



PINK SET: CLUSTER 1 (CLINICAL INFORMATION AND GATHERING) NON-HEALING ULCER ON LATERAL BORDER OF TONGUE

Ready to understand? Follow the steps!

1

Understanding through the scenario given, is the patient coming for sharp filling/ broken filling/ sharp tooth/ ulcer on the tongue.

HOPC

For sharp/ broken tooth: When did it happen first? For ulcer: Is it the first time? Any such presentation elsewhere? Any symptoms - pain/ pus/ numbness/ burning? Any changes within tongue movement? Swellings around the neck?

M/H

Complete health check, GP visit or blood test? Fever, medications, allergies?

D/H

Last dental visit?

S/H

Smoking in present or in the past? Alcohol? Stress issues?

2

DIFFERENTIAL DIAGNOSIS:

- Traumatic ulcers: broken filling/ sharp tooth
- Non-traumatic ulcers: immune system being weakened or simply nutritional deficiencies. Medications. (Smoking as the cause of non-healing ulcer)

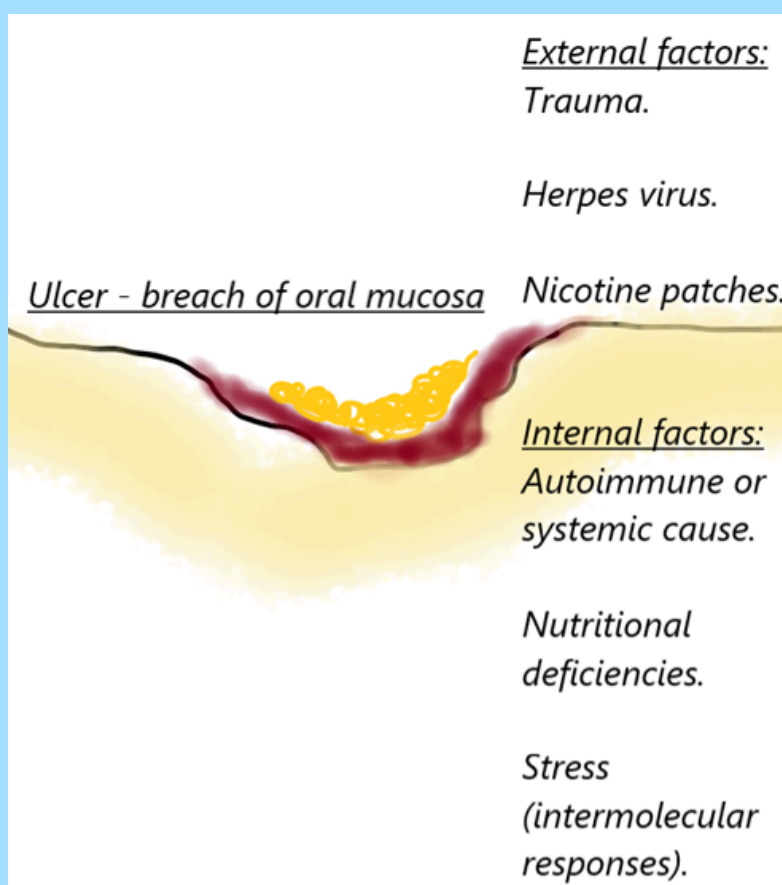
3

INVESTIGATIONS:

Extra-oral: Check for swellings around neck.
Intra-oral: careful look at your tooth.. periapical x-ray for tooth.

I will check an ulcer - for size, and check for discharge. Also check tongue movements.

Special: Blood test and Biopsy done by a specialist (oral medicine specialist).





PINK SET: CLUSTER 1

(CLINICAL INFORMATION AND GATHERING)

YOUNG KID WITH MISSING PERMANENT LATERAL INCISORS

Ready to understand? Follow the steps!

1

Understanding what the HOPC is, it could vary for patient and even for a patient's parent. (Is it appearance of teeth as being big, gap between the centrals, no space for laterals, or unerupted teeth?) Exploring it accordingly.

RELEVANT HISTORY

D/H

→ Any previous records? How did the baby teeth fall?

M/H

→ Overall growth?

F/H

→ Close members with similar appearance?

S/H

→ Thumb sucking or mouth breathing?

2

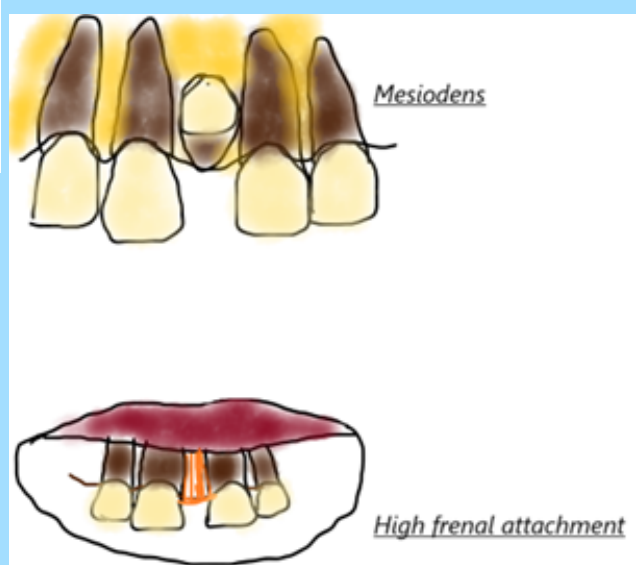
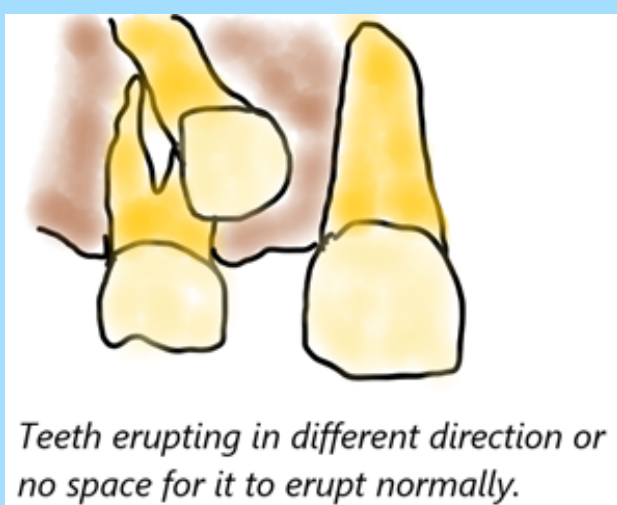
EXPLANATION ABOUT THE CONCERNS:

- Space between the teeth: Ugly duckling phase, Mesiodens, parafunctional habits, deep frenum attachment, other abnormalities.
- Unerupted/ Missing lateral incisors: Explain normal eruption age and the possibility of being missing.
- Big appearance of the teeth: jaw-teeth discrepancies.

3

INVESTIGATIONS:

- Extra-oral: Facial profile, lip compatibility.
 - intra-oral: Blanch test, panoramic x-ray, thorough examination of all teeth.
- (Possibility of orthodontist referral).







PINK SET: CLUSTER 2 (DIAGNOSIS AND MANAGEMENT) PATIENT TRAVELLING AND IN UNBEARABLE PAIN

Ready to understand? Follow the steps!

1

INTRODUCTORY PARAGRAPH:

Understanding patient's pain experience. Pain scale, fever or swelling on the face? Any medications that might help?

Understanding patient's situation: How long is the trip? Are you going to the city or rural area?

Travelling by road or by air?

2

EXPLAINING FINDINGS AND DIAGNOSIS:

Most likely it will be a case of irreversible pulpitis associated with that tooth.

It means that the nerves of the tooth are beyond repair, and there is a gas created by bacteria, which is building up inside your tooth. This creates a lot of pressure, causing this unbearable pain that you are experiencing.

3

RELEVANT HISTORY:

M/H → Reason for taking Cartia once a day?
Medical conditions or medications?
Allergies?

4

MANAGEMENT:

- Ideally proceed with x-ray for that tooth. Explaining RCT as ideal treatment and emergency as a pulpectomy. (Explaining importance of treating the cause).
- Some pain-relieving medications of certain strength. I could also numb you up so you can have a more comfortable journey for 3-4 hours.
- Help find a local dentist for treatment.
- As a pain relief, I will prescribe you Paracetamol 1000 mg 4-6 hourly until you visit the local dentist/ any dentist.

(Oxycodone is stronger but I must warn you that you may be drowsy, the medication can interact with alcohol, and you won't be able to use vehicles/ operate any machinery/ sign important documents during your trip).

Pressure built-up within pulp chamber.





PINK SET: CLUSTER 3 (CLINICAL TREATMENT AND EVALUATION) INFORMED CONSENT FOR TOOTH REMOVAL

Ready to understand? Follow the steps!

1 **INTRODUCTORY PARAGRAPH:**
Ensuring patient to know about informed consent.
Swelling over face or fever?

2 **EXPLAINING THE FINDINGS:**
Understand the x-ray. Can you appreciate the dark shadow over the tooth? It suggests the decay progressed and it's involving the tooth to an extent where we cannot save it.
Explaining how adjacent areas govern extraction. (Floor of the maxillary sinus).

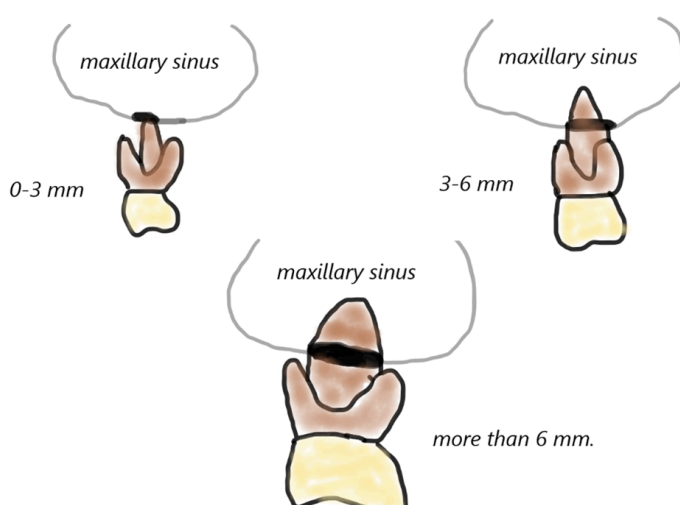
3 **EXPLANATION OF RISKS AND POSSIBLE COMPLICATIONS (PATIENT ASSOCIATED):**
With this sinus being in proximity, there are chances of forming an Oro-antral communication. Depending on the size of the communication, we need to take appropriate measures. Explaining patient about estimate of the fistula diameter. Fracturing crown.

4 Explaining the extraction procedure, advantages and disadvantages. Option of seeing an oral surgeon or an experienced colleague from the beginning.

5 **POST-EXTRACTION CARE: (WRITTEN & VERBAL)**

- First 24 hours are very crucial for healing, which can extend to 7 days. Enlist from all the instructions from our notes.
- I will prescribe you pain relief medications. (Check medical history)
- Paracetamol 1000 mg every 4-6 hours, combined with Ibuprofen 400mg every 6-8 hours until pain subsides.
- If you don't have any more questions and you are happy to proceed, could you please sign the consent.

6 Follow up and review area and discussion on replacement options.





PINK SET: CLUSTER 3

(CLINICAL TREATMENT AND EVALUATION)

TOOTH PAIN WITH RESPECT TO RCT DONE BY ANOTHER DENTIST

Ready to understand? Follow the steps!

1

Understanding patient's situation: Details of the pain and treatment. Similar pain before starting treatment? Is there any pain around the gums? Any trigger for pain? Pain in between appointments? Pain scale? Any medications, that helped?

2

EXPLAINING THE FINDINGS:

Explain RCT on x-ray, possibilities of the pain in our patient's situation - high point or band impinging on the gums.

3

TREATMENT AND EVALUATION:

- Check for any high points and adjust.
- If it is a postoperative pain, it should subside by the 7th day.
- Check for the band impinging on the gums and giving you discomfort; I would understand that by seeing if your gums look blanching on biting down.
- Consult a specialist, but that may come with a higher cost and a longer waiting period.
- Prescribe pain relievers, tablet Paracetamol 1000 mg every 4-6 hours, and Ibuprofen 400 mg every 6-8 hours until I see you for a follow up.
- If the pain persists, retreatment to save the tooth or extraction.
- Appointment with previous dentist for crown appointment.

