**PERIODONTAL CARE PLAN**

**Patient Name: John Dickerson Age: 57**

**Date of initial exam: 10-8-15 Date completed: 11-24-15**

**1. Medical History:** (systemic conditions altering treatment, pre-medication, medical clearance) explain steps to be taken to minimize or avoid occurrence, effect on dental hygiene diagnosis and/or care.

 Patient’s last physical is unknown but patient considers himself to be in good general health. Patient does not have a regular doctor, I explained to my patient that he should find a regular physician to have a yearly physical, because many things could go unnoticed and cause problems later on. I explained to my patient that any unknown systemic problems could start to affect his oral health as well. The patient does not have any systemic conditions that require special attention or that would alter his treatment. He does not require premedication or medical clearance for his treatment. The patient is not taking any medications. The patient used to smoke but stated that he quit around a year ago, and has been doing great with not smoking since. Patient’s vitals have consistently been stage 1 hypertension, I asked him if he usually has high blood pressure and he explained that he usually does not, but coming to a dentist office setting makes him nervous. Since hypertension is a highly prevalent cardiovascular disease, I will make sure to take patient’s blood pressure twice at every appointment and average the difference. Since patient only has high blood pressure when in my chair and any stressful situation can increase his blood pressure further, I make sure to explain every procedure and make him as comfortable as possible throughout the appointment.

**2. Dental History:** (past dental disease, response to treatment, attitudes, dental I.Q., chief complaint, present oral hygiene habits, effect on dental hygiene diagnosis and/or care)

 Patient does not have a current dentist, but he is unaware of having any past dental diseases. Patient claims to have never had any serious dental problems. The patient does not have a good overall opinion about his teeth. The chief complaint for dental hygiene visit is to have a dental cleaning; patient claims that it has been a very long time since his last dental cleaning, he could not pin point how many years exactly it had been. Patient stated he went to the dentist for a cleaning about 2 months ago but it was too expensive and that is why he came to our clinic. Because of irregular dental exams and cleanings, patient has a low priority of oral care and a low dental I.Q. The patient reported that because he does not have any dental insurance, this is why it has taken him so long to see a dentist for a cleaning, but is excited to be seen in our clinic. The patient has no memory of bitewing radiographs taken at last dental exam; he has never had an FMX, but received a panoramic radiograph when he visited the dentist office 2 months ago. Patient explained to me that when he visited the dentist office even though he did not receive a cleaning they addressed to him that he does have a few cavities, this is why I chose to take vertical bitewings on my patient. Because it has been a very long time since the patient has been to the dentist it was most likely that bone loss was never explained to him. Patient’s gingival tissue does not bleed while brushing or flossing, patient expressed to me that he brushes morning and night, and flosses every day. The patient does have a fair amount of toothbrush abrasion from brushing too hard. I explained to him what abrasion is, and that I will give him a soft bristle toothbrush and show him some new brushing techniques to help him brush softer. The patient does clench & grind his teeth when nervous or stressed. Bruxism can cause gingival recession and loss of the periodontal tissues, which contributes to the patient’s bone loss. Because of Patient does not have sensitivity. Patient does not have decreased salivary flow, and does not chew gum but drinks about 2 sugar-containing drinks per week.

**3. Oral Examination**: (lesions noted, facial form, habits and awareness, consultation)

 During the extraoral exam no lesions, or swollen lymph nodes were found. During the intraoral exam Fordyce granules were found, etiology is developmental. Oral habits of grinding and clenching present in the patient, patient does not own a mouth guard, but claims it is mainly when he is nervous or stressed. Educate the patient about how occlusal trauma occurs, some alveolar bone resorption results because of increased pressure placed on the surrounding bone. This could result in rapid periodontitis. The patient states he does breathe through his mouth when sleeping. Explain to patient that Xerostomia is an issue for periodontal disease because if the saliva is not naturally flushing debris, the remaining plaque can cause caries, and also contribute to the inflammation process. Dental caries result in defects of the tooth structure, which causes plaque to accumulate in that area, which in turn, can, causes gingivitis and periodontitis. Suggest that the patient keep water at his bedside throughout the night to drink. Patient’s occlusal classification for Right molar is class II, right canine class II, left molar class I, left canine class I. Patient has 8 mm overbite and 4 mm overjet, with a 5 mm midline shift. Because the patient has a severe overbite his malocclusion may jeopardize the periodontal support, occlusion or TMJ.

**4. Periodontal Examination: (color, contour, texture, consistency, etc.)**

a. **Case Classification: V Periodontal Case Type: IV**

b. **Gingival Description:**

**App’t 1:** **10-8-15**

 Generalized scalloped, and edematous/spongy

 Localized red maxillary and mandibular anterior lingual, margins localized rolled maxillary anterior lingual, thickened localized maxillary/mandibular posterior

 Papillae localized bulbous maxillary/mandibular posterior, blunted maxillary/mandibular facial

 Surface texture generalized smooth, localized smooth and shiny maxillary/mandibular anterior facial

 No suppuration

**App't 2: 10-15-15**

Generalized scalloped, and edematous/spongy

 Localized red maxillary and mandibular anterior lingual, margins localized rolled maxillary anterior lingual, thickened localized maxillary/mandibular posterior

 Papillae localized bulbous maxillary/mandibular posterior, blunted maxillary/mandibular facial

 Surface texture generalized smooth, localized smooth and shiny maxillary/mandibular anterior facial

 No suppuration

 **App't 3: 10-29-15**

Max. Right

#1-5: Scalloped, red, smooth and shiny

 #6-8: Scalloped, red, smooth and shiny

 Max. Left

 #9-11: Scalloped red, Lingual margins rolled, smooth and shiny

 #12-15: Scalloped red, thickened papillae bulbous

 Mand. Left

 #17-21: Scalloped red, thickened margins, smooth

 #22-24: Localized red lingual, blunted, smooth and shiny facial

 Mand. Right

 #25-27: Flat, pink, blunted, smooth

 #28-32: Scalloped, pink, smooth, on buccal. Lingual margins slightly red

 **App't 4: 11-5-15**

Max. Right

 #1-5: Scalloped, red, smooth and shiny

 #6-8: Scalloped, red, smooth and shiny

 Max. Left

 #9-11: Scalloped red, Lingual margins rolled, smooth and shiny

 #12-15: Scalloped red, thickened papillae bulbous

 Mand. Left

 #17-21: Scalloped, pink, smooth

 #22-24: Facial scalloped, pink, smooth/Lingual blunted, pink, smooth

 Now the whole mandibular arch has been scaled, the tissues have changed from red or slightly red to a healthy pink state.

 Mand. Right

 #25-27: Flat, pink, blunted, smooth

 #28-32: Scalloped, pink, smooth, on buccal. Tissues that were slightly red in previous appointment are now a healthy pink.

**App't 5: 11-12-15**

Max. Right

#1-5: Scalloped, pink, smooth/Lingual scalloped, slightly red margins around #1-3

 #6-8: Scalloped, pink, smooth/Lingual red, blunted

 Max. Left

 #9-11: Scalloped red, Lingual margins rolled, smooth and shiny

 #12-15: Scalloped red, thickened papillae bulbous

 Mand. Left

 #17-21: Scalloped, pink, smooth

 #22-24: Facial scalloped, pink, smooth/Lingual blunted, pink, smooth

 Now the whole mandibular arch has been scaled, the tissues have changed from red or slightly red to a healthy pink state.

 Mand. Right

 #25-27: Flat, pink, blunted, smooth

 #28-32: Scalloped, pink, smooth, on buccal.

 **App't 6: 11-24-15**

Max. Right

#1-5: Scalloped, pink, smooth/Lingual scalloped, slightly red margins around #1-3 continue to be slightly red.

 #6-8: Facial scalloped, pink, smooth/Lingual red, blunted

 Max. Left

 #9-11: Scalloped, pink, smooth

 #12-15: Facial scalloped, pink, smooth/Lingual red #12

 Mand. Left

 #17-21: Scalloped, pink, smooth

 #22-24: Facial scalloped, pink, smooth/Lingual blunted, pink, smooth

 Mand. Right

 #25-27: Flat, pink, blunted, smooth

 #28-32: Scalloped pink, smooth. Except for #31 appeared localized red around margin. All 4 quadrants have been scaled; tissues were pink, except for the margins on the lingual of a few posterior teeth. Most tissues presented a much healthier state than at the first appointment at the beginning of treatment.

 c. **Plaque Index:** Appt. 1: .16% (good) 2: .5% (good) 3: .6% (good) 4: .3% (good)

 5: 0% (good) 6: .16 (good)

 d. **Gingival Index:** Initial: 1.1 (Fair) Final: .5 (good)

 e. **Bleeding Index:**  App’t 1: 8% 2: 0% 3: 0% 4: 0% 5: 0% 6: .03%

f. **Evaluation of Indices:**

1. Initial: Patient’s gingival index was 1.1, fair. Patient’s indices for the mesial, distal, facial, and lingual surfaces of the designated teeth only exceeded the score of 2 on #3 facial surface. Patient had 23 bleeding points out of 31 surfaces. If the patient’s gingival index continues to grow above a 2, the patient’s periodontal status could worsen.

2. Final: Patient’s gingival index was .5 (good). This gingival index improved from the first appointment. The mesial, distal, facial, and lingual surfaces were either ranked a 0 or a 1, with the exception of #19, which were a 2 on the mesial and a 2 on the distal. If #19 continues to exceed the score of 2 his periodontal status for that tooth could worsen. This is an improvement from the first appointment with bleeding as well; these particular surfaces did not bleed when probing for the gingival index with the exception of #19.

 g. **Periodontal Chart:** (Record Baseline and First Re-evaluation data)

1.Baseline: Patient’s probing depths for mandibular arch facial are all within normal limits (1-3 mm) except for #27MD- (4 mm). Probing depths for maxillary arch anterior lingual are all within normal limits except for #6,7,8,10- (4-6 mm). Pocket depths for maxillary posterior are all within normal limits except for #1 Distal lingual (5 mm) Facial Mesial (4 mm) #2 Distal (4 mm) Lingual Distal Mesial (6 mm) #3 Lingual Distal Mesial (6 mm) #4 Lingual Distal (5 mm) Mesial (7 mm) #5 Distal (4 mm) #12 Lingual Mesial (6 mm) Distal (5 mm) #13 Lingual (4 mm) Mesial (7 mm) Distal (6 mm) #14 Lingual Mesial (6 mm) Distal (5 mm) #15 Lingual Distal (4 mm) Mesial (6 mm)

 Mandibular arch probing depths are all within normal limits except for # 32 Lingual Distal (4 mm) Mesial (6 mm) Facial (5 mm) Distal (6 mm) Mesial (8 mm) #31 Lingual Mesial (5 mm) Distal (6 mm) Facial Distal (8 mm) Mesial (5 mm) #30 Lingual Distal (4 mm) Mesial (5 mm) Facial Distal Mesial (5 mm) #21 Facial Mesial (4 mm) Distal (5 mm) #20 Mesial (7 mm) Distal (4 mm) #19 Facial Mesial (8 mm) Distal (5 mm) #18 Facial Mesial (5 mm) Distal (6 mm) #17 Distal Mesial (5 mm).

 Worst Clinical attachment levels are seen in #1F (7 mm), 6F (7 mm), 8F (7 mm), 9M (6 mm), 10M (6 mm), 11FD (8 mm), 13D (8 mm), 14F (6 mm), 15F (6 mm), 3LDM (6 mm), 29L (6 mm), 18F (7 mm), 22FDM (6 mm), 27M (6 mm), 28M (6 mm). Because of the high numbers of CAL this puts the patient at a more severe risk for further periodontal destruction unless patient halts disease progression.

 Patient had no suppuration, class 1 mobility on #32. Give patient education on how periodontitis, bruxism, and caries could increase mobility. Furcation involvement on Class I on #2, 3, 19, 30. Class II furcation on #14 and 18. Give patient education about how furcation involvement could cause more mobility and eventually tooth loss if periodontitis is not halted.

2.Firstevaluation: Patient’s probing depths for the maxillary arch posteriorly were all within 4-6 mm pockets. Probing depths for the mandibular arch posteriorly were within 4-6 mm pockets. Even though these numbers still represent a disease state for the patient, all pocket depths had been reduced. Patient had no suppuration. Furcation involvement of Class I on #2, 3, 19, 30. Class II furcation on #14 and 18. I gave the patient a tuft-ended toothbrush to help clean his furcation involvement areas. I demonstrated which areas to use the brush on and watched him demonstrate for me chairside. I also told my patient about how furcation involvement could cause more mobility and eventually tooth loss if periodontitis is not halted. I also explained to my patient that even though we have reduced his pocket depths they are still considered to be in a disease state. However I praised him on his home care because there has been a reduction in pocket depths, and an improved state of tissue health. Arestin was placed for the patient in #2D, #3M, #12M, #14D, #31D, #28M. It was explained to the patient that he should not touch these areas for a week, or floss within these areas for 10 days.

**5. Dental Examination:** (caries, attrition, midline position, mal-relation of groups of teeth, occlusion, abfractions

Midline shift: 5 mm to the right

 Toothbrush abrasion: #4-12/ #21-28

 Amalgam Rest.: #2 O, #14 O, #15 O, #17 O, #18 O, #19 O, #20 O, #29 O, #32 O

 Missing: #16

 TCR: #1 BO, #3 DO, 7 F 10 F, 30 DO, 31 MOD,

 Porcelain Fused to Metal crown: #8

 Attrition: #4-13, #20-29

 Suppraverted: #21, 26

 Torsoverted Distally: #23,6 (Retains plaque, could cause more calculus build up which can cause further periodontitis involvement.)

 Caries: #1 D, #18 MF, #32 F (Could possible cause tooth loss if not restored & detrimental to other teeth)

 Fracture: #31 M (Retains plaque, could cause more calculus build up which can cause further periodontitis involvement.)

 (History of caries puts this patient at a greater risk for future caries, causing potential increase in periodontal disease.)

**6. Treatment Plan:** (Include assessment of patient needs and education plan)

**App't 1: 10-8-15**

 Medical/Dental history

 Patient appointment

 HIPAA

 Statement of release

 Pre-rinse

 Vertical film bitewings

 Head & neck/ Intraoral exam

 Periodontal assessment

 Full periodontal charting

 Dental charting w/ X-rays

 Informed consent

 Risk Assessment

 Plaque score: .16% -good

 Bleeding score: 8%

 Gingival Index: 1.1%

 Pt. ed. – Patient had previously been informed of gum disease during screening appointment. I gave my patient further explanation of what gum disease (periodontal disease) is. I explained to patient that periodontal disease consists of gingivitis, which is the inflammation of his gums and is reversible, and periodontitis that is the inflammation of bone and is irreversible. I informed him using his own radiographs that he has severe localized bone loss in the upper left area around premolars, and that when bone loss occurs periodontitis is present, and all we can do is halt the progression. I asked patient to be my periodontal patient, and patient accepted.

**App't 2:** **10-15-15**

 Medical/ dental history

 Pre-rinse

 Took intraoral pictures

 Retake Posterior right bitewing, and left premolar bitewing

 Plaque score: .5% (good)

 Bleeding score: 0

 Patient Education session 2 (Brushing & plaque)

 Complete Mandibular right Ultrasonic scaling

 Complete Mandibular right fine scaling

Patient Education session 2 (Plaque & brushing)

LTG- Patient will maintain plaque score of 0.8 or lower at each appointment

STG- Patient will be able to define plaque

STG- Patient will reduce gingival inflammation

(Pt. Ed. Periodontitis & flossing)

LTG- Patient will halt the progression of disease

STG- Patient will reduce gingival bleeding by the end of treatment

STG- Patient will be able to define Periodontitis

STG- Patient will continue regular recall appointments

(Pt. Ed. Caries & Fluoride)

LTG- Patient will have caries restored by 6 month recall appointment

STG- Patient will find a dentist to restore caries

STG- Patient will define caries process

STG- Patient will drink less sugary drinks throughout the week (1)

(Pt. Ed. Bruxism & mouth guard)

LTG- Patient will buy mouth guard to wear when stressed or nervous

STG- Patient will wear mouth guard

 Question for knowledge: Can you tell me what plaque is, and what it can cause?

 Teach Topic (plaque): Using flip chart and intraoral pictures to show patient what develops when plaque is not removed. Plaque score. Define plaque: soft, sticky, colorless film of harmful bacteria that constantly forms on teeth. Causes cavities, & periodontal disease (gingivitis & periodontitis). Explain that plaque develops when food is left on teeth. Plaque turns into calculus (tartar) when not removed.

 Teach Skill (Brushing): Using typodont show patient bass method, and let the patient demonstrate on typodont. Told patient that using a child’s toothbrush can help reach the lingual (backside) of his mandibular anterior lingual teeth. Told patient to make sure and brush morning and night for at least two minutes.

 Teaching skill at the sink: Use PPE, patient looking in the mirror, modify technique, disclose, point out missed areas, and teach tongue brushing.

 Ask the patient questions: Tell me what I taught you about plaque. Do you remember what plaque can cause?

 Encourage patient to apply new techniques taught at home! Remind patient that we are a team and none of the lessons and education can be helpful unless he implements them at home. Thank patient for coming and being my patient!

**App't 3:** **10-29-15**

 Medical/ dental history

 Pre-rinse

 Plaque score: .6% (good)

 Bleeding score: 0

 Ultrasonic Mandibular Left

 Fine scale Mandibular Left

 Patient Education session 3 (Periodontitis & flossing)

LTG- Patient will maintain plaque score of 0.8 or lower at each appointment

STG- Patient will be able to define plaque

STG- Patient will reduce gingival inflammation

(Pt. Ed. Periodontitis & flossing)

LTG- Patient will halt the progression of disease

STG- Patient will reduce gingival bleeding by the end of treatment

STG- Patient will be able to define Periodontitis

STG- Patient will continue regular recall appointments

(Pt. Ed. Caries & Fluoride)

LTG- Patient will have caries restored by 6 month recall appointment

STG- Patient will find a dentist to restore caries

STG- Patient will define caries process

STG- Patient will drink less sugary drinks throughout the week (1)

(Pt. Ed. Bruxism & mouth guard)

LTG- Patient will buy mouth guard to wear when stressed or nervous

STG- Patient will wear mouth guard

 Ask patient if they have any questions from plaque/brushing session. Review any areas that the patient has a question about.

 Patient answered that plaque is his enemy; patient understood that plaque is harmful bacteria that we want to get rid of. At the sink we reviewed the brushing techniques that were demonstrated to him in the previous patient education session. Patient was still brushing a little too aggressive, so I corrected his technique at the sink.

Question for knowledge: Can you tell me what periodontal disease is? Are you aware you have periodontitis?

Teach topic: Using flip chart & pictures. Use patient’s radiographs to show patient bone loss. Define periodontal disease, starts as gingivitis and leads to periodontitis, bone level migrates apically, and teeth can become loose, and eventually be lost. Demonstrate good flossing techniques on typodont.

Teach skill at the sink: Put on PPE, let patient floss while looking in the mirror. Modify technique as they are flossing. Disclose and allow patient to evaluate how well the interproximal plaque was removed. Point out areas that they missed and assist patient if needed.

Ask the patient questions: Tell me what you remember about periodontitis. Why is it so important to floss?

Encourage patient to apply new techniques taught at home! Remind patient that we are a team and none of the lessons and education can be helpful unless he implements them at home. Thank patient for coming and being my patient!

**App't 4:** **11-5-15**

 Medical/ dental history

 Pre-rinse

 Plaque score: .3% (good)

 Bleeding score: 0

 Ultrasonic Maxillary Right

 Fine scale Maxillary Right

 Third patient education session chairside (Caries, Fluoride)

 (Plaque & brushing)

LTG- Patient will maintain plaque score of 0.8 or lower at each appointment

STG- Patient will be able to define plaque

STG- Patient will reduce gingival inflammation

(Pt. Ed. Periodontitis & flossing)

LTG- Patient will halt the progression of disease

STG- Patient will reduce gingival bleeding by the end of treatment

STG- Patient will be able to define Periodontitis

STG- Patient will continue regular recall appointments

(Pt. Ed. Caries & Fluoride)

LTG- Patient will have caries restored by 6 month recall appointment

STG- Patient will find a dentist to restore caries

STG- Patient will define caries process

STG- Patient will drink less sugary drinks throughout the week (1)

(Pt. Ed. Bruxism & mouth guard)

LTG- Patient will buy mouth guard to wear when stressed or nervous

STG- Patient will wear mouth guard

Ask patient if they have any questions from the last session and review or modify if necessary.

Chairside after patient’s cleaning I explained the caries process, using his x-rays for examples. Taught patient that demineralization (or destruction) or the tooth begins as a chalky, white area on the tooth surface. Then, can progress into a brown area, where the tooth surface is being broken down. Most common disease in the world. Once the decay has reached the pulp of the tooth, a root canal can be done to save the natural tooth. In some cases, a root canal is not possible and an extraction is the only option. Options include fluoride or Restoration (Filling). Explained to my patient what fluoride is and what it does for his teeth. Fluoride is a naturally occurring mineral that remineralizes tooth enamel. It helps prevent decay and is naturally in some foods and water. It is in toothpastes, and in ACT mouthwash. In a dental office, fluoride treatment can be done in a gel form in trays, varnish, or by foam.

After my explanation I questioned the patient for learning, and encouraged him to have his caries restored before our 6-month appointment.

We discussed his recall schedule, which will be 3 months.

**App’t 5: 11-12-15**

Medical/ dental history

 Pre-rinse

 Plaque score: 0% (good)

 Bleeding score: 0

 Ultrasonic Maxillary Left

 Fine scale Maxillary Left

 Pt. Ed. – Teach patient that gingival status will change after dental hygiene treatment. Areas may be sensitive. Tell patient that arestin will be placed at next appointment. Arestin is an antimicrobial to prevent any further bleeding. Let patient know he will need to come back in 1 week for post perio and post cal. (Time only allowed for 1-week post perio/post cal) This will allow us to show him how his gingival tissue has healed. Ask the patient how the brushing and flossing is coming along after learning new techniques that were learned in the patient education sessions. Allow the patient time to ask any questions about these techniques before the end of the appointment.

**App't 6:** **11-24-15**

 Medical/ dental history

 Pre-rinse

 Plaque score: .16 (good)

 Bleeding score: .03%

 Gingival index: .5 (good)

 Post cal

 Post perio

 Arestin

 Referral – DDS for #1 D, #18 MF, #32 F #31 fracture & referral to periodontist.

 Recall 3 months (February 2016)

 Pt. Ed. – Review any questions that patient has about brushing and flossing that were covered in patient education sessions. Stress importance of regular dental exams and cleanings. With regular dental cleanings, we can monitor the disease state and keep the disease from progressing with the proper instructions and patient cooperation. Regular dental cleanings will result in improved gingival state and regular check ups of oral lesions. Inform patient not to brush in the areas for 24 hours or floss in the areas where arestin was placed for 10 days. MUST show patient exact areas where arestin was placed. Let patient know that he will be seen again in the spring (February) for a recall and also to evaluate tissues.

**7. Radiographic Findings:** (crown root ratio, root form, condition of interproximal bony crests, thickened lamina dura, calculus, and root resorption)

 Localized mild horizontal bone loss #17, 18, 19, 31, and 30. Localized moderate horizontal bone loss #20, 21, 29, 28. Localized severe horizontal bone loss around #12,13. Caries found #19 M & #30 D; cavities provide more risk for destruction, and need to be restored.

**8. Journal Notes:** (Record in **detail** the treatment provided, oral hygiene education, patient response, complications, improvements, diet recommendations, learning level, progress towards short and long term goals, expectations, etc.) The progress notes should be written by appointment date.

 Appt. 1: 10-8-15: Patient was screened before initial appointment date so patient appointment practice, HIPAA, and statement of release were all signed on 8-20-15. Medical/dental history, pre-rinse, Vertical Bitewings (film) – for baseline information and because patient had previously been told he had cavities. Head and neck exam, periodontal assessment with full periodontal charting, and initial gingival index was completed. Dental charting with x-rays, informed consent, and risk assessment were finished within the initial appointment. Patient was screened as a class V, perio class IV, it was explained to my patient that he will be used as my periodontal patient for this semester, he will need to come in once a week and only one quadrant can be cleaned at a time, patient agreed. We discussed that plaque turned to calculus after 24 hours and calculus cannot come off with a toothbrush, you must have it removed by a dental hygienist. Showed patient his x-rays and his bone level. Explained how plaque causes gingivitis and gingivitis can lead to periodontitis. Learning level: unaware.

 Appt. 2: 10-15-15: Medical/ dental history, prerinse, retake for film vertical bitewings was done. Took intra oral pictures of patient. First patient education session was completed; discussed all LTG/STG (Plaque & brushing) Long-term goal: Patient will maintain plaque score of 0.8 or lower at each appointment. Short-term goal: Patient will be able to define plaque. Short-term goal: Patient will reduce gingival inflammation. (Pt. Ed. Periodontitis & flossing) Long-term goal: Patient will halt the progression of disease. Short-term goal: Patient will reduce gingival bleeding by the end of treatment. Short-term goal: Patient will be able to define Periodontitis. Short-term goal: Patient will continue regular recall appointments. (Pt. Ed. Caries & Fluoride) Long-term goal: Patient will have caries restored by 6-month recall appointment. Short-term goal: Patient will find a dentist to restore caries. Short-term goal: Patient will define caries process. Short-term goal: Patient will drink less sugary drinks throughout the week (1). (Pt. Ed. Bruxism & mouth guard) Long-term goal: Patient will buy mouth guard to wear when stressed or nervous. Short-term goal: Patient will wear mouth guard. Patient’s response to the Brushing goals: He was able to maintain the adequate plaque score; he was able to describe plaque. Questioned patient about knowledge about plaque and asked what is can cause. Explained that plaque causes gingivitis and can lead to periodontitis, and caries. Plaque reforms in the mouth daily, you must brush twice a day, angling the toothbrush toward gumline. Told patient to brush extremely light, because he already has a bad habit of brushing to aggressively. Showed the patient pictures of plaque in the patient education flip chart. Patient demonstrated brushing at the sink. Disclosed the patient at the sink, and showed patient how to brush on the typodont, then the patient brushed the typodont. Instructed patient to brush tongue as well. Reviewed with the patient what plaque is and what it can cause. Discussed that the next session will be about flossing and periodontitis. Learning level, unaware. Plaque score .5 good, bleeding score 0%. Completed ultrasonic scaling of the mandibular right quadrant, as well as fine scaling of the mandibular right quadrant.

 Appt. 3: 10-29-15: Medical/ dental history, prerinse, completed ultrasonic scaling of the mandibular left quadrant as well as fine scaling. Plaque score: .6% (good) Bleeding score: 0. Second patient education session; topic was about flossing and periodontitis. Reviewed all LTG/STG (Plaque & brushing) Long-term goal: Patient will maintain plaque score of 0.8 or lower at each appointment. Short-term goal: Patient will be able to define plaque. Short-term goal: Patient will reduce gingival inflammation. (Pt. Ed. Periodontitis & flossing) Long-term goal: Patient will halt the progression of disease. Short-term goal: Patient will reduce gingival bleeding by the end of treatment. Short-term goal: Patient will be able to define Periodontitis. Short-term goal: Patient will continue regular recall appointments. (Pt. Ed. Caries & Fluoride) Long-term goal: Patient will have caries restored by 6-month recall appointment. Short-term goal: Patient will find a dentist to restore caries. Short-term goal: Patient will define caries process. Short-term goal: Patient will drink less sugary drinks throughout the week (1). (Pt. Ed. Bruxism & mouth guard) Long-term goal: Patient will buy mouth guard to wear when stressed or nervous. Short-term goal: Patient will wear mouth guard. Asked patient to review what plaque is and what it can cause. Patient has lowered his plaque score from the previous appointment. Questioned patient about knowledge about periodontitis. The patient was unaware that he has periodontitis. We discussed that periodontal disease has 2 types: gingivitis and periodontitis. This process starts as gingivitis and then it can progress to periodontitis. We discussed that gingivitis is reversible, but periodontitis is not, bone level will not grow back. Explained to the patient even though he brushes twice a day and flosses everyday because he smoked for so long, and went for so long without a professional cleaning, diseased pockets developed that accumulated plaque that hardened into calculus and that was why he couldn’t see any changes in his gum tissues yet. Used the patient education flip chart to show the patient pictures of severe periodontitis and gingivitis. Also used the patient’s x-rays to show him the areas he had severe periodontitis, and compared the areas to normal bone level areas. Demonstrated how to floss on the typodont. Told the patient to floss in between the teeth and go down into the sulcus as far as possible and to make a “C” shape. Asked the patient to demonstrate how to use floss on the typodont, then had the patient floss at the sink. Asked the patient to tell me what periodontal disease is and discussed the topic for the next session (caries). Learning level, self-interest.

 Appt. 4: 11-5-15: Medical/ dental history, prerinse, plaque score .3% (good) bleeding score 0. There was no third patient education session because I had previously performed one on my former perio patient. The caries/fluoride patient education session was done chairside. I went over all of the patients LTG/STG with him chairside and congratulated patient for accomplishing most of his short-term goals so far! He had kept a low plaque score at every appointment so far, improved his gingival tissue with every cleaning, maintained a score of 0 for bleeding at almost every appointment, and has demonstrated knowledge of plaque and periodontitis when questioned. Explained that caries is from plaque / acid that begins to demineralize tooth enamel. Starts as a white or chalky area, then it can turn into a brown area if not treated. Once decay has reached the pulp, a root canal may be needed and in some cases may be even an extraction. Fluoride is a mineral that remineralizes the enamel and prevents tooth decay. Can be found in tap water, toothpastes, ACT mouthwash. Different offices have different treatments like tray, varnish, foam, and rinse. When asked if patient had gotten in touch with the dental school in Houston yet, he said he had not yet but still plans to make an appointment with them to have his cavities restored. Discussed recall schedule of 3 months (February of 2015). Learning level, self-involvement. Completed ultrasonic scaling and fine scaling of maxillary right quadrant.

 Appt. 5: 11-12-15: Medical dental history, prerinse, plaque score 0% (good) bleeding score 0%. Completed ultrasonic and fine scaling of maxillary left quadrant. Took after intra oral pictures for the patient to see the difference. Patient was very excited in the differences he saw. Discussed chairside about a mouth guard for when patient is stressed, patient said he would look into buying a mouth guard for these occasions. I explained to him that stress exerted on his teeth could result in stress on his periodontal ligaments, which can in time worsen his periodontal disease. Gave patient a tuft-ended toothbrush for his furcation involvements. Demonstrated with a mirror where these places are and how to clean them with the brush.

 Appt. 6: 11-24-15: Medical/ dental history, prerinse, plaque score .16, bleeding score .16%. Completed full periodontal charting. Post cal checked, plaque free, placed 6 Arestin cartridges in #2D, #3M, #12M, #15M, #31D, #28M. Informed the patient that Arestin is an antimicrobial that helps control bleeding and promote healing. Let the patient know that we will evaluate those areas next semester. Using a mirror, showed that patient where the Arestin was placed and instructed not to brush in those areas for 24 hours and not to floss in those areas for 10 days, also told her not to eat any hard, crunchy foods. Also do not eat any sticky foods for 10 days. Sent patient how with written instructions for Arestin. Fluoride varnish. Learning Level-Involvement. Referrals to DDS for caries #1D, #3O #18 MF, #32F #31 fracture. Ending gingival statement localized (premolar areas) severe periodontitis with slight localized bleeding posteriorly. Recall- 3 months February 2016.

**9. Prognosis:** (Based on attitude, age, number of teeth, systemic background, malocclusion, tooth morphology, periodontal examination, recare availability)

The prognosis for my periodontal patient is good. He does not have any systemic diseases. The patient’s attitude toward treatment was great, and even assured me that he will continue to meet his goals even after treatment is completed. The patient was excited to learn about his dental health during treatment, and was always involved in asking questions. The patient has 31 teeth and many restorations and is 57 years old this puts him at a high risk for caries. He has class I mobility on #32, which puts this tooth at risk for more periodontal involvement, and eventual tooth loss. He has class I furcation involvement on #31, #30, #19, #2, and #3. He has class II furcation involvement on #14, and #18. Because of his furcation involvement this puts my patient at severe risk for more periodontal involvement. A tuft-ended toothbrush was given to him to help him clean these furcation areas. I believe the patient is now aware that it is highly important to keep up with his oral health. The patient does not have a regular dentist to go to for restorative care, nor does he have insurance, but he wants to make an appointment with the dental school in Houston to have his restorative work taken care of and he would like to continue to visit our clinic for regular cleanings. Even though he still has some diseased periodontal pockets with 4-6 mm, no pockets had increased; they all stayed the same or decreased. I feel as though my patient will continue to heal before I see him next semester, but because of his diseased pockets, furcation involvements, and mobility he still needs a referral to the periodontist.

**10. Supportive Therapy:** Suggestions to patient regarding re-evaluation, referral, and recall schedule. (Note: Include date of recall appointment below.)

Suggestions for re-evaluation would be for the patient to have all pockets reduced to 1-3 mm at recall and to visit the periodontist if possible. Plaque score and bleeding score of reduced to 0, along with soft brushing techniques. Referrals to DDS for caries #1 D, #3O #18 MF, and #32 F #31 fracture. Patient’s recall schedule is 3 months; the patient’s next appointment will be February of 2016.

**11. Assessment of Changes:** (including plaque control, bleeding tendency, gingival health, probing depths)

The patient expressed great efforts of plaque control. His plaque score was either the same or decreased at every appointment, the plaque score never increased. The initial plaque score from the first appointment was .16% and at the final appointment, the plaque score was .16%. The patient’s bleeding score started as 8%, and ended with .03%, the patient’s gingival index did decrease from 1.3 fair to 0.5 good. At the initial appointment, the patient had generalized 4-5 mm pocket depths with localized 6-8mm pocket depths for #4, #31, #20, and #19. By the final appointment at the end of treatment, the patient still had generalized 1-3 mm pockets and localized 4-6 mm pockets for the posterior regions. The overall gingival health changed by showing a color change. At the start of treatment, most areas were red; at the end of treatment the majority of the areas were pink.

**12. Patient Attitudes and Cooperation:**

My periodontal patient was interested and excited to be my periodontal patient when I explained he was eligible to be my patient. When I explained the requirements needed from the patient, he happily agreed. He was always on time to his appointments and was enthused to be at every appointment and asked about anything he wanted to know regarding his oral health. During patient education sessions, he asked questions, and was curious about his oral health. He was active in choosing his goals in the patient education sessions, if he believed he would not be able to meet a particular goal, he let me know, and we modified the goals as needed. At every appointment, he would be excited to tell me that he is following through with his goals, and always asked about the state of his tissues, and if there was any bleeding present. The most difficult goal for him was brushing softer. At the final appointment, I let the patient know that he will come back for her recall appointment in 3 months, and we will follow up with the treatment, which he agreed to do.

**13. Personal Evaluation/Reaction to Experience:**

During the periodontal patient treatment, I was able to see how much of a difference that a dental hygienist can make on patients. I was able to see the difference of tissues once you have scaled. This also helped the learning level for my patient as well. I was able to show him the difference of health verses inflammation in his own mouth. I did my best to stay on track at each appointment for my periodontal patient. I tried to stick to a strict time schedule, that way I would not fall behind. I was very lucky that I had such a cooperative patient during this process.

(Plaque & brushing)

LTG- Patient will maintain plaque score of 0.8 or lower at each appointment

**- Patient successfully completed this goal**

STG- Patient will be able to define plaque

**- Patient successfully completed this goal**

STG- Patient will reduce gingival inflammation

**- Patient successfully completed this goal**

(Pt. Ed. Periodontitis & flossing)

LTG- Patient will halt the progression of disease

**- Patient showed reduction in pocket depths, tissue color, and bleeding points.** **However this will not be determined until our recall appointment.**

STG- Patient will reduce gingival bleeding by the end of treatment

**-Patient successfully completed this goal**

STG- Patient will be able to define Periodontitis

**- Patient successfully completed this goal**

STG- Patient will continue regular recall appointments

**- Patient plans to continue regular recall appointments**

(Pt. Ed. Caries & Fluoride)

LTG- Patient will have caries restored by 6 month recall appointment

**- Patient plans to call Houston dental school to have caries restored**

STG- Patient will find a dentist to restore caries

**- Patient plans to see Houston dental school because he does not have insurance**

STG- Patient will define caries process

**- Patient has successfully completed this goal**

STG- Patient will drink less sugary drinks throughout the week (1)

**- Patient has successfully completed this goal**

(Pt. Ed. Bruxism & mouth guard)

LTG- Patient will buy mouth guard to wear when stressed or nervous

**- Patient plans to buy a mouth guard, but has yet to do so**

STG- Patient will wear mouth guard

**- Patient has not completed this goal**