WINSPERT

ORANGE SET: CLUSTER 1
(CLINICAL INFORMATION AND GATHERING)
BLUISH SWELLING ON THE PALATE

Ready to understand? Follow the steps!

1 Understanding concerns of patient.
Exploring swelling situation - Onset and duration, Symptoms, consistency, previous occurrences, Associated experiences.

2 RELEVANT HISTORY

- **M/H** — Medical conditions, medications, allergies, blood test?
- **D/H** → Any dental treatment done nearing the swelling? Or pain?
- **S/H** → Smoking or alcohol?

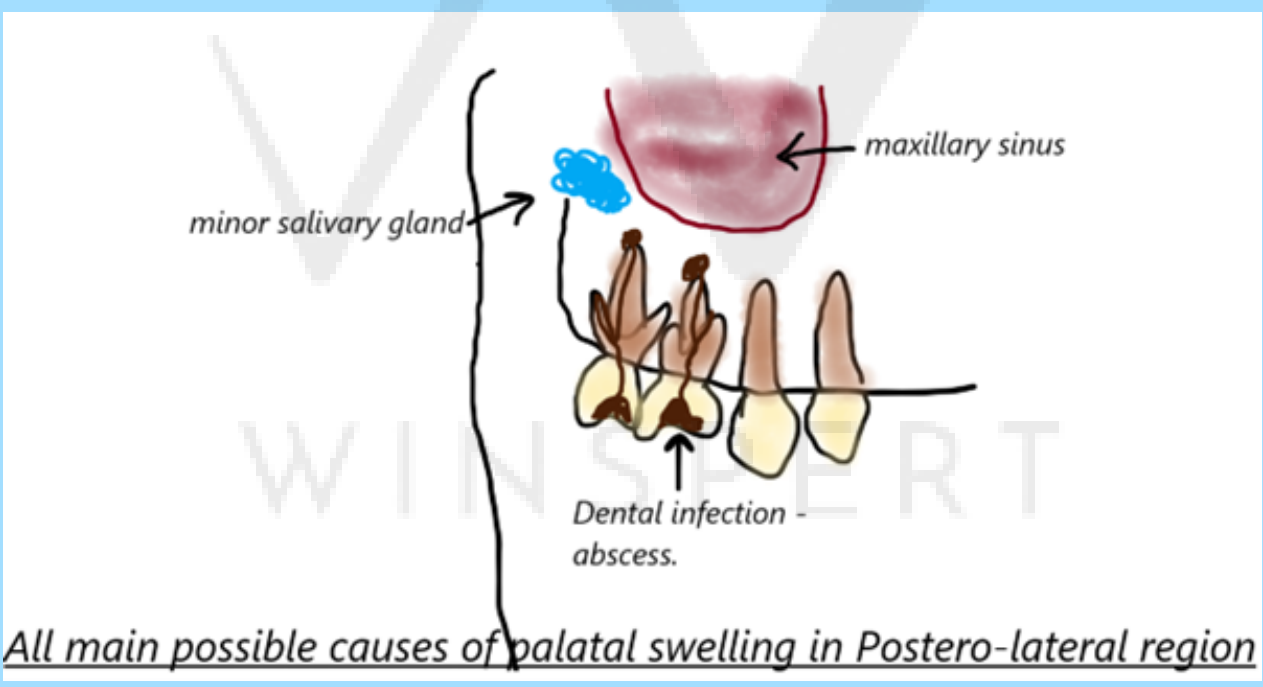
3 DIFFERENTIAL DIAGNOSIS

Odontogenic causes: Dental abscess or cyst.

Non-odontogenic causes:
Salivary gland associated, Sinus associated, Systemic causes (immunosuppression)

4 INVESTIGATIONS

Extraoral: profile of face if any swellings present.
Intraoral: Thorough check of your teeth and swelling.
Cold test of the teeth near swelling, percussion, probing.
PA x-ray, OPG, occlusal x-ray.
Referral to an oral medicine specialist - for biopsy.



All main possible causes of palatal swelling in Postero-lateral region

WINSPERT

ORANGE SET: CLUSTER 1
(CLINICAL INFORMATION AND GATHERING)
PATIENT WANTS IMPLANTS

Ready to understand? Follow the steps!

1 **Understanding patient's awareness about implants. Explaining patient on how there is a criterion to have a successful candidate for an implant.**

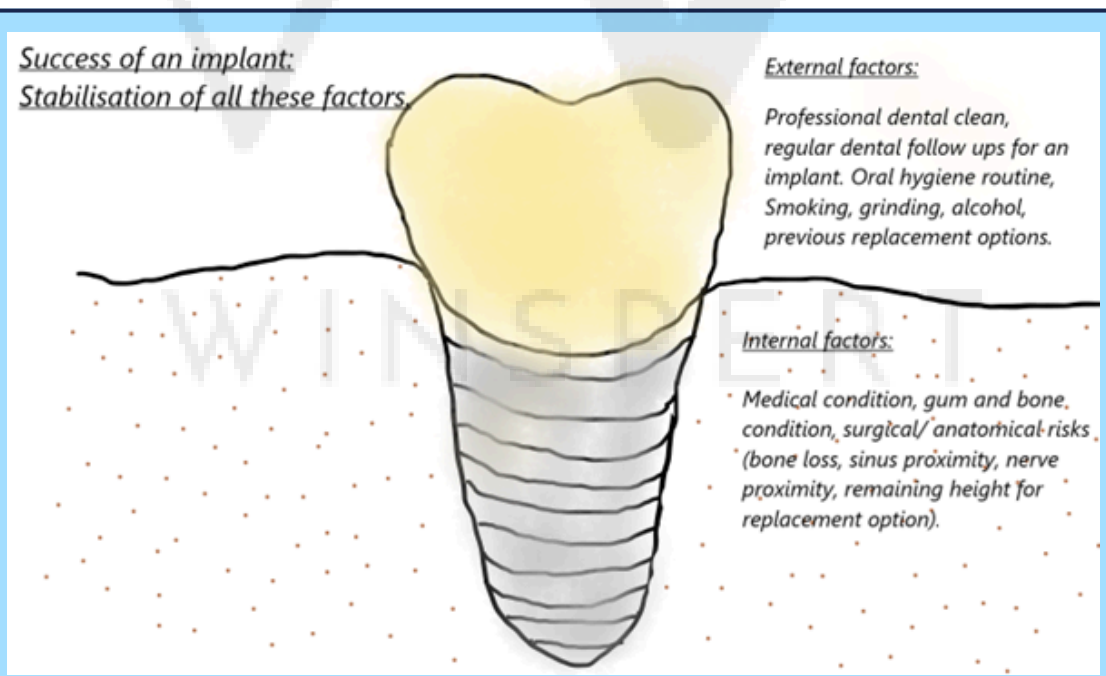
- **M/H** → **Medical condition, medication, blood test. GP/ cardiologist visits regarding the heart condition.**
- **D/H** → **Tooth loss history? Any replacement options? Regular dental visits, oral hygiene routine? Grinding of the teeth?**
- **S/H** → **Smoking or alcohol?**

2 **Risk assessment: Understanding the positive history and relating to the implant success. Internal risk factors: Medical condition, gum and bone condition, surgical/ anatomical risks (bone loss, sinus proximity, nerve proximity, remaining height for replacement option)**

External risk factors: Professional dental clean, regular dental follow ups for an implant. Oral hygiene routine, Smoking, grinding, alcohol, previous replacement options.

3 **HEART VALVE AND IMPLANT RELATIONSHIP: Need for Antibiotic prophylaxis, monitoring of anticoagulants before the procedure to reduce the risk of bleeding, Excellent oral hygiene to prevent infections.**

4 **INVESTIGATIONS**
Extraoral: Check TMJ and muscles of mastication.
Intraoral: Thorough look at the rest of the teeth, probing, panoramic x-ray, PA x-ray (maybe), referral for CBCT.
INR: at the time of surgery.



WINSPERT

ORANGE SET: CLUSTER 2
(DIAGNOSIS AND MANAGEMENT)
A PATIENT WITH UNCONTROLLED DIABETES AND SWELLING

Ready to understand? Follow the steps!

1 Patient is in pain and has swelling – so being extra empathetic while asking HOPC. Ask about sleep or eating habits being affected. Any medications that might have helped.

Assessing the situation by asking about severe odontogenic spreading features.

2 Explanation about findings and diagnosis.
Using patient friendly language to explain.
Asking relevant history that will help in management.

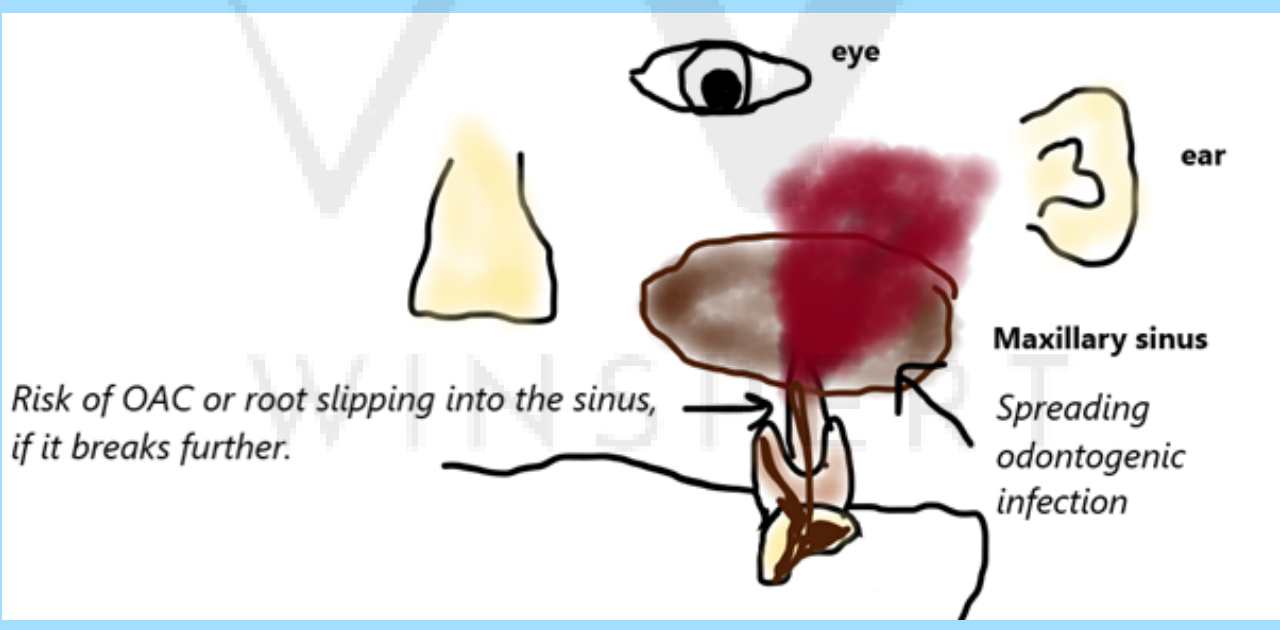
M/H → Last GP visit? Why is patient not taking medications for the diabetes? Blood test? Any other medical conditions or medications?

S/H → Smoking and alcohol?

3 **MANAGEMENT:**
Explaining about tooth not with good prognosis and using x-ray to explain the risk of OAC and root slipping into the sinus.

And thus, oral surgeon is best in their case.
However, specialist have finances involved and waiting times.
Thus, temporary management on doing the emergency pulpectomy.
Prescribing analgesics (prescribe depending on patient's medical history and allergies).

Discussion on replacement option in review appointment.



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ORANGE SET: CLUSTER 2
(DIAGNOSIS AND MANAGEMENT)
4-YEAR-OLD UNCO-OPERATIVE CHILD

Ready to understand? Follow the steps!

1 **Initially addressing William's pain and how it must be challenging for a mum to travel with a child in pain. Understanding HOPC, ask if swelling was present. If patient took any medication.**

Explain all your dental findings. Also, appreciate her for bringing the diet chart along.

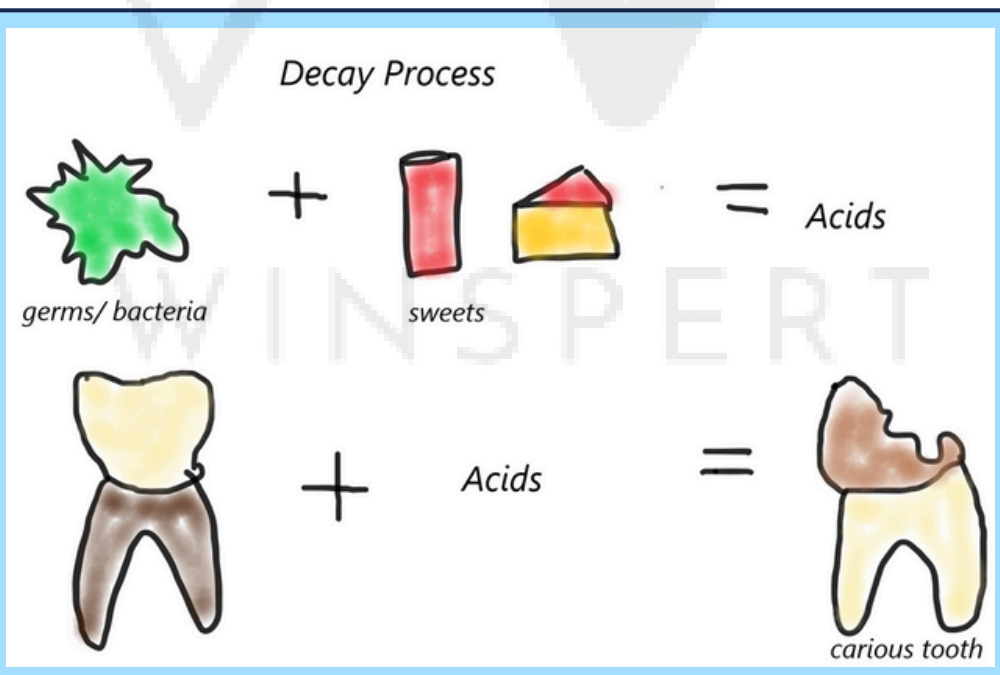
2 **Diagnosis: Depending on the symptoms - Reversible pulpitis or irreversible pulpitis. Mention about how he is a high caries-risk patient.**

Understanding risk factors: Dental visits, oral hygiene, tank water, diet and medical history. Modify the risk factors accordingly.

3 **MANAGEMENT:**
Today's focus is on behavioural management and pain relief. Explaining on how not just the treatment of tooth, but also other teeth with decay need to be addressed, along with the prevention in future.

1. **Tell-show-do, holding mother's hand, positive reinforcement, playing videos on screen to help him be comfortable. Also considering nitrous oxide sedation.**
2. **Trying your best to do the procedure. If not permanent measure but some temporary measure.**
3. **Management plan for rest of the decayed teeth: Either getting done everything with the specialist under GA. Mention about VPTAS in Royal dental hospital.**
4. **Preventive advice: Oral hygiene, diet modification, regular dental visits with government camps, fluoride varnish, water intake.**

(VPTAS – Victoria Patient Travel Assistance Scheme)



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ORANGE SET: CLUSTER 3
(CLINICAL TREATMENT AND EVALUATION)
PAIN AND SWELLING EXPERIENCED IN A PATIENT HAVING ASTHMA

Ready to understand? Follow the steps!

1

Patient with a swelling, be more empathetic and assess the risk of medical urgency. Is the swelling increasing rapidly since past few days/ in the last 24 hours? Is it affecting your airway/ swallowing/ opening of mouth?

Any swellings around neck? Which could be sore?

2

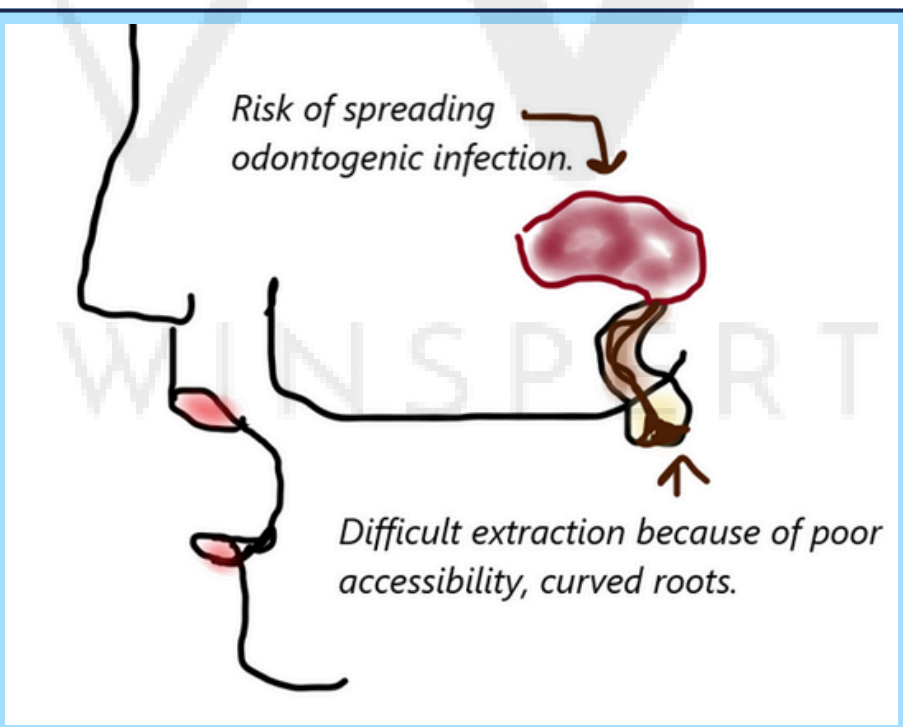
RELEVANT HISTORY

M/H → **Asthma – Is it stable? Is patient carrying their inhaler? what medication? Patient has penicillin allergy, any other allergies? Any other medical conditions or medications?**

S/H → **Smoking and alcohol?**

3

TREATMENT AND EVALUATION:
Extraction of wisdom tooth. However, because it's badly decayed, has curved roots – it complicates the extraction.
Moreover, because of localised infection – chances LA won't work.
Additionally, reduced accessibility and compromised visibility would restrict the extraction.
Alternative options if patient has positive severe spreading odontogenic features:
Refer to the hospital, preferably accompanied with a responsible adult.
If patient just have systemic but no severe spreading odontogenic features:
Prescribe antibiotics – to limit the infection. (Clindamycin 300mg 8 hourly for 5 days).
Either refer it to an experienced colleague or oral surgeon depending on the availability and financial considerations.



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ORANGE SET: CLUSTER 3
(CLINICAL TREATMENT AND EVALUATION)
PAIN EXPERIENCED WITH AMALGAM FILLING DONE BY A COLLEAGUE

Ready to understand? Follow the steps!

1. A regular patient of your clinic is upset after a treatment with your colleague. Understanding why the patient is upset. Listening actively is very important.

2. Explanation of findings on x-ray taken and giving reason for pain.
Relevant history – How did you go after the filling? Any habit of grinding / eating hard food?

   If patient is hinting towards complaint, mention he/ she has full right to complain.

3. **CLINICAL TREATMENT OPTIONS:**

   No treatment – however this is not treatment of choice for you as we want to take you out of the pain. Just prescription of analgesics. (Before prescription checking medical history in detail).

   RCT followed by the crown – In house, adjusting the payment of filling with RCT. Analgesic medication. Pros and cons explain.

   Referral to an endodontist – waiting times involved thus we can do an emergency pulpectomy, so you have a relief and rest of the procedure with them. Pros and cons explain.

   Extraction –We do not want this option for you. Pros and cons explain.