initiating treatment (See section 3 below). A medical consultation and/or clearance from the clinic dentist is required prior to treatment of patients with other renal disorders.
3. Prophylactic antibiotics may be required for patients with a history of glomerulonephritis.

B. What information should be obtained from the health questionnaire and/or the patient's physician?

1. What is the nature of the patient's disorder?
2. What is the physical status of the patient, and is he/ she able to tolerate dental procedures?
3. Is the patient on any medication(s)?
4. How long has the patient had this disorder?
5. Are there any particular precautions that should be taken with this patient?
6. Does the patient need to receive prophylactic antibiotics?

C. Patient Management Suggestions:

1. Renal disorder patients basically have bleeding problems, so the greatest concern is homeostasis. Great care should be taken so as not to cause undue tissue trauma. You may find poor wound healing.

2. The dialysis patient is usually treated three times a week. The patient is heparinized the day of dialysis and should not receive any dental treatment. The day after dialysis is usually the best time for dental treatment. This should be verified with the patient's physician.
3. No antibiotic coverage is needed unless indicated by a dental problem or the patient's physician. Otherwise, the patient is handled like any other patient. If antibiotic coverage is necessary, a consultation with patient's physician is required to determine the choice of antibiotic. Tetracyclines are usually avoided with these patients.
4. Use a minimum amount of local anesthesia.
5. These patients respond poorly to Demerol and morphine.

XI. Transmissible Diseases

- A. Should these patients be treated in the dental hygiene clinic?
 1. Yes, these patients may be treated.
 2. What is the status of the disease?
 - a. A medical consultation is required if the patient reports active syphilis or gonorrhea, or a history of having had these diseases and **NOT** receiving treatment.
 - b. Student operators must maintain strict patient confidentiality.
- B. What information should be obtained from the health questionnaire and/or the patient's physician?
 1. What is the status of the disease?
 2. If syphilis, what is the date of the last serological exam?
 3. What were the results of any lab tests performed?
 4. Date of treatment rendered last?
 5. Has the patient had any recurrences and when?
 6. Have any oral lesions been noted and when?
- C. Human Herpes Viruses
 - A. **Should these patients be treated in the dental hygiene clinic during a breakout?**
 1. Yes, after a pre-procedural rinse, and treating the lesion with laser therapy. Operating the Gemini 810nm & 980nm diode laser with a 7mm non-initiated fiber, along with the PureVac high volume suction, protective eyewear and face shield, follow the settings below:
 1. Select the Dental Hygiene column, then select the of herpetic lesion
 2. Place laser 2mm away from lesion

3. Start by lowering the setting to .3W, slowly cover the entire area a few times. Watch for tissue changes, reduce the power if you see thermal effects on the tissue. Remember, thermal effects increase with darker skin and hair.
 4. Increase by .2W every 45-60 seconds, for 5 settings. (0.3W, 0.5W, 0.7W, 0.9W, 1.0W)
2. After laser therapy, place Vaseline or Vaseline with Vitamin E on the treated area, and proceed with appointment using universal precautions. Ensure that your patient is comfortable throughout the procedure.

XII. HIV, ARC, AIDS

- A.** Should these patients be treated in the dental hygiene clinic?
1. Yes, these patients may be treated.
 2. A medical consultation should be completed before initiating treatment, with a patient who has HIV/AIDS.
- B.** What information should be obtained from the health questionnaire and/or patient's physician?

NOTE:

As with all patients, strict confidentiality of the patient's medical status and history **MUST** be maintained. Do not discuss any medical findings within hearing distance of other patients, students, or faculty.

1. Does the patient present with any AIDS signs or symptoms?

Asymptomatic Infection Syndrome (HIV-positive)	AIDS-related complex (ARC)	Acquired Immune Deficiency (AIDS)
No symptoms	Lymph node swelling (ie. pneumocystis)	Multiple infections
Persistent fever; may be carrier of virus and infectious to others	Night sweats	
Persistent diarrhea	Profound fatigue	
Thrush	Cancers (unintentional Kaposi's sarcoma)	
Shingles	Weight loss	
Hairy leukoplakia of the tongue		

2. Has the patient been tested for AIDS?
 - a. If so, when?
 - b. What were the results?
 - c. Is there indication for need to retest? (Remember, it takes the body 6 weeks to 6 months to develop antibodies to HIV.)
 3. Has the patient sought medical consultation?
 4. What is the current medical status of the patient? (T cell count)
 5. Does the patient need to be premedicated? (What does their physician recommend?)
 6. Are there any other special precautions that should be observed?
- C. Patient Management Suggestions:
1. Follow universal precaution guidelines.
 2. Power instrumentation is no longer contraindicated in HIV positive patients.
- D. Other Suggestions:
- If the operator is inadvertently exposed to the patient's blood, immediately notify the clinic dentist for post-exposure protocol and complete the post-exposure incident management record.

XIII. Tuberculosis

- A. Should these patients be treated in the dental hygiene clinic?
- Considerations:
1. If infectious, don't treat. Refer to physician.
 2. Treat only if it is determined that he/she are noninfectious.
 3. If patient has been on medication for two weeks or more, treatment may proceed.
 4. Know the symptoms: loss of appetite, weight loss, fever, night sweats, persistent cough, weakness, enlarged lymph nodes, oral lesions. Symptoms should not be present in a patient who is no longer infectious.
 5. Some groups (confined elderly, prisoners) may be treated with drugs prophylactically because of high risk.
 6. Those with advanced age, chronic alcoholism, poor nutrition, diabetes, congenital heart disease, chronic lung disease, AIDS, or those with prolonged stress may be more prone to contracting the disease.
- B. What information should be obtained from the health questionnaire and/or the patient's physician?
1. Review patient history, symptoms, physical evaluations of patient, diagnosis, dates of treatment, and type of treatment, thoroughly.

2. **Before treating**, make sure patient has been on proper drugs in conjunction with chemotherapy for at least two weeks, preferably longer. Complete treatment lasts 6- 18 months.
 3. Drugs include isoniazid (INH), rifampin, pyrazinamide, and sometimes ethambutol or streptomycin. Therapy for multidrug-resistant TB is bedaquiline and fluoroquinolones.
 4. Physical exams, radiographic evaluations, and sputum cultures should be obtained and show negative, even if they have had TB in the past.
- C. Patient Management Suggestions:
1. Follow universal precautions guidelines.
 2. Power instrumentation is contraindicated for patients with communicable TB.

XIV. Suspected Negligence or Abuse of Children or Vulnerable Adults

All providers of healthcare are required is by Arizona State Law to report any suspected negligence or abuse of children or elderly people. Each student should be aware of the possibility of abuse and the probable symptoms. If the student suspects abuse or negligence he or she should ask the rotation instructor to examine the patient. All suspicious lesions and/or marks should be measured and documented. Photographs would be optimal if possible. Conclusive evidence is not necessary to make a report.

It is not necessary to get permission to report your suspicions to the proper authorities. You should, however, confer with your instructor. It is a good idea to get a second opinion to support credibility. The necessary numbers are listed below.

- Child Abuse Hotline 1-888-SOS-CHILD or 1-888-767-2445
- Child Protective Services 1-928-763-2828
- Adult Abuse Hotline 1-877-SOS-ADULT or 1-877-767-2385
- Adult Protective Services 1-928-763-8388

XV. Mental Disorders

A. Should these patients be treated in the dental hygiene clinic?

1. Yes, these patients may be treated.

The patient's individual disorder should be taken into consideration when developing a treatment plan.

B. What information should be obtained from the health questionnaire and/or the patient's physician?

1. What is the patient's mental disorder?
2. How long ago was diagnosis?

3. Is the patient's care currently being overseen by a physician?
 4. Is the patient currently taking their prescribed medications?
- C. Patient Management Suggestions:
- Below are treatment considerations divided by disorder.
1. Schizophrenia
 - a. Avoid unnecessary physical contact.
 - b. Provide simple (basic) principles of oral care.
 - c. Use a soothing, quiet voice.
 - d. Listen with the realization that an answer may not be rational.
 - e. When applicable, evaluate the patient's personal caregiver for knowledge and provide information and instruction.
 2. Depression
 - a. Provide positive reinforcement and reassurance.
 - b. Show genuine interest but avoid attempts to cheer the patient by joking or laughing.
 3. Bipolar disorder
 - a. Simplify the surroundings as much as possible.
 - b. Do not rush the patient; doing so can lead to anger and hostility
 - c. Use quiet persuasion; keep the voice firm and low- pitched with a coaxing quality.
 - d. Avoid long descriptions on patient instruction because of short attention span.
 4. Other Suggestions:
 - a. Have a thorough health history including the telephone number of the patient's physician.
 - b. Pain medication must be selected with care.
 - c. Depending upon the patient's medications, anesthetic without vasoconstrictor may be advisable see Section XVI, below.
 - d. Uncooperative patients may have to be sedated. (These patients will **NOT** be treated at MCC.)
 - e. Patients with manic disorder may over brush/over floss.
 - f. Frequent recare may be beneficial.
 - g. Try to create a restful atmosphere; keep background music low and soft.
 5. Drugs for Mental Disorders
 - A. Antipsychotics
 1. Be cautious; the patient may misinterpret your verbal and non-verbal actions.
 2. Check for xerostomia.
 3. Emphasize oral hygiene instruction. The patient might exhibit Parkinson-like movements as a side effect of medications.

4. Do not force the jaw open. There may be extrapyramidal side effects to the TMJ.
5. Epinephrine can be used in local anesthesia.
6. Be aware of the possibility of orthostatic hypotension.

B. Antidepressants

1. Use caution in patient interactions.
2. Be aware that these medications may be used for conditions other than depression. Question the patient as to why he/she is taking the drug.
3. Check for xerostomia.
4. If blood pressure is a concern, limit epinephrine to a 0.04 mg dose.
5. Improvement in depression usually results in improved oral hygiene.
6. First generation antidepressants (tricyclic antidepressants) usually have more side effects than second generation antidepressants.
7. Tricyclic antidepressants should not be given with anticholinergic agents or sympathomimetic drugs. Epinephrine combined with local anesthetics should be administered cautiously, using the lowest dose necessary.
8. Tricyclic antidepressants should not be given in combination with CNS depressants or stimulants.
9. Patients taking tricyclic antidepressants may be seen in the clinic at the discretion of the clinic dentist and/or in consultation with the patients' dentist.

C. Lithium

1. Sweating and salt intake can alter the levels of the drug.
2. Tremors can interfere with oral hygiene.
3. Patients may report xerostomia or increased salivation.
4. Nonsteroidal anti-inflammatory drugs can produce lithium toxicity.

D. Serotonin Reuptake Inhibitors (SRIs)

1. Prozac is a common example.
2. These drugs are relatively safe with few side effects or drug interactions.

E. Anxiolytic drugs

1. Benzodiazepines for anxiety, such as valium and Xanax, are more addictive than SSRIs so they are not used as much anymore. General side effects of drugs for mental disorders are infection, xerostomia and stomatitis.
2. Barbiturates are rarely used.

F. MAO Inhibitors

1. These drugs should not be given with sympathomimetic drugs, particularly epinephrine or norepinephrine.
2. These drugs have many interactions with food (i.e. cheese, beer, wines, chicken liver, pickled herring, yeast extract or excessive amounts of caffeine or chocolate).

3. Should not be given in combination with CNS depressants or stimulants.
4. May be seen in the clinic at the discretion of the clinic dentist and/or in consultation with the patient's dentist.

XVI. Seasonal Allergies/Pulmonary Disease (10% of the population)

A. Includes:

1. Asthma
2. COPD (Chronic Obstructive Pulmonary Diseases)
 - a. Chronic bronchitis
 - b. Emphysema
3. Seasonal Allergies

B. Should these patients be seen in the dental hygiene clinic?

1. Yes, these patients may be treated.

C. Take a good health history and ask follow-up questions.

1. When was your last attack?
2. Do you have an inhaler with you?
3. How often do you have attacks and how severe are they?

D. Identify all true allergies on the health history.

E. An upright chair position may be necessary for comfortable breathing or you may need to reschedule patient's appointment.

F. Avoid using rubber dams.

G. Bilateral mandibular or bilateral palatal blocks are not recommended.

H. Use low-stress protocol.

I. Have patient inhaler available.

J. Aspirin and nonsteroidal anti-inflammatory agents (ibuprofen) should be avoided in asthmatics.

K. Ultrasonic scaling, air powder and rubber cup polish should be avoided. There are no contraindications for disclosant and toothbrush polish.

XVII. Thyroid Disease

A. Hyperthyroidism

1. If not controlled, don't treat. Only treat when the patient is under good medical management.
2. Detection of undiagnosed disease
 - a. What are the symptoms?
 - b. What are the signs?
 - c. Referral for medical diagnosis and treatment.
3. Patient with diagnosed disease
 - a. Determination of original diagnosis

- b. Past therapy
 - c. Present medication
 - d. Assessment of clinical status (symptoms, signs, thyroid tests)
 - e. Referral for reevaluation if signs and symptoms found
 - f. Consultation prior to starting dental treatment
- B. Hypothyroidism**
- 1. If not controlled don't treat. Only treat when the patient is under good medical management.
 - 2. Detection of undiagnosed disease
 - a. Symptoms
 - b. Signs
 - c. Referral for medical diagnosis and treatment
 - 3. Patient with diagnosed disease
 - a. Determination of original diagnosis
 - b. Past therapy
 - c. Present medication
 - d. Assessment of clinical status (symptoms, signs, thyroid tests)
 - e. Referral for reevaluation if signs and symptoms found
 - f. Consultation prior to starting dental treatment

XVIII. Adrenal Insufficiency

A. Oral Complications

- 1. Delayed wound healing
- 2. Increased susceptibility to infection
- 3. Pigmentation of the oral mucous membranes.

NOTE: Patients may require an increase of hydrocortisone medication.

People on high doses or low doses generally don't need an increase. With a medium dose (>20 mg-60 mg hydrocortisone / day) 2 to 3 times the daily dose of steroids should be given to the patient before a stressful dental procedure after consultation with the patient's physician.

XIX. Movement Limitations (Arthritis/Stroke/Paralysis)

A. Handicap Disorders

- 1. Arthritis – often elderly
- 2. Sensory - visual or hearing
- 3. Stroke - brain damage
- 4. Spinal Cord - injury, myelomeningocele (spina bifida)
- 5. Scleroderma

6. Muscular - muscular dystrophy, myasthenia gravis, juvenile arthritis, rheumatoid arthritis, degenerative osteoarthritis.
 7. Neural - multiple sclerosis (MS), cerebral palsy, Bell's palsy, trigeminal neuralgia, Parkinson's disease
- B.** Possible characteristics of patients with physical and sensory handicaps
1. Decreased resistance to infection
 2. Decreased stamina
 3. Decreased self-esteem
 4. Wide range of intelligence levels
 5. May be defensive and hostile
 6. May be dependent and child-like
 7. Parental attitudes: denial or over-protective
- C.** Patient Information
1. What medications does the patient use?
 2. Where and with whom does the patient live? Current contact information for caregiver may be needed.

XIX. Organ Transplant

- A.** Transplant patients are treated with immunosuppressive drugs for the rest of their lives (ie. glucocorticoids and cyclosporine). These drugs interfere with the normal immune response and make the patient more susceptible to developing fungal, bacterial and viral infections, including those manifesting in the oral cavity.
- B.** Dental management
1. Dental treatment within the first three months following the transplant surgery should be palliative and localized, including:
 - a. Prevent hyposalivation and xerostomia: mouthrinses with 0.5% of aqueous solution of sodium carboxyl cellulose, every two hours.
 - b. Educate the patient about oral hygiene: use of very soft toothbrush, fluoride toothpaste and antiseptic mouthrinses such as chlorhexidine.
 - c. Eliminate risk factors and improve the diet.
 - d. Remove dentures and orthodontic appliances.
 - e. Thorough dental examination due to the risk of developing malignant lesions.
 2. After three month's post-transplant, elective dental treatment can be performed.
 3. Six months after transplant is considered to be the best time for dental treatment.

4. If invasive dental treatment, including but not limited to scaling and root debridement in the presence of periodontal disease, is necessary, the patient must have taken the appropriately prescribed prophylactic antibiotic recommended by their transplant specialist and a complete blood count (CBC) is recommended prior to the initiation of the invasive dental treatment.
5. Transplant rejection: (acute or chronic): Dental treatment should be postponed unless a dental emergency exists. Emergency dental treatment may be provided under the appropriate prophylactic antibiotic coverage to prevent sepsis. The transplant specialist should initiate the antibiotic prescription.

Carlos Fabuel L, Gavaldá Esteve C, Sarrión Pérez MG. Dental management in transplant patients. J Clin Exp Dent 2011;3(1):e43-52. <http://www.medicinaoral.com/odo/volumenes/v3i1/jcedv3i1p43.pdf>

Section IV - Pathology

MCC

Mohave Community College

DENTAL PROGRAMS

Dental Hygiene CLINIC MANUAL

Section IV – Pathology
August 2024

Table of Contents

SECTION IV – Pathology

Introduction	3
I. Documentation	3
II. Clinical Appearance Descriptions	4
III. Characteristics of Benign Conditions	5
IV. Characteristics of Potential Malignant Lesions	5

Introduction

In this section, we aim to equip students and faculty with a standardized vocabulary and terminology to streamline documentation related to oral diseases and conditions. Utilizing didactic course materials, consistency of descriptions ensures precision in conveying vital information, including the recognition of when to refer patients to specialized health care providers for optimal treatment outcomes.

When assessing oral lesions, it's crucial to remember that patients encompass more than just their mouths. To excel in oral pathology, dental hygienists must comprehend their patients holistically. This understanding entails familiarity with their medical and dental backgrounds, psychosocial characteristics, habits, and lifestyle choices. While much of this data is retrievable from medical records, nothing substitutes for fostering genuine connections with patients. Always bear in mind that each patient is a complete individual.

As licensed oral health professionals, dental hygienists carry a legal and ethical obligation to identify, document, and monitor all lesions detected in the oral cavity and surrounding tissues of their patients. Should you and your clinical instructor or supervising dentist decide against referring a patient to an oral surgeon, it becomes your responsibility to inform the patient of any abnormal condition, even when it has been determined that the lesion does not require immediate referral. Tell the patient to consult a dentist/physician if the condition has not resolved in two weeks. Subsequently, you must meticulously document your observations and findings.

Students are expected to have settings for the intraoral camera configured at every operatory. When documenting atypical oral conditions, an intraoral photograph needs to be included for our records.

I. Documentation

- a. Clinical Appearance Document the Following:
 - i. Size
 - ii. Color
 - iii. Location
 - iv. Surface Texture
 - v. Shape
 - vi. Consistency
 - vii. History/Symptoms
 - viii. Identify if it was found by clinical examination or by radiograph.

II. Clinical Appearance Descriptions

Clinical Appearance Descriptions	
Bulla	A circumscribed elevated lesion that is more than 5mm in diameter, usually contains serous fluid and looks like a blister.
Lobule	A segment or lobe that is part of the whole, may appear fused together.
Macule	A flat area that is usually distinguished by a color different than surrounding tissues.
Papule	A small circumscribed lesion usually less than one centimeter that protrudes above the surface of the surrounding tissues.
Pedunculated	Attached by a stem or a stalk.
Pustule	A circumscribed, elevated lesion containing pus.
Sessile	The base of a lesion that is flat or broad.
Surface Textures	
Circumscribed	Describing a lesion with borders that are well defined.
Coalescence	The process by which parts of a whole join together or fuse to make one.
Corrugated	Wrinkled
Fissured	Clefts or grooves
Vesicle	A small elevated lesion less than one centimeter in diameter containing fluid.
Plaque	A flat, solid, raised area that is greater than 1 cm in diameter
Soft Tissue Consistency	
Nodule	A firm or solid lesion less than one centimeter in diameter
Firm	
Soft	
Hard	
Radiographic Descriptions	
Coalescence	The process by which parts of a whole join together or fuse to make one.
Diffuse	Describing borders of lesions that are not well defined
Multilobular	Describes a lesion that has many lobes that are somewhat fixed.
Unilobular	Describes a lesion that has one lobe.

Section IV - Pathology

Radiolucent	Describes the black or dark areas on a radiograph.
Radiopaque	Describes the light or white areas on a radiograph.
Radiolucent and Radiopaque	Terms used to describe a mixture of light and dark areas within a lesion
Scalloping around the root	A radiolucent lesion that extends between the roots, as seen in a traumatic bone cyst; this lesion appears to extend up the periodontal ligament.
Well Circumscribed	Describing a lesion with boards that are well defined.

III. Characteristics of Benign Conditions

Characteristics of Benign Conditions (Observe)	
Nonulcerated	Bilateral involvement
Sharply demarcated borders	Multiple areas of involvement
Elevated, soft and movable lesions	Lesions that have a direct cause and effect relationship

IV. Characteristics of Potential Malignant Lesions

Characteristics of Potential Malignant Lesions (Refer)	
Parasthesia	Flat, indurated (hard) and fixed lesions
Single area of involvement (asymmetrical)	Alteration of the PDL space and/or lamina dura
Ill-defined borders	Mixed red and white lesions and velvety red lesions
Lesions on the lateral borders of the tongue, soft plate, floor of the mouth, and lip	Radiographic evidence of bone expansion or root erosion, displacement or resorption