SUNNYMEDE TRUST
TEETH RELIEF

ORAL HEALTH MANUAL

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THIS IS CHAPTER 5 OF 7

EXAMINATION AND DIAGNOSIS

SEPARATE CHAPTERS MAY BE DOWNLOADED FOR TRAINING PURPOSES BUT PLEASE NOTE: EACH CHAPTER WAS WRITTEN & DESIGNED TO BE READ AS PART OF THE WHOLE MANUAL.

CHAPTER 5:

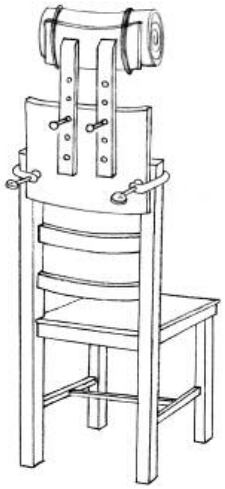
EXAMINATION AND DIAGNOSIS

This section will outline the process
of conducting a dental examination and includes:

- PREPARING TO SEE PATIENTS
- RECORD KEEPING: MEDICAL HISTORY & CHARTING
- DIAGNOSING A SPECIFIC PROBLEM
- PRESCRIBING MEDICATION
- PRACTICE MANAGEMENT

PREPARING TO SEE PATIENTS

WHERE TO EXAMINE PATIENTS



The inside of the mouth is dark so firstly you need a light, bright place.

Outside – use the sun
Inside – use a window

Use a small mouth mirror to reflect light onto the teeth and gums. If this is not sufficient, set up a lamp or arrange for someone to hold one for you.

Some people like to use a head lamp (small torch attached to headband) but always make sure this is firmly fixed.

Use a chair with a strong back and a head-rest support where available. To make your own seat – clamp a wide plank of wood to the back of a chair and add a rolled up towel for comfort and support.

INSTRUMENTS

Two instruments are enough to carry out a basic examination:

- A sharp **probe** to feel for cavities and check for tartar under the gum.
- A small **mouth mirror** to see around the gums and teeth.

Keep the instruments on a tray or paper towel, close to the patient chair. The whole set can then easily be carried away for sterilisation at the end of each treatment.

If you are seeing several patients you will need several sets of instruments because sterilisation takes time.

PREPARE THE CLEAN ZONE

Before the patient comes in, prepare the **Clean Zone** and then keep it clean – see chapter 4.

RECORD KEEPING: MEDICAL HISTORY & CHARTING

EXAMINATION PROCESS

The examination process begins as the patient enters your surgery area, long before you actually look into their mouth. Train yourself to observe as much as possible and make a mental note of:

- approximate age
- pallor of skin
- anything unusual
- walk/mobility/gait
- any facial swelling or asymmetry

Invite the patient to sit in the chair making sure that they are comfortable and sitting upright with their neck supported.

MEDICAL HISTORY

Ideally, in advance of seeing the patient, ask an assistant to collect the following information on a record sheet/card:

Name: Address/Location: Sex: M/F Age/Date of Birth:

When taking patient details, always check that you have their permission and assure them of confidentiality.

Begin by introducing yourself and by using the patient's name. This will help to put them at ease and will also serve as a double check that the patient and the name on the record card are the same.

Ask the patient why they have come and then run through a brief medical history.

A sample record card is shown on p. 100 which you can copy or use for reference to design your own. The basic medical history questions that should be asked are:

- Is there any history of serious medical illness?
- Do you have any infections in the blood?
- Do you have any allergies?
- Do you have a heart condition or breathing problems e.g. asthma?
- Are you taking any medication?
- If the patient is female – ask if they may be pregnant
- Do you smoke? If so, how many?
- Other habits: e.g. Alcohol, tobacco chewing etc.

Managing medical conditions in the dental setting:

see page 98

TALKING WITH PATIENT

You need to know why the patient has come to see you before you check the mouth. Don't dive straight in before carrying out a general exam otherwise you may miss something significant.

Here is a typical example of dialogue between dentist and patient after the medical history has been taken.

DENTIST	PATIENT
"Joseph, how is your health generally?"	*"Good"*
"Have you seen a dental worker before?"	*"No"*
"And what's the problem?"	*"Tooth hurts"*
"Can you show me where the pain is?"	*"Down here on the right"*
"How long have you had the pain?"	*"About a week"*
"Did it come on suddenly or did anything happen to cause it?"	*"Just came on one night"*
"Does anything make it better or worse – like eating or drinking – hot or cold?"	*"Hurts when I bite on it and aches all the time"*
"Well first, I'll have a look at your mouth and do a general examination – we'll keep a record of your teeth and then I can have a look at the problem."	
"Is that okay Joseph?"	*"Yes, that's ok"*

NOW WASH YOUR HANDS –
let the patient see you do this if possible

DENTIST	PATIENT
Put on gloves and mask Put on eye protectors	Put on eye protectors Put on bib / towel / tissue
You need to be protected in case of saliva or blood spraying from the patient & from instruments in case the patient knocks your hand	The patient needs to be protected in case of dropped instruments

A complete dental examination should include the following:

- Soft tissue check of mouth, lips, cheek and neck
- Screening and check for periodontal disease
- Basic charting of teeth – Decayed / Missing / Filled

Before you look at teeth, check the face for any obvious signs of swelling and/or a raise in temperature.

(In Joseph's case, there is no facial swelling or temperature rise.)

DENTIST	PATIENT
"Right then Joseph, if you can open your mouth, I'll just check the soft tissue areas first...."	

Are there any sores?

- Check inside the mouth including lips and cheeks.
- Check under the tongue and along its sides for unusual colour, swellings, etc.

(Joseph has no swellings or sores)

DENTIST	PATIENT
"That all looks fine – now I'll check your gums"	

Gums – are they in good condition? Remember the chart on p.17
How would you grade the condition of the gums from Healthy to Grade 3?

(Joseph's gums are firm with no sign of bleeding on pressure. The surface is stippled with minimal levels of plaque but the gum margin around the Lower Right 6 is inflamed and some pus is present.)

DENTIST	PATIENT
"Your oral hygiene is good Joseph – the gums are generally healthy but there is a little area of redness where you said you feel pain."	*"I haven't been cleaning round there much because the tooth hurts"*
"Ok. Let's have a look at all your teeth and then we can make a record of how everything is. Open wide again please."	

Now check the teeth

- In general are they in good condition?
- Are any of the teeth loose?
- Are new teeth coming through?
- Are there any spots of decay or unusual discolouration?

ALWAYS:

- *Let the patient know what you are doing*
- *Keep them informed about what you find*
- *Let the patient close their mouth when you are not examining, so that they can easily speak to you*
- *Praise the patient if they are maintaining good oral hygiene*

RECORDING WHAT YOU SEE
BASIC CHARTING

WHY CHARTING IS IMPORTANT

Basic charting is useful for future reference when seeing patients again. It also helps with measuring the oral health of local communities and regions. If dental records show high incidence of certain problems or of good oral health, they can be used to support planning, education and treatment programmes.

Records are histories – keep them and value them.

A dental chart is a diagram representing the teeth. In its most simple form it can be used to record if teeth are Decayed, Missing or Filled and this data can count towards an International Public Health monitor known as the DMF index.

Basic charting can be done in different ways and there are several systems. It really doesn't matter where you start or how you chart as long as you do it in a consistent way. This will help assistants and other dental workers to easily access and record information and will ensure that your records provide reliable and measurable data.
(Visit **www.teethrelief.org.uk** for other methods/systems of charting.)

HOW TO CHART

For the purpose of charting, we view the mouth as four sections or **quadrants** by: dividing the mouth in half = **Upper** and **Lower** jaw
and then in half again = patient's **Right** and **Left** side

UR - Upper Right UL - Upper Left

LR - Lower Right LL - Lower Left

Remember that Right and Left should refer to the patient – as they will usually sit facing the dentist – the chart therefore reads as a mirror image.

Always start numbering in the middle and work away from the centre.

QUADRANTS

To identify each quadrant within the mouth when making notes, draw a right angle from the centre of the cross and write in the number of the relevant tooth:

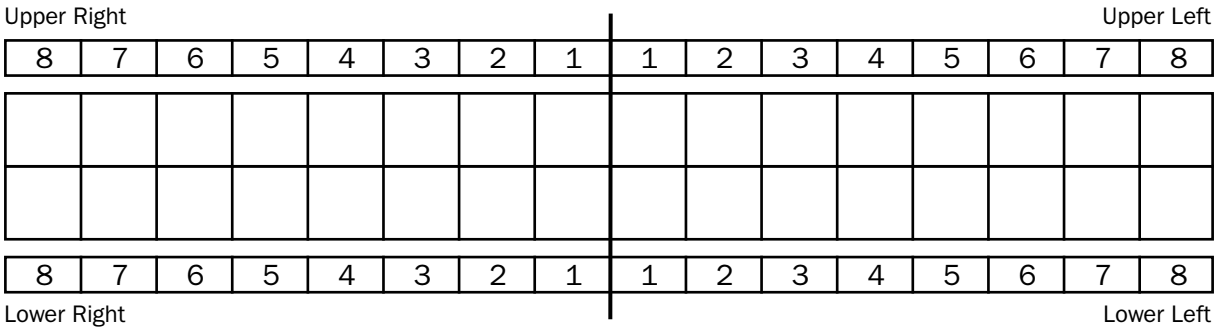
Refers to the Upper Right 4 — **4** | **6** — Refers to the Upper Left 6

Refers to the Lower Right 3 — **3** | **7** — Refers to the Lower Left 7

Alternatively you can refer to each quadrant using capital letters:
UR, UL, LR, LL

If a patient is returning on a regular basis for a course of treatment (e.g. several weekly visits), there's no need to do a full oral exam each time. Ideally, try to chart the condition of the teeth and gums yearly.

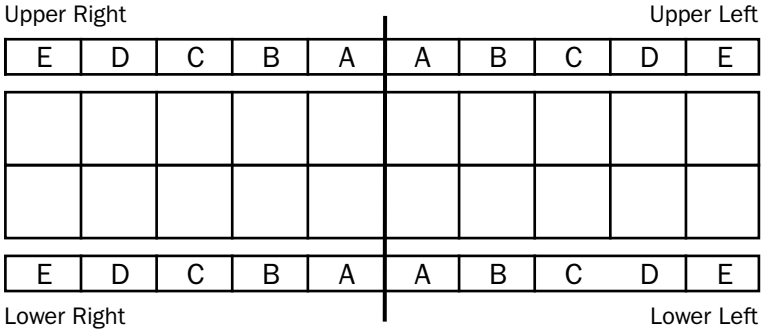
CHART FOR ADULT TEETH



Adult / **Permanent teeth** in each section are numbered 1-8

Central Incisor	1	2nd Premolar	5
Lateral Incisor	2	1st Molar	6
Canine	3	2nd Molar	7
1st Premolar	4	3rd Molar	8

BASIC CHART FOR CHILD



Children's **Primary teeth** in each section are lettered A B C D E

Central Incisor	A
Lateral Incisor	B
Canine	C
1st Molar	D
2nd Molar	E

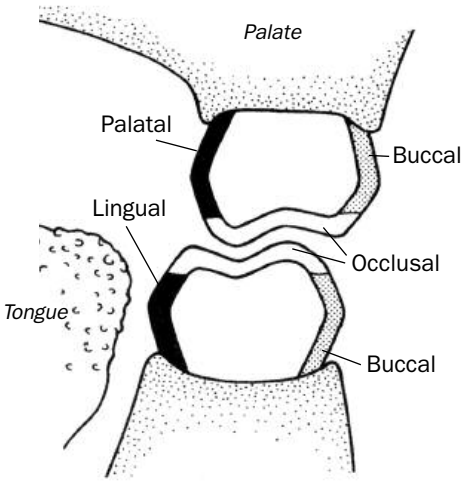
If possible, try to use the same record card for several visits so that you can see at a glance how the oral health of a patient is progressing.

You can re-date the record card and make a note of any changes by adding extra boxes on top of the first chart.

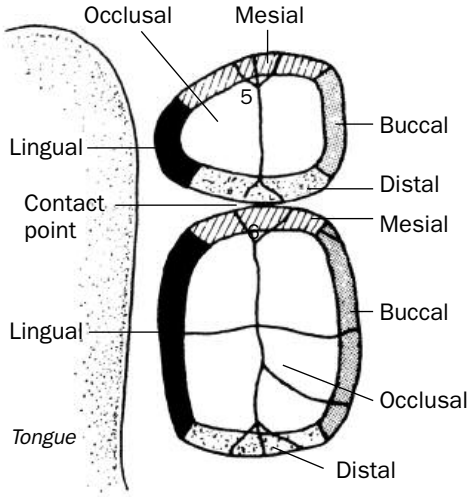
HOW TO CHART DIFFERENT SURFACES

Each tooth has a back and a front, a left and right side and a biting surface. However, because the teeth lie in a semi circle, using terms such as left and right or front and back can be confusing – for example, where is the front of a back tooth?

The following terms, once learnt, enable consistent charting. They derive from Latin names and help to position each tooth in relation to which part of the mouth it faces.



Cross section of molar teeth



Adjoining teeth viewed from above

Do not be put off by this 'dental language'. The terms sound complicated at first but are quickly learnt to provide a clear shorthand for consistent charting. This is important in settings with frequent staff turnover.

Tooth Surfaces

Buccal
Outer surfaces of molars and pre-molars, face towards the cheeks

Lingual
Inside surfaces of all lower teeth, face towards the tongue

Palatal
Inside surfaces of all upper teeth, face towards the palate

Labial
The outer surfaces of canines and incisors face towards the lips

Occlusal
The biting surface of molars and premolars

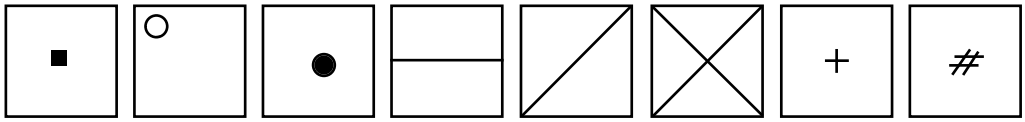
Incisal Edge
The biting surface of incisors and canines

Mesial
Surfaces between adjoining teeth that face towards the front

Distal
Surfaces between adjoining teeth that face towards the back

BASIC SYMBOLS USED FOR CHARTING TEETH

A simple square is adequate to represent the tooth for basic charting.



When charting decay, cavities or fillings, try to place the symbol to show which tooth surface is affected. This will help you to identify and keep track of problems. In the above example, the tooth with a filling present shows it as being in the centre, on the occlusal (biting) surface.

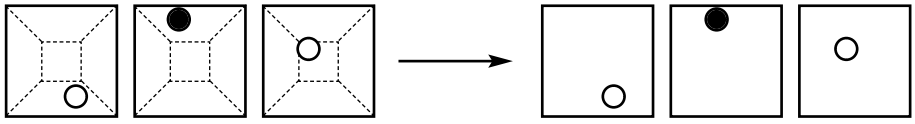
Printed Dental Record Cards

If you can obtain printed dental record cards, they usually show the teeth with dotted lines. This gives a 3 dimensional (3D) view as if you were looking at the tooth from the biting point. Molars and Premolars are shown with a square at the centre to represent the broad biting surface. Canines and incisors have a line at the centre to represent their thin cutting edge.

The examples below show how the same notation can be represented on a 3D chart or by using a simple square.

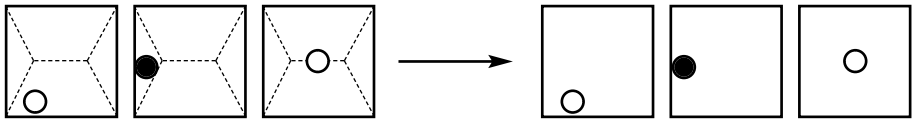
Upper Right Quadrant

Molar/Premolars



UR 6 Palatal Cavity	**UR 5** Buccal Filling	**UR 4** Occlusal Cavity	**UR 6** Palatal Cavity	**UR 5** Buccal Filling	**UR 4** Occlusal Cavity

Canines/Incisors



UR 3 Labial Cavity	**UR 2** Distal Filling	**UR 1** Incisal Cavity	**UR 3** Labial Cavity	**UR 2** Distal Filling	**UR 1** Incisal Cavity

SHORTHAND TERMS FOR PATIENT NOTES

PC	Patient Complained of…	TTP	Tender to Percussion
⌝	Lower Right Quadrant	TCA	To come again
⌞	Upper Left Quadrant	XLA	Extract under Local Anaesthetic
⌜	Lower Left Quadrant	OH	Oral Hygiene
⌟	Upper Right Quadrant	R x	To Prescribe

Develop other shorthand as required but make sure everyone understands it.

Time references can be shown in days (7), weeks (52) or months (12)

e.g. 2/7 = 2 days
1/52 = 1 week
6/12 = 6 months

If prescribing medication, the frequency of dose can be shown as

e.g. 4 x daily = 4 times a day
3 x daily x 5 = 3 times a day for 5 days

SIMPLE PERIO CHARTING

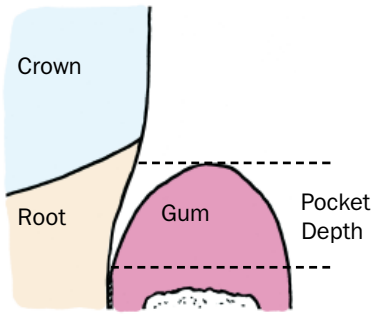
The World Health Organisation recommends a simple chart for recording gum conditions. It is called the Community Periodontal Index of Treatment Needs (CPITN). The mouth is divided into six areas known as **sextants**.

Upper Back Right Sextant Teeth: 8 7 6 5 4	**Front Upper Sextant** Teeth: 3 2 1 - 1 2 3	**Upper Back Left Sextant** Teeth: 4 5 6 7 8
Lower Back Right Sextant Teeth: 8 7 6 5 4	**Front Lower Sextant** Teeth: 3 2 1 - 1 2 3	**Lower Back Left Sextant** Teeth: 4 5 6 7 8

MEASURING POCKET DEPTHS

Where pockets have formed around the teeth these can be measured for depth using a perio probe to assess the extent of the problem and track future progress.

GRADE	POCKET DEPTH PERIO PROBE INSERTS	TREATMENT REQUIRED	USING A DENTAL PROBE*
1	1-3mm	scaling	If ⅓rd inserts
2	3.5 - 5.5mm	root planing	⅓rd to ⅔rd inserts
3	6mm or more	root planing surgery and/or extraction	⅔rd or more inserts



* If you don't have a mm perio probe, use a dental probe instead – blunt the end first to avoid damage.

A dental probe is usually 10mm long – check first and then adjust this guide if yours differs.

Gum condition can be graded according to the table on page 17.

Progress can then be tracked on a patient record card like this:

1st Sept '07

2	**1**	**0**
1	**2**	**1**

5th Jan '08

1	**0**	**0**
1	**1**	**0**

MAKING A DIAGNOSIS

Toothache is a very general term – there are many possible causes for each problem and patients do not always describe pain in the same way – so you need to build up a picture of the problem by asking questions and checking for tenderness.

Joseph has already said that he has:

- *pain in a tooth on the lower right*
- *it came on about a week ago*
- *it hurts when bitten on and aches continuously*
- *but is not especially sensitive to hot or cold.*

EXAMINE THE AREA

Touching the sore area is a good way to find out how serious the problem is. Push gently against each tooth in the Lower Right quadrant to see if any of the teeth are loose. In this case, all are firm except for the LR6, which has slight movement.

Now use the blunt end of an instrument e.g. mouth mirror, to gently tap against a few of the teeth including the one you suspect:

Joseph indicates pain when you tap the Lower Right 6 and confirms it is this tooth that hurts, when you ask him.

Tapping a tooth in this way is known as 'percussion of the tooth' and if the patient feels pain, it can be recorded as Tender To Percussion (TTP). This tooth shows obvious sign of decay – you can clearly see a hole and the tooth is slightly mobile. You ask Joseph about his habits and he tells you that he loves fizzy drinks and cakes. He is also a smoker (10 a day).

DIAGNOSIS

YOU KNOW THAT:	BECAUSE:
The tooth is badly decayed	There is a clear cavity
The nerve is dead	The tooth is no longer sensitive to hot and cold
There is an infection/abscess	The tooth is tender to percussion The tooth is mobile There is pus present
The general gum condition is good	Infection only visible around decayed tooth

You would now explain your findings to Joseph and recommend treatment. He requires an extraction of the LR6 under local anaesthetic.

OTHER THINGS TO LOOK FOR

When a patient presents with 'toothache' you should always consider a number of possibilities and you will learn with time and practice to recognise how different conditions can have similar symptoms. The following guide may be helpful as a reference for diagnosing toothache.

SYMPTOMS	POSSIBLE DIAGNOSIS
It hurts only after eating or drinking. You can see a cavity but the tooth does not hurt when you tap it	a cavity
Eating and drinking hurts. You can see that part of a filling has fallen out or is cracked and loose	cavity under an old filling
Tooth hurts when chewing food and may hurt when tapped but you cannot see a cavity and the tooth looks healthy	tartar between the teeth
Tooth hurts all the time, even when trying to sleep. Also hurts when you tap it and may feel a bit loose. May have pus discharge from surrounding gum	an abscess
Tooth hurts when breathing in cold air. Tooth recently knocked	cracked or broken tooth
Patient cannot open mouth properly. Steady pain and a bad taste coming from the back of the mouth	a new tooth growing in
Several top back teeth hurt when you tap them – recently had bad cold, can only breathe through the mouth	infected sinus

Remember:

The most common things occur most commonly.

Let's presume that you extract Joseph's tooth under local anaesthetic and all appears to be well. You would tell him to return if he has a problem otherwise ask to see him for a check up in twelve months time.

AFTER THE PATIENT LEAVES

Only when the examination/treatment is finished, should you remove your gloves and mask, disposing of them safely. As the patient leaves the surgery, you can now exit the contaminated area and move to the record keeping area to write notes. Remember to date your entry.

Example of how you might record the visit of Joseph

Shorthand	Longhand
Pc Pain ⌐	Patient Complained of pain in the Lower Right Quadrant
TTP LR6	Lower Right 6 is Tender To Percussion
XLA	Extraction under Local Anaesthetic
OH Good	Oral Hygiene good
TCA 6/12	To Come Again in 6 months

Ideally, while you are making these notes, an assistant can be cleaning the contaminated area and sterilising the instruments.

Now you would prepare to see the next patient.

EXAMINATION PROCESS – SUMMARY

PRESCRIBING MEDICATION

ANALGESICS

ANALGESICS are drugs to be taken internally or externally for pain relief. Most dental pain is caused by inflammation so the most effective drugs usually combine analgesic and anti-inflammatory effects. Non-steroidal, anti inflammatory drugs (NSAID's) can be used but these should be avoided during pregnancy.

ANALGESIC	DOSAGE	NOTES
Aspirin (NSAID)	**Adult:** 300-900mg 4 x daily as required Maximum 4g daily **Child:** Not recommended	- Analgesic and Anti inflammatory - Do not use if pregnant or breast-feeding - Not suitable for patients with: bleeding disorders, peptic ulcer, asthma, dehydration and allergic conditions
Ibuprofen (NSAID)	**Adult:** 200-400mg 4 x daily as required Maximum 800-1200mg daily **Child:** ***weighing over 7kg*** 20-30mg p.kg daily x divided doses	- Analgesic and Anti inflammatory alternative to Aspirin - Do not use if pregnant or breast-feeding - Not suitable for patients with: peptic ulcer, asthma, dehydration and allergic conditions
Paracetamol	**Adult:** 500mg-1g every 4hrs Maximum 4g daily **Child:** ***1-5yrs*** 120-250mg ***6-12yrs*** 250-500mg 4 x daily as required	- Analgesic only – alternative to Aspirin - Preferable for elderly patients - May cause Liver damage in overdose
Eugenol (Oil of Cloves)	Few drops mixed with Zinc Oxide powder to form cement	- Temporary filling cement / analgesic properties - Can be applied externally to painful dry sockets (see p. 75) - Some patients may be allergic to Eugenol

ANTIBIOTIC

ANTIBIOTIC drugs (also called antibacterials) are used to treat bacterial infections.

The most common use of antibiotics in dental practice is for an abscess if the normal body temperature of 37°C is raised by 1.5°C or more. Antibiotic treatment for an abscess should be reviewed after 5-7 days provided that the temperature has returned to normal, the abscess has drained and swelling is reducing. Prolonged use of antibiotics weakens their effectiveness and may increase side effects.

! IMPORTANT !

Do not use antibiotics without a defined clinical need.

Oral medicines are generally taken with water and after food unless stated.

ANTIBIOTIC	DOSAGE	NOTES
Phenoxymethyl Penicillin (PenV)	**Adult:** 250-500mg, 4 x daily x 5-7 days **Child:** ***1-5yrs*** 125mg/5ml syrup 4 x daily x 3-5 days ***6-12yrs*** 250mg/5ml syrup 4 x daily x 3-5 days	- Before meals and at bedtime - Avoid in penicillin allergic patients
Amoxicillin	**Adult:** 250-500mg, 3 x daily x 5-7 days **Child:** ***1-5yrs*** 125mg/5ml syrup 4 x daily x 3-5 days ***6-12yrs*** 250mg/5ml syrup 4 x daily x 3-5 days	- Before meals and at bedtime - Has a wider range of antibacterial action than penicillin - People allergic to penicillin will also be allergic to amoxicillin
Erythromycin	**Adult:** 250-500mg 4 x daily x 5-7 days **Child:** ***1-5yrs*** 125mg/5ml syrup 4 x daily x 3-5 days ***6-12yrs*** 250mg/5ml syrup 4 x daily x 3-5 days	- For women who are pregnant or breast-feeding and are allergic to amoxicillin or penicillin.
Tetracycline	**Adult:** 250-500mg 4 x daily x 5-7 days **see p. 29**	- Before meals - Avoid dairy products e.g. drinking milk during use - Do not use if pregnant or breast-feeding - Do not give to children under 12
Doxycycline	**Adult:** 200mg on first day then 100mg daily x 5-7 days **see p. 29**	- Avoid exposure to sunlight during use - For people who are allergic to amoxicillin or penicillin - This is a longer acting form of tetracycline - Do not use if pregnant or breast-feeding - Do not give to children under 12
Clindamycin	**Adult:** 150-300mg 4 x daily x 5-7 days **Child:** 3-6 mg per kg bodyweight 4 x daily x 5-7 days	- Not often used for oral infections except osteomyelitis - Stop immediately if diarrhoea develops
Metronidazole	**Adult:** 200-400mg 3 x daily x 3-7 days **Child:** ***5-12yrs*** 100mg 3 x daily x 3 days	- Not to be taken with alcohol - Used as an alternative to Penicillin and Erythromycin - Do not use if pregnant or breast-feeding - Useful for perio problems e.g.Vincent's Infection see p. 86

ANTI FUNGAL

ANTI FUNGAL agents are used to treat fungal infections such as Candida albicans (oral thrush) see p. 79.

ANTI FUNGAL	DOSAGE	NOTES
Nystatin	**Adult & Child:** (100,000 units = 1 lozenge) dissolved slowly in mouth, 4 x daily x 5-7 days, after food	- People with low immune systems will require higher dose (500,000 units, 4 x daily x 5-7 days)
Amphotericin	**Adult & Child:** 10mg lozenge dissolved slowly in mouth, 4 x daily x 10-15 days, after food	- Increase to 8 x daily if infection is severe

ANTISEPTICS

ANTISEPTICS discourage the growth of micro-organisms and are commonly used as mouthwashes.

ANTISEPTIC MOUTHWASH	DOSAGE	NOTES
Chlorhexidine Gluconate 0.2%	10ml rinse 2 x daily Hold in the mouth for 1 min then spit out	- For treatment of gingivitis & mouth ulcers - Wait 30 mins between using this and eating/drinking
Hydrogen Peroxide 6%	15ml (diluted in half cup of warm water) rinse 2-3 x daily Hold in the mouth for 2-3 mins then spit out	- Useful in treatment of acute ulcerative gingivitis and rinsing dry sockets - Do not use for more than 3 days - Boil water first and allow to cool
Povidone-Iodine 1%	10ml rinse up to 4 x daily Hold in mouth for 30 sec then spit out	- Useful for minor gum infections - Do not use if pregnant or breast-feeding - Do not use for more than 14 days
Salt Water	Mix small spoon of salt in cup of warm water Hold in mouth for 30 sec then spit out and repeat 3 - 4 x daily	- Boil water first and allow to cool - Effective for many oral conditions and general healing
Do not swallow mouthwashes		

BEFORE PRESCRIBING

ALWAYS:

- *Ask patients if they are allergic to penicillin or other drugs*
- *Read medicine guidance notes*
- *Be aware of expiry dates*
- *Rotate supplies: use oldest medicines first*

Check **www.emc.medicines.org.uk** for current advice.

PRACTICE MANAGEMENT

ROLE OF AN ASSISTANT

It is important to make the role of an assistant very clear so that you can work together and not confuse each other, especially for cross infection procedures and record keeping.

Assistant duties usually include:

- gathering patient record details
- preparing supplies and instruments
- charting records
- cleaning and sterilising instruments and surfaces
- safe disposal of waste
- safe storage of supplies and instruments.

It is helpful for an assistant to note patient details and chart records so that you do not contaminate clean hands with a dirty pen or a clean pen with dirty hands BUT

the dental worker should be solely responsible for writing up notes concerning diagnosis and treatment and for checking that patient information is accurate.

HOW TO MANAGE A SESSION OF TREATMENTS

If you are going to run regular sessions, you need to consider how to make the best use of your time, how to make the best use of your instruments and equipment and how to prioritise patients in pain.

Option 1: **See, diagnose and treat each patient in turn.**
This option best suits situations with limited numbers of patients or limited sets of instruments or where people have travelled a long distance and cannot return easily.

Option 2: **See and diagnose each patient in turn. Plan a separate return session for those requiring treatment.**
This option best suits situations with a large number of patients or where you have the opportunity to see patients again in a day or two.

BASIC TREATMENT	AVERAGE TIME TO ALLOW
Oral examination and charting	Average 10-15 minutes
Simple scaling of the teeth	Average 15-20 minutes
Simple extraction (i.e. non surgical) under local anaesthetic	Average 15-20 minutes (5 mins each for injection, extraction and aftercare)

You will get quicker with experience but it only takes one problem to throw timings out so don't overestimate what can be achieved.

Best Use of Resources

If you have a limited number of instrument sets/sterilisation facilities, it may be better to see and treat each patient in turn so that you perform as much as possible with each set of instruments before they need to be sterilised for the next patient.

Group Treatments
If you have a lot of patients who need an exam and a simple scaling, this could take 45-50 minutes for each one. If you are able to do the examinations on one day and schedule the scaling treatments for another, you will be able to see more patients on day one and predict how many you can treat in set times for the following sessions.

Triage Sessions
If you have a lot of patients it may be worth conducting what is known as a 'triage' session first – this involves an initial (question and answer) assessment of all patients before they come into the dental examination area. Ask each patient why they have come, if they are in pain, if so, how severe is the pain? A trained assistant could conduct the triage session while the dental worker gets the session underway.

Patients in Pain
You might decide to see the pain patients first but be careful with this approach. Pain patients should ideally be seen and given relief as soon as possible but if they are always given priority over those who manage their oral hygiene well enough to avoid toothache, this could send out the wrong message.

Decide a policy for prioritising patients that will encourage them to improve and stay responsible for their own oral health.

Not every pain is an emergency

Not every emergency begins with pain

COSTINGS

As soon as you move from basic oral health care instruction to conducting examinations and treatments, the implications for cost and sustainability dramatically increase. Be realistic about what you can afford so that you can sustain the services you offer.

Start simply then gradually build up your equipment store to suit the dental needs of your community.

Check out this website for current costs of equipment and supplies

www.dental-directory.co.uk

WORKING WITH OTHER PROFESSIONALS

The process of arranging for a patient to see another worker, either for specialised treatment or advice, is known as referring. Whenever you refer a patient on to another place or to a doctor, it is helpful if you write a brief letter explaining why you are asking for them to be seen.

Keep it simple – say what you saw and if appropriate, give the letter to the patient to take with them.

Referral Letters are helpful for both specialist and patient:

For the Specialist: So they are clear about what you saw, why you have referred and if you have prescribed anything

For the Patient: So they know that you are passing them on with a specific request and not simply abandoning them.

IF IN DOUBT – DO REFER

Sample Referral Letter

Include your details so they can contact you if necessary

Dear _____ (name) _____ or To whom it may concern

This patient: _____ (name) _____ DOB: _____

presented to me today with: _____

I found indications of: _____

and I would be most grateful if you could see and treat this patient.

I prescribed _____ Date: _____

Signed: _____

TREATMENT DAY BOOK / ACCIDENT BOOK

In addition to making notes on the patient record cards, it is useful to note details of each session in a day book. This helps if you need to refer back to a particular day. It also gives information about how your time is being used and how many patients are due to come again so you can plan future sessions.

TREATMENT DAY BOOK

DATE	PATIENT NAME	TIME	TREATMENT
03.01.2007	José Gonzalez	7am	Exam TCA 1/7
	Samuel Nyoni	7.30	Exam Scale
	Beatrice Choy	8.00	Exam XLA TCA 1/7

It is also advisable to keep an Accident/Incident book in the clinic so that you can record any potentially dangerous events that affect staff or visitors. This helps to ensure that safe and correct procedures are being followed and can also provide a record if any problems later arise.

ACCIDENT BOOK

DATE	PERSON(S) INVOLVED	TIME	HOW ACCIDENT OCCURRED	ACTION TAKEN: BY
2.2.07	Amina Patel	10am	Accidental needlestick injury through glove – used needle	Injury washed & dressed. Needle discarded. Appt made for testing. ARV treatment started.* Signed: (name)
4.3.07	Julia Ngoi	2pm	Accidental needlestick injury through glove – sterile/ un-used needle	Injury washed & dressed. Needle discarded. Signed: (name)

(See page 64 for detailed advice on needlestick injuries)

*For information on ARV drugs visit: **http://hivinsite.ucsf.edu/**