

Wilkins Chapter 7

Thursday, September 25, 2014 7:19 PM

PATIENT RECEPTION AND ERGONOMIC PRACTICE

- Environmental Surfaces
 - All contact areas are thoroughly disinfected or covered to control cross-contamination
- Instruments
 - Sterile packaged instruments remain sealed until start of appointment
- Equipment
 - Prepare and make ready other materials that will be used.
- Review patient medical and dental history
- Read previous appointment case records
- Anticipate exam procedures

Position the chair upright, with arms for easy access, and clear the pathway.

PATIENT POSITIONS

Upright

Semi Upright

Supine

Trendelenburg (heart higher than head)

Contraindications

For Supine Position:

Heart Disease

Vertigo

Breathing Difficulty

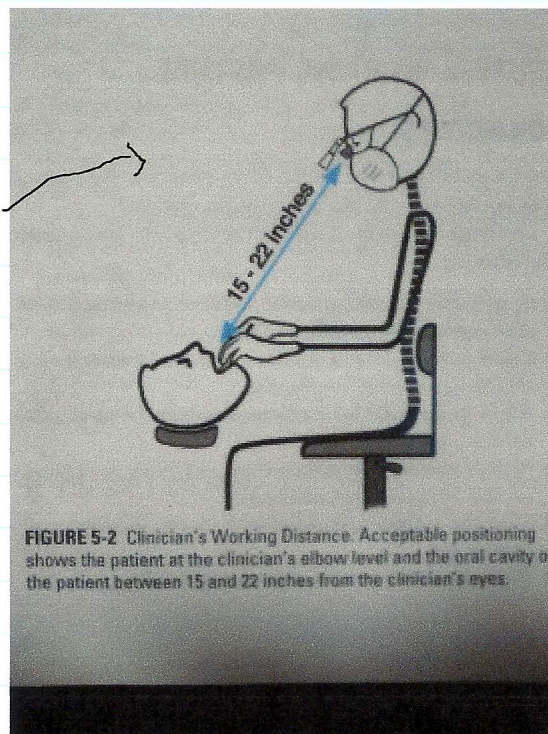
Third Trimester Pregnancy

Patient requests variation

Working Distance

NEUTRAL WORKING POSTURE

- ✧ Contribute to and preserve safety, health and wellness
- ✧ Contribute to ease and efficacy of performance
- ✧ Allows endurance
- ✧ Reduces potential for overexertion, injury and fatigue
- ✧ Give patient a sense of security, well being and confidence
- ✧ *Single most powerful tool a clinician has to reduce the risk of injury*

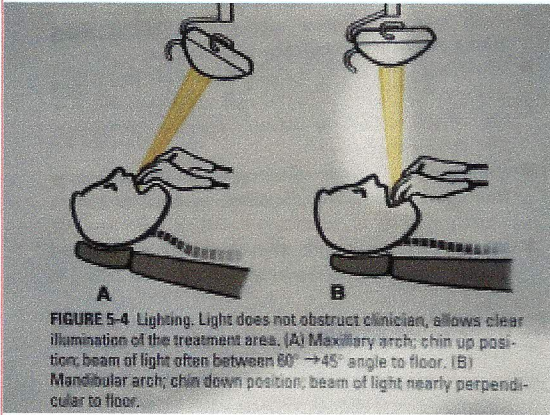


Do some
Functional
Movement
Exercises
TODAY!

SELF CARE FOR THE HYGIENIST

Self care is build on, but not limited to, all safe work practices that incorporate ergonomic principles including:

- Physical Fitness
 - Immunizations
 - Diet, Sleep, Exercise
- Standard Precautions
 - PPE
- Clinical Practice
 - Clinician-Patient Positioning (CPP)
 - Instrument selection and use
 - Prevention of sharps injuries
- Neutral Working Posture
 - In ALL activities
- Stress Management



DOCUMENTATION

Patient record entries should be recorded promptly using clear and concise language, dated and signed by clinician.

THE WRITTEN RECORD

- Written in INK
- Mistakes corrected with a single line and initialed
- Late entries: The new information should follow the most recent entry, be noted as a late entry, and include the date and time of the late entry

ELECTRONIC RECORDS

- Standardize terminology
- Speed up entry of information
- Increase legibility
- Easier faster access
- New ways for sharing information
- Can analyze information
- Maintain digital radiographs and photographs in the record

HIPPA: 1996

Health Information Portability and Accountability Act. The law provides federal privacy standards and protect patients records and other health related information in an emerging electronic information environment.

HIPPA BASIC RULES

1. *Privacy- Patients have a right to...*
 - a. *Receive a copy of personal records*
 - b. *Ask to change incorrect information*
 - c. *Receive a report when information is shared*
 - i. *Free once a year*
 - ii. *Within 60 days of request*
 - d. *Decide (in some cases) whether health information can be shared*
 - e. *Asked to be contacted regarding health information (such as by telephone or mail)*
 - f. *File a complaint with the provider, insurer, or the US government*
2. *Confidentiality - Healthcare providers are responsible for...*
 - a. *Complying with protocols*
 - b. *Providing patients with a notice of privacy practices*
 - c. *Educating employees*
 - d. *Implementing security measures*
 - e. *Making sanctions for employees who fail to comply with policies*
3. *Security- to keep information private*
 - a. *Technology that protects unauthorized access*
 - b. *Encryption technology*
 - c. *Technology that verified information has not been changed during transmission*

EXAMINATION

SIGNS AND SYMPTOMS

- *General signs and symptoms* may occur in various disease conditions
- *Pathognomonic sign or symptom* is unique to a particular disease

SIGN= Abnormality identified by a professional while examining a patient (Changes in color, shape or consistency of a tissue; Abnormal findings by a probe, explorer, xray, etc)

SYMPTOM = Any departure from normal that is felt by the patient (Pain, tenderness, itching etc)

TYPES OF EXAMS

1. Complete
2. Screening
 - a. Brief exam
 - b. *Community Screening*: Initial survey of a group of people
3. Limited
 - a. Made for an emergency
4. Follow UP
 - a. Limited. Observes effects of treatment after a period of time

TOOTH NUMBERING

Universal

F.D.I

Palmer or Quadrant

[Also Permanent vs Primary]

EXAMINATION METHODS

1. Visual
 - a. *Direct Observation*: Note surface appearance and observe movement or other functions
 - b. *Radiographic*: use of radiographs
 - c. *Transillumination*: Light directed through a tissue or tooth to enhance examination
2. Palpation
 - a. Uses the sense of touch
3. Instrumentation
 - a. Explorer
 - b. Probe
4. Percussion
 - a. Tapping a surface or tooth with fingers or instrument
 - b. If tooth is painful, avoid percussion
5. Electrical Test
 - a. Electrical pulp vitality tester
6. Auscultation
 - a. Use of sound
 - b. Stethoscope
 - c. Clicking of TMJ when jaw is moved

CHARTING IS USED FOR:

Care planning
Treatment
Evaluation
Protection
Identification

Items to be Charted

- Missing teeth
- Restorations
- Fixed and removable prostheses
- Dental sealants
- Overhangs
- Carious lesions
- Inadequate contact areas
- Pulp vitality
- Tooth sensitivity

GINGIVA

- Gingival line and MGJ
- Probing depths
- Areas of suspected mucogingival involvement
- Furcation
- Abnormal frenal attachments
- Mobility and fremitus of teeth

OTHER

- Stains
 - *Extrinsic* - Record type of stain, color, location, whether slight, moderate or heavy
 - *Intrinsic* - Record separately from extrinsic and identify by type when known
- Calculus
- Soft Deposits
 - Food debris
 - Biofilm
- Mobility of teeth
- Food impaction areas
 - Where food gets trapped
- Occlusion Related Habits
 - Grinding
 - Clenching
 - Wear pattern and attrition
- Tooth Migration
- Sensitivities
- Radiographic Evidences