



## YELLOW SET: CLUSTER 1 (CLINICAL INFORMATION AND GATHERING) PATIENT HAS MULTIPLE BROWN SPOTS ON TEETH AND DAD IS WORRIED

**Ready to understand? Follow the steps!**

**1**

**Focusing on what patient concerns and expectation are from today's appointment. With parents accompanying a child, always show more empathy and be more sensitive. Exploring the complaint of patient by asking details of the pain, discomfort, swelling.**

**M/H**



**Medications, medical conditions (or medical conditions early in 1-2 years of life), allergies.**

**D/H**



**Frequency of visiting dentist, brushing, toothpaste, supervision, interdental aids use.**

**S/H**



**Water and food habits.**

**2**

**Corelation of risk factors from history and linking them to be the possible cause of decay in patient. Explanation of how best patient can modify them to make it a healthy mouth and save adult teeth.**

**3**

**Investigations:**

**External aspect of Face**

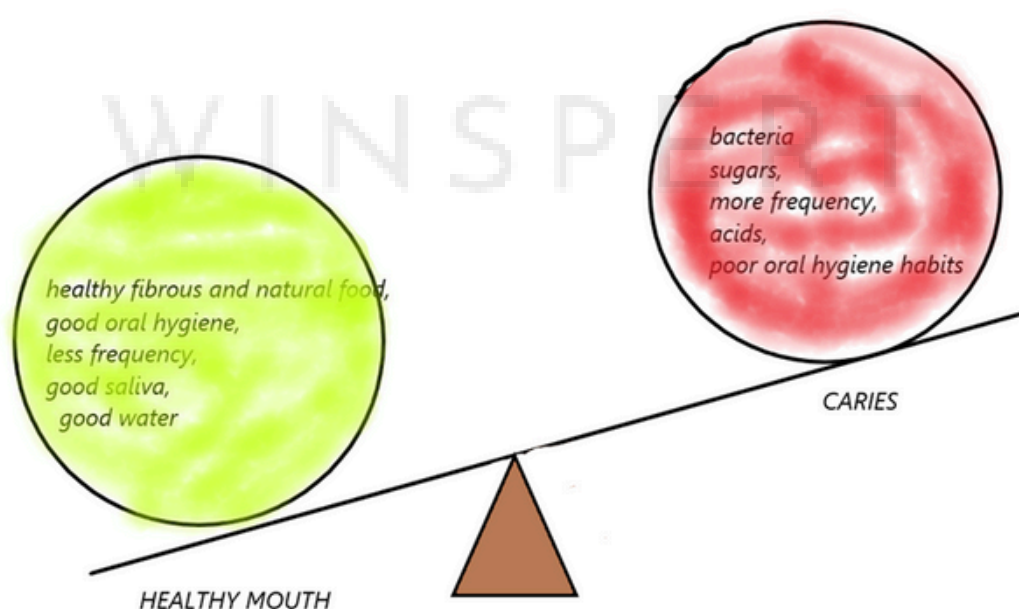
**Check for swelling or change in profile.**

**External aspect of Face**

**Detailed check of teeth and the gums, if bitewings not given then take it, diet chart.**

**Recall in a week, provide brochures to understand the process of decay causation and how best we can prevent it.**

A balance is required to maintain healthy mouth





## YELLOW SET: CLUSTER 1 (CLINICAL INFORMATION AND GATHERING) PATIENT WITH PERIODONTITIS WANTS ORTHODONTIC TREATMENT

**Ready to understand? Follow the steps!**

**1**

**Focus on patient's requests and try understanding his reason for requests. Acknowledging the records transferred from previous dentist and explaining them. Asking relevant questions to help understand his situation better. In HOPC – ask if teeth are wobbly, if he has bad breath or any discharge?**

**M/H**



**Medical conditions, medications, blood test done, GP visit?**

**D/H**



**Regularity to the dentists, last check or previous gum treatments? Brushing, interdental aids, toothpaste?**

**S/H**



**Family history (most important), smoking and alcohol (not imp)?**

**2**

**Explanation of records, with relevant answers and related risk factors being responsible for patient's condition. Reason for referral to GP and periodontist.**

**3**

**Investigations: External aspect of face**

**Inside of the mouth – Detailed gum depths (complete periodontal examination), examine teeth condition, OPG and if required peri-apical x-rays.**

**(Compromised tooth support at a young age is possibly because of the medical issues within the body – focus on this aspect).**

Normal tooth support



Compromised tooth support



## YELLOW SET: CLUSTER 2 (DIAGNOSIS AND MANAGEMENT) PATIENT WITH ABSCESS, M/H OF VARFARIN AND BISPHOSPHONAT

## Ready to understand? Follow the steps!

- 1** **Diagnosis cluster ask only relevant minimal question that will affect management and help in diagnosis. In this case HOPC – swelling if its increasing? Pus discharge? History says wobbly tooth so don't ask again, bleeding, similar experience in the past?**

**M/H** → All medical conditions, medications and recent GP visit and blood test?

**D/H** → Past dental visits and questions on maintaining oral hygiene?

**S/H** → Smoking in the present or in the past?

- 2 Diagnosis: Explain the diagnosis in a simplified way by correlating to the positive factors you found through the history and with the information given.**  
**Relevance of hypothyroidism and periodontitis mainly along side other factors.**

- ### 3 Management and correlation:

**How medical history will affect the management with the risk of MRONJ and increased bleeding due to interaction of thyroxine and warfarin.**

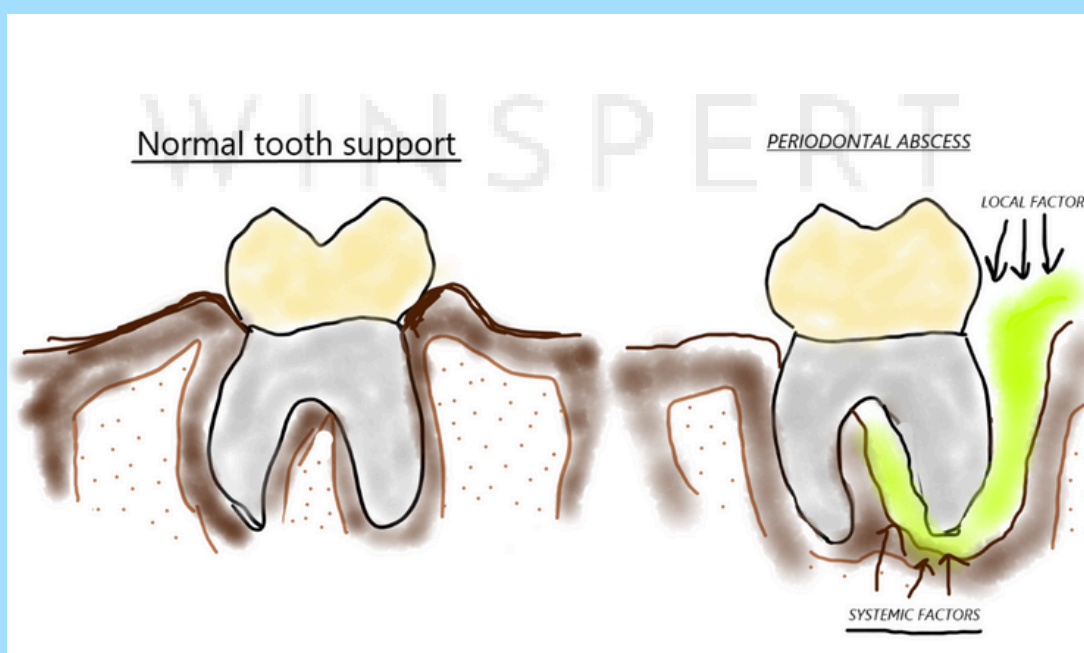
**Thus, limiting management to superficial clean and gently oozing out the pus with the gauze piece.**

**Prescribe painkillers (ibuprofen 400mg 6-8 hourly and Panadol 1000 mg 4-6 hourly).**

**Referral to periodontist or hospital (whichever is earliest).**

**Prescribe antibiotics if the patient cannot be seen by periodontist or hospital in less than 24 hours.**

**Health promotion on how we can best look after our health to avoid such complication in future – visiting dentists 6 monthly, optimum with oral hygiene, visiting GP, regular blood tests, smoking cessation and adapting healthy lifestyle. Provide brochures and extend the support with several ways to mitigate the complications affecting our oral health.**



## YELLOW SET: CLUSTER 2

## Ready to understand? Follow the steps!

- 1 Working on the relevant history to best manage the patient concerns and their condition. About the loose denture and soreness on the corners of the mouth. Show empathy for elderly patients more, ask if she was able to eat her meals at all?**

**M/H** → last GP visit, last blood test and if patient takes any medication?

**D/H** → **Dental visits, follow ups for dentures, denture hygiene?**

**S/H** → **Smoking and alcohol?**

- 2 Explain diagnosis of denture stomatitis and angular cheilitis. Explaining the terms in patient friendly language.**  
**(Possible risk factors for denture stomatitis – poor denture hygiene, continuous denture wear, underlying medical condition like diabetes mellitus).**  
**(Possible risk factors for angular cheilitis – ill fitting dentures, systemic granulomatous diseases, nutritional deficiencies).**

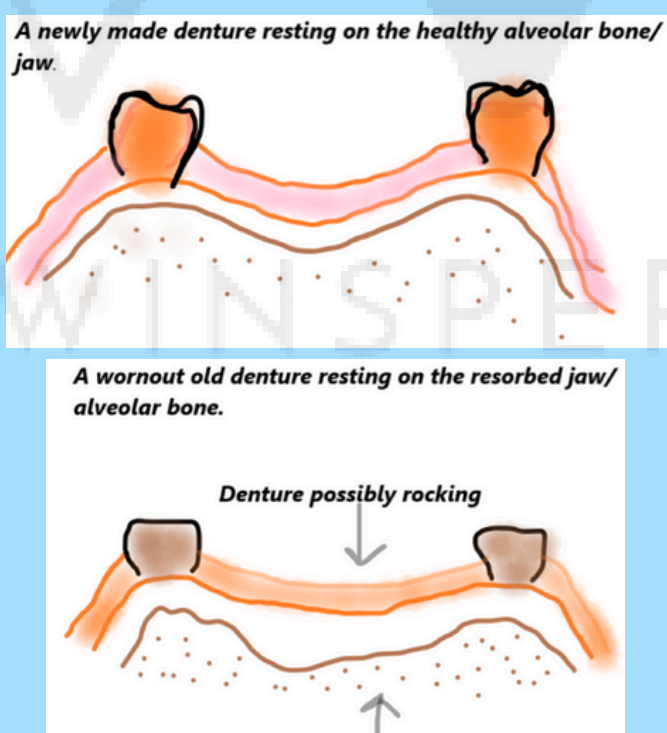
### 3 Management

**Loose denture – we need to reline or make new set, if the dentures are old (more than 10 years old) – make new ones. As, the patient has denture stomatitis – best is to optimise denture hygiene. If he/she insists on relining – say with tissue conditioners only temporarily. Also, depending on the extent of broken part we can decide to a new set or possible to reline.**

**Soreness of the mouth – explaining the patient we can prescribe a NSAID benzydamine gel but, we need to determine the cause and treat it, could be providing nutrients, fixing the denture issues or systemic disease with an appropriate referral.**

**Referral to GP - to get blood test done for A.C. and for blood sugar levels.**

**Referral to prosthodontist - to get upper and lower dentures made if combination syndrome is present.**



## YELLOW SET: CLUSTER 3

## Ready to understand? Follow the steps!

- 1 Cluster 3 is all about listening to patient's requirements and expectations in terms of treatment. In this case, he/she is a regular patient coming for check up and clean. Applaud him for his regular attendance and the findings are all clear so applaud for that too. Asking patient, I happen to see you are interested in knowing the replacement options for the gap. So, tell me what are your expectations and thoughts of a replacement? Related question of replacement, how long the gap has been present for?**

- 2 Ask the patient – Mr. ABC, can we discuss few relevant questions that will guide me to select the best option for you?**

**M/H** → Medications is of prime importance the most because if patients has dry mouth due to medicines, we need to not give removable option as it will be irritant to mucosa. Also, if any medications hamper consideration of implant option.

**D/H** → **Applauding regular visits and mentioning that replacement too needs regular recalls. Also, maintenance of oral hygiene as similar to your natural teeth.**

**S/H** → **Grinding? Smoking? Alcohol? (Smoking and alcohol causes dry mouth and few mucosa changes and grinding will cause excessive load on replacement too.**

- ### 3 Management:

## No treatment

- **Advantage:** No cost or procedures involved.
- **Disadvantage:** Slow movement of adjacent teeth.

## Implant

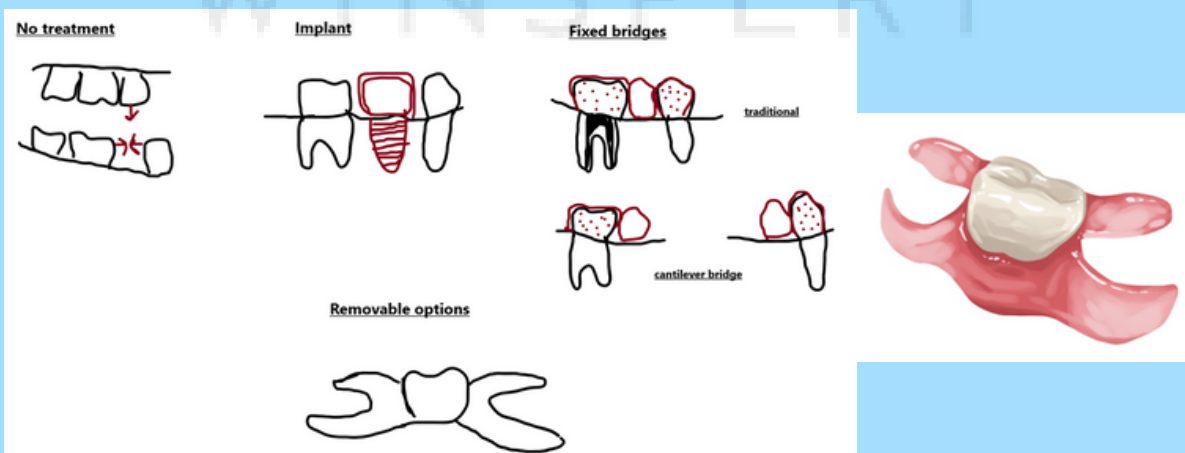
- **Advantage:** Best single tooth option, closest to the tooth.
- **Disadvantage:** Expensive, multiple appointments, seeing a specialist and bone scan.

## Fixed bridge

- **Traditional:** Best option but too invasive and expensive close to an implant.
- **Cantilever bridge:** Fixed yet chances of debonding, excessive load if good abutment tooth is not found.

- 4 Removable valplast also called as flipper – easy to make and cost effective, however it's more of a temporary measure and hassle to removing and wearing.**

**After all the options, double checking if the patient can understand. Draw all diagrams for patient to understand and mention about providing brochures to understand each option in detail. Last but not least, giving an option of deciding replacement after having a second opinion by a specialist or an experienced colleague.**





## YELLOW SET: CLUSTER 3 (CLINICAL TREATMENT AND EVALUATION) CROWN BROKE DURING EXTRACTION

**Ready to understand? Follow the steps!**

**1**

In an emergency or an angry patient, never ask stepwise or a mannered history. Rather focus on managing patient's anxiety and assuring you will be with him/her until they get an appropriate way to be managed by you or a colleague or a specialist.

Reassure that it is manageable and is under control.



Explaining the steps, by taking into consideration patient factors like has come with pain and swelling extending to ears, broken down molar, possible complications of maxillary sinus involvement travelled by driving for 200kms and has come on a Friday afternoon.

**2**

### MANAGEMENT

Option 1: You try taking the rest of the tooth out after explaining the possible complications.

Option 2: An experienced colleague can handle the case today or over the weekend.

Option 3: You refer to an oral and maxillofacial specialist/ oral surgeon to take it out and manage the complications. However, its weekend and possibility of getting an appointment is less. So, mention of possibility to worsen the swelling and calling ambulance in medical emergency.

Option 4: Going to the public hospital but mentioning about the waiting times of over a year if not medical emergency.

If patient is not seen within next 24 hours prescription of painkiller and antibiotics, always ask about the medical history and allergies before prescription. And accordingly prescribe them.

**3**

Explaining post extraction instructions and complications expected (if time permits). Follow up with patient.

Victorian government offers provision to pay for the accommodation (\$49/day), travel and the subsidy of the treatment for the patients residing in the remote area. Especially if the treatment is provided by specialist. (VPTAS).

