



GOLD SET: DRAINING ABCESS CASE

Cluster 1: Clinical Information Gathering

Key Words



HISTORY

- HOPC: Swelling, pain, is it bothering sleep, eating and playing patterns?
- Medical history medical conditions, medications and allergies.
- Dental history Previous dental visit? When was the tooth restored?
- Oral hygiene history: Toothbrushing habits, flossing, supervision and toothpaste.
- Social history Eating habits and water consumption.
- 2
- Explaining risk factors for the etiopathogenesis of decay.

3

INVESTIGATIONS:

- E/O Swelling over the face.
- I/O Detailed examination of all teeth in the area.

 Quality of saliva.

Probing.

X-rays: Periapical x-ray/ bitewing.

Diagram

Instead of drawing diagram, make sure you cover all these risk factors and modify the diet chart brought by patient.





GOLD SET: CONSENT FOR EXTRACTION IN A PATIENT WITH M/H OF ACTONEL AND PREDNISOLONE

Cluster 1: Clinical Information Gathering

Key Words

- HISTORY
 - HOPC: Swelling over the gums or face? Pain, is it bothering sleep and eating? Discharge?
 - Medical history medical conditions, medications and allergies. Follow ups regarding the current conditions?
 - Social history Smoking and alcohol?
- Explaining risk factors associated with Actonel and Prednisolone on extraction. Make sure to include the consent aspect.
- **MATESTIGATIONS:**
 - E/O Swelling over the face, fever.
 - I/O Detailed examination of a tooth.
 Probing.
 X-rays: Periapical x-ray
 Cold test.

Diagram

Instead of drawing a diagram, make sure you cover all these risk factors and modify them.





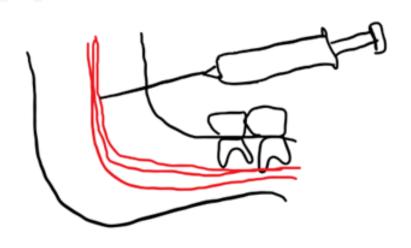
GOLD SET: HAEMOTOMA CASE

Cluster 2: Diagnosis and Management

Key Words

- HOPC: Post extraction instruction follow up?
 Swelling affecting swallowing or breathing? Pain affecting eating or sleeping patterns?
- Explanation of haematoma and it's etiopathogenesis after IANB leading to myospasm and trismus.
- MANAGEMENT:
 - Assurance, it's manageable. Resolution in a few weeks.
 - Home measures: Warm moist towel applications/ hour.
 - And jaw exercises. Soft diet and avoiding wide opening of jaws.
 - Advice from an oral medicine specialist in regards to trismus.
 - Referral to an oral surgeon, if the patient insists on immediate management.

Diagram







GOLD SET: NURSE PATIENT WORRIED ABOUT OAC AND INFECTION CONTROL.

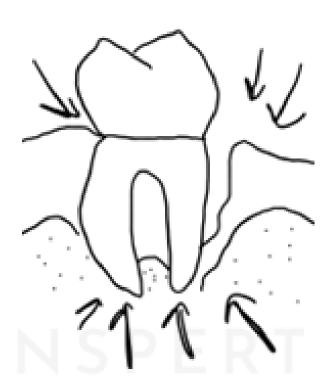
Cluster 2: Diagnosis and Management

Key Words

- HOPC: Since when bleeding or sensitivity? Wobbly teeth? Discharge?
- EXPLANATION OF FINDINGS AND DIAGNOSIS: Chronic generalised periodontitis Stage 4 Grade C
- RELEVANT HISTORY:

 Medical history (blood test), regular dental visits and oral hygiene as primary.
- MANAGEMENT:No treatment.
 - Referral to periodontist to understand prognosis.
 - Treatment as requested (superficial clean) explain the risks associated.
 - VPTAS (If remote area)
- HEALTH PROMOTION ASPECTS:
 - Regular dental visits.
 - Oral hygiene routine (Brushing twice daily and flossing).
 - Medical history (regular blood tests).

Diagram







GOLD SET: GENERALISED SEVERE PERIODONTITIS CASE

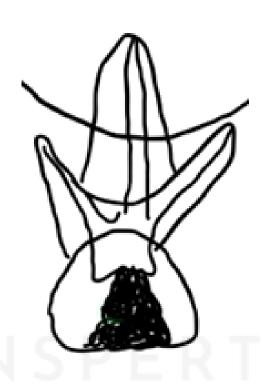
Cluster 3: Clinical Treatment and Evaluation

Key Words

- HOPC: Pain and swelling extent? Fever? Eating and sleeping affected? (Patient is visiting the public hospital).
- EXPLANATION OF FINDINGS AND DIAGNOSIS: Irreversible pulpitis and x-ray explanation for OAC.
- TREATMENT & EVALUATION:

 Medical history (blood test), regular dental visits and oral hygiene as primary.
- MANAGEMENT:
 - No treatment.
 - Patient insists on extraction. Ref to oral surgeon because of complications. Understanding M/H & S/H.
 - Temporary emergency pulpectomy. (Free of cost)
 - Prescribe analgesics:
 - Rx i. Ibuprofen 400 mg 8 hourly for 5 days.
 ii. Paracetamol 1000 mg 6 hourly for 5 days.
 - Infection control points.
 - Recall and review for replacement options.
- HEALTH PROMOTION ASPECTS:
 - Regular dental visits.
 - Optimum oral hygiene.

Diagram







GOLD SET: ATHLETIC PATIENT REQUIRING DIETARY ADVICE

Cluster 3: Clinical Treatment and Evaluation

Key Words

- HOPC: Follow up on previous appointment?
- Explore the diet chart (Sugar, consistency, frequency and acids).
- TREATMENT & EVALUATION:
 - Sports nutritionist and I will develop the plan.
 - Diet modification. (Tooth-friendly).
 - Prescribe 5000 ppm fluoride toothpaste.
 - Interproximal caries plan.
 - Erosion lesions minimise the acid exposure and GP referral for GERD.
 - Recall and review in 3 months.
 - HEALTH PROMOTION ASPECTS:
 - Regular dental visits.
 - Optimum oral hygiene.
 - Diet advice.

Diagram

No need for diagram but all the dietary advice and the risk factors for caries and erosion.