Clinical Decision Making

Dentist and RDH use information gathered during the clinical periodontal assessment to identify treatment strategies that meet the patient’s needs

• Dental Team’s Role
  • Dentist’s responsibility
  • HOWEVER it is both the dentist and RDH responsibility to plan the NSPT

Clinical Decision Making cont.

• Patient’s Role
  • Dental healthcare providers have an obligation to encourage patients to fully participate in treatment decisions and goals.
  • On-going process

Steps in Treatment Planning

1. Assigning a Correct Periodontal Diagnosis

  ![Diagram of treatment planning process]

Diagnostic Questions

1. Does the clinical assessment indicate health or inflammatory disease in the periodontium?

• Signs of periodontal disease
  • Examples

• Symptoms of periodontal disease
  • Examples

• Additional Diagnostics may be needed

Signs of Inflammation

<table>
<thead>
<tr>
<th>Overt (Readily Visible) Signs</th>
<th>Hidden Signs</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Color changes in the gingiva</td>
<td>• Bone loss</td>
</tr>
<tr>
<td>• Contour changes in the gingiva</td>
<td>• Pus/leuc (exudate)</td>
</tr>
<tr>
<td>• Changes in consistency in the gingiva</td>
<td>• Bleeding on probing</td>
</tr>
</tbody>
</table>

TABLE 10-1. SIGNS OF INFLAMMATION IN THE PERIODONTIUM
Health

- No signs of inflammation
- Free of gingivitis and periodontitis
- NO attachment loss!

Diagnostic Questions

2. If the clinical assessment indicates inflammatory disease, is the disease gingivitis or periodontitis?
   • Attachment Loss
     - Natural level of gingival attachment
     - CAL
   • Radiographs

Diagnostic Questions

3. If the patient has gingivitis, what type of gingivitis?
   OR
3. If the patient has periodontitis, what type of periodontitis?
   • Refer to Gehrig Ch. 5-9

Planning for DH Patient Care

1. Collect and Analyze Assessment Info
2. Establish the diagnosis
3. Select treatment and education interventions
4. Develop a formal plan for care

Planning for DH Patient Care cont.

• Assessment
  • Chief Complaint (CC)
  • Risk Factors (RF)
    • Periodontal Infections / Poor Response to Therapy
    • Periodontal Disease as a RF for Systemic Diseases
  • Dental Caries
  • Oral Cancer
  • Patient’s Overall Health Status
  • Physical Status
  • Tobacco Use
  • Oral Healthcare Knowledge Level
  • Pt’s Self-Care Ability
Planning for DH Patient Care cont.

• Periodontal Diagnosis and Risk Level
  • Current Periodontal Status
  • Classification of Periodontal Disease
  • Parameters of Care
• Dental Caries Risk Level

Additional Considerations

• Role of Patient
• Tissue Conditioning
• Preprocedural Antimicrobial Rinsing

Planning for DH Patient Care cont.

• Dental Hygiene Diagnosis
  • ADHA says...
  • Basis for Dx
  • Diagnostic Statements
  • Diagnostic Models
• Dental Hygiene Prognosis
  • Criteria
  • Factors to Determine
  • Additional Considerations

Additional Considerations cont.

• Pain & Anxiety Control
• DH care during Dental Therapy
• Four-Handed Dental Hygiene

Planning for DH Patient Care cont.

• Evidence-Based Selection of Dental Hygiene Protocols
• Documentation
• Factors to Teach the Patient

The Dental Hygiene Care Plan

• What is it for?
• What is it?
• Why do we need it?
• What does it include?
Assessment

- Data collection
  - MDHX, oral (charting, EIOE) and CPE exam, radiographs, etc.
- Identification
  - Patient’s condition
  - Risk factors
- Formulate DH diagnosis & prognosis
  - Requires application of professional judgment and critical thinking

Periodontal Diagnosis

- Flexibility
- Other Findings

Dental Hygiene Diagnosis and Prognosis

- Relates to problems/solutions addressed within scope of dental hygiene practice
- Link oral health problems to etiologies/risk factors
- Provides basis for planning intervention
- Identify expected outcomes and patient responses
- Excludes diagnoses requiring treatment legally defined as dental practice

Periodontal Diagnosis and Prognosis

- Diagnosis
  - Identification of disease or condition
  - Based on:
    - Assessment findings
    - Recognition of periodontal disease classifications
- Prognosis
  - Prediction regarding outcome of disease
  - Consider influencing factors

Periodontal Diagnosis

- Use correct classification
  - Plaque-induced gingivitis, chronic periodontitis, etc.
- Include descriptive modifiers
  - Localized, generalized
  - Slight, moderate, severe
- Supplemental description
Descriptive Modifiers

**TABLE 10-2. USE OF MODIFIERS IN DOCUMENTING DISEASE SEVERITY AND EXTENT**

<table>
<thead>
<tr>
<th>Descriptive Modifier</th>
<th>Definition</th>
</tr>
</thead>
<tbody>
<tr>
<td>Disease Severity</td>
<td></td>
</tr>
<tr>
<td>Slight</td>
<td>5-2 mm clinical attachment loss</td>
</tr>
<tr>
<td>Moderate</td>
<td>3-4 mm clinical attachment loss</td>
</tr>
<tr>
<td>Severe</td>
<td>5 mm or more of clinical attachment loss</td>
</tr>
<tr>
<td>Disease Extent</td>
<td></td>
</tr>
<tr>
<td>Localized</td>
<td>20% or less of the sites in the mouth are involved</td>
</tr>
<tr>
<td>Generalized</td>
<td>More than 30% of the sites in the mouth are involved</td>
</tr>
</tbody>
</table>

Periodontal Prognosis

- Prediction of outcome
  - Short-term 2-5 years
  - Long-term 5-10 years

- Descriptions
  - Excellent
  - Good
  - Fair Poor
  - Questionable/Guarded
  - Hopeless

Activity

- Groups of 4
  - Develop case studies
    - Medical history
    - Local and systemic risk factors
    - Periodontal findings
    - Radiographs (provided)
  - Share with class

Treatment Plan

- Evidence-based
  - Patient need
  - Scientific literature
  - Includes patient education

- Sequential outline
  - Comprehensive plan
  - Dental hygiene plan

**IMPORTANT**

- Include the PATIENT in treatment plan development!!

- ALWAYS REMEMBER-the patient is a real person, not just a set of teeth!
Master (Comprehensive) Treatment Plan

- Assessment and preliminary therapy (preliminary phase)
- Non-surgical periodontal therapy (phase I)
- Surgical therapy (phase II)
- Restorative therapy (phase III)
- Periodontal Maintenance (phase IV)

Direct participation by RDH

- Assessment – preliminary phase
- NS Periodontal Therapy – phase I
- Periodontal Maintenance – phase IV

Considerations When Developing a Treatment Plan

- Individual patient’s needs/desires
- Health
- Age
- Treatment tolerance
  - Physical, emotional
  - Sensitivity (pain management)
- Number of teeth present

Considerations When Developing a Treatment Plan

- Extent of disease
- Amount of calculus
- Restorative needs
- Barriers to care
  - What are some examples of barriers to care?

DH “Periodontal” Treatment Plan

- Assess patient periodontal status
  - Health vs. disease
- Health
  - Patient education
  - Prophylaxis
  - Fluoride
- Disease
  - Patient education
  - Periodontal debridement
  - Re-evaluation
    - Maintenance interval, re-treat, adjunctive therapy, or referral

General Guidelines for Treatment of Periodontal Disease

- Length and # appointments varies
- Must include re-evaluation appointment
- Periodontal Maintenance
**Gingivitis**

- Active/Initial Therapy and Re-evaluation
  - Active/Initial Therapy (1 appointment)
  - MDHX
  - PHP/Patient education
  - Full mouth scaling/debridement with ultrasonics, hand instruments
  - Antimicrobial irrigation or rinse
  - Post-op instruction

**Gingivitis**

- Re-evaluation (~2 weeks)
  - MDHX
  - Patient education
  - Assess healing
  - Gingival contour, color, etc.
  - Re-probe
  - Fine scale
  - Selective polishing (if no inflammation)
  - Fluoride
  - Determine re-treat or recare interval

**Periodontitis**

- Active/Initial therapy and Re-evaluation
  - Active/Initial therapy (2 or 4 appointments)
  - MDHX and vital signs
  - Patient education
  - Scaling/debridement with ultrasonics, hand instruments
  - Quadrant or half mouth
  - Local Anesthesia
  - Antimicrobial irrigation or rinse
  - Post-op instructions

**Periodontitis**

- Re-evaluation (4-6 weeks)
  - MDHX
  - Patient education
  - Assess healing
  - Gingival contour, color, etc.
  - Re-probe
  - Fine scale
  - Selective polishing (if no inflammation)
  - Fluoride
  - Determine re-treat, adjunctive therapy, surgery, maintenance interval

**Insurance Treatment Codes**

- Codes for insurance reimbursement
  - D1110—prophylaxis (health)
  - D4346—scaling in presence of generalized moderate or severe gingival inflammation — full mouth, after oral examination
  - NEW CODE for 2017
  - D4341—periodontal debridement by quadrant (sometimes referred to as SRP) 4 or more teeth in a quadrant
  - D4342—periodontal debridement of 1-3 teeth
  - D4910—periodontal maintenance, after active therapy
  - D4355—FM debridement to enable comprehensive periodontal exam

**Activity**

- Determine periodontal diagnosis and prognosis
- Identify risk factors
- Write out specific DH treatment plan for each appointment, including re-evaluation
  - Specific patient education
  - Instrument sequence
  - Post-operative instructions
- Share with class
Case Presentation

- Process of presenting assessment data and treatment options to patient
  - Benefits and risks of treatment
  - Risks of non-treatment
- All options
  - Treatment alternatives
  - No treatment

Informed Consent vs Informed Refusal

<table>
<thead>
<tr>
<th>Informed Consent</th>
<th>Informed Refusal</th>
</tr>
</thead>
<tbody>
<tr>
<td>What is it?</td>
<td>What is it?</td>
</tr>
<tr>
<td>What are the specific elements involved?</td>
<td>Is it legal?</td>
</tr>
<tr>
<td>Why is written better than verbal?</td>
<td>Proper documentation</td>
</tr>
</tbody>
</table>

Ethics

- Failure or delay in communicating findings or treatment options is unethical
- Performing procedures without consent is unethical and illegal

Activity

- Based on your group’s case study:
  - Explain your findings and recommendations to the dentist
  - Explain your findings and recommendations to the patient
  - Include rationale for your treatment recommendations

Ethical Scenario

- What are some of the ethical considerations in this scenario?
- How would you respond to the patient in such a situation?
- How would you respond to the dentist in such a situation?