

Medical Histories

Using a probe or explorer (or any other tool) is contraindicated until it's determined that pre-antibiotics aren't necessary.

WHY TAKE HISTORY

- Oral conditions reflect the general health. Dental procedures may complicate or be complicated by existing conditions elsewhere in the body
- General health factors influence response to treatment- like tissue healing
- The state of the pt's health is constantly changing. Therefore, the history represents only the period in the patient's life when the history was made.

Types of History

- Pre-appointment
 - Basic info
 - Can help determine pre appointment needs or care
- Self History
 - Prepared at home
- Brief History
 - Vital items obtained during an emergency visit
- Complete History
 - Made at initial visit
 - Is reviewed at future appointments and updated as needed

Purposes

- Provide info to the etiology and diagnosis of oral conditions and total patient care
- Reveal conditions that need precautions or modifications
- Aid in the identification of possible unrecognized conditions for which the patient will be referred for further diagnosis/treatment
- Give insight into emotional/psychological factors
- Document records for reference
- To be evidence for legal matters
- To identify cultural beliefs and practices
- Determine ethnic/racial influence on risk factors for oral disease

Limits of History

- *Problems related to method of obtaining the history- wording, attitude etc.*
- *Difficulty comprehending self-administered test. Language barriers or inability to read.*
- *Location where the form is completed. Crowded reception areas don't provide adequate privacy*
- *Patient's limited knowledge and inability to understand relationship between diseases and dental treatment- they may withhold*

MEDICAL CONDITIONS THAT REQUIRE ANTIBIOTIC PREMEDICATION

- Prosthetic cardiac valve
- Previous endocarditis
- Congenital heart disease of:
 - Unrepaired cyanotic heart disease
 - Completely repaired heart disease with prosthetic material during the first 6months afterwards
 - Repaired heart disease with residual defects
 - Cardiac transplantation recipients with valvular disease

information.

- Not wanting to discuss conditions that may feel embarrassing or they may be afraid of being refused treatment. `

**Look over Medical history forms from in class
DO NOT write on white sheet
DO write on yellow sheet in **BLACK INK** or circle areas of importance in **red pen**. Anything in red must have an explanation with it.
Write any allergies or areas of importance in alert box

Wilkin's Chapter 10

Monday, September 29, 2014 3:21 PM

VITAL SIGNS

Seat patient upright. Explain the vital signs, obtain consent.
Teach patient to not eat, drink or smoke before vitals are taken.

TEMPERATURE

Take temperature when oral infection is known to be present

- Necrotizing ulcerative gingivitis/periodontitis
- Apical or periodontal abscess
- Acute pericoronitis
- When patient feels ill or feels warm

Fever - over 99.5F

Hyperthermia- over 105.8

Hypothermia - under 96.0

Normal Temps

1. Adult
 - a. 98.6 F
 - b. OR from 96.0-99.5
2. Older Adults over 70
 - a. Average is 96.8
3. Children
 - a. First year: 99.1
 - b. Fourth year: 99.4
 - c. Fifth year: 98.6
 - d. Twelfth year: 98.0

PULSE

Adults range from **60-100bpm**. Over 100 is abnormal.

Children

- In utero- 150bpm
- At birth - 130bpm
- Second year-105bpm
- Fourth year-90bpm
- Tenth year- 70bpm

Record

Rhythm: regular, irregular, irregularly irregular

Volume: full, strong, poor, weak, thready

RESPIRATION

Adults range from **14-20** per minute. Slightly higher for women

Children

First year: 30/min

Second Year- 25/min

Eighth year- 20/min

Fifteenth year- 18/min

Record

Depth -shallow, normal or deep

Rhythm- regular, irregular

Quality - strong easy, weak, labored

Sounds - clear or describe sounds

Position of Patient - if the patient assumes abnormal position to secure comfort during breathing mark it!

BLOOD PRESSURE

Systolic is peak pressure. It is caused by ventricular contraction. Normal is less than 120mmHg

Diastolic is the lowest pressure. It is caused by ventricular relaxation. Normal is less than 80mmHg. Pulse pressure is the difference between systolic and diastolic pressures. It should be less than **40mmHg**.

Lower edge of the cuff is placed 1inch over the antecubital fossa.

Write date and arm used. Record blood pressure.

Dental personnel have an obligation to advice and refer for further evaluation

Diagnosis of hypertention should never be made based on isolated reading

When BP is normal, check again within 2 years. Recheck in 1year for persons at increased risk of hypertension: family history, weight gain, obesity, African American, use of oral contraceptives, smoking and excessive alcohol use.

Extraoral and Intraoral Exam

GOALS

- Observe the patient overall as well as in all areas in and about the oral cavity. Record deviations from normal.
- Screen for lesions that may be pathologic
- Recognize a need for postponement
- Prevent the development of advanced, irreversible or untreatable oral disease
- Identify suspected conditions that require more testing
- Compare over examinations
- Provide information for records

□ STEPS

1. Extraoral

- a. Overall appraisal
 - i. Posture, gait, general health, size, hair, scalp, breathing, fatigue, voice- cough or hoarseness
- b. Face
 - i. Expression (fear etc), shape, twitching, paralysis, injuries, abuse signs
- c. Skin
 - i. Color, texture, blemishes, lesions, eruptions, swellings, growths
- d. Eyes
 - i. Pupil size, sclera color, glasses, protruding eyeballs
- e. Nodes
 - i. Pre&Postauricular
 - ii. Occipital
 - iii. Submental;Submandibular
 - iv. Cervical Chain
 - v. Subraclavicular
- f. Temporomandibular Joint
 - i. Palpate and observe for limitations or deviations of movement. Tenderness, sensitivity, clicking, popping, grating

2. Intraoral

- a. Lips
 - i. Closed and Open
 - ii. Palpate
 - iii. Color, texture, size, cracks, cheilosis, blisters, lesions, lip biting, limitations of opening, muscle tone, mouth breathing
- b. Breath Odor
 - i. Severity, and relation to hygiene and gingiva
- c. Labial and Buccal Mucosa
 - i. Examine left and right systematically

A. Direct Observation

- a. Patient position
- b. Lighting
- c. Effective Retraction

B. Palpation

- a. Digital -
 - i. single finger
 - ii. Often applied to inner border of the mandible beneath the canine/premolar area to find torus mandibularis
- b. Bidigital
 - i. Finger and thumb on the same hand
 - ii. Ex: Palpation of the lips
- c. Bimanual
 - i. Use of finger(s) and thumb from both hands simultaneously
 - ii. Ex: index fingers palpates the floor of the mouth inside while a finger from the other hand presses on the area under the chin, externally
- d. Bilateral
 - i. Two hands are used at the same time to examine corresponding structures on opposite sides of the body
 - ii. Helps make comparisons
 - iii. Ex: Fingers placed beneath the chin to palpate the submandibular lymph nodes on either side

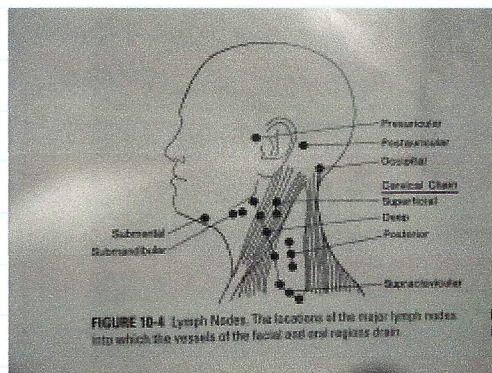


FIGURE 10-4 Lymph Nodes. The locations of the major lymph nodes into which the vessels of the facial and oral regions drain.

HISTORY

- If lesion is known or not. Previous diagnosis
- If known: When first noticed, recurrence, and previous date
- Duration
- Changes in size/appearance
- Symptoms

- 1) Vestibule
 - 2) Mucobuccal Folds
 - 3) Frena
 - 4) Stenson's Duct
 - 5) Palpate Cheeks
- ii. Color, size, texture, contour, abrasions, lesions, cheekbite, ulcers, growths, moistness
- d. Tongue
- i. Vesibule
 - ii. Lateral Borders
 - iii. Base (retract)
 - iv. Deviation on extension
 - v. Shape, color, size, texture, consistency, fissures, papillae, lesions
 - 1) Lesions elevated, depressed, flat induration
- e. Floor of Mouth
- i. Ventral of tongue
 - ii. Palpate
 - iii. Duct openings
 - iv. Mucosa and frena
 - v. Tongue action
 - 1) Varicosities, lesions, limit of movement, tongue coating
- f. Salivia
- i. Quantity, quality (thick, ropy), dry mouth, lip wetting
- g. Hard Palate
- i. Height, contour, color, appearance of rugae, Tori, growth, ulcers
- h. Soft Palate/Uvula
- i. Color, size, shape, petechiae, ulcers, growths
- i. Tonsillar region/Throat
- i. Tonsils, size and shape, color, size, lesions, trauma

Location and Extent

- ◇ *Localized* - limited to small focus area
- ◇ *Generalized* - Involves most of an area or segment
- ◇ *Single Lesions* - One lesion of a particular type with a distinct margin
- ◇ *Multiple Lesions* - More than one
 - Separate: Discrete, not running together, may be in clusters
 - Coalescing. Close to each other with margins that merge

SIZE & SHAPE

- Record length and width in millimeters
- Height of elevated lesion- use probe to measure

COLOR

- Red, pink, white, and red and white are most common
- Rare lesions may be blue, purple, gray, yellow, black or brown

SURFACE TEXTURE

- A lesion may have a smooth or irregular surface
- Texture may be papillary, verrucous or wartlike, fissured, corrugated, or crusted

CONSISTENCY

- Lesion may be soft, spongy, resilient, hard or indurated
- Most lesions can be classified as elevated, depressed or flat.

LESIONS

ELEVATED

- LOCALIZED OR GENERALIZED
 - Single or Multiple
 - Blisterform
 - Vesicle = 1cm or less in diameter. Contains serum or mucin
 - Bulla = Greater than 1cm with serum, mucin or blood
 - PUSTULE - contains pus, yellowish, any size
 - OR Nonblisterform
 - Plaque raised with broad flat top. "pasted on"
 - Papule solid less than 5mm diameter. Smooth or corrugated
 - Nodule smaller than 1cm. Solid tissue
 - Tumor 2cm or greater in diameter. Solid tissue

DEPRESSED

-Ulcers or Erosion

- SINGLE OR MULTIPLE
 - Regular Outline or Irregular Outline
 - Smooth Margin
 - Superficial (less than 3mm deep)
 - Raised Margin
 - Deep (more than 3mm)

FLAT

- Single Macule OR Multiple Macules
 - Multiple macules are either *separate* or *coalescing*
 - Macule is a flat lesion of abnormal color
 - Regular Outline OR Irregular Outline

OTHER DESCRIPTIVE TERMS

first a macule, then a papule, then a vesicle, and then a crust.

- **Erythema.** Red area of variable size and shape.
- **Exophytic.** Growing outward.
- **Indurated.** Hardened.
- **Papillary.** Resembling a small, nipple-shaped projection or elevation.
- **Petechiae.** Minute hemorrhagic spots of pinhead to pinpoint size.
- **Pseudomembrane.** A loose membranous layer of exudate containing organisms, precipitated fibrin, necrotic cells, and inflammatory cells produced during an inflammatory reaction on the surface of a tissue.
- **Polyp.** Any mass of tissue that projects outward or upward from the normal surface level.
- **Punctate.** Marked with points or dots differentiates from the surrounding surface by color, elevation, or texture.
- **Torus.** Bony elevation or prominence usually found on the midline of the hard palate (torus palatinus) and the lingual surface of the mandible (torus mandibularis)

- **Torus.** Bony elevation or prominence usually found on the midline of the hard palate (torus palatinus) and the lingual surface of the mandible (torus mandibularis) in the premolar area.
- **Verrucous (verrucose).** Rough, wartlike.