Medical-Dental History and Patient Evaluation

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Significance of Patient History (MDHX)

- Provide information pertinent to etiology and diagnosis of oral health conditions
- Reveal conditions that may require precautions or modifications during dental appointments to avoid emergency situations
- Aid in ID of possible unrecognized conditions for which patient may need medical referral
- ID cultural beliefs/practices that may affect risk for oral disease
- Give insight into emotions and psychological factors and attitudes
- Documentation of records

Methods of Obtaining Patient Health History

- Questionnaire
  - Many varying forms
  - Can be filled out in office, home, on-line
- Interview
  - Done in person
  - Clinician asks questions/documents answers
  - Time consuming
- Combination
  - Clinician uses questionnaire that pt fills out and asks pt about certain answers

Questionnaire (characteristics of good forms)

- Logical sequence
- Quick ID of special needs
- Language appropriate
- Space
  - Notations
    - Patient
    - Clinician
    - Attitudes

Interview

- Participants
  - What about a child?
  - Interpreter?

- Questions
  - Open ended
  - Closed ended
  - Leading

Interview Process

- Setting
  - Patient seated upright, clinician seated at eye-level
  - Create private, comfortable, non-threatening physical environment
  - Have positive, caring attitude toward patient, demonstrate sensitivity to patient’s needs and expectations

- Communication
  - Maintain appropriate eye contact
  - Talk at appropriate rate
  - Use Reflective Listening
  - Be tactful and non-judgemental
  - Interpreter if needed
  - Caregiver if needed
Interviewing

- Advantages
  - Personal Contact
  - Flexibility for individual need
- Disadvantages
  - Time consuming
  - Items of importance can be forgotten
  - May cause embarrassment for patient

Personal History

- **Objective:** collect data essential for appointment planning and business aspects
  - What are some examples?

Dental History

- **Objective:** collect data regarding reason for appointment and previous treatment
  - What are some examples?
  - Questions you can use to help patient expand if patient is having pain?

Medical History

- **Objective:** determine whether patient has or has had conditions that might affect dental treatment
  - What are some examples?
  - How do patient’s medications factor in to dental care?

Family History

- **Objective:** ID oral and general health problems that the patient may be predisposed to acquiring
  - Also provides opportunity to explore patient’s cultural beliefs about health care
  - What are some examples?

Review of Organ Systems

- Skin
- Eyes, ears, nose, throat
- Musculoskeletal
- Respiratory
- Cardiovascular
- Gastrointestinal
- Genitourinary
- Endocrine
- Hematopoietic
- Neurologic
- Psychiatric/psychologic
Oral Health History
- Frequency of dental visits, prophylaxis
- Reasons for past dental visits
- Type of dental care received in the past
- Oral home care practices

Psychosocial History
- Personal habits, social history
- Tobacco use, alcohol consumption, recreational drug use
- Dietary intake
- Clenching, bruxing, mouth breathing, biting objects
- Cultural background, occupation, hobbies
- Patient desires and expectations of dental care

Application of Information Obtained from Patient History
- Medical Consultation
  - Immediate
  - Written request
  - Referral
- Radiation therapy
- Antibiotic (prophylactic) premedication
  - Wilkins pages 131-133

Factors that increase the risk of Bacteremia
- Immunosuppression
- Prolonged or severe illness
- Alcohol/Drug abuse
- Malnutrition
- Diseases or drug therapies that cause ulcers in the intestines
- Antibiotic therapy that changes the body’s bacteria balance
- Poor oral health
- Chewing, toothbrushing, and flossing

Goals of Physical and Psychological Evaluation
Determine....
- ability to tolerate physical and psychological stresses
- treatment modifications
- contraindications to dental treatment

Anxiety and Stress
- Patients with underlying medical problems may be less able to tolerate stresses associated with dental care
- More likely to experience exacerbation of medical problem
  - angina pectoris, seizure disorders, asthma
- Must determine severity of condition, medical consultations may be indicated prior to any dental treatment
- Healthy patients may still be affected by anxiety and stress
  - Syncope
  - Hyperventilation
Contraindications

• Relative
  − Potential risks to receiving dental care that can be minimized through treatment modifications

• Absolute
  − Under no circumstances would the patient be allowed to receive dental care at that point in time

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Total Physical Evaluation

• Medical history questionnaire

• Physical examination: visual observation, vital signs

• Dialogue history: clarification of significant findings on medical history questionnaire

• Information from these items will allow the clinician to determine the health status of patient, seek medical consultation if needed, and modify treatment if needed

Malamed, 2004

Questions

• Systemic
  − Cardiovascular, blood, seizures, liver, kidney, CNS disorders, respiratory

• Medications
  − Possible interactions

• Allergies
  − Latex, sulfites

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Estimation of Medical Risk

• American Society of Anesthesiologists

  • ASA Physical Status Classification System
    ■ I-V

Examples of ASA Classifications

• ASA I – HEALTH

• ASA II – MILD SYSTEMIC CONDITION/DISEASE
  − pregnancy, > 60 years old, healthy but phobic, drug allergy, non-insulin dependent diabetes, well controlled epilepsy, asthma, Bp 140-159 / 90-94

• ASA III – SEVERE SYSTEMIC CONDITION/DISEASE; LIMITS ACTIVITY, NOT INCAPACITATING
  − well controlled insulin dependent diabetes, hygro or hyperthyroid, > 6 months post MI or CVA, stable angina, CHF, COPD, Bp 160-199 / 95-114

Examples of ASA Classifications

• ASA IV – DISEASE/CONDITION INCAPACITATING, CONSTANT THREAT TO LIFE
  − unstable angina, < 6 months post MI or CVA, severe CHF or COPD confining patient to wheelchair or supplemental oxygen, uncontrolled epilepsy, diabetes, dysrythmias, Bp 200/115+

• ASA V – NOT EXPECTED TO LIVE MORE THAN 24 HOURS
  − end stage disease (cancer, heart, lung, etc.)
### Psychological Evaluation
- Medical history findings
  - Psychiatric care
  - Medications
- Dialogue history
  - Avoidance of treatment for many years
  - “I hate the dentist”
- Visual observation
  - Increased BP and pulse
  - Nervousness
  - Excessive sweating
  - Dilated pupils
  - Stiff posture, arms crossed over, “white knuckle” syndrome

### Consent to Treatment
- Patient MUST sign MDHX form each time a new form is filled out
  - Informed Consent
    - WHAT IS IT?

### Review
- MDHX review each visit
  - Question patient about any changes to health, medications (OTC, Rx, Supplements, Herbs), surgeries, hospitalizations, etc., document any changes
- Complete new comprehensive MDHX form every 3 years
- Compare previous MDHX to updated MDHX
  - Sometimes you will find significant changes!

### Documentation
- Date all records
  - All permanent records should be in ink
  - Health History must be signed (18 years and older)
  - Informed Consent must be signed
  - All patient information is CONFIDENTIAL
  - Document changes in progress notes and regular visits
  - New MDHX every 3 years

### Factors To Teach Patients
- Need for obtaining and updating information about personal, medical and dental histories
- **ALL INFORMATION IS CONFIDENTIAL**
- Relationship between oral and general physical health
- Premed patients
  - Importance of preventive dentistry/homecare
  - Imperative need for regular dental care
  - Necessity for taking prescribed prescription as doctor directed

### ACTIVITY
- 5 groups of 3
- 2 groups of 2
  1. Obtain patient records and review MDHX for at least 2 different patients
  2. Is ASA classification noted? If not, what do you think it is? If it is noted, do you agree?
  3. Look up medications in drug book and determine oral and treatment considerations
  4. Share findings with class
References
