Implementing Hygiene Systems for Increased Productivity

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## Daily Patient Chart Review

<table>
<thead>
<tr>
<th>Category</th>
<th>Yes</th>
<th>No</th>
<th>Note:</th>
</tr>
</thead>
<tbody>
<tr>
<td>History of Perio Disease and Tx</td>
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<tr>
<td>Perio Exam in last 12mths or less</td>
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<td>Last hygiene visit was 6mths or less</td>
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<tr>
<td>X-rays done in last 12mths or less</td>
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<tr>
<td>Incomplete Tx Plan</td>
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<tr>
<td>Current photos of needed Tx</td>
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<tr>
<td>Current Med Hist (w/ in 12mths)</td>
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<tr>
<td>Family members overdue</td>
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<tr>
<td>Patient preferences</td>
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<tr>
<td>Risk Factors-----------------------------------------</td>
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<tr>
<td>Personal notes---------------------------------------</td>
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Ultimate Hygiene Exam

Creating synergy within the dental team takes a strong commitment to consistent, outstanding service. This commitment is best carried out when step-by-step protocols are in place for every procedure. The Ultimate Exam enables the provider to collect all the data necessary to inform patient and Doctor of current oral health conditions and needed treatment. Examination must be completed before picking up a scaler!

- Medical History Review
  - Comprehensive Medical History Form
  - Blood pressure screening
  - Medications and supplements, pre-medication
  - Recent surgeries and/or new diagnoses
- Patient questions and concerns
  - Cosmetic evaluation-shade guide analysis
  - Discomfort
- Radiographs
  - Decay
  - Periodontal involvement/bone loss
- Intra and Extra Oral Cancer screening
- Periodontal Exam
  - Includes 6-point probing, bleeding exam, recording furcation, recession
- General intraoral observation
  - Calculus detection
  - Decay examination using technology
  - Evaluation of existing restorations
  - Oral Hygiene Evaluation
  - Occlusal Analysis
- Intra Oral Photos or Flash Mouth Tour
  - Immediate dental needs
  - Condition of existing restorations
  - Periodontal conditions and home care review
  - Review of completed treatment
The *American Journal of Cardiology* and *Journal of Periodontology* Editors’ Consensus: Periodontitis and Atherosclerotic Cardiovascular Disease

Although bacteria initiate periodontitis, host-modifying risk factors appear to influence the severity and extent of disease.\(^1\)

Approximately 50% of the variation in clinical severity of chronic periodontitis is explainable by genetic influences.\(^6\)

Antibiotics markedly reduce the bacterial load but taken alone do not usually eliminate periodontal pathogens….may improve localized sites…when combined with mechanical debridement to disrupt the subgingival biofilm.\(^6\)

Bacterial species found predominately in the periodontal pockets also have been found in atheroma.\(^6\)

Advanced periodontitis (moderate to severe bone loss and gingival probing depth >5mm)…\(^6\)

It seems reasonable, however, on the basis of current data, to acknowledge that because untreated or inadequately controlled moderate to severe periodontitis increases the systemic inflammatory burden, periodontitis may independently increase the risk for CVD.\(^6\)

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**Perio Classifications**

**Gingivitis**
Bleeding easily on probing and/or exploring on 10+ sites
Gingival inflammation apparent
___ bone loss evident on radiographs
Treatment: Therapeutic Scaling followed by Prophy

**Beginning Perio Disease**
Bleeding easily on probing and exploring
Periodontal probing measurements > than ___ and <____
_______ bone loss evident on radiographs
Typically no furcation involvement
Treatment: Localized scaling and root planing

**Moderate Perio Disease**
Bleeding easily on probing and exploring
Periodontal probing measurements > than ___ and <____
_____________ bone loss evident on radiographs
Possible Class I furcation involvement
Treatment: Scaling and root planing with antibiotic therapy

**Advanced Perio Disease**
Bleeding easily on probing and exploring
Periodontal probing measurements __mm or greater
____________________ bone loss evident on radiographs
Possible Class I, II, III furcation involvement
Possible mobility
Possible suppuration
Treatment: Scaling and root planing with antibiotic therapy

Based on AAP Update on 1999 Perio Classification accessed at perio.org
Ask Yourself These Questions

What % of my patients have 4mm+ bleeding pockets?

New Patients ________________

Patients in Recare ________________

Homework: How do the above numbers compare to our Perio Percentage?

Treatment Phase

The most common reason I run behind is____________________
Doctor Exam/Handoff

☐ Introduction/Greeting
☐ Personal connection
☐ Patient concerns/questions
☐ Medical History
☐ Completed today
☐ Perio Status
☐ Restorative Status
☐ Problems and/or treatment discussed
☐ Patients willingness to move forward

Visual Cues:
Radiographs
Perio Charting
Intra-oral photos