



GOLD SET: CLUSTER 1

(CLINICAL INFORMATION AND GATHERING)

CONSENT FOR EXTRACTION

WITH M/H OF PREDNISOLONE

AND ACTONEL

Ready to understand? Follow the steps!

1

There could be different reasons for pain in patient's tooth. Irreversible pulpitis, Periapical infection, wobbly tooth with no pain would be the cause of patient's visit. Understand patient's history by asking - nature, severity and associations.

M/H



Is very important as the prednisolone and Actonel are modifiers and need consideration with dental aspect

S/H



Smoking and alcohol?

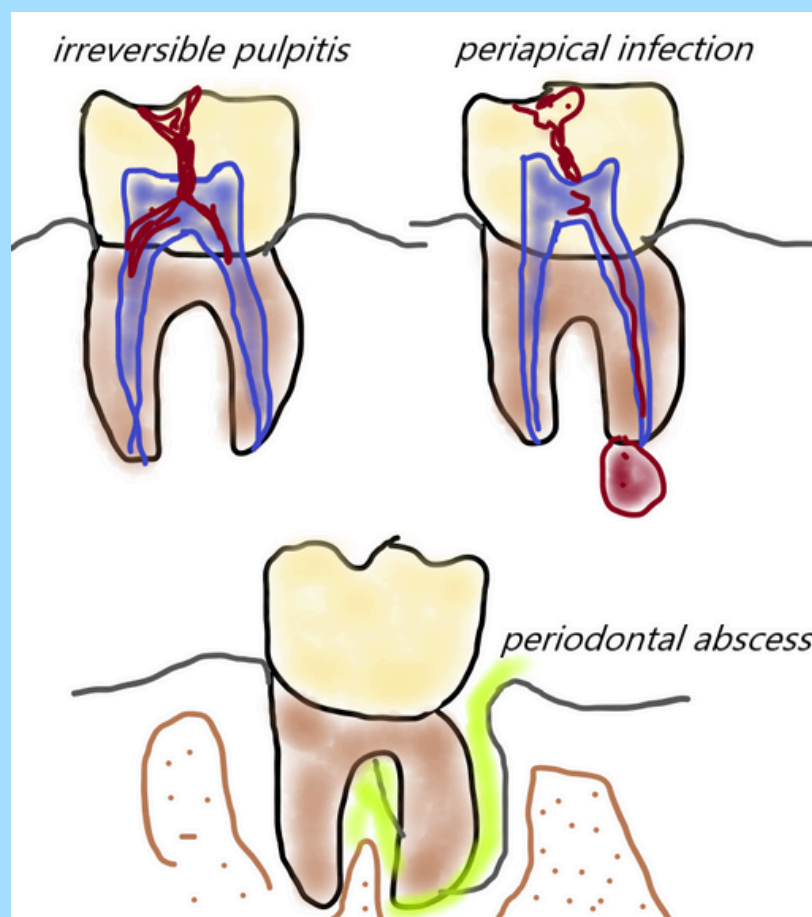
2

Explanation about the possibility of pain/ tooth condition and how prednisolone and Actonel impact the treatment. Thus, involving treating medical practitioner and a specialist is wise. Patient will be mentioning about antibiotic prophylaxis - understanding patient's reasons and then educating them if it's needed or not. (This case would be asking on consent for extraction - so mentioning about the risks involved with the procedure or because of medications and gaining informed consent).

3

INVESTIGATION

Letting patient know, how about I perform a thorough examination and few tests to give you a detailed prognosis of tooth.



GOLD SET: CLUSTER 1

(CLINICAL INFORMATION AND GATHERING)

FIVE YEARS OLD WITH A DRAINING SINUS

Ready to understand? Follow the steps!

1

Parents, especially mum accompanied will always be more sensitive to talk to. In this scenario, mum feels there is a fault of school nurse, which has led to pimple on gums. Addressing complaint.

Pain history: SOCRATES (however, asking this to mum from a third person views, for a child case, we do not follow exact SOCRATES of pain history).

D/H



Details on previous school dental visit, previous dental visits.

O/H



Toothbrushing, flossing, toothpaste and supervision.

S/H



Diet and water.

M/H



Medical conditions and medications.

2

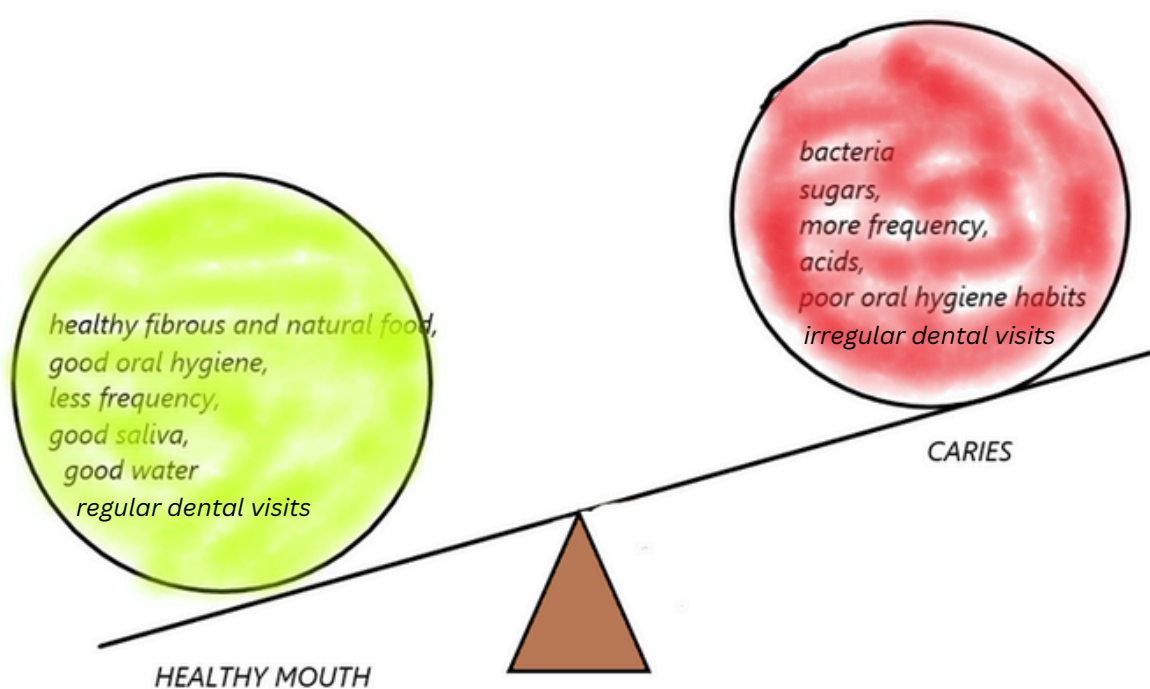
Explanation of risk factors and dental decay for patient.

3

INVESTIGATION

- E/O - swelling.
- I/O - Detailed look at teeth and gums in the area, check mobility, x-rays (PA and BW)

A balance is required to maintain healthy mouth





GOLD SET: CLUSTER 2 (DIAGNOSIS AND MANAGEMENT) GENERALISED SEVERE PERIODONTITIS IN A PATIENT

Ready to understand? Follow the steps!

1

In this case, patient could be travelling from remote area or/ and belong to an aboriginal community. His diagnosis of Stage 4 Grade C periodontitis is already given. Understanding patient's concerns and patient's hopes with own teeth.

2

Explanation of findings on OPG and discussion on medical records and the history (dental visits) given in scenario. And thus, explaining each term of diagnosis.

3

Explanation of risk factors by asking more relevant history. (Making sure to cover M/H, D/H, O/H, and S/H).

4

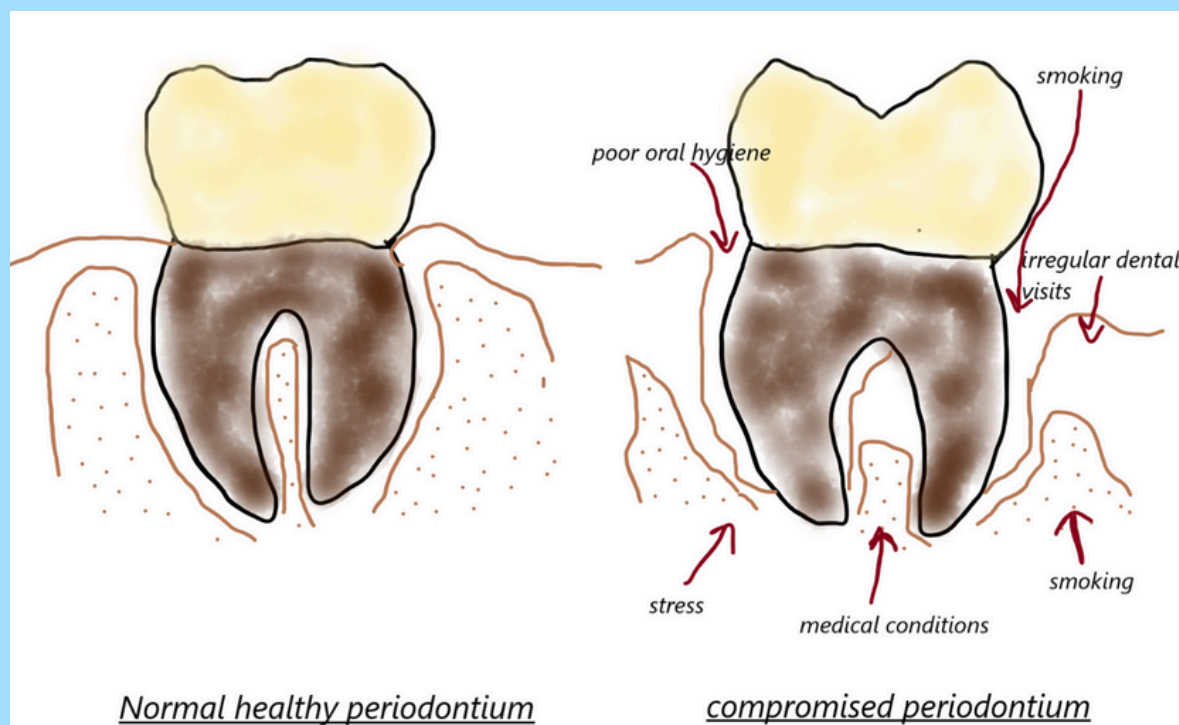
Management:

Address the patient limitations with travel and medical access, thus making him understand about how holistic approach along with Referral to Periodontist is very important to stabilise condition or understand prognosis of teeth.

Referral to GP – equally important to stabilising periodontal condition. Detailed rationale on referral.

5

If the patient is travelling from remote area/ belongs to aboriginal centre – explain provisions like VPTAS.





GOLD SET: CLUSTER 2 (DIAGNOSIS AND MANAGEMENT) PATIENT WITH HAEMATOMA

Ready to understand? Follow the steps!

1

Patient will be upset/ angry because of the haematoma and reduced mouth opening. Assure the patient, you will be there until it resolves. Ask if patient has eaten and slept well.

2

Understanding the seriousness of swelling - ask about severe spreading odontogenic features. Explanation of the diagnosis and reason while injecting IANB.

3

Management: Haematoma usually takes a few weeks to resolve, ranging from a couple of weeks to 4 weeks and the opening of mouth will take a week or 14 days to resolve.

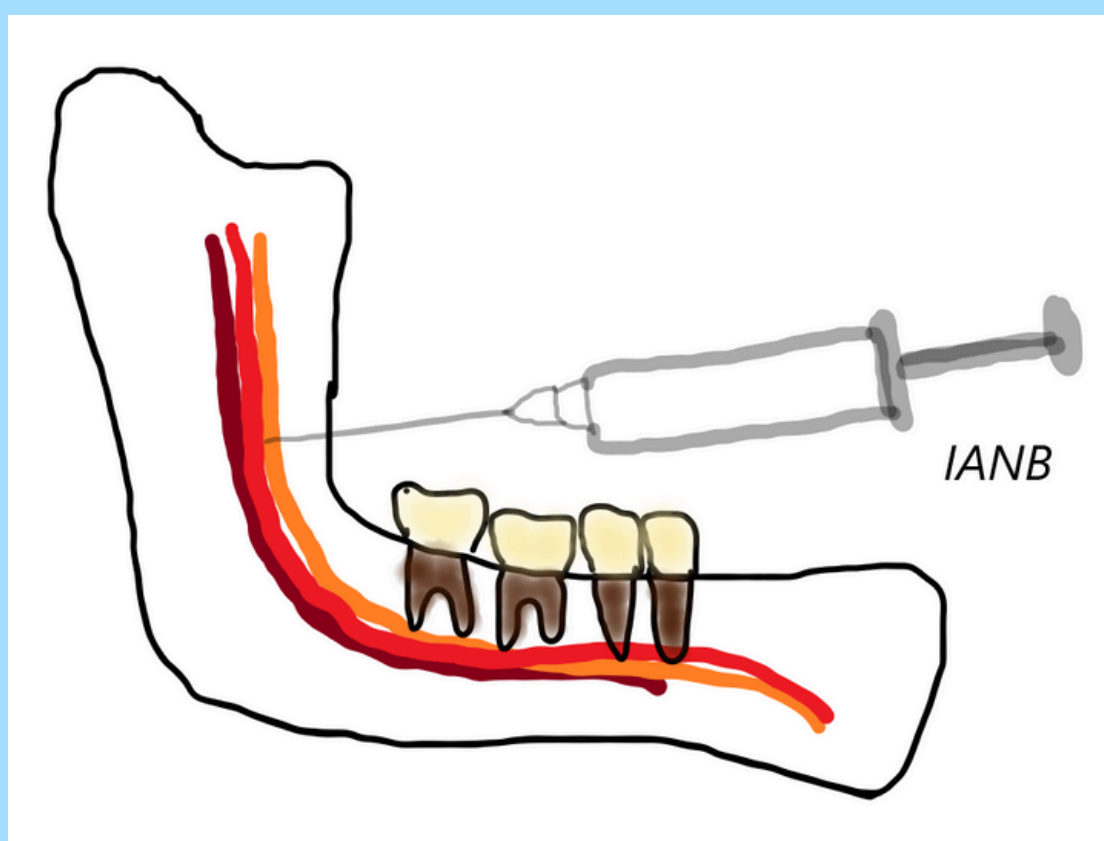
Application of heat: placement of moist hot towels on the affected area for 10-20min/h. I will prescribe you painkillers, so just confirming Heather, any changes to your medical history or allergies. (Prescribe accordingly).

I will review you every 3 days for 2 weeks and then every week to monitor.

For physiotherapy, opening and closing, as well as lateral movements of the lower jaw for 5 minutes every 3 to 4 hours.

4

Referral to an oral surgeon, if it doesn't settle or if you are comfortable seeing an oral surgeon from the start, you also have that as an option.





GOLD SET: CLUSTER 3

(CLINICAL TREATMENT AND EVALUATION)

PATIENT WORRIED ABOUT OAC AND INFECTION CONTROL

Ready to understand? Follow the steps!

1

Understanding if patient has severe spreading odontogenic features. Explanation of diagnosis given on the case, with the help of x-ray given and you can draw a diagram of extension of caries and reason for pain.

2

Understanding patient hopes and expectations with tooth. (If case is of irreversible pulpitis)
Option 1 – No treatment. However, continued pain and spread of infection.
Option 2 – RCT. Explaining advantages and disadvantages. Also, inclusion of crown placement.
Option 3 – Extraction – Explain risk of complications.

3

Patient is likely to go for option of extraction (because of cultural views or irreparable tooth).

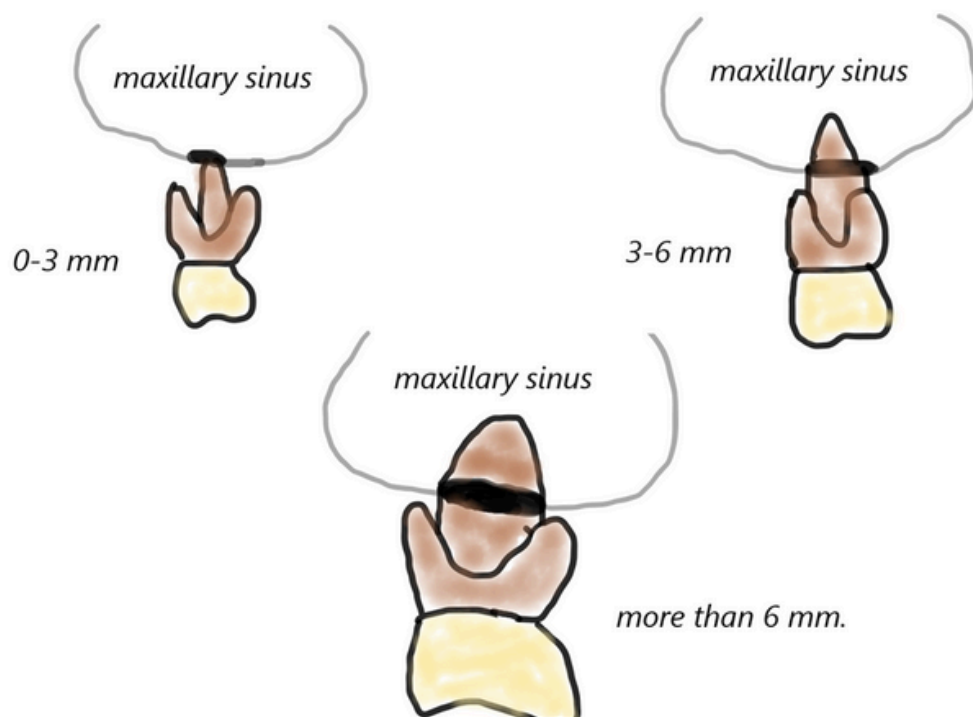
Explanation of Risk of OAC – and it's management if it happens.
Referral to an oral surgeon.

4

In a public hospital, option of referring to an oral surgeon. Because she belongs to Aboriginal community – she could be seen on a priority basis. Meantime, option of emergency drainage of infection with 1st stage of RCT and that would be free of cost in a public hospital.

5

Explanation on infection control – ADA adopts standard levels of precaution, up to date with immunisation schedule, instruments are sterilised by an autoclave and extra precautions are taken with respect to handling sharps.





GOLD SET: CLUSTER 3 (CLINICAL TREATMENT AND EVALUATION) ATHLETIC PATIENT SEEKING DIETARY ADVICE

Ready to understand? Follow the steps!

1

Patient is visiting you again, ask how did he go after previous appointment? Appreciate on getting the diet chart.

2

Diet chart will be a lot detailed, investigate what exactly catches your eyes more.

3

Discussion on risk factors from the diet chart and explanation on how it would be responsible for caries.

4

TREATMENT PLAN

- On the website of sports dietitians Australia (SDA) - you will find all the detailed information on nearby and suitable nutritionists for you.
- For, initial decay lesions we can keep on monitoring those. I will see you in 3 months to have a follow up on diet and your oral hygiene routine.
- Tooth mousse cream for initial lesions - check for milk allergy - Also, add 5000 ppm fluoride toothpaste and review in 3 months.
- For erosion lesions, we can keep on monitoring and referral to GP for internal acidity.
- Brochures to understand teeth healthy foods, I will send you contact of a sports nutritionist.

Decay Process



germs/ bacteria

+



sweets



=

Acids



+

Acids

=



carious tooth