

SILVER SET: CLUSTER 1 (CLINICAL INFORMATION AND GATHERING) PRESCHOOL KID WITH PAIN, **PROBABILITY OF MIH**

Ready to understand? Follow the steps!

Patient is a 5-year-old (most likely), and it's her first time at the clinic. So, we must go stepwise. Because it's a cluster 1 case, so while approaching examination, and investigations. Sleep is likely affected - so being extra empathetic towards patient and parent. **HOPC: Pain history from parent, mainly about** site, character as known by parent, associations and relieving factors.

> When was the antibiotics taken for ear infection? Any other medications in the first few years until 2 years of age? Any medications or allergies now?

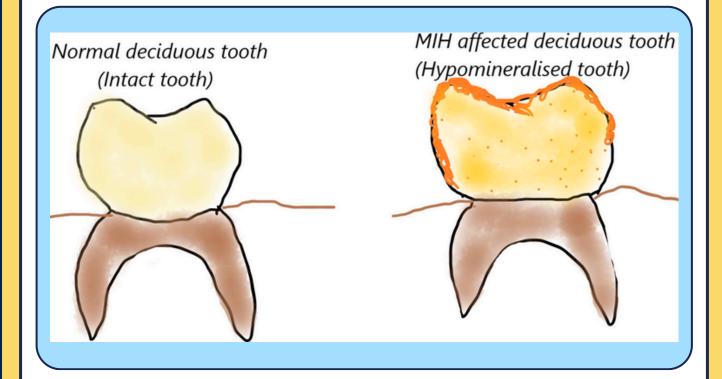
Importance on regular dental visits. Ask D/H about brushing, flossing, toothpaste and if supervision is present.

S/H → Food/Diet and water intake?

Explanation on MIH (Molar-incisal hypo mineralisation): In the first year after birth, the teeth are still developing and their layers are very sensitive to our health, whether it's fever, infection or some antibiotics.

> Explain how the weakened tooth structure is more prone for decay and associate the risk factors through relevant history. (Promoting health wherever needed).

INVESTIGATION E/O - swelling on face. I/O - Thorough check up of teeth and gums in the area. Also, check rest of the teeth for similar appearance. Take PA x-ray. Diet chart.





SILVER SET: CLUSTER 1 (CLINICAL INFORMATION AND GATHERING) INTERNATIONAL STUDENT HAS PAIN FROM BITING

Ready to understand? Follow the steps!

An international student is patient here.
Understanding struggles of patient and incorporating them in our explanation. For a patient with severe pain, you can always ask:
Have you eaten well, hydrated well or slept well in the last 24 hours?
HOPC - Pain history via SOCRATES.

Talk a little bit about international student

life and how it could be impacting the patient. Stress? Habit of eating any hard food? Grinding?

M/H

Medical conditions, medications or any allergies?

D/H

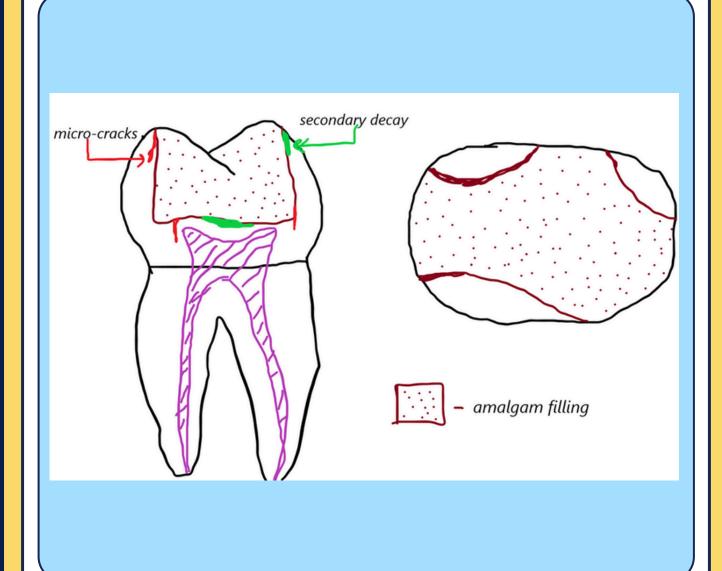
Last dental visit, details about the large amalgam filling?

Possible causes of pain: Cracked tooth syndrome, secondary decay leading to pulpitis, trigeminal neuralgia (rare cause, if trigger points).

INVESTIGATION

E/O - look for signs of grinding - muscle soreness, jaw opening and closure.

I/O - Thorough check up of all teeth and gums, crack test with tooth sloth, peri-apical x-ray, sensibility/ cold test.





SILVER SET: CLUSTER 2 (DIAGNOSIS AND MANAGEMENT) **VERTICAL ROOT FRACTURE IN A PATIENT**

Ready to understand? Follow the steps!

HOPC -No need for detailed SOCRATES as it's a cluster 2 case. Understand the intensity and how it's affecting patient's day-to-day life. Swelling and fever? Empathy and if M/H of asthma, ask patient if he is carrying asthma inhaler with him?

Explanation of findings and the need for relevant history.

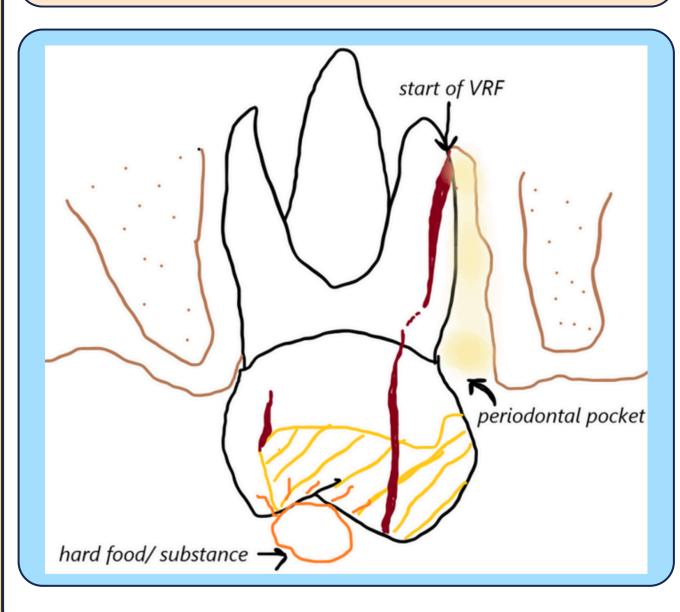
Medical conditions and any more M/H medications (other than mentioned) asthma and prednisolone)

When was filling done on tooth? Any D/H major procedure done on that?

Grinding/ clenching? Habit of bitting on S/H hard food/substance?

Explanation of diagnosis: Vertical root fracture 2 and explain why/ how did it happen in patient.

MANAGEMENT: 3 Start with how medical history aspect is going to affect patient's management. **Temporary measure: Adding a composite** block to prevent bitting on that tooth. Also prescribing pain relief medication. (Always check medical history before prescribing) (Avoid NSAIDs, if patient is on prednisolone).





SILVER SET: CLUSTER 2 (DIAGNOSIS AND MANAGEMENT) PATIENT HAVING FLUOROSIS IN TEETH

Ready to understand? Follow the steps!

Patient is likely to be under 18 years of age.
Understanding patient's expectations with these spots. Also, hopes for today's appointment.

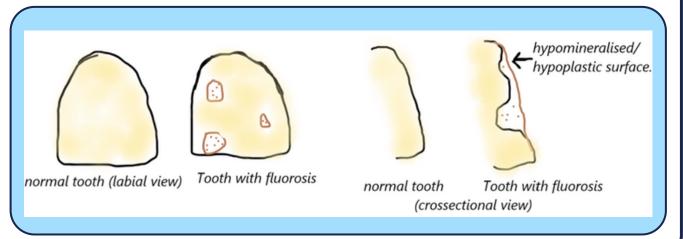
M/H → If she is fit and well, any allergies?

D/H

Exploring dental anxiety and how we can manage it.

(Distraction technique, bringing trusted person to appointments, listening to calming music, watching comforting TV, happy gas).

- Diagnosis: Fluorosis and explanation about the cause. Co-relating to the risk factors in patient's case.
- MANAGEMENT: (From least invasive to more)
 Micro-abrasion: uses a paste which removes stains. Apply a CPP-ACP cream after the procedure. Advantage: Less invasive, quick results. Disadvantage: It won't take away all the stains and sometimes post-operative sensitivity. Results may take 7-10 days.
 - Resin infiltration: The uneven surface and the stains are covered with the toothcoloured filling material without drilling. Advantages: Results are seen immediately, comfortable procedure. Disadvantages: Slightly expensive and can obtain stains over them. It would need repair or polishing. Ask about stain prone diet.
 - · Combination of both.
 - If time permits: Composite veneer, porcelain veneer and crown.
- Consent from parents. Health promotion with mentioning about oral hygiene routine and regular dental visits.





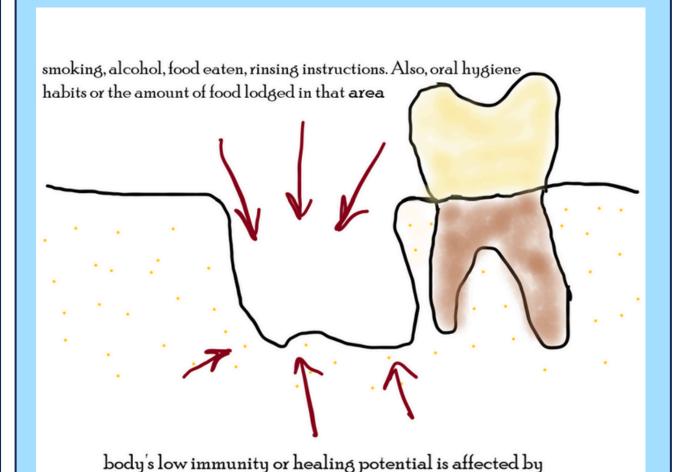
SILVER SET: CLUSTER 3 (CLINICAL TREATMENT AND EVALUATION) POST-OP INSTRUCTIONS TO A PATIENT ON ELIQUIS

Ready to understand? Follow the steps!

1 Explain how successfully you removed the tooth and have placed sutures to hasten healing. Ask if patient is feeling alright?

Immediate management: Observe for 20 minutes to check if initial pressure is working.

- Post-operative instructions: (Verbal as well as written).
 - The first 24 hours are most crucial.
 - Effect of numbness
 - Eat only room temperature and a soft diet
 - Avoid rinsing or spitting out
 - Prescribe analgesics.
 - Quit smoking for 10 days minimum, are most crucial for healing.
 - · No alcohol.
 - Review in 3 days.
- Potential complications:
 - Excessive bleeding: And explain what actions to take. With a detailed brochure on them.
 - Rare post-operative infection or dry socket.
- Follow up appointment: Regular dental visits and discussion on replacement option.



underlying medical conditions



SILVER SET: CLUSTER 3 (CLINICAL TREATMENT AND EVALUATION) PERIODONTITIS PATIENT HAVING DIABETES MELLITUS

Ready to understand? Follow the steps!

- Patient is a regular with his/her dental visits. Explore more on patient's concerns with sensitivity and bleeding gums.
- 2 Explanation of findings and periodontal diagnosis.
- **3** Understanding risk factors through relevant history:

M/H

Medical conditions/ medications/ last blood test?

S/H → Smoking/Stress?

D/H → Oral hygiene routine?

Clinical treatment and evaluation:
Bleeding gums: Holistic approach by focusing on all risk factors of periodontitis and controlling them.
Sensitivity: Sensitivity toothpaste, alongside high strength fluoride at sensitive spots on regular dental visits.
Importance on oral hygiene routine, looking

Patient would want to go for complain against previous dentist. Approach for complain accordingly.

after general health and quitting smoking.

