

COLUMBUS
STATE

COMMUNITY COLLEGE

Dental Hygiene

Clinic Handbook

Class of 2025

**COLUMBUS STATE COMMUNITY COLLEGE
DENTAL HYGIENE PROGRAM**

**CLINIC HANDBOOK
Class 2025**

I have received a copy of the Class of 2025 Clinic Handbook for Dental Hygiene and understand that I am responsible for knowing the contents. I agree to abide by the policies and code of ethics of the Dental Hygiene Program. I am aware of the policies and procedures. I understand the Dental Hygiene Program reserves the right to make changes in any material contained in the clinic handbook as deemed necessary. I will receive revisions as they occur.

Student Signature _____ **Date:** _____

Coordinator's Signature: *Daniel Collins, DDS* **Date:** *12-1-23*

Handbook Revised November 2023

Introduction

This handbook was written for dental hygiene students and clinical faculty in the Department of Dental Hygiene. The purpose is to provide calibration of faculty and enhancement of clinical instruction and student learning. The handbook provides more specific performance criteria, updated charts and forms, and more concise policies and procedures. The manual is to be used as a clinical resource and reference guide for dental hygiene students.

Students will be responsible for all the information contained in this handbook and will use it as a reference for all clinical procedures. The content of this handbook includes criteria and specific objectives for the performance of all dental hygiene procedures.

Should changes in these policies/requirements be deemed necessary, the Columbus State Community College Clinic Coordinator reserves the right to make appropriate changes at any time. Students will be informed of changes in writing and by announcement as soon as possible.

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Section I

Program Overview

Mission

The term dental hygiene care is used to denote all integrated preventive and treatment services administered to the patient by the dental hygienist. The ability to plan and execute dental treatment is an art as well as a science. The science can be taught, but the art is a talent that must be developed and nurtured. The student of Dental Hygiene must learn to observe and evaluate signs of oral health and disease and assess patient reaction and learning. The student must be able to apply principles from the biological, physical, social, behavioral, and dental sciences in the care of the patient. It is the philosophy of the Columbus State Community College Department of Dental Hygiene that educational and clinical services are mutually dependent and inseparable in the total dental hygiene care of the patient. It is hoped that this approach to dental hygiene will increase understanding and clinical expertise as the dental hygienist engages in the most challenging and rewarding of tasks, that of providing quality patient care, which is safe, effective, and individualized.

Program Requirements

Total points required from Class A/B/C/D patients are program completion requirements. The chart below offers “guidelines” for satisfactory semester success. Of the 250 required points for graduation, a minimum of 116 must be from B/C/D/PIP and 48 from C/D, with any combination from A/B/C/D/PIP for the total graduation requirement of 250 quadrant points.

Patient Type/Treatment Class

CLINIC	A-O I-A	II/III/IV- B/C/D/PIP	III/IV- C/D	Required points For Satisfactory	Minimum points for Incomplete
DHY 1861	10	20	---	30	22
DHY 2862	12	20	8	40	30
DHY 2863	15	35	20	70	52
DHY 2864	39	41	20	# points to reach 250 total Technically this would be 110 points	40
Program Minimum Totals		116 (min)	48 (min)	250	

SPECIFIC PROGRAM REQUIREMENTS

Children **(5)**
 Adolescent **(5)**
 Adults **(15)**
 Geriatric **(5)**
 Medically Compromised **(10)**
 Fluoride Treatments **(4 at OSU clinic [1 tray, 3 varnish])**
 Sealants **(2 surfaces)**
 Root Planing **(4 quadrants)**
 Re-evaluation or PIP **(1 completed)**

Students are informed of the evaluation system and patient quadrant points required during clinic orientation sessions each semester as the syllabus is discussed.

Student performance levels increase throughout the program’s clinical courses. In each clinic course the points required per semester increase throughout the program. There are radiology requirements for each semester (see Program Requirements).

RADIOGRAPHIC REQUIREMENTS

Clinic	Adult BW	Children BW 11 and under	Adolescent BW 12-17 years	FMX	Adult Panorex	Child or Adolescent Panorex
Clinic I	1			1		
Clinic II	1			1		
Clinic III	1			1		
Clinic IV	1			1		
Total	7	2	2	4	1	1

Full mouth series and adult bitewings are specifically required to be completed in defined clinics. All other radiographic requirements may be obtained in any Clinic to complete the total specific radiographic requirements.

Students receive on-going radiology assistance in all clinical courses. **Retakes at any time during the program require direct faculty supervision.** All radiographs exposed by students in the clinical courses are faculty evaluated. Please refer to the CSCC Program Radiology Manual for more information.

Students are required to submit one set of bitewing (tabs) and one FMX each semester.

Clinical Competencies

The clinical courses are designed to apply the basic fundamental clinical dental hygiene skills. The method of evaluation will be competency based and guided by mastery of skills. Competency/performance evaluations are accomplished throughout the Dental Hygiene Program. The clinical evaluation sheets for students have defined functions with criteria for process and end production assessment. Students are evaluated in clinic on a daily basis. All of these functions correspond with the competencies required for graduation and the overall program outcomes. Each patient care skill that is taught to the level of Clinical Competency is identified in the course syllabus. In the clinic courses, an Instrumentation Competency is required to assess the student's instrumentation skills on an on-going basis for safe and efficient patient care.

Each semester a variety of other Patient Care Clinical Competencies are required. They are as follows:

DHY 1861

Medical Emergencies Competency

Periodontal/Dental Charting Competency

Patient Education/Polishing & Flossing Competency

Instrumentation Competency

Calculus Detection (2) Competency (typodont and patient)

DHY 2862	Intra-oral Photographs Competency Nutritional Counseling Competency Sealant Competency (DHY 2240) Instrumentation Competency Calculus Detection (2) Competencies
DHY 2863	Calculus Detection (2) Competencies Alginate Impression Competency Instrumentation Competency
Program Competencies	Adjunctive Therapy Competency Care of Oral Prosthesis Competency Tobacco Cessation Competency Pain Management Competency

Remediation

If a faculty member believes a student needs remediation, a “Plan for Success” form will be presented to the student by the program coordinator and/or faculty member. The Plan for Success is a written statement of deficient skills or knowledge. The plan provides a formal list of activities to assist the student to become proficient.

In order to provide students with feedback about their class progress at a point early enough in the semester to change their academic performance, the college is committed to the Mid-semester Progress Report program. During the eighth week of each semester, a faculty meets with students to discuss their progress in clinic. During summer session, reporting is during the fifth week. If the faculty identifies a student needing to develop further skills, a Plan for Success shall be generated and presented to the student outlining how to develop the necessary skills to become proficient. The Plan for Success shall be provided to the student and the program coordinator.

Section II

General Information

Clinic Location

The clinical experience is obtained at The Ohio State University, College of Dentistry located at 305 W. 12 Avenue, Columbus, Ohio 43218. Clinic hours are Monday through Thursday from 4:15 until no later than 8:00 pm.

Telephone Numbers

The following are phone numbers for contacting The Ohio State University.

OSU front desk	614-688-3763
OSU Direct Dial for CSCC scheduling	614-292-3697

Severe Weather Policy

To learn about Columbus State's severe weather policy, please visit the following website: <https://www.cscce.edu/about/severe-weather.shtml>

Rave services also notify when the college is closed or in an emergency
<https://www.cscce.edu/services/rave/>

Students who reside in areas, which fall under a Level III Weather Emergency, should not attempt to drive to clinic or assigned rotations. If possible, attempt to reach your assigned patient to reschedule their appointment. Contact OSU regarding the rescheduled time. Assigned rotations will be reassigned as available.

Smoking

Smoking is not permitted in or around the College of Dentistry or anywhere on the grounds of The Ohio State University.

Requirements Prior to Clinical Experiences

Health Insurance

Dental Hygiene students are strongly encouraged to have personal health insurance.

Health Records

Health requirements include Hepatitis B vaccination, TB testing, proof of immunity for MMR and Chicken pox (Varicella), current tetanus, and current seasonal influenza vaccination. **COVID-19 vaccination is now required for Dental Hygiene students in the Columbus State Dental Hygiene Program. Proof of vaccination must be provided via the indicated protocol.** Health requirements must be completed with the Health Records office prior to clinical experience. Failure to comply with requests by CSCC Dental Hygiene program or OSU College of Dentistry will result in suspension of clinical patient care until proof is provided. Updated health requirements are to be uploaded on the Immuware website: <https://cscclmmuware.com/Account/Login>

Infectious Disease Risk

Students may be exposed to many types of communicable diseases in the clinical environment. These diseases are not limited to but may include: Influenza, Hepatitis (A, B, C or D), HIV/AIDS, TB, measles, mumps, rubella, rubella, COVID-19 etc.

All students are required to have appropriate immunizations before beginning their laboratory or clinical assignment. Tetanus (T-Dap vaccination every 7 years) shall be updated and reported to the Health Records Office.

Additionally, although all precautions are taken to minimize exposure and risk, there is always a slight possibility that precautions may fail or that a student may accidentally expose him/herself. All students in the dental hygiene program must be aware of this slight, but real, potential.

Risk Guidelines

Dental Hygiene students where laboratory or clinical practice is part of the course may be working with patients and faculty in various states of health/illness. As stated in the contracts with our clinical partners, no patient is discriminated against in the provision of health care. Therefore, students may be exposed to various diseases, micro-organisms and pathogens. All students are trained annually on "Standard Precautions" and are required to adhere to the standards to minimize risk. However, it is important to understand there is always risk.

Examples of potential risks to students in clinical/laboratory placement include but are not limited to:

- Ionizing radiation may cause damage to a student or developing fetus, when the student does not use required shielding.
- Students may be exposed to communicable diseases. Students are required to have immunizations prior to beginning laboratory and all clinical courses.
- Risk of falling, especially on wet surfaces.
- Risk of injuries related to lifting heavy objects or moving patients.
- Risk of needle-stick or instrument-related injuries.
- Risk of Bloodborne pathogen exposure.

See student Handbook Class of 2024 for further explanation of risks.

BLS/CPR

Dental Hygiene students are required to have completed Basic Life Support for Healthcare Providers through the American Red Cross, American Heart Association or American Safety & Health Institute prior to clinical experience. The BLS/CPR must be current for each semester the student is enrolled in the program. BLS/CPR verification (a copy of the BLS card, front and back) shall be submitted to the Dental Hygiene Administrative Assistant/Office Associate.

HIPAA Training

Dental Hygiene students are required to complete the online training for HIPAA on the OSU website. The HIPAA Training test must be completed prior to clinical experience (includes radiology). A refresher HIPAA Training and test must be completed annually during a student's senior year.

OSHA and Bloodborne Pathogens Training

Dental Hygiene students are required to complete the online training for OSHA and Bloodborne pathogens on the OSU website. The OSHA Training test must be completed prior to clinical experience (includes radiology). The OSHA/BBP Training must be completed annually during student's senior year.

Hazardous Communication Training

Dental Hygiene students are required to complete the online training for Hazardous Communication on the OSU website. The Hazardous Communication Training test should be completed prior to clinical experience (includes radiology).

Medical Emergencies Training

Dental Hygiene students are required to complete the online training for Medical Emergencies on the OSU website. The Hazardous Communication Training test should be completed prior to clinical experience (includes radiology). The training consists of a video and attestation that video has been reviewed. This training is repeated biennially.

Any other trainings that are required by OSU Clinic Administration will be completed as requested to maintain clinic privileges.

Section III

Emergency Management

Emergency Evacuation Procedures at OSU

Police

The Ohio State University Police Department (OSUPD) in Blankenship Hall at 901 Woody Hayes Drive maintains an Emergency Communications Center 24 hours a day, 7 days a week. To report an emergency of any kind, including but not limited to fire, medical emergency, or hazardous material spills or release, dial 9-1-1 from any campus telephone or personal phone or (614) 292-2121 for non-emergencies.

Fire

The fire alarm system will notify all building occupants that a fire emergency exists. Students, patients, faculty, and staff should immediately exit the building via the 2nd floor. Do not use the elevators. Students, faculty, and patients shall go out to the Neil sidewalk (unless in the atrium, then out to the grassy area of the courtyard).

The building can be re-entered once the all-clear notice is given. These procedures are mandatory for all areas—pre-clinic, clinic, lecture rooms, labs, those taking final exams, National Boards and DAT exams, visitors to the building, persons enrolled in CE courses and all College offices.

WOSU AM 820 – Official Emergency Broadcast Station

WOSU AM 820 is the official area broadcast station in case of major disaster or University closing. Tune in to this station for information.

Tornado

The tornado alarm will sound. Students and patients should proceed to the basement of the College of Dentistry hallways. Students and patients shall remain in the hall until the “all clear” announcement is given.

Earthquake

Although earthquakes are rare in Central Ohio, they can occur without warning. Some earthquakes are instantaneous tremors and others are significant sustained events followed by aftershocks. Once a significant earthquake begins, building occupants must take immediate action. Individuals should take emergency action on their own and additional actions will be implemented after the quake stops.

If indoors, watch for falling objects such as light fixtures, bookcases, cabinets, shelves, and other furniture that might slide or topple. Stay away from windows. If in danger, get under a table or desk, into a corner away from windows or into a structurally strong location such as a hallway by a pillar. Do not run outside.

Drop, Cover, and Hold

Do not dash for exits since they may be damaged and the building's exterior brick, tile and decorations may be falling off. Do not use the elevators.

Do not seek cover under laboratory tables or benches, chemicals could spill and harm personnel.

When the shaking stops, check for injuries to personnel in your area. Do not attempt to move seriously injured persons unless they are in immediate danger. Render first aid assistance if required.

Check for fires or fire hazards - spills of flammable or combustible liquids or leaks of flammable gases.

Chemical Emergency

Any person who becomes aware of a serious chemical accident shall immediately notify a faculty member. Faculty shall immediately notify building emergency at 292-6158.

Provide the following information:

Give your name.

Give your location (room and building).

Give the telephone number you are using.

Describe the emergency/injuries.

If possible, remain in vicinity, away from danger, to assist emergency responders.

Measures should be taken to prevent people from entering the contaminated area.

SDS can be found in AxiUm under the Link tab.

The screenshot displays the College of Dentistry Intranet website. At the top, there is a navigation bar with links: HOME, STUDENTS, FACULTY/STAFF, OFFICES, DIVISIONS, DIRECTORY, and HOW DO I?. Below this, a large announcement titled "Improved Access to the Safety Data Sheets" is visible. The announcement text states: "In an effort to improve accessibility to our Safety Data Sheets (SDS), a link has been established in axiUm enhancing access to the Safety Data Sheets also located on our Health and Safety page. To access this new link, click on the Link tab in the axiUm toolbar and select Safety Data Sheets from the drop down menu." An inset image shows the AxiUm toolbar with the "Link" tab selected, revealing a list of options including "axiUm NEWS AND UPDATES", "CoD axiUm Help Request", "Operator Documents", "LexiComp Drug Database", "Foliotek", "Dental Terminology", "Agency Treatment Waiver/PA Referral Form", "Cermen", "ADA", "ODA", "3Shape Support", "American Board of Orthodontics", "Harmony", "American Association of Orthodontists", "Invisalign", "PC4", "CoD Incident Report", "Employee Accident Report", "Dental Implant Options", "Safety and Infection Prevention", "Building Services Work Order Request", and "Safety Data Sheets". On the right side of the website, there is a sidebar with sections: "AXIUM", "AXIUM NEWS AND UPDATES", "SUBJECT MATTER EXPERTS", "SUPER USERS", "FREQUENTLY ASKED QUESTIONS", and "RECENT POSTS". The "RECENT POSTS" section lists several updates, including "Adding treatment location to completed treatment", "PTEN, HYGIA and HYGSA Templated Notes Updated with Additional Prompts", "New Codes for the Phase II/Completed Treatment Evaluation Form", "Prior Authorization Action Form", "Patient Information Card Enhancements", "Enhancement to Insurance Waiver Consent", "Grad Endo Referral Action Form", "Dental Oncology Referral Action Form", "Grad Perio Referral Action Form", "New Form Field", "GPR Referral Action Form", and "EHR Preauthorization Indicator".

At the end of the emergency, complete the chemical emergency report (AxiUm).

Workplace Violence / Terrorism

Building occupants will become aware of a violent act by the sounds of an explosion, gunfire, scuffling or by observation of events that could only be intentional acts of violence. The person(s) who observes these life-threatening acts should immediately call OSU Police at 9-1-1.

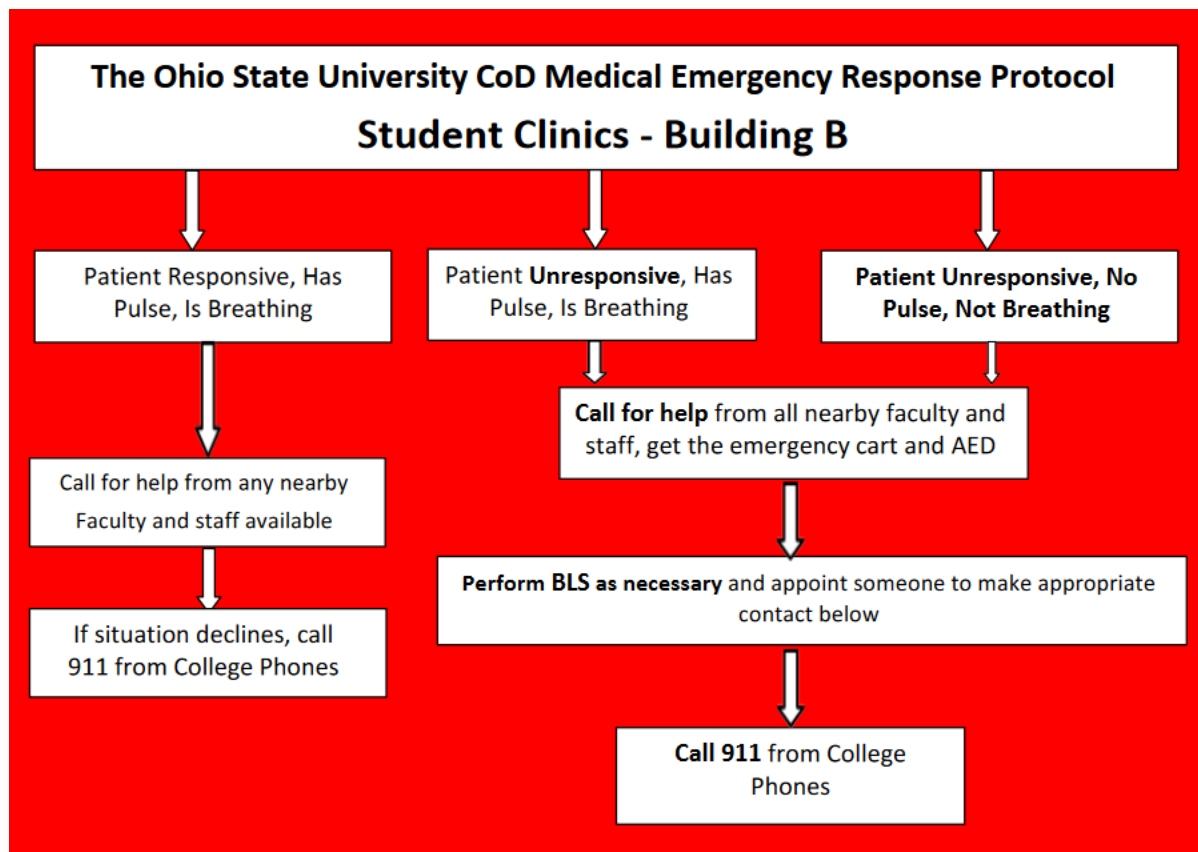
Electrical Interruption

If an electrical power interruption occurs, wait a few minutes in area for power to resume. If the power does not resume, proceed to the area between Postle and Hamilton Hall for further instructions.

Clinical Medical Emergencies

Medical emergencies can and do happen. Evaluate the scene to protect yourself and others from injury or danger. It is important to remain calm. Don't panic. Do not move the patient unless he or she is in imminent danger or assistance cannot be provided without moving the patient. Do not leave the patient. Ask the nearest person to you to notify an instructor immediately.

The Ohio State University College of Dentistry Medical Emergency Protocol



- The dental hygiene faculty will assess the situation and provide direction. If the emergency cart and AED is needed, an individual appointed by faculty will obtain the equipment located on each side of the clinic floor. If directed by faculty, the provider of record will go to the faculty station and call 911. Faculty will direct another individual to go to the south Neil Avenue entrance, meet the EMS team and escort them to the proper location/operator. The phones at the faculty station dial directly out. The provider of record must be prepared for the following when 911 is called (whether the emergency cart and AED is needed or not).
 - Provide their name and phone number
 - Exact location of the emergency
 - Nature of the emergency
 - Patient condition
 - Remain on the line until the 3rd party hangs up

At the end of the emergency, provider of record and faculty will complete and submit the OSU Incident Report. The form is found under 'Links' in AXIUM.

OSU Incident Report (OSU Intranet)

The screenshot shows the OSU Intranet homepage. The browser address bar displays the URL: <https://dentalintranet.osu.edu/axium/content/cod-incident-report-and-employee-accident-report-added-links>. The page header includes the OSU.EDU logo and navigation links: AXIUM, CARMEN, E-TIMESHEET, and DENTISTRY.OSU.EDU. The main navigation bar lists: HOME, STUDENTS, FACULTY/STAFF, OFFICES, DIVISIONS, DIRECTORY, and HOW DO I?. Below this, a search bar and a user profile for collins.1229@osu.edu are visible.

The main content area features a red heading: **CoD Incident Report and the Employee Accident Report added to "Links"**. Below the heading, a text block states: "There are two new links to websites in axiUm. They are the CoD Incident Report and the Employee Accident Report. To get to these links, click on Links in the toolbar in axiUm and select either link."

An inset image shows a screenshot of the 'Links' menu in the axiUm toolbar. The menu is open, displaying a list of links. The 'CoD Incident Report' and 'Employee Accident Report' are highlighted at the bottom of the list.

On the right side of the page, there is a sidebar with the following sections:

- AXIUM**
 - AXIUM NEWS AND UPDATES
 - SUBJECT MATTER EXPERTS
 - SUPER USERS
- RECENT POSTS**
 - Start Check feature disabled
 - SSN now removed for most levels
 - Treatment Plan and the Treatment Estimate: new language

A sample of the Incident Report is as follows:



- CONFIDENTIAL -

READ THESE INSTRUCTIONS BEFORE PROCEEDING:

The "College of Dentistry Incident Report" must be completed for every incident associated with the college. This report will inform facility administrators of incidents and allow for the risk management team to consider changes that might prevent similar incidents in the future, and will alert administrators of need for further investigation.

Instructions:

1. Immediately notify designated clinic director, supervisor, or attending faculty member of incident or accident
2. Seek medical treatment if necessary (see the "Medical Center Information" below)
3. Complete the "Contact Information" and the "Incident Information" sections – if the incident involves a patient, the provider should assist in completing and delivering the report
4. Be as specific and detailed as possible
5. Sign and date
6. Obtain a signature from the clinic director, supervisor, or attending faculty member
7. Return this report to the Office of Clinic Administration, room 1130 or via fax (614-688-3671) by next business day

MEDICAL CENTER INFORMATION:

<u>Employees ONLY (minor & moderate injuries ONLY)</u>	<u>Students ONLY (minor & moderate injuries ONLY)</u>	<u>Afterhours Care (minor & moderate injuries ONLY)</u>	<u>Patients and Medical Emergencies</u>
OSU University Health Services McC Campbell Hall, 2nd floor 1581 Dodd Drive Phone: 614-293-8146	OSU Student Health Services The Wilce Student Health Center 1875 Millikin Rd. Phone: 614-292-0110	Martha Morehouse Medical Plaza 2050 Kenny Road Suite 2250 Columbus, OH 43221 Phone: 614-685-3357	OSUWMC Emergency Dept. 410 West 10th Avenue Columbus, OH 43210 Phone: 614-293-8333 / 911
M – F, 7:30 a.m. to 4 p.m. (There is no cost for medical treatment of employee accidents or injuries at University Health Services.)	M, Th 8 a.m. to 6:30 p.m. T, W 8 a.m. to 6 p.m. F 8 a.m. to 5 p.m.	M – F, 4 p.m. to 9:30 p.m. (Post-exposure prophylaxis is not administered at this location.)	Open 24 hours

CONTACT INFORMATION

Name of Affected Individual: Last, First Middle

Classification:

☐ Patient ☐ Dental Student, Graduating Year: 20____ ☐ Dental Hygiene Graduating Year: 20____
☐ Faculty ☐ Resident ☐ Staff ☐ Other: _____

Home Address: Street City State Zip

Phone Date of Birth (DOB) Gender: ☐ Male ☐ Female

OSU ID Number or Medical Record Number (MRN) or SSN (Only if no OSU-ID or MRN)

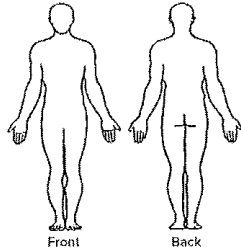
Signatures:

Affected Individual: _____ Date: _____

Clinic Director/Supervisor/Attending Faculty Member: _____ Date: _____

INCIDENT INFORMATION

Incident Date: _____ Incident Time: _____ AM / PM Location of Incident: _____
Specific room or cubicle number: _____

Incident Category: <input type="checkbox"/> Needlestick <input type="checkbox"/> Equipment Laceration <input type="checkbox"/> Splatter (i.e. Eye or Mucous Membrane) <input type="checkbox"/> Fall <input type="checkbox"/> Accidental Ingestion <input type="checkbox"/> Strain / Contusion <input type="checkbox"/> Burn <input type="checkbox"/> Patient Bite / Attack <input type="checkbox"/> Emergency Medical Condition <input type="checkbox"/> Other: _____	Body parts affected / injured (please circle on diagram) <table><tr><td>Eyes / Ears / Face</td><td>L</td><td>R</td></tr><tr><td>Neck / Torso / Arms / Elbows</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr><tr><td>Hips / Legs / Knees</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr><tr><td>Wrist / Hands / Fingers</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr><tr><td>Ankles / Feet / Toes</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr><tr><td>Back (Upper / Lower)</td><td><input type="checkbox"/></td><td></td></tr><tr><td>Head</td><td><input type="checkbox"/></td><td></td></tr><tr><td>Internal Organs</td><td><input type="checkbox"/></td><td></td></tr><tr><td>Other: _____</td><td></td><td></td></tr></table>  <p>Front Back</p>	Eyes / Ears / Face	L	R	Neck / Torso / Arms / Elbows	<input type="checkbox"/>	<input type="checkbox"/>	Hips / Legs / Knees	<input type="checkbox"/>	<input type="checkbox"/>	Wrist / Hands / Fingers	<input type="checkbox"/>	<input type="checkbox"/>	Ankles / Feet / Toes	<input type="checkbox"/>	<input type="checkbox"/>	Back (Upper / Lower)	<input type="checkbox"/>		Head	<input type="checkbox"/>		Internal Organs	<input type="checkbox"/>		Other: _____		
Eyes / Ears / Face	L	R																										
Neck / Torso / Arms / Elbows	<input type="checkbox"/>	<input type="checkbox"/>																										
Hips / Legs / Knees	<input type="checkbox"/>	<input type="checkbox"/>																										
Wrist / Hands / Fingers	<input type="checkbox"/>	<input type="checkbox"/>																										
Ankles / Feet / Toes	<input type="checkbox"/>	<input type="checkbox"/>																										
Back (Upper / Lower)	<input type="checkbox"/>																											
Head	<input type="checkbox"/>																											
Internal Organs	<input type="checkbox"/>																											
Other: _____																												

Please describe the incident. Please use as much detail as possible: _____

Describe applicable equipment and materials being used at the time of incident: _____

Describe the specific activity engaged in at the time of incident: _____

Is there an applicable safety technique or device which may have prevented or attenuated the incident? ☐ Yes ☐ No ☐ N/A Comment: _____

Was it in use at the time of incident? ☐ Yes ☐ No ☐ N/A Comment: _____

Was Personal Protective Equipment Used?

Safety Glasses / Goggles	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Mask / Face Shield	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Gloves	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Gown / Labcoat / Scrubs	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Other: _____			

What is the probable cause of incident? (i.e. the specific technique, object, process, or information responsible for the injury)

What can be done to prevent similar incidents? (Please be more specific than "be more careful")

- CONFIDENTIAL -

BLOOD AND BLODY FLUID EXPOSURES ADDENDUM - FOR BBFE INCIDENTS ONLY

☐ Check here if the Source Individual is unknown ☐ Check here if the Source Individual has refused post-exposure testing

Name of Source Individual: Last, First Middle

Home Address: Street City State Zip

Phone Date of Birth (DOB)

OSU ID Number or Medical Record Number (MRN) or SSN (Only if no OSU-ID or MRN)

☐ If a sharps-related incident:

Was the sharp item: ☐ Contaminated ☐ Uncontaminated ☐ Unknown

What was the depth of injury?

☐ No visible wound ☐ Superficial (Surface Scratch) ☐ Moderate (Penetrated Skin) ☐ Deep Puncture or Wound

Which safety techniques or engineering controls were used?

☐ One-handed Scoop ☐ Cheek Retractor ☐ Pro Tector® Needle Sheath Prop ☐ Other: _____

☐ None If "None", what safety device could have prevented the exposure? _____

Specifically describe the sharp (brand / type of sharp): _____

Disposition of the sharp during incident ("it was held in hand"; "it was set aside for future use"; etc.): _____

Do you feel the device was defective? (If YES, please save and secure the device and submit it to OCA) ☐ Yes ☐ No

Comments: _____

☐ If a splash-related incident:

What was the origin of the splash? _____

What fluid was involved? _____

What tissues were exposed to the fluid? _____

What PPE could have prevented the splash? _____

Any Additional Comments (attach additional pages as needed): _____

DO NOT COMPLETE THIS SECTION – FOR OMFS NURSE USE ONLY – MEDICAL EMERGENCIES & BBFE LAB RESULTS

Past Med HX: _____

Current Medications: _____ Allergies: _____

Tx/Meds Prior to Event: _____

Time:							
Blood Pressure:							
Pulse:							
Respiration:							
SpO2:							
EKG Rhythm:							
Accucheck:							
IV Site:							

Respiratory Effort (check all that apply):

☐ Normal ☐ Shallow ☐ Labored ☐ Agonal/None

Skin (check all that apply):

☐ Normal ☐ Hot ☐ Dry ☐ Red ☐ Pale ☐ Flushed ☐ Cyanotic ☐ Moist ☐ Cool/Cold

Lungs/Breath Sounds:

☐ Normal R or L ☐ Decreased R or L ☐ Rales/Rhonchi R or L ☐ Wheezing R or L

Disposition:

☐ Transported via Paramedics, (911 Call Time: _____ AM / PM , Transfer of Care: _____ AM / PM)
☐ Situation Resolved ☐ Treatment Refused (AMA)

Recommended to follow up with:

☐ UHS ☐ SHS ☐ OSU ED ☐ PCP

Lab Results:

Lab Results Returned: _____ Receive Time: _____ Receive Date: _____

Date Injured Notified of Results: _____ Date Source Notified of Results: _____

TX/Comments:

Signatures:

OMFS Nurse/Resident Signature: _____

Attending/Witness(es): _____

BLOODBORNE PATHOGEN EXPOSURE INCIDENT PROTOCOL

Exposure Incidents Involving CSCC Employees (Faculty and Staff)

If any actual or potential exposure to blood or bodily fluids has occurred, the employee must follow the "Post Exposure Evaluation and Follow-Up" as defined in the CSCC Employee Safety Manual: Exposure Control Plan for Bloodborne Pathogens.

Student Exposure Incidents Occurring at CSCC in Student Labs:

1. Universal precautions require that all blood and body fluid exposures be treated as though they are contagious:
 - a. **Needle stick/Sharps Exposures:** Immediately cleanse the needlestick/Sharps wound with soap and water and cover the wound with a bandage or gauze.
 - b. **Mucous Membrane Exposure to Bloodborne Pathogens:** Flush the exposed mucous Membrane with water or sterile saline for 10 minutes. Use an eye-wash station to flush exposures to the eyes.
2. An exposed student will directly notify his/her instructor of the exposure after cleansing the exposed area.
3. The exposed student will obtain the "CSCC Assessment of Blood and Body Fluid Exposure" form from their Instructor. The completed report must be signed by both the exposed student and their Instructor, and then forwarded to the Health and Records Department in Room U-123. *(A copy maybe located on the back side of this sheet).*
4. Per CSCC policy¹, the Instructor must contact the CSCC Police for assessment of the exposure incident.
5. **Any exposure to bloodborne pathogens requires the student to report immediately to a hospital emergency room or an urgent care facility for post exposure evaluation. Post-exposure prophylaxis for HIV, HBV, and HIV when medically indicated, must be offered to the exposed worker (student).** Post-exposure follow-up must include counseling the worker (student) about the possible implications of the exposure and his or her infection status, including the results and interpretation of all tests and how to protect personal contacts. The follow-up must also include evaluation of reported illnesses that may be related to the exposure.²
6. Faculty and students are not required to be tested for HIV or disclose their HIV status. However, if a patient, instructor, or student is exposed to another's blood via accidental needle stick, that student (or source of the needlestick) has a moral obligation to be tested for HIV or hepatitis.
7. Any expenses associated with an exposure incident are the responsibility of the student. Therefore it is highly recommended that all students in health technologies have personal health insurance.
8. The CSCC "Exposure Control Plan for Bloodborne Pathogens" can be obtained from the CSCC website link:

http://www.cscce.edu/about/human-resources/files/esm/PRO02-BBP_Employee.pdf

Student Exposure Incidents Occurring at a Clinical Facility:

1. The student is to notify his or her clinical instructor and immediately take appropriate preventive measures including:
 - a. **Needlestick/Sharps Exposures:** Immediately cleanse the needlestick/Sharps wound with soap and water and cover the wound with a bandage or gauze.
 - b. **Mucous Membrane Exposure to Bloodborne Pathogens:** Flush the exposed mucous membrane with water or sterile saline for 10 minutes. Use an eye-wash station to flush exposures to the eyes.
2. The student is required to follow the facility's protocol for reporting, evaluation and treatment of a bloodborne pathogen exposure.
3. The exposed student will notify the CSCC Health Records Office about the exposure incident within 24 hours, and complete/return the "CSCC Assessment of Blood and Body Fluid Exposure" form to the CSCC Health Records office. Failure to report the exposure incident may result in disciplinary action.

4. Any expenses associated with an exposure incident are the responsibility of the student. Therefore it is highly recommended that all students in health technologies have personal health insurance.

¹CSCC policy: *[“Exposure Control Plan for Bloodborne Pathogens”](#)*

²*[Bloodborne Pathogens-Bloodborne Pathogen Exposure Incidents](#)*, Occupational Safety and Health Administration (OSHA) Fact Sheet (January 2011)

Columbus State Community College

Assessment of Blood borne Pathogen Exposure

Print Name:	Cougar ID:
Program or Department:	Date & Time of Incident:
Instructor or Supervisor:	
Location: (Building/room or clinical site/unit):	
Description of occurrence (include body location, type of exposure):	
Type & Brand of device involved in injury:	
Check one: <input type="checkbox"/> Do not need to be evaluated <input type="checkbox"/> Evaluation by Health Care Provider (include name, date & time)	
Signature of exposed individual:	Date:
Signature of instructor or supervisor:	Date:
1st Faculty or person responsible should immediately assess exposed student for:	
<input type="checkbox"/> An injury that punctured the skin (needle stick, cut, etc.) <input type="checkbox"/> A splash to the eyes, nose, mouth, or broken skin <input type="checkbox"/> A bite resulting in a break in the skin	If none of the boxes have been checked there is no risk for blood borne pathogen exposure. Student should: 1. Wash intact skin with soap & water
2nd If one or more of the above areas are checked, further assess for the following fluids or tissue involved in exposure:	
<input type="checkbox"/> Blood <input type="checkbox"/> Any fluid containing visible blood <input type="checkbox"/> Potentially infectious fluid or tissue (vaginal secretions, cerebrospinal fluid, synovial fluid, pleural fluid, peritoneal fluid, pericardial fluid, amniotic fluid, semen) <input type="checkbox"/> Direct contact with concentrated HIV, HBV, HCV virus <input type="checkbox"/> Unknown whether needle or fluid contaminated <small>(Feces, nasal secretions, saliva, sputum, sweat, tears, urine, and vomitus are not considered potentially infectious unless they are visibly bloody: the risk for transmission of HIV infection from these fluids and material is low)</small>	If none of the boxes have been checked there is no risk for blood borne pathogen exposure. Student should: 1. Wash exposed skin site with soap and water or flush eyes, nose, or mouth area 2. Follow up with health care provider as needed 3. Submit <u>Assessment of Bloodborne Pathogen Exposure form</u> to the College Health Office.
3rd If any of the above has been checked student should:	
1. Immediately wash exposed skin site with soap and water or flush eyes, nose, & mouth for 15 minutes 2. Immediately be seen by a health care provider, urgent care, or local emergency room for further evaluation. 3. Submit <u>Assessment of Bloodborne Pathogen Exposure form</u> to the College Health Office.	<i>If exposure occurs in an area outside of the College, student should follow the policy of the facility. The supervising faculty should be notified immediately and <u>Assessment of Bloodborne Pathogen Exposure form completed and submitted to College Health Office.</u></i> Any expense occurred from either testing or treatments are the responsibility of the student.

References: Centers for disease control and prevention. Updated U.S. Public Health Services guidelines for the management of occupational exposures to HIV and recommendations for post exposure prophylaxis. MMWR 2005: 54(No. RR-9)., Centers for disease control and prevention. Updated U.S. Public Health Services guidelines for the management of occupational exposures to HIV and recommendations for post exposure prophylaxis. MMWR 2001: 50(No. RR-11).

Section IV

Patients

Behavior Standards in Patient Care

Adapted from The Ohio State University and the University of Kentucky Medical Center & College of Dentistry.

The goal of the clinic is exemplary patient care as a teaching model. High standards of professional and humane behavior in patient care should be prominent among the values that are communicated through all learning experiences (formal and informal). This is based on well-established findings that the “caring” aspect of treating patients has a therapeutic impact; the quality of the environment and the interpersonal relationships that surround patients appreciably affect the course of their recovery.

From experience, one cannot assume that all individuals hold the same understanding regarding what is ethical, right, or appropriate in regard to relationships with patients. The standards for patient care must reflect accepted ethical codes. While these standards are primarily to give practical guidance in fulfilling the goal to provide exemplary patient care, many of the standards describe mandatory behavior. These standards are not to be construed as exhaustive; other specific actions or behaviors not cited herein should be judged in light of the intent of the document.

These standards apply to all students, faculty and staff providing care to or interacting with patients on or off site. Faculty and staff have the responsibility for introducing and maintaining an acceptable level of performance according to these standards as well as the College’s Patient’s Rights & Responsibilities document.

Behavior Standards

1. Each patient shall be treated as a whole irreplaceable, unique, and worthy person.
2. The patient’s safety, health or welfare shall be protected and shall not be subordinated to organizational, staff, educational research interests, or to any other end.
3. The privacy of the patient and the confidentiality of every case and record shall be maintained.
4. Patients and/or responsible family shall be informed at all stages of care about personnel responsible for the patient’s care, treatment plans, and activities for the patient, facilities, and services available to the patient, and responsibilities of the patient and family.

5. Behavior reflecting the dignity, responsibility, and service orientation of health care professionals, worthy of the public's respect and confidence shall be practiced by all individuals.

Standards of Care for the Dental Hygiene Program

In addition, Columbus State Community College Dental Hygiene Program is committed to Standards of Care for patient care. The Standards of Care are as follows:

- Standard 1: Patients, or a parent/guardian, will receive written information about the program's policies, including types of treatment available, insurance and Patient's Bill of Rights and Notice of Privacy Practice.
- Standard 2: The patient's medical history will be reviewed at each appointment. Changes to the medical history will be documented and initialed. Modifications of treatment as a result of new findings will be documented.
- Standard 3: Medications and prescriptions that are given to a patient are to be recorded in the patient record. The listing of all medications and prescriptions will include the name of the medication and the dosage.
- Standard 4: Patients will be provided with a comprehensive evaluation using intra and extra-oral examinations, radiographs (when indicated), periodontal and dental charting, and other data collection (dental history, OSU plaque index, PSR, risk assessment) to assess the patient's needs. Patients will receive an individualized treatment plan using the data collected.
- Standard 5: Patients with identified risk factors associated with oral disease(s) will receive education and/or referral to reduce or eliminate such factors.
- Standard 6: Patient shall have their oral hygiene evaluated, using a quantitative measure to determine the degree of inflammation and level of plaque control.
- Standard 7: Patients will be provided with preventative and therapeutic dental hygiene services.
- Standard 8: Patients will be satisfied with the quality of dental hygiene care and the customer service they receive at the dental hygiene clinic.

Standard 9: Upon completion of care, the patient will be examined by an instructor to verify that the treatment plan has been completed and that the standards of care have been met.

Provided Dental Hygiene Services

Dental Hygiene services provided by students of the Columbus State Community College dental hygiene program include a thorough medical/dental history, intra/extra oral inspection, intraoral radiographs (when indicated), photographs (when indicated), dental and periodontal charting, risk assessment, dental hygiene treatment plan, nutritional or tobacco cessation counseling for oral health (when indicated), scaling and root planing, adjunctive therapy (when indicated), polishing, fluoride treatment (when indicated), sealants (when indicated), alginate impressions (when indicated), whitening (if requested and appropriate), pain management (when indicated) and an examination by the supervising dentist.

Comprehensive care is expected to be delivered to each patient.

Patient Assignment

The Ohio State University College of Dentistry makes every attempt to schedule existing patients with dental hygiene students for dental hygiene care. **The student is ultimately responsible for providing patients for treatment.**

Screening

OSU Quality Assurance dictates that all new patients are screened prior to providing care. This screening is to avoid serious problems or pathoses from going unchecked or having a delay in proper and timely referral. Additionally, the purpose of the screening is to determine whether the appropriate clinic is an undergraduate or graduate program. The second purpose is to inform patient about how the clinic operates, time commitment etc. The screening for the new patient is completed with the supervising dentist at the first visit.

Exclusion from Treatment

All persons presenting themselves to The Ohio State University Dental Clinic for treatment are provided care, if their patient information/medical form shows no contraindications. If contraindications for treatment exist, the patient's physician must provide a signed Medical Consultation Form indicating treatment may be performed before treatment begins.

If an assigned patient has been determined by the student and faculty that is not considered a teaching case, due to severity of periodontal disease or the patient is in pain, a referral to either the OSU dental program or private practice for appropriate care is provided. The patient is provided with referral information.

Patients that are accepted by The Ohio State University College of Dentistry may be assigned to receive care from the Columbus State Community College's dental hygiene students. As The Ohio State University philosophy is to operate a teaching plan that is designed to give broad experience in patient care and practice management, patients are accepted that are willing to pay the fee for service, patients with dental insurance, or patients that qualify for Medicaid or similar public insurance.

Only two criteria that would block a patient from treatment (excluding emergency treatment for pain) would be the following:

1. Non-compliance or repeated broken appointments. OSU has an attendance policy. If a patient has broken three appointments, the patient may be blocked from treatment. The attendance policy is signed at the front desk in AxiUm.
2. Patients requesting no radiographs. CSCC supervising dentists must approve continuing treatment without radiographs as outlined in the clinic handbook. Certainly, there are contraindications for exposing radiographs such as recent available radiographs, pregnancy or patient radiation therapy as outlined in the Clinic Handbook. Patients that have current radiographs may be seen for one appointment without the radiographs. The patient is asked to provide the radiographs for subsequent appointments. Failure to have radiographs available will require dismissal of the patient or to obtain new radiographs at the patients' expense.

Columbus State Dental Hygiene students are encouraged to invite family, friends, coworkers, and neighbors to be patients for the student's clinical learning. It is the CSCC student's responsibility to have a patient for each night of clinic.

Non-Discrimination

Columbus State does not discriminate against patients in any way; based on color, creed, national origin, gender, disability, sexual orientation, or gender identity.

Appointment Protocols for OSU

Students may treat only registered clinic patients. Students should attempt to make follow-up appointments for each patient with the clinic staff before a patient leaves the clinic. All attempts to complete a patient in the semester started is appreciated. However, it is acceptable to continue care from one semester to another depending on the planned treatment.

If a patient has not scheduled subsequent appointments or fails to attend a scheduled appointment, the student shall document the information in the electronic health record. This includes mail sent, telephone calls, text messages or emails. Such entries will serve as documentation that the student attempted to fulfill their obligation to the patient.

Broken Appointment Policy

Each appointment is important for students to practice providing quality care. Patients must be aware of the importance of attendance for their health. If a patient missed three appointments, it is OSU's policy to block the patient from scheduling for one year. An electronic form is signed by the patient at the front desk indicating understanding of the Broken Appointment Policy.

Broken appointments shall be recorded in AxiUm. If the reason for the broken appointment is known, the student shall indicate the reason in a general note. An instructor must provide approval in AxiUm for broken appointments.

HIPAA

Notice of Privacy Practice

Without a signed Acknowledgement of Notice of Privacy Practices, the student is not permitted to continue care. It is the students' responsibility to ask if the patient has been provided the Notice of Privacy Practices. The patient signs the consent form in AxiUm at the front desk upon check-in.

The Ohio State University College of Dentistry and Dental Faculty Practice Notice of Privacy Practices

Effective Date: April 14, 2003
Revised: September, 2013

This Notice describes how medical information about you may be used and disclosed and how you can get access to this information. Please review it carefully.

If you have any questions about this Notice of Privacy Practices ("Notice"), please contact the College of Dentistry and Dental Faculty Practice Privacy Office at 614-292-1810.

Our Pledge Regarding Protected Health Information

We understand that your health information is personal. We are committed to keeping your PHI safe.

This Notice will tell you about:

- the ways we may use and disclose your PHI;
- your privacy rights; and
- our duties regarding PHI.

We are required by law to:

- make sure that your PHI is kept private;
- give you this Notice of our legal duties and privacy practices;
- notify you of a breach of unsecured PHI; and
- follow the terms of the Notice that is currently in effect.

Your Privacy Rights with Respect to PHI

The following is a list of your rights and how you may exercise these rights.

- **Right to Request Restrictions.** You have the right to request a restriction or limitation on the PHI we use or disclose about you for treatment, payment, or healthcare operations. We are required to honor your request to restrict disclosures of PHI to a health plan where you have paid out of pocket in full for the health care item or service you have received. *Otherwise, although we will consider your request, we are not required to agree to or abide by your request.* You must make your request for any restrictions or limitations in writing to the the College of Dentistry and Dental Faculty Practice Privacy Office, Clinic Administration 1130 Postle Hall 305 West 12th Avenue Columbus, Ohio 43210. In your request, you must tell us:
 - what PHI you want to limit;
 - whether you want to limit our use, disclosure, or both; and
 - to whom you want the limits to apply (for example, disclosures to your spouse).
- **Right to Request Confidential Communications.** You have the right to request that we communicate with you in a confidential manner. You have the right to request that we communicate with you about your PHI in a certain way or at a certain location. For example, you may ask that we only contact you at work or by mail. You must make your request for confidential communications in writing to the College of Dentistry and Dental Faculty Practice Privacy Office, Clinic Administration 1130 Postle Hall 305 West 12th Avenue Columbus, Ohio 43210. We will accommodate reasonable requests. Your request must specify how or where you wish to be contacted. For example, if you wish to be contacted by telephone, then be sure to provide an appropriate telephone number.

- **Right to Review and Copy.** You have the right to review and obtain a copy of PHI that may be used to make decisions about your care. You must submit your request for your PHI in writing to College of Dentistry and Dental Faculty Practice Privacy Office, Clinic Administration 1130 Postle Hall 305 West 12th Avenue Columbus, Ohio 43210. If you request a copy of the PHI, then we may charge a reasonable fee for the costs of copying, mailing, or other supplies associated with your request.

Under very limited situations, you may not be allowed to review or obtain a copy of parts of your health information. For example, our health care provider may decide for clear treatment reasons that sharing your PHI with you will likely have an adverse effect on you. If your request is denied, you will be notified of this decision in writing and you may appeal this decision in writing to the College of Dentistry and Dental Faculty Practice Privacy Office, Clinic Administration 1130 Postle Hall 305 West 12th Avenue Columbus, Ohio 43210.

- **Right to Amend.** If you feel that PHI we have about you is incorrect or incomplete, then you may ask us to change the PHI. You have the right to request a change for as long as the PHI is maintained by us. Submit your request to the College of Dentistry and Dental Faculty Practice Privacy Office, Clinic Administration 1130 Postle Hall 305 West 12th Avenue Columbus, Ohio 43210. Your request must be made in writing and include a reason that supports your request. We may deny your request if you ask us to change PHI that:
 - was not created by us;
 - is not part of our records;
 - is not part of the PHI which you would be permitted to see and get a copy of; or
 - we believe is accurate and complete.
- **Right to an Accounting of Disclosures.** You have the right to request an accounting of disclosures of PHI. This is a list of certain disclosures of PHI we made in special situations listed above. These disclosures are not related to treatment, payment, or healthcare operations. When we make these disclosures, we are not required to obtain your authorization before we disclose your PHI to others. You must submit your request for an accounting of disclosures in writing to the College of Dentistry and Dental Faculty Practice Privacy Office, Clinic Administration 1130 Postle Hall 305 West 12th Avenue Columbus, Ohio 43210. Your request must tell us the calendar dates you want to see (the time period may include up to six years of information prior to the date of the request). Charges: There will be no charge for the first list you request within a 12-month period. We may charge you for the costs of providing any additional lists. We will tell you about any cost involved. You may choose to withdraw or modify your request before any costs are incurred.
- **Right to a Paper Copy of This Notice.** You have a right to receive a paper copy of this Notice at any time, even if you have received this Notice previously. To obtain a paper copy, please contact the College of Dentistry and Dental Faculty Practice Privacy Office, Clinic Administration 1130 Postle Hall 305 West 12th Avenue Columbus, Ohio 43210.

The Ways We May Use and Disclose Your PHI

Federal law allows us to use or disclose your PHI **without your permission** for the following purposes:

- **For Treatment.** For example, treatment may include:
 - Disclosing your PHI to doctors, nurses, technicians, student trainees, and other people who help with your care.
 - Coordinating services you need, such as prescriptions, lab work, and X-rays.
 - Contacting you for appointment reminders.
 - Contacting you about health related benefits and services.
 - Disclosing to a dentist, dental hygienists, dental or dental hygiene students, or other outside of the College of Dentistry for your treatment. For example, a dentist treating you may need to contact your medical doctor regarding your recent heart condition. Or a health care provider may need to know about any drug allergies that you have in order to provide you with appropriate medication.

- Updating your health care providers about care you received.
- **For Payment.** For example, payment may include:
 - Determining eligibility for health care services and pre-certifying benefits.
 - Coordinating benefits with insurance payers.
 - Billing and collecting for care services provided.
 - Facilitating payment to another provider who has participated in your care.
- **For Healthcare Operations.** For example, health care operations may include:
 - Improving quality of care.
 - Accrediting, certifying, licensing or credentialing health care providers.
 - Reviewing competence or qualifications of health care professionals.
 - Developing, maintaining and supporting computer systems.
 - Managing, budgeting and planning activities and reports.
 - Improving health care processes, reducing health care costs and assessing organizational performance for us and other health care providers and health plans that care for you.

For OSU employees and family members covered by the OSU Health Plan, we may share limited information for treatment, payment or health care operations as described in this Notice with the OSU Health Plan unless you request a restriction as set forth in this Notice.

Additional uses and disclosures for which authorization or opportunity to agree or object is not required by HIPAA.

- **Research.** Research is one of the missions of The Ohio State University College of Dentistry and Dental Faculty Practice. All research projects are subject to a special approval process before we use or disclose PHI. We may contact you about research studies you may qualify for so that you can decide if you want to participate. If you qualify to participate in a research study, then you will be asked to sign a separate consent form to participate in the project that includes an authorization for use and possible disclosure of your information outside of the College.

There are other times when we may use your health information for research without authorization, such as, when a researcher is preparing a plan for a research project. For example, a researcher needs to examine patient medical records to identify patients with specific medical needs. The researcher must agree to use this information only to prepare a plan for a research study and may not use the information to contact you or conduct the study. These activities are considered to be preparatory to research. A researcher may review your records without your authorization after obtaining appropriate approvals from a specialized internal review board or privacy board.

- **As Required by Law.** We will disclose PHI about you when required to do so by federal, state, or local law.
- **Public Health Risks.** As required by law, we may disclose your PHI with public health authorities to:
 - prevent or control disease, injury, or disability;
 - report communicable diseases or infection exposure such as HIV, tuberculosis, and hepatitis;
 - report medical device safety issues and adverse events to the Federal Food and Drug Administration; and
 - Report vital events such as births and deaths.
- **Victims of Abuse, Neglect, or Domestic Violence.** We may disclose your PHI with government agencies authorized by law to receive reports of suspected child or elder abuse, neglect, or domestic violence if we believe that you have been a victim.
- **Health Oversight Activities.** We may disclose your PHI with a health oversight agency for activities permitted by law. For example, these activities may include audits, investigations, inspections, or

licensure. Health care oversight agencies include government agencies that oversee the health care system, government benefit programs, and agencies that enforce civil rights laws.

- **Judicial and Administrative Proceedings.** We may disclose your PHI in the course of an administrative or judicial proceedings, such as in response to a court order or subpoena as permitted by federal and state law.
- **Law Enforcement.** We may disclose your PHI to a law enforcement official if required or permitted by law for reasons such as reporting crimes occurring at The Ohio State University College of Dentistry or Dental Faculty Practice or providing routine reporting to law enforcement agencies, such as for gunshot wounds.
- **Deceased Persons's PHI.** We may disclose PHI to a funeral director as necessary so that they may carry out their duties. We may also disclose your PHI to a coroner or medical examiner for identification purposes, determining cause of death, or performing other duties authorized by law.
- **Organ and Tissue Donation.** We may disclose your PHI to organizations that handle organ, tissue, and eye procurement to facilitate organ, tissue and eye donation and transplantation.
- **To Avert a Serious Threat to Health or Safety.** We may use and disclose your PHI when necessary to prevent a serious threat to your health and safety, the public's health and safety, or another person's health and safety.
- **Specialized Government Functions.** We may disclose your PHI to authorized federal officials for national security and intelligence, military, or veterans' activities required by law.
- **Workers' Compensation.** We may disclose your PHI to Workers' Compensation, as required by workers' compensation laws or other similar programs. These programs provide benefits for work-related injuries or illnesses.
- **Disaster Relief Efforts.** We may use or disclose your PHI to a public or private entity authorized by law or by its charter to assist in disaster relief efforts, for the purpose of coordinating with such entity in the notification of your family member, personal representative or another person responsible for your care.

Other Uses and Disclosures Made Only with your Written Permission

All other uses and disclosures not described in the Notice will be made only with your written authorization. For example, we would not release your PHI to your supervisor for employment purposes without your permission as described in this Notice. You may revoke your permission, in writing, at any time. If you revoke your permission, then we will no longer use or disclose PHI about you for the reasons covered by your written permission, except to the extent that we have already used or disclosed your PHI. Most uses and disclosures of psychotherapy notes, uses and disclosure of PHI for marketing purposes, and disclosures that constitute a sale of PHI require your authorization. Other uses and disclosures not described in the Notice will be made only with your authorization.

When We Offer You the Opportunity to Decline Use or Disclosure of Your Health Information

Facility Directory. If you are admitted to the hospital, then we may include your name, location in the hospital, and religious affiliation in the hospital's directory (information desk). We have a facility directory so that clergy, friends, and family may visit you. The directory information, except for your religious affiliation, is only released to people who ask for you by name. However, your religious affiliation may be given to a member of the clergy, such as a priest or rabbi, even if he or she doesn't ask for you by name. You have the right to refuse to have this information included in the facility directory. To opt out of the facility directory, contact any registrar or the Admitting Office.

Fundraising Activities. We may use your PHI to contact you to raise money for the College of Dentistry. We may use or disclose PHI to a business associate or a related foundation for the purposes of raising funds for our own benefit. You have the right to opt-out of receiving these communications. If you do not want to be contacted for fundraising efforts, then you must notify, in writing, the Senior Director, Development, 305 West 12th Avenue Columbus OH 43210 or email dentistrydevelopment@osu.edu.

Individuals Involved in Your Care or Payment for Your Care. We may communicate with your family, friends or others involved in your care or payment for your care. For example, an emergency room doctor may discuss a patient's treatment in front of your friend if you ask that your friend come into the room.

Our Duties

Notice Changes: We reserve the right to change this Notice. We reserve the right to make the revised or changed Notice effective for PHI we already have about you and any PHI we receive in the future. Current copies of this Notice will be available at registration locations. The current Notice will also be posted at our web site. The effective date of the Notice will be posted on the first page.

Email: We ask you not to use your personal email in contacting our Dental Providers. Emails sent to and from your personal email address are not secure and could be read by a third party.

Complaints

If you believe your privacy rights have been violated, then you have the right to submit a complaint to us. Any complaints shall be made in writing or by telephone to the College of Dentistry and Dental Faculty Practice Privacy Office:

Clinic Administration
1130 Postle Hall
305 West 12th Avenue
Columbus, Ohio 43210.
614-292-1810

We encourage you to express any concerns you may have regarding the privacy of your information. You will not be retaliated against or penalized in any way for filing a complaint.

You may also file a written complaint with the Secretary of the U.S. Department of Health and Human Services, 200 Independence Avenue SW, Washington, D.C., 20201 or call toll free (877) 696-6775, by e-mail to OCRComplaint@hhs.gov, or to Region V, Office for Civil Rights, U.S. Department of Health and Human Services, 233 N. Michigan Ave., Suite 240, Chicago, IL 60601, Voice Phone (312) 886-2359, FAX (312) 886-1807, or TDD (312) 353-5693.

If you would like further information about this Notice of Privacy Practices, then please contact The Ohio State University College of Dentistry Privacy Office at (614) 292-1810.

THE OHIO STATE UNIVERSITY
COLLEGE OF DENTISTRY AND DENTAL FACULTY PRACTICE
ACKNOWLEDGEMENT OF NOTICE OF PRIVACY PRACTICES

Effective Date: April 14, 2003

Revised: September, 2013

IMPORTANT NOTICE REGARDING THE PRIVACY OF YOUR HEALTH INFORMATION

Patient's Name _____

Your privacy is important to us. We create information about you so we may provide you with quality care. We are committed to protecting this information. The Notice of Privacy Practices describes your rights with regard to your health information, as well as how we may use your health information, and how we must protect the confidentiality of your health information. This is a summary of the more detailed information contained in our Notice of Privacy Practices.

Your rights include:

- A right to inspect and request a copy of your treatment information;
- A right to request an amendment to your health information;
- A right to request restrictions on what information we use or how we disclose your health information;
- A right to receive an accounting of certain disclosures we have made of your health information;
- A right to receive a paper copy of our Notice of Privacy Practices.

These rights do have special restrictions, so it is important that you read the full Notice of Privacy Practices.

We may also use your health information and/or treatment records to:

- Plan for your care;
- Help your health care providers communicate and work together to care for you;
- Submit bills to pay for your care;
- Help health care payors make sure services were actually provided;
- Help improve the quality of health care. For example, if you are treated in our facility, specific College of Dentistry or Dental Faculty Practice representatives may review your chart to ensure quality care was provided; and
- Disclose information to certain officials or organizations where we may, or are, required to do so by law.

The Ohio State University College of Dentistry is an academic and research institution. Researchers who are working to find new treatments and cures, or important information to improve your health care and the health care of the general public may use or access your information. We may share your information to assist in the training and education of health care professionals. Every person who may access your information is bound by our confidentiality requirements, as outlined in our Notice of Privacy Practices.

We encourage you to carefully read the Notice, and to contact the College of Dentistry and Dental Faculty Practice Privacy Office at (614) 292-1810 if you need more information. You may also access our Notice of Privacy Practices on our website, <http://www.dent.ohio-state.edu> under "Patients."

I have received the Notice of Privacy Practices for The Ohio State University College of Dentistry and Dental Faculty Practice.

Signature: _____ Date: _____

Documentation of Attempt:

10 Day Letter

If a student has made several attempts to contact a patient by telephone and is unsuccessful, a patient letter shall be initiated by the student and sent by OSU scheduling. The form letter is available in from the front desk as follows. Documentation must appear in EHR general note of the patient record.

 THE OHIO STATE UNIVERSITY	<p>College of Dentistry Columbus State Hygiene Registration</p> <p>1130 Postle Hall 305 West 12th Avenue Columbus, OH 43210-1267</p> <p>614-688-3763 Phone 614-247-8233 Fax http://dent.osu.edu</p>
<p>Dear</p>	
<p>This letter is to inform you that after multiple attempts we have been unable to schedule an appointment for your periodic dental cleaning and exam at The Ohio State University College of Dentistry.</p>	
<p>Please consider returning to The Ohio State University College of Dentistry by calling us at (614) 688-3763 to schedule an appointment.</p>	
<p>If we have not heard from you in 10 business days, we will assume you are receiving dental care at another establishment and are unavailable for dental care at our facility.</p>	
<p>We will gladly provide you with a copy of your dental records after completing the enclosed Authorization Request for Release of Information form. If you have questions about requesting a copy of your dental records, please call 614-292-6983. The completed authorization form may be faxed to (614) 247-8011 or mailed to:</p>	
<p>College of Dentistry X-Ray Request #10 305 W 12th Avenue Columbus, OH 43210-1267</p>	
<p>Respectfully,</p>	
<p> Daniel B. Collins, D.D.S., MPH Columbus State Dental Hygiene Program Director</p>	

Per Our Conversation Letter

If a student has spoken to a patient and they no longer wish to return for treatment, a letter shall be initiated by the student and sent out by OSU scheduling. The form letter is available in from the front desk as follows. Documentation must appear in EHR general note of the patient record.



THE OHIO STATE UNIVERSITY

College of Dentistry
Columbus State Hygiene Registration

1130 Postle Hall
305 West 12th Avenue
Columbus, OH 43210-1267

614-688-3763 Phone
614-247-8233 Fax
<http://dent.osu.edu>

Date: November 18, 2021

Dear Patient -

This letter is to confirm our telephone conversation in which you stated that you are no longer available for treatment at The Ohio State University College of Dentistry. Therefore, we are transferring your patient record to the inactive files.

Please consider returning to The Ohio State University College of Dentistry, by calling us at (614) 688-3763 to schedule an appointment. Your participation in our program has been greatly appreciated.

We will gladly provide you with a copy of your dental records after completing the enclosed Authorization Request for Release of Information form. If you have questions about requesting a copy of your dental records, please call 614-292-5757. The completed authorization form may be faxed to (614) 247-8011 or mailed to:

College of Dentistry
X-Ray Request #10
305 W 12th Avenue
Columbus, OH 43210-1267

Respectfully,

Daniel B. Collins, DDS
Columbus State Dental Hygiene Program Director

Recall System

Each student is encouraged to manage a recall system to notify patients assigned to them to be seen for regular dental hygiene services (ex: 6 months recall) during their 4 semesters of clinical experience. Students are responsible for ensuring continuing care of their assigned patients from the Clinic I through Clinic IV. Students should notify patients seen early in their clinical experience (Clinic I) during subsequent semesters for appropriate care. Encourage patients to schedule for the next visit (3, 4, or 6 month recalls) at the completion of their dental hygiene care prior to leaving for the evening.

Patient Satisfaction Surveys

Each spring semester, students are asked to provide each completed patient with a "Patient Satisfaction Survey". This survey allows CSCC to evaluate patient response to our program, faculty, staff, and students.

**Columbus State Community College
Dental Hygiene Program
Patient Satisfaction Survey**

In order to better meet your needs, we are interested in your comments concerning your treatment in the dental hygiene clinic. The information you provide is confidential and will be collated and reported as statistical information only. We thank you for taking a few moments to share your thoughts by completing this survey.

Is this your first time being treated by a CSCC dental hygiene student? _____

How did you hear about the clinic? _____

Did you find it easy to make any appointment in the clinic? ____ yes ____ no

Were you called to confirm your appointment? ____ yes ____ no

Were you taken for your appointment on time? ____ yes ____ no

Did the student dental hygienist act in a professional manner? ____ yes ____ no

Did the student clearly explain each procedure performed? ____ yes ____ no

Did the student treat you in a friendly and courteous manner? ____ yes ____ no

Did the clinical instructor appropriately supervise the student? ____ yes ____ no

Were you satisfied with your treatment in the clinic? ____ yes ____ no

Would you refer friends/ family to the clinic? ____ yes ____ no

Were the following discussed with you:

Individualized oral health care needs (including mouth rinses, electric toothbrush)? ____ yes ____ no

The importance of having your teeth cleaned at regular intervals? ____ yes ____ no

The relationship of plaque and gum disease? ____ yes ____ no

Need for referral to a dentist or specialist (orthodontist, periodontist, oral surgeon)?
____ yes ____ no ____ no need for referral

Please feel free to make any additional comments on the back of this page:

Thank you for completing this survey!

Patient Dissatisfaction Report

On occasion, patients will make their dissatisfaction with the CSCC program known to students, faculty, or staff. If a patient is dissatisfied and the student is unsure how to resolve the situation, the student shall ask for instructor assistance. The instructor upon evaluating the nature of the complaint will take appropriate action. A Patient Dissatisfaction Report is to be generated for known complaints. The report shall be filed in the clinic office.

[illegible]

Section V

Clinic

Clinic

Columbus State Community College Dental Hygiene Program shares clinical facilities with The Ohio State University, College of Dentistry by affiliation agreement. The College of Dentistry is located in Postle Hall at 305 W. 12th Ave (614-292-2751). All faculty and students of CSCC will follow procedures and protocol as indicated in PC4 Comprehensive Care Clinic Companion that is available on the OSU Intranet website (<https://dentalintranet.osu.edu/system/files/pc4.pdf>).

Location of Clinics

Pre Clinic

Preclinic is located on the Columbus State Community College campus in the Grant Building, 375 N. Grant Avenue, Room 015. The telephone number of the preclinic is 614-287-5984.

Clinic

Clinic is held at The Ohio State University College of Dentistry, Postle Hall. The address is 305 W. 12th Avenue, Columbus, Ohio 43218. The telephone number of the front desk is 614-688-3763.

Building Security

The clinic hours are from 4:15 PM until 7:45 PM. Students should refrain from entering the clinical area until 4:30 PM. Student huddle will be held at 4:15 PM at an announced location. Clinical care ends at 7:25 PM, and students should be leaving clinic floor by 7:45, no later than 8:00.

Doors to The Ohio State University are open from 7:30 AM until 7:30 PM. Access is limited to clinic or classroom hours.

Students have access to the following areas:

- Patient reception area
- Patient billing area
- Lecture rooms during assigned times
- Clinical area during assigned times

Students are not authorized to enter faculty offices, department offices or department conference rooms **unless permission is granted by the faculty or staff** member responsible for the area. **Clinical areas are off limits when the clinic is closed.** Any locked room or file is off-limits to students.

Duplication of College keys is unlawful. Individuals found in possession of duplicated College keys shall surrender the keys and other legal consequences related to unauthorized entry may be instituted.

Professionalism

Conduct

1. Professional behavior is required during all aspects of the Dental Hygiene Program.
2. Students must learn and follow all rules set forth by clinical and rotation sites. Students will perform only those specific tasks delegated by the Dental Hygiene supervising faculty.
3. Students will not present to class, preclinic, clinic or outside clinical experience or rotation if experiencing an episode of infectious disease. All required health assessments and protocols will be followed as directed for entry to OSU or CSCC campus buildings and patient treatment areas. It is student's responsibility to stay up to date with protocol, and changes to protocol, especially during pandemic conditions.
4. If OSU or any affiliate (rotations) removes or requests that a student must be removed from a clinical site, the student will be awarded a grade of E for the clinical course. Thus, the student is removed from the CSCC Dental Hygiene Program.
5. Smoking and the use of tobacco products are prohibited in ALL dental hygiene classes and clinics. Students who present emitting an unpleasant odor whether from tobacco or any other source, will be released from class so that they may obtain fresh scrubs.
6. Chewing gum is not allowed during clinical or laboratory sessions. Consuming food or drinks in the clinic, laboratory or pre-clinic areas is prohibited.
7. In the case of unexpected school closing, the student should contact their scheduled patient to verify for them the cancelled clinic and to reschedule the appointment. The student shall notify OSU of any rescheduled appointments.
8. Because clinical, laboratory and rotation assignments cannot be made up, it is strongly discouraged for personal, medical, dental and eye appointments or work commitments to be scheduled during clinical, laboratory or rotation assignment. This can include the time period from 10:00 am to 9:00 pm on Monday-Friday and possibly 8:00 am to 4:00 pm on Saturday. Missed clinical session or assigned rotation will be considered an absence.
9. **Students are not allowed to make personal phone calls during clinic sessions.** Calls made from the College of Dentistry should be limited to contacting patients. This should be done off the clinic floor to preserve privacy for the patient on the phone and patients being treated on the clinic floor. Cell phones should not be used for any

reason on the clinic floor.

10. Students must exhibit punctuality, attentiveness, patience, respect, and cooperation in all aspects of the Dental Hygiene settings, including off site clinical enrichment experiences.
11. Student clinicians are expected to arrive at least 15-30 minutes prior to each clinic session for clinic huddle.
12. Students should use dental units, chairs, x-ray units, and other equipment with care. Not only are repairs expensive, but also non-functioning units deprives everyone of clinic time. Any equipment malfunction is to be reported in writing to the front desk.
13. Students must be compliant with OSHA standards and infection control guidelines in a patient treatment setting.
14. Students are advised to be very careful with patient's personal belongings. There is no provision for replacement of eyeglasses, jewelry, removable dental appliances, or medication, etc., lost or broken at the clinic. The replacement of all such articles is the responsibility of the student involved.
15. Visitors without permission from a clinical instructor should not be present in the patient operatory. PER OSU: Due to increased risk of injury and possible violations to patient privacy, **only the patient is permitted in a treatment area**. An exception of this would be for professional interpretation allowing better communication between the operator and patient. Children and accompanying adults must remain in the reception area. Patients must not leave small children or persons requiring special attention unattended in the reception area while they have a dental appointment. (See OSU manual for exceptions.)
16. Dental Hygiene students must conduct themselves with integrity at all times in the Dental Hygiene Program.
17. General demeanor and language are expected to reflect the best professional attitude and maturity of each student. This includes comments about patients, students, or

faculty. Conversations are easily heard at some distance in the clinic. Students are not to converse socially during the clinic session while providing patient care services. Personal conversations occur before and after clinic only. Any use of profanity in any circumstance is strictly prohibited.

18. Students must interact with patients in an ethical and caring manner, with respect and courtesy.
19. Due respect will be shown to patients, other students, and faculty at all times. A non-professional attitude will not be tolerated.
20. Do not criticize previous dental treatment.
21. Students must provide patients with timely, high quality care.
22. Students must utilize clinic time efficiently to develop clinical hygiene skills

Personal Appearance and Grooming

HANDS:

Smooth, clean, and free of
hangnails. No artificial nails

Hold the palms of your hands toward you, no fingernails should be seen over the fingers
No nail polish allowed.

HAIR:

Hair must not dangle in the field of operation at any time during clinic

No excessive hair accessories including hair feathers

Clean, neatly groomed, pulled back away from face at all times

Hair longer than shoulder length must be worn up and secured back

Bangs must be no longer than the eyebrows and must not restrict the clinician's field of vision

Gentleman: Facial hair is not permitted due to enhanced infection control standards.

JEWELRY:

No earrings.

No necklaces

No rings on fingers. No tattoos unless covered

No facial piercing, tongue piercing, or body ornaments allowed uncovered. Must be covered so that it may not be seen.

ATTIRE:

Uniform pre-selected by CSCC Dental Hygiene faculty and purchased by student
(2 complete sets of scrubs, one lab jacket)

Lab coat and scrubs must be neatly pressed and buttoned, and stain free

Flat shoes, no open toes shoes, no sandals

Black (predominantly) shoes - with leather toe, no mesh toes, covered back, no
clogs, athletic shoe acceptable (Professional shoe manufacturers are
Dansko, Nursemate)

Socks to cover **above** the ankle in coordinating color of scrub bottoms

Must wear identification badge at all times and OSU identification

Undergarments must be worn

Solid white or solid black T-shirts may be worn under scrubs, **tucked in**
Lab jacket to be worn in all clinical settings, including non-patient care task

No makeup, lip balm, lipstick etc.

No cologne or perfume as some patients may be allergic.

Daily bathing required, **deodorant recommended**

No Smoking – prohibited during all clinical sessions and classes

Good oral hygiene required

Facemasks or respirators where indicated, gowns, gloves and glasses with shields must
be worn during all oral clinical procedures involving patient care (PPE or Personal
Protective Equipment)

**Full PPE (including gown) must be worn when handling contaminated instruments
and/or disinfecting contaminated treatment areas. Autoclavable utility gloves must
be used when handling and transporting contaminated instruments.**

General Attire

Proper dress is necessary to maintain the image of the Dental Hygiene Profession and the CSCC Dental Hygiene Program. It is for this reason that guidelines for appearance must be established. Faculty have the right to require that students be dismissed from class, clinic or rotation until acceptable dress is attained. There are three types of attire required for the CSCC Dental Hygiene Program. They are as follows:

Clinic and Lab Attire

Each class will have 2 sets of class scrubs (color predetermined by the CSCC faculty). Students are required to purchase two complete sets of clinic scrub tops and bottoms. Also, one designated lab jacket is required. Student name badges must be purchased and worn on the right side of the lab jacket or scrub top.

Scrub Top- Solid color, must be sized to fit. A T-shirt may be worn under the scrub top. The shirt must be white or black in color. Long sleeved T-shirts permitted during cold weather.

Scrub Bottom- Solid color, must be size to fit. The distance of 1" from the floor to the hem of the pants is required.

Students are to wear CSCC clinical attire to all patient care clinical experiences and rotations, unless otherwise specified. Students who are not dressed in proper clinic attire will not be permitted to treat patients in any clinic session.

Labs include all Dental Hygiene lab courses.

Lecture Attire

Casual: Casual pants and top allowed. Be tasteful to maintain the image of the Dental Hygiene Profession and the CSCC Dental Hygiene Program. (No rips or holes, no profanity/offensive words or images)

Professional Activity Attire

Professional: Dresses, skirts, dress slacks, blouses, or dress shirt with tie.

*It is assumed that students will exercise **discretion** when choosing attire.*

Any breach of the Clinic/Lab/Lecture/Seminar Attire will result in counseling with the Dental Hygiene Program Coordinator and the filing of an Incident Report that becomes part of the student's permanent academic record. Continued disregard of dress code may result in loss of clinical privileges.

OSU Dress Code

Purpose - The Ohio State University College of Dentistry brings faculty, staff, students, and patients together for the combined purposes of patient care, education, and research. Collectively, we recognize that the tone of a professional educational experience can be influenced by the personal appearance and demeanor of all students. We also acknowledge that these attributes can directly and indirectly affect the care and management of our patients and have the potential to influence patient perceptions of and confidence in the college itself. In addition, the conduct and appearance of students form a major part of the collective impression we make on alumni, legislators, foreign dignitaries, visiting professors and others who visit the College of Dentistry. It is incumbent upon us all to conduct ourselves at all times with dignity, responsibility, and respect for others and to maintain appropriate dress and a well-groomed professional appearance in accordance with the guidelines put forth by the college.

Proper dress and a well-groomed professional appearance also reflect current infection control and safety guidelines recommended by the Centers for Disease Control and Prevention (CDC) and enforced by Occupational Safety and Health Administration

(OSHA). College guidelines for dress and conduct reinforce our commitment to all current federal, state, and local regulations as part of an ongoing effort to maintain the safest, most contemporary learning and treatment environment possible for our patients, students, staff, and faculty.

Student Professional Appearance and Attire Policy guidelines are to be observed during business hours (M-F 7:30 a.m. – 5:00 p.m.), as well as during evening clinic hours and other activities occurring in the college (i.e., Give Kids a Smile Day events, patient screening for clinical licensure examinations, etc.) **CSCC students must adhere to Student Professional Appearance Guidelines at OSU. CSCC Dental Hygiene students must present in clinic attire (as a patient and/or other activities in which they are not providing direct patient care).** Timely updates to this document or links to other related policies or guidelines will be made as necessary.

All College Guidelines:

Identification: In an effort to provide a safe and secure environment, the College of Dentistry must be able to easily identify persons who are authorized to be in Postle Hall.

- The College of Dentistry identification badge must be worn above the waist and with the name and photo clearly visible at all times while in the College of Dentistry.

Personal Hygiene: Exceptional personal hygiene must be maintained at all times. This includes:

- Body hygiene is required to prevent offensive body odor.
- Hair:
 - Must be clean, neatly trimmed, and well maintained. *No facial hair.*
- Nails:
 - Artificial nails are prohibited.
 - Nails must be clean and manicured and kept less than ¼ inch long past the tip of the finger.
 - No nail polish.
 - Nail jewelry or nail art is prohibited.
- No earrings.
- Tattoos must be covered if there is any possibility that it can be seen.
- Fragrances should be avoided.

Clothing: Clothing is to be clean, wrinkle free, in good repair, and properly fitted. This includes:

- Scrubs must permit bending, leaning, and squatting while preserving modesty.
- Any shirt worn underneath the scrubs may not be visible below (longer than) the scrub top and must be white or black in color only and without logo or design.

- Caps, hats, or head coverings are prohibited while on duty, unless it is part of a uniform (e.g., surgical scrub cap). Consideration will be given for religious accommodations. Any approved head coverings must be secured and apply with infection control guidelines.

Footwear:

- Shoes must be clean and in good condition and must be predominantly black.
- Closed-toed shoes (tennis shoes or medical shoe wear) must be worn at all times.
- Socks (crew length or longer) must be worn/are required and can be solid black.

Exceptions: Exceptions to the dress guidelines for religious, medical, or other extenuating circumstances may be requested through the Director of Student Affairs. Divisions and/or clinic areas may issue a temporary, short-term exception to this policy for purposes of cleaning or relocation.

Compliance: The spirit of the Professional Appearance and Attire Policy is aimed at promoting safety standards and cultivating the professional image of the students at the College of Dentistry. Faculty, staff, student, and patient safety are of the utmost importance. For this reason, departures from the established provisions of this policy will be considered breaches of enrollment policies.

- Students not adhering to the Professional Appearance and Attire Policy will not be permitted to attend/participate in classroom or simulation clinic activities or care for patients.
- Breaches of the Professional Appearance and Attire Policy may result in grade reduction, counseling with the Associate Dean for Academic Affairs or the Associate Dean for Clinic Administration and Patient Care, referral to the College of Dentistry Professionalism Committee for the evaluation and adjudication of appropriate outcomes, and/or loss of clinical privileges.

Responsibility: All administration, faculty and supervisory staff are responsible for monitoring this policy. All College of Dentistry students are responsible for compliance with this policy. These guidelines are not subjective or variable from Division to Division and any faculty or **senior management** staff member may address or refer policy violations occurring in any area of the building.

*PPE is specialized clothing or equipment worn for protection (against infectious or hazardous materials).

Personal Protective Equipment

(Gowns, Protective Eyewear, Face Masks, Gloves and Face Shield)

1. Appropriate facemasks or respirators where indicated, disposable gowns, gloves, protective eyewear, and face shields when indicated must be worn during all oral clinical procedures involving patient care. This includes assistance with other students' patients. Overgloves are to be utilized as indicated and appropriate.
2. Face shields are to be worn during patient care while using ultrasonic scaling units.

3. Students will be provided a separate pair of safety glasses to be utilized by their patients during dental hygiene therapy.
4. Students must wear disposal gowns during patient care procedures at the OSU clinic, other clinical rotations, and CSCC clinical settings. Over gowns should never be worn outside the treatment areas, unless proceeding directly to and from the sterilization area. The OSU treatment areas consist of the Radiology Clinic and the Operatory. Over gowns should not be worn to the following: the front desk area, to greet a patient, through the lobby on way to Radiology Clinic, or to the restroom.
5. Disposable gowns, protective eyewear, facemask, and Autoclavable utility gloves must be worn in clinic for disinfecting of operatories. These gloves shall be sterilized daily (if used).

Clinic Attendance Requirements

Attendance at all clinic sessions and special assignments is required. In the event a clinic session must be missed, the student is **required** to contact the Dental Hygiene Department. The student must contact the CSCC Dental Hygiene office at least two hours before the clinic session is scheduled to begin. The dental hygiene program coordinator's office number is 614-287-2435. In the event that a student reaches voice mail, leave a message. Next, call the CSCC telephone number at OSU: 614-292-2751 or 614-688-3763, and inform OSU that you will not be in clinic. Students will be permitted one (1) clinic session absence. However, if the above guidelines are not followed, the student forfeits the excused absence and will receive a "0" daily performance grade for the entire session missed. For each clinic session missed in excess of one, this will result in a "0" daily performance grade for the entire session missed. All students are required to be present for the entire clinic session to which they are assigned. **Every two times a student is late (unexcused) for a clinic session, which starts with huddle, or to an assigned rotation it will count as one missed session.** Any student missing more than 20% of a class will automatically be withdrawn from the Dental Hygiene Program

Patients

Patient Records

Patient records are recorded electronically in AxiUm. All patient information is to be recorded in AxiUm.

Photographing or capturing a screen shot or similar of any portion of the patient's dental chart is prohibited (HIPAA violation).

CSCC student records are to be kept in the locked CSCC office file cabinet when not in

use. Completed or in progress student records, requirements, rotation forms and the daily log shall be kept in the students' hanging folder for storage. Students are not permitted to enter another students' folder unless granted permission by an instructor.

Individuals in Clinical Areas

Children in Clinic

Children under the age of 18 must be accompanied by adult for treatment to be rendered. A medical and dental history, consent form and permission to communicate information form must be obtained from the parent or guardian.

Children may not remain in the treatment area unless receiving treatment. Children under the age of 16 may not wait unattended in the reception room. Parents may remain in the operatory if necessary, but it is recommended that they wait in reception area waiting room unless needed at the operatory.

Patients that bring children should be informed that childcare is not provided. Neither CSCC nor OSU is responsible for childcare.

Interpreters

Interpreters are permitted in the treatment area. If an interpreter is needed, please see the OSU receptionist who can arrange for the interpreter to be present. Interpreters must wear an over gown, appropriate mask, and shield, while in the treatment area. Virtual interpretation may also need to be utilized. Students are to check out a Language Line from Dispensing or use the Interpreter Hotline if an interpreter is not available. See front desk for access.

Per the Standard Operating Procedure for Interpretation & Translation Services: "A licensed provider must be present during the interpretation of questions and answers related to the dental/medical history for patient safety and institutional liability. Not providing an interpreter may be considered 'intentional discrimination.' This practice is against the law and not supported by the CoD."

Service Animals

Service animals are permitted in the clinic area.

Patient Assignments

Each student is responsible for having a patient for each clinic session. Although OSU scheduling assistants will randomly assign patients to students with openings, students are expected to invite family, friends, other students, or co-workers to the dental clinic. Therefore, when a patient does not show up, cancels, or no patient is scheduled by OSU, it is the student's responsibility to have a back-up patient for that clinic session.

Students may advertise the availability of services on CSCC campus. ANY advertisement must be pre-approved by the CSCC program director and Department Chair.

Advertisements off campus requires WRITTEN PERMISSION from the business (laundromats, employee bulletin boards are examples).

Scheduling

A computer system is used to schedule appointments at OSU. Students may access their schedule by calling the dental scheduling assistants at 614-688-3763. ***No emails with patient names or assigned patient number may be sent in an email or text as it is a HIPAA Violation.***

Students are encouraged to schedule an adequate number of appointments at the conclusion of the first visit to complete the patient's treatment.

The Ohio State University may block a student's schedule if there are any unpaid fees regarding instrument rental.

Columbus State Community College may block a student's schedule if the student does not have a current CPR card file with Dental Hygiene Program Administrative Assistant.

Blocks

Permanent blocks are placed by the clinical coordinator for days students are not scheduled in clinic, rotations, or special assignments Permanent blocks may only be placed or removed by the clinical coordinator.

Accessing your Clinical Schedule from AxiUm

Clinic schedules can be viewed by logging into AxiUm at The Ohio State University. The site is restricted to OSU College of Dentistry usage only.

Fees for Student Clinic

Proc. Code	Description	PREDOC-fee
D0120	Periodic oral evaluation	29
D0150CS	Comprehensive oral evaluation-Columbus State	45
D0191	ASSESSMENT OF A PATIENT	0
D0210	Intraoral-complete series	110
D0220	Intraoral-periapical 1st film	21
D0230	Intraoral-periapical <u>addl</u> film	16
D0270	Bitewing - single film	21
D0272	Bitewing - 2 films	27
D0273	Bitewings, 3 films	33
D0274	Bitewing - 4 films	38
D0330	Panoramic film	80
D1110	Prophy - adult (14 and over)	56
D1120	Prophy - child (13 and under)	37
D1206	Fluoride Varnish	24
D1208	Topical Fluoride Application - excluding varnish	21
D1351	Sealant per tooth	35
D4341	Scaling/ <u>rt planing</u> 4 or more	120
D4342	Scaling/ <u>rt planing</u> 1-3 teeth	74
D4346	Scaling in presence of generalized moderate or severe <u>gingiv</u>	84
D4355	Full mouth debridement	50
D4910	Periodontal maintenance	81
D9430	Re-evaluation following initial therapy	0

(subject to change)

Services rendered will be entered in a treatment plan in AxiUm. Each night services that are rendered and completed, will be indicated as such in AxiUm. An example would be a student completed an FMX, but the rest of the dental hygiene care is not completed; the service of the FMX is indicated completed and charged to the patient that evening.

Insurance Coding

D0120 Periodic Oral Evaluation

- An evaluation performed on a patient of record to determine any changes in the patient's dental and medical health status since a previous comprehensive or periodic evaluation. This includes periodontal screening and may require interpretation of information acquired through additional diagnostic procedures. Report additional diagnostic procedures separately.

D0150CS (Note CS at end, special code for CSCC) Comprehensive Oral Evaluation – New or Established Patient

- Typically used by a general dentist and/or specialist when evaluating a patient comprehensively. It is a thorough evaluation and recording of the extraoral and intraoral hard and soft tissues. It may require interpretation of information acquired through additional diagnostic procedures. Additional diagnostic procedures should be reported separately. This would include the evaluation and recording of the patient's dental and medical history and a general health assessment. It may typically include the evaluation and recording of dental caries, missing or unerupted teeth, restorations, occlusal relationships, periodontal conditions (including periodontal charting), hard and soft tissue anomalies, oral cancer screening, etc.
- The CS is a special code to identify Columbus State student patients.

D0180 Comprehensive Periodontal Evaluation – New or Established Patient (used by Grad Perio only at OSU)

- This procedure is indicated for patients showing signs or symptoms of periodontal disease and for patients with risk factors such as smoking or diabetes. It includes evaluation and recording of the patient's dental and medical history and general health assessment. It may include the evaluation and recording of dental caries, missing or unerupted teeth, restorations, occlusal relationships, and oral cancer screening.

D01110 Prophylaxis - Adult

- A dental prophylaxis performed on transitional or permanent dentition that includes scaling and polishing procedures to remove coronal plaque, calculus and stains.

D01120 Prophylaxis – Child

- A routine dental prophylaxis performed on primary or transitional dentition only.

D04341 Periodontal Scaling and Root Planing – four or more contiguous teeth or bounded teeth spaces per quadrant

- This procedure involves instrumentation of the crown and root surfaces of the teeth to remove plaque and calculus from these surfaces. It is indicated for patients with periodontal disease and is therapeutic, not prophylactic, in nature. Root planing is the definitive procedure designed for the removal of cementum and dentin that is rough, and/or permeated by calculus or contaminated with toxins or microorganisms. Some soft tissue removal occurs. This procedure may be used as a definitive treatment in some stages of periodontal disease and as a part of pre-surgical procedures in others.

D04342 Periodontal Scaling and Root Planing – one to three teeth, per quadrant

- Descriptor is same as for D4341

D09430 Re-Evaluation Following Initial Therapy (PIP)

- This procedure follows SRP as a re-evaluation appointment. It is scheduled 4-6 weeks after the completion of SRP. Should be part of SRP treatment plan.

004999 Unspecified Periodontal Procedure, by report

- Use for procedure that is not adequately described by a code. Describe procedure.

D04355 Full Mouth Debridement to Enable Comprehensive Evaluation and Diagnosis

- The removal of subgingival and/or supragingival plaque and calculus. This procedure does not preclude the need for additional procedures.

D04910 Periodontal Maintenance

- This procedure is for patients who have previously been treated for periodontal disease. Typically, maintenance starts after completion of active (surgical or nonsurgical periodontal therapy and continues at varying intervals, determined by the clinical diagnosis of the dentist, for life of the dentition. It includes removal of the supra and subgingival microbial flora and calculus, site specific scaling and root planing where indicated, and/or polishing the teeth. When new or recurring periodontal disease appears, additional diagnostic and treatment procedures must be considered.

D04381 Localized Delivery of Chemotherapeutic Agents via a Controlled Release Vehicle into Disease Crevicular Tissue, per tooth, by report.

- Synthetic fibers or other approved delivery devices containing controlled-release chemotherapeutic agent(s) are inserted into a periodontal pocket. Short-term use of the timed-release therapeutic agent as supplemental or adjunctive therapy provides for reduction of subgingival flora. This procedure does not replace conventional or surgical therapy required for debridement, resective procedures or for regenerative therapy. The use of controlled-release chemotherapeutic agents is an adjunctive procedure for specific sites that are unresponsive to conventional therapy or for cases in which systemic disease or other factors preclude conventional or surgical therapy.

D01310NC Nutritional counseling for control of disease (Used for Nutritional Counseling Competency)

- Counseling on food selection and dietary habits as a part of treatment and control of periodontal disease and caries.

D01320 Tobacco counseling for the control and prevention of oral disease

- Tobacco prevention and cessation services reduce patients' risk of developing tobacco-related oral disease and conditions and improves prognosis for certain dental therapies

D01330 Oral hygiene instructions

- This may include instructions for home care. Examples include toothbrushing technique, flossing, use of special oral hygiene aids.

D01203 Topical Application of Fluoride Excluding Prophylaxis – child

D01204 Topical Application of Fluoride Excluding Prophylaxis – Adult

D01206 Topical Fluoride Varnish

D01351 Sealant per tooth

D0191 Assessment of a patient

D0196 Health Information Fulfillment

Buckeye Hyg Kit

- This procedure code will be tx planned with PIP

****A code must be entered into AxiUm for every patient visit. Treatment code must be put 'In Progress where possible. If no billable service is provided that would attach a code to that days visit use D0191 or D0196. This will require a treatment plan with code to be entered. Signed by the patient and approved by faculty.**


AxiUm may prompt the student of record to complete the following Prior Authorization Action Form required by the insurance company of the patient.

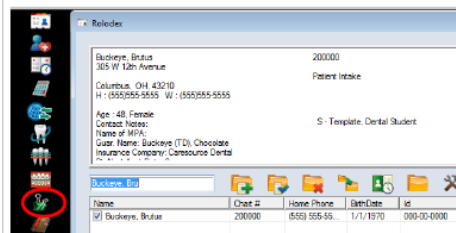
Prior Authorization Action Form



Prior Authorization Action Form

Prior Authorization Action Form

- Select patient from Rolodex and click the Patient Attachments icon  to bring up the Patient Attachments window.
- *Note: The form can also added through the EHR forms tab*



Rolodex

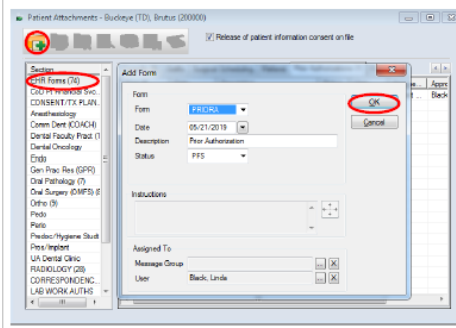
Buckeye, Brutus 200000
365 W 12th Avenue
Columbus, OH 43210
H : (555)555-5555 W : (555)555-5555
Patient Intake

Age : 48, Female
Contact Notes:
Name of MFI:
Gastr. Name: Buckeye (TD), Chocolate
Insurance Company: Carousour Dentals
S - Template: Dental Student

Attachments

Name	Chart #	Home Phone	Birth Date	ID
[i] Buckeye, Brutus	200000	(555) 555-55	1/1/1970	000-00-0000

- Click on EHR Forms listing within the section window
- Click the Create a New Record icon
- The Add Form window will appear. Click the drop-down next to the Form field then locate and select PRIORA
- Click OK



Patient Attachments - Buckeye (TD), Brutus (200000)

☒ Release of patient information consent on file

Add Form

Form: **PRIORA** OK

Date: 05/21/2019

Description: Prior Authorization

Status: PFS

Instructions:

Assigned To:

Message Group: ☐ [X]

User: Black, Linda ☐ [X]


- The form will be displayed and all applicable sections should be completed
- Note:** Please scan additional documentation to Attachments: CoD Pt Financial Svc Section: Prior Authorization Tab

- To get the completed form into the Patient Financial Services (PFS) review workflow, click the Add Action Icon (running man), the Add Form Action box will appear
- Status of PFS (Sent to Patient Financial Services) will appear by default and should not be changed
- Click the ellipse next to the Message Group field and click **PFS**

- If not Assigned to PFS, Prior Authorization will NOT be started!**
- Enter additional comments, if needed, and click the OK button

- To view the form and review the status, click the Patient Attachments icon to bring up the Patient Attachments window, click on EHR Forms listing within the section window and click the Prior Authorizations tab.

- Review the Status column
 - PFS** = Form has been created
Note: if the Assigned To is in the author's name, the form has not been sent to the PFS group. Double click the form and repeat the previous step.
 - COMPLETE** = Prior authorization is complete
Note: Complete does not mean all items were approved. Sometimes a Prior Authorization is only partially approved. See the PA Status (2nd tab of the form) to see all of the details
DENIED = the entire Prior Authorization was denied
 - Light gray text or line** = form has been suspended. The clinic who entered the form will receive information regarding the denial.

- To view the status of the actual prior authorization (not the status of the form), click the **Patient Attachments**  icon to bring up the **Patient Attachments** window, click on **EHR Forms** listing within the section window and click the **Prior Authorizations** tab.
- Double click the form that needs to be reviewed and then click the **PA Status** tab of the form
- Information on this page will show when the prior authorization was sent to insurance, approval or denial date, expiration date, prior authorization number and any additional comments

PR Forms (Prior Authorization) - Backlog Broker (20890)

Form: PRFORMA 06-17-2019 PPA


Choi, Status 06-13-2019 Office 94546 EMG/TC

Last Visit: 07-02-2019 Planned Custom Last App: Blank Links Approve

Form Authorization: P-A Status

Form Authorization	Form Authorization	Date
Form Authorization	Form Authorization	06-17-2019
Form Authorization	Form Authorization	06-17-2019
Form Authorization	Form Authorization	06-17-2019
Form Authorization	Form Authorization	06-17-2019

Medical History: Lupinus Lupinus 06-17-2019

- To view all of the Prior Authorizations you have entered (along with any other action forms) click the **Personal Planner**  icon
- Click the **Assigned Forms** tab
- Check **Include User's Previous Assignments**
- Uncheck **Show Open Forms Only**
- Click **Search For Data** (magnifying glass)

The screenshot shows the 'Personal Planner' application. The 'Milestones Use Summary' tab is selected. The 'Provider' is 'DUBACK'. The 'Date From' is '05/14/2019' and the 'Date To' is '05/20/2019'. The 'Back Link' button is visible. The table below lists milestones with columns: 'Unapproved', 'Assigned Pt.', 'Appointments', 'Chk. Date', 'Pt. Needs', 'Overdue Pts.', 'Dispensary', 'Lab Order', and 'Assigned Forms'. The table contains three rows of data for Buckeye (TQ) students, all with a status of 'PENDING' and 'Patient Financial Service' as the assigned form.

Chk #	Name	Form ID	Chk. Date	Description	Status	Assigned To
200000	Buckeye (TQ) Butus	63626	05/21/2019	Prior Authorization	PENDING	Patient Financial Service
200000	Buckeye (TQ) Butus	63627	05/21/2019	Prior Authorization	PENDING	Patient Financial Service
200000	Buckeye (TQ) Butus	63632	05/21/2019	Prior Authorization	PENDING	Patient Financial Service

Instrument Management Service at OSU

The College of Dentistry provides an Instrument Management Service for its students. This service provides the equipment and materials necessary for the pre-clinical and clinical curriculum. The cost of renting these instruments is based on actual expenses and is payable each semester that the student is enrolled. Each student is required to rent these instrument kits and will be billed on their semester fee statements.

By signing for the acceptance of instruments (pre-clinical and clinical), each student accepts responsibility for proper use and return of the item(s). If a signed-out item is lost, damaged, or stolen, the student is responsible for the replacement at a value of 100% of the current College purchase price. (Instruments and equipment are not dated or devalued based on previous use and/or age.)

Instrument Rental System

SAMPLE

OSU Rental Agreement



College of Dentistry

305 West 12th Avenue
Columbus, OH 43210-1267

Clinical Education Support Agreement

Date: February 21, 2013

To: CSCC Hygiene Class of 2014

Dear students:

To better serve our patients and to facilitate your clinic work as health care providers, we've instituted what we call a "clinical education support system." The goal of this system is to minimize students' instrument costs, while also ensuring that only properly sterilized instruments are used for patient care. As you know, our college supplies all instruments used for educational purposes and patient care, and those instruments are provided through separate and distinct systems.

For patient care, sterile instruments are dispensed as needed on each floor, and inventories for extra instruments are minimized to control costs. To help with these cost conserving measures and to also ensure that there is no shortage of sterile instruments patient use in the clinics, we ask all students to return both used and unused instruments at the end of each half day. Because of the critical importance of this guideline, students who do not return instruments for the previous half day may not be issued new instruments on the following day.

Another part of this protocol requires students to swipe their BUCK IDs to register in our electronic system so they can then receive sterile instruments and a clinic gown. Each student who receives these materials is responsible for their appropriate use and return. To ensure that you receive instruments that are properly sterilized and maintained, we ask you to inspect your instruments as soon as you receive them. *Please report any missing or damaged items to the dispensing area within 20 minutes of receipt, and replacements will be provided at no expense to you.* Students who do not report missing or damaged instruments within the 20-minute timeframe will be responsible for the replacement of those instruments at their current value and purchase price. (Please note that clinic instruments and equipment are not dated or devalued based on previous use and/or age.)

It's also important for students to be aware that they may check out or return instruments for their individual use only. To ensure that all students are properly credited with their own instrument use, we ask you not to check out or return instruments for another student or have another student check out or return instruments on your behalf.

To ensure that all students are aware of these policies that are part of our clinical education support agreement each student to sign and return this form to the Clinic Administration Office, Room 1130 prior to your initial receipt of instruments.

Thank you in advance for your support, your cooperation, and your partnership.

Sincerely,

Fonda G. Robinson
Associate Dean, Clinic Administration and Patient Care

I have read, understand and accept responsibility for instruments, gowns, and materials dispensed by the College of Dentistry as outlined above.

Print Name

Signature

Date

Instruments

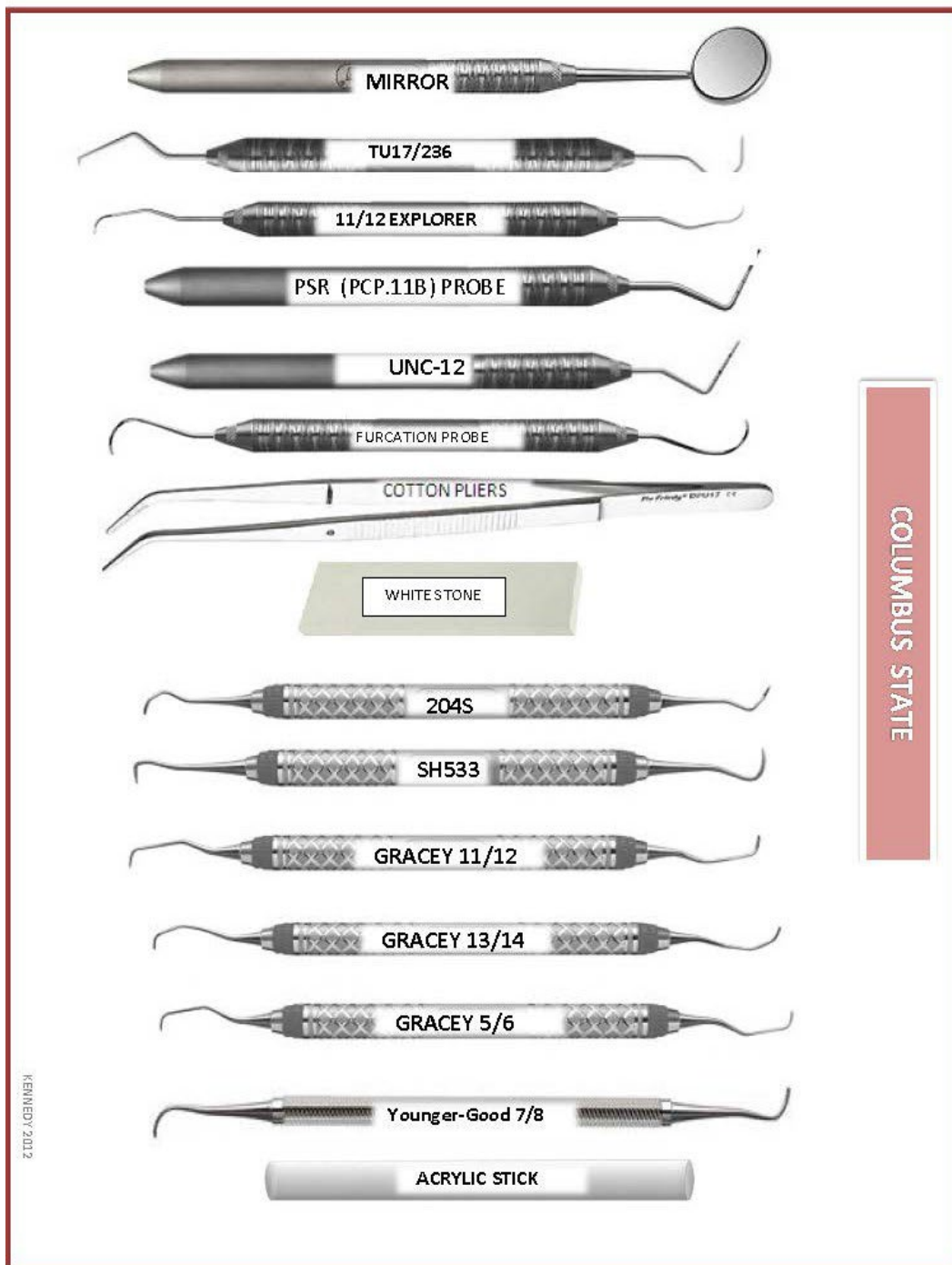
Cassettes shall be opened within 20 minutes of the beginning of the clinic session. Broken instruments, missing instruments or extra instruments shall be reported to the Central Dispensing within the 20-minute time frame. No charges will be assessed to the student if reporting is within the 20-minute time frame. After 20 minutes, broken or missing instruments will become the student's financial responsibility; the same protocol is in effect for perio cassettes, ultrasonic tips, and sealant kits. Students shall indicate requested changes or replacements in a method as directed by OSU dispensing staff.

Ultrasonic units and ultrasonic tips shall be evaluated within 20 minutes of the beginning of the clinic session. Malfunctioning ultrasonic units shall be returned to central dispensing within 20 minutes of the beginning of the clinic session. Ultrasonic tips shall be returned within 20 minutes of the beginning of the clinic session to dispensing. Broken or missing ultrasonic tips will become the student's financial responsibility after 20 minutes of the beginning of the clinic session. Instruments may be changed out during the semester if noticed that the instrument is thin from sharpening or bent with the permission of faculty). Indicate requested changes or replacements in a method as directed by OSU dispensing staff.

Sharpening Instruments

Instruments shall be sharpened at the beginning of the evening. Each student is assigned both a cassette and a Perio pack to ensure enough instruments for calculus removal. Students are not to sharpen contaminated instruments.

COLUMBUS STATE CLINIC KITS



Instruments shall be kept in this order.

The electric handpiece for polishing is obtained at the dispensing desk.

Ultrasonics may be obtained from the central dispensing desk. The ultrasonic should be connected to the unit and tested for good working order. If any malfunctioning, it should be returned immediately to the central dispensing desk; otherwise, the student may be charged for the damaged equipment.

**Columbus State Community College
Perio Packs**

**ODU After 5 11/12 explorer
G 5/6 Rigid
G 11/12 Rigid
G 13/14 Rigid
G 15/16 Rigid
G 17/18 Rigid**

Instruments shall be kept in this order.

Ultrasonic Kits

**Universal straight
Slimline straight
Slimline right
Slimline left**

If a unit is malfunctioning, ask an instructor for another cubicle assignment. Inform the faculty what is malfunction with the unit. A student should fill out a request for maintenance form and turn into front desk.

Upon opening the cassette, check the instruments to ensure no damage was caused during sterilization. If an instrument is noticed to be damaged, return the cassette to central dispensing with appropriate labeling as directed by the OSU dispensing staff,

within 20 minutes of the clinic session. Request a new cassette. No charges will be assessed to the student.

If an instrument becomes damaged or broken during the clinical session, go to dispensing and ask for another instrument. At the end of the evening, return the borrowed instrument. Also return the cassette with the broken instrument and a note attached to the cassette indicating the damage. A charge will be assessed to the student. Cassettes cannot be requested by a student with an outstanding charge for damaged instruments or equipment.

If any instrument is visibly soiled or has debris, it must be returned to sterilization area for re-sterilization and another set of instruments need to be checked out.

Dispensing

Students may obtain disposables from the dispensing area as well as on the clinic floor next to the instructor station.

Dispensing

Materials available from dispensing include assigned cassettes, assigned Perio packs, materials for intraoral photos, intraoral cameras, alginate impression trays, alginate, irrigation syringes, sealant kits, oral hygiene kits, gauze, cotton rolls, suction tip, gowns, face shields, syringes for anesthetic, Oraquix, fluoride, autoclavable utility gloves. Students will need their Buck ID to obtain instruments. Disposable gowns and respirators are available here as well.

Supplies

Materials available include plastic side shields for prescription glasses, paper to cover counter space, light covers, head rest covers, bibs, bib holders, barrier tape, sterilization bags, prophylaxis paste, polishing cups, air/water syringe tips, cotton swabs, topical anesthetic, needle protectors, alginate tray trim wax, wax bite registration, plastic patient bibs to use with the ultrasonic.

Lab Area

The lab area houses the ultrasonic bath for cleaning of dental appliances. Solution for the ultrasonic bath is located in the lab area.

Clinic Office

Materials available from the clinic office can include mouth rinse samples, Reach flossers, Biotene samples, tongue scrapers, floss, denture brushes, Soft-piks, and toothpaste.

Clinic Operatory

Materials available in the clinic operatory include soap, paper towels, latex free gloves, paper cups, mouthrinse, and disinfecting wipes.

Roll Cart

Materials available on the CSCC roll cart include blue sponges, thermometers, toothbrushes, floss, toothbrushes, denture brushes, Reach flossers, and tongue scrapers, and first aid kit.

Huddle

Huddle is a time that students meet with assigned instructors prior to a clinic session. The agenda for clinic is to 1) answer students' questions regarding clinic 2) address specific patient needs 3) to provide the faculty with information about the student's plan for the clinic session and 4) to share about the plan evening activities. Huddle is run by the students.

Huddle is conducted in one of the assigned lecture rooms at OSU and will be announced at each semester's orientation. Huddle begins promptly at 4:15. If a student is more than 5 minutes late to huddle, the student is counted absent which may affect their clinic grade.

Each student also will record their needs for the clinical session on the Nightly Clinical Needs Form. These needs include possibly needing to take radiographs, a restorative examination by the supervising dentist, anesthesia for root planing, planned competencies, or broken/cancelled appointments.

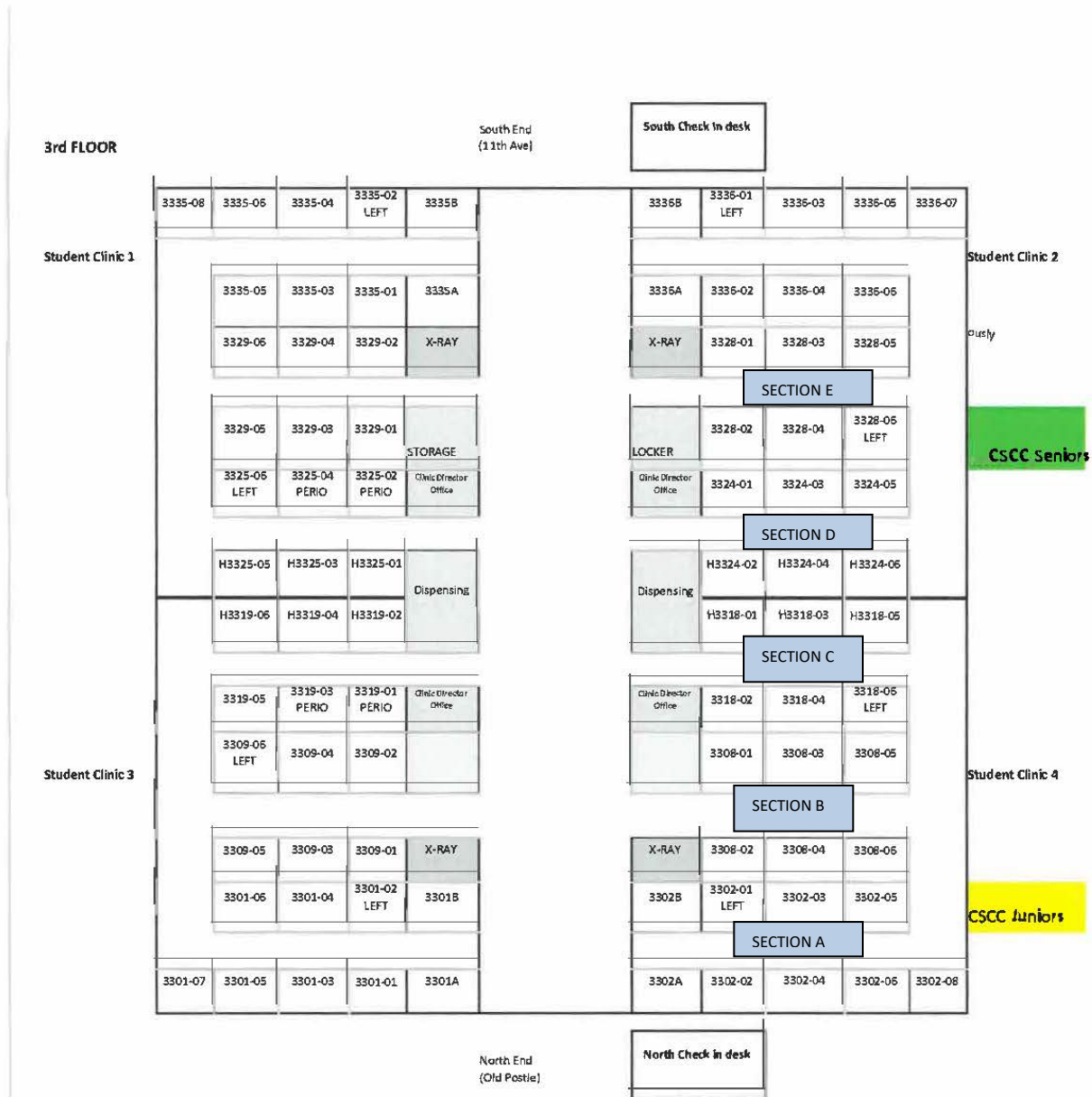
Nightly Needs for Students Form

Students are to indicate their proposed needs on the “Nightly Needs for Students” form. These include need for anesthesia, radiology, restorative examination, planned competencies and if the student has no assigned patient.

[illegible]

Chair Assignments

Students will be provided an assigned area for the semester as indicated in this diagram. If a chair is not available in the assigned area, check with full-time faculty for a chair in another area for that evening.



Protocol for Patient Care

Patient Care

Although the student must obtain specific skills and meet specific requirements for graduation, all patients shall be treated as a whole irreplaceable, unique, and worthy person. The dental hygiene care plan for the patient shall be established according to criteria to assist the patient in obtaining optimal dental health (see Guidelines for Radiographic Needs, Guidelines for Professional Fluoride and Decision Continuum for Dental Hygiene Care Plan). Fluoride treatments, sealants, or whitening shall be upon approval of the supervising faculty (see clinic syllabi).

Set-Up

After 4:30, students may begin to set up their cubicle and obtain their instruments from sterilization. Students are **NOT** to set up their cubicle before 4:30 PM. The brown paper used to cover the counter is NOT fluid permeable protective barrier. It is a cover to protect the counter from marring or melted waxes. A separate patient bib shall be placed on the counter to be used as a designated sterile area for anesthesia syringe, fluoride trays, disclosing solution, and topical anesthetic. Upon opening the cassette, please discard the sterilization test strip from the cassette.

Clinical Electronic Health Records

A patient is entitled to confidentiality of all electronic health records generated during treatment in the clinic. When not in use or the student needs to leave the cubicle, the student shall **lock** the computer screen, **not** just merely turn off the screen. Dental hygiene students must respect the confidentiality of patient information and relationship at all times.

Student records of graded materials for each patient are kept in the file cabinet in the CSCC clinic office. Active CSCC student records are kept in a locked file cabinet at The Ohio State University. Completed CSCC student records or records of the student's patients that have terminated treatment are stored in a locked storage area at Columbus State Community College.

Missing CSCC Student Record

If a CSCC record is missing, the student shall ask an instructor to check other students' folders for the record as it may have been misfiled. If the record is still not located, a duplicate record must be started.

If the student is aware that the record was filed from a previous semester at CSCC (such as a patient that terminated treatment but then reconsidered and scheduled for an appointment),

the student shall request the record from the Clinical Coordinator. As the student is responsible for knowing their assigned patients, the request for the retrieval of the student record shall be prior to the schedule appointment as previous semester student records are filed at CSCC.

Transferring of Patients

Patients may be transferred to another student for continued care if approved by faculty. The student shall complete a CSCC transfer form, have faculty sign the form and turn in the transfer form to OSU scheduling assistants. Patients may be transferred **only one time** to another student. The exception will be if OSU scheduling has scheduled the patient with another student. All reasons for the transfers shall be recorded in the progress notes.

The front of the CSCC student record shall indicate if the patient has been transferred to another student. The last line of the progress notes shall read “patient transferred to” The student to whom the patient is transferred will begin their own CSCC student record for the patient. The first line of the progress notes shall read “patient transferred from....”

Transfer Approval Form

TRANSFER APPROVAL FORM	
Date: _____	
_____	has
(student)	
permission to transfer	

(patient name)	
ID# _____	
to _____	
(student)	
Reason: _____	

Faculty Approval: _____	
Student Signatures: _____	

<div style="text-align: center;">COLUMBUS STATE <small>COMMUNITY COLLEGE</small></div>	

New Patient Screening

As the New Patient is screened during the first visit, the following protocol shall be followed:

1. Student welcomes patient and finds out why they are there (relates chief complaint, whether this is appropriate place for patient etc.)
2. Student completes the health and dental histories with the patient and obtains vitals. Information is recorded in AxiUm.
3. Dentist will review health history, dental history, and vitals. The Dentist will perform a screening of the patient's mouth to determine the appropriateness of the patient for the CSCC Dental Hygiene Clinic. The dentist will evaluate and approve (in AxiUm) the health history and dental history. The dentist will sign in the student on the CSCC grade sheet indicating they may continue with care. (Dental Hygiene faculty will need to evaluate the medical/dental history, vitals, I/E exam and confirm with the student the need for radiographs as determined by the Dentist). Dentist will examine patient (intra

and extra orally) to make a determination on radiographs, and appropriateness** of clinic.

** Dr.'s determination on appropriateness of CSCC DHY for the patient's identified needs. (This determination or discussion may happen very early on, even prior to 'screening' step, depending on initial information the student receives from patient at beginning of interview.)

The dentist will order radiographs. Dentist should discuss with student radiographic need. Once treatment plan is entered Dentist can approve or can be approved by faculty at Assessment I check.

4. Once Assessment I is complete, the DHY faculty will determine if additional information needs to be brought to dentist's attention for alteration in radiographs ordered. If agreement with the dentist's initial assessment for radiographs, the dental hygiene faculty will sign off on the radiographic need If not previously done by dentist. If more information was gleaned from the patient during assessment (PSR etc.) that might change Dr.'s initial impression, this will be brought to the dentist for discussion.
5. Previous radiographs, if new patient, should always be accessed when possible.
6. **STANDING ORDERS: ADULTS**

RECARE (or Periodontal Maintenance) PATIENTS:

- If exhibiting clinical caries or at moderate to high risk for developing caries:
Posterior Bitewings in a range from six (6) to twelve (12) months.
- If no clinical caries and low risk for developing caries:
Posterior Bitewings in a range from twelve (12) to twenty-four 24 months.
- If monitoring documented pathology, suspicion of pathology, impacted teeth or 3rd molars (impacted or partially impacted):
Panoramic radiograph ranging from every 3 to 5 years.
- If periodontal maintenance with no changes or indication of need for other than Bitewings:
FMX approximately every 3-5 years (from last FMX).

7. Remainder of treatment and appointment(s) proceed as before.
8. Dentist will complete the radiographic interpretation with student prior to grading of Assessment II.
9. Dentist will perform restorative examination near conclusion of patient appointment(s).

Evening Check-out

Students *must* have a check-out at the end of the evening, even if the patient is not completed. Progress notes should be completed before asking the instructor for the check-out. No student should be working on patients after 7:25 pm to allow enough time for check-out. After the instructor has provided the check-out, walk your patient to the scheduling desk to be rescheduled or to the financial desk for payment.

End of Night Clean-up

Disposable gown, protective eyewear, facemask, and Autoclavable utility gloves must be worn in clinic for disinfecting of operatories. Students shall return their *own* instruments in the cassettes to Central Dispensing. Other students may help in preparing the instruments for return to central dispensing. Instruments must be turned in by 7:35 PM. Upon returning instruments, Central Dispensing will verify no damage has occurred to the instruments, and instruments are in working order. Damage to instruments may result in a charge to the student.

Ultrasonics

Ultrasonic units and tips in the provided cassette must be returned to Central Dispensing. Damage to equipment may result in a charge to the student.

Post Treatment Care of Instruments

The student is accountable for all the instruments to be properly placed in the cassette before returning the cassette to Central Dispensing. *Instruments are to be placed in the specific order before turning in for sterilization. (See cassette layout).* The autoclavable gloves shall be bagged and turned in to Central Dispensing for sterilization.

Completed Student Records

Once a patient has been completed, the completed student record shall be turned into faculty that evening. Be sure to include in the CSCC student record the following:

- CSCC grade sheet if separate
- Radiograph Technique Grade Sheet – if images were exposed
- Radiograph Interpretation Grade Sheet – if images interpreted
- Significant Findings Form
- Radiographic Worksheet (Clinic I and II)

The assigned faculty will check the transactions at the completion of any appointment where a charge to the patient should be assessed, such as, but not limited to, examination, radiographic images, fluoride treatment, prophylaxis, or root planing.

Completed record and grade sheets shall be turned in to the faculty on the night of completion. The student will receive a printout of their completed dental hygiene services, points, and requirements.

Fee for Patients

Patients' charges shall be submitted in AxiUm for completed treatment **on the date that it is completed**. If only radiographs were completed, then only radiographs would be charged out that clinic session. The prophylaxis and examination would be charged out at the time the procedures are completed. Root planing shall be charged out as each quadrant or sextant is completed. The PIP or re-evaluation appointment is without charge but needs to be part of the initial treatment plan and requires consent. Students shall review the transactions with their assigned faculty to ensure accuracy of charged fees.

Discounted Fees

Special Fee Schedule for Students Dental, dental hygiene students and Columbus State Community College (CSCC) dental hygiene students receive dental examinations, radiographs, and adult prophylaxis at no charge. These are the only treatments received at no-charge. Dental and dental hygiene students and CSCC dental hygiene students, and members of their immediate family and grandparents assigned as clinic patients, are to be charged 50% of the regular, published fee for all treatment (including complete dentures) except for the bulleted procedures listed below, which will be charged at 75% of the published fee**.

Fluoride is a discounted procedure **NOT** a free procedure for Dental Hygiene students.

Immediate family members include spouse, children, parents, grandparents, brothers and sisters of current students. These special fees are only applicable in the CoD, when the procedure is performed by a dental, dental hygiene student, or CSCC dental hygiene student in Postle Hall and must be applied at the time of treatment. No adjustments will be made after an insurance claim has been filed.

**

- Restorative dentistry restorations involving gold or porcelain (excluding implant restoration)
- Fixed prosthodontic restorations involving gold or porcelain (excluding implant restoration)
- Removable partial dentures.
- All orthodontic treatment

Procedures falling under a research study are already discounted and do not qualify for an additional student discount.

Discounts only apply when a student or hygienist performs treatment within the student clinics.

All grad clinic/resident fees are not discounted, and students/family members should not be told this part of their TX plan will be discounted.

Lastly, any TX that is discounted off the top due to research or a grant does not qualify for any given discounts even when provided in the student clinics (such as the student implants).

Discounts will only apply to the original procedure fees.

Additional information can be found at <https://dentalintranet.osu.edu/system/files/pc4.pdf>

Request for Record

Authorization Request for Release of Information can be found at:

<https://dentistry.osu.edu/patients/ohio-state-dental-clinics/forms>

The patient may request, in writing (form can be found at link above), a copy of their record.

The patient must provide their name, date of birth, social security number, address, phone number and must sign the request. Normal processing time is three to five business days.

NO X-RAYS may be given directly to a patient. Patient must authorize release of records (radiographs).

Checklist for Organizing Treatment

Please use this sheet as a guideline when you see a patient in clinic.

1. Arrive before clinic session. Review EHR. Set up dental unit after huddle.
2. Seat your patient promptly at 4:45.
3. Complete medical/dental history-including **BP** for all patients (in AxiUm)
 - Indicate medical history concerns, medications, and allergies (add medications and allergies in eRx)
 - Look up medications in Lexicomp under Links in AxiUm,
 - Complete dental history
 - Obtain and record vitals
 - Record Tx Plan Modification on CSCC Student Record for ASA II, III or special needs
 - Obtain patient signature electronically for the medical history

Stop: Instructor Check for approval of medical/dental history/vitals-all initial patients are seen by DDS 1st, radiographs are determined by student and DDS by history

4. Pre-operative rinse (put on gloves, mask, glasses/shield, and gown)
5. Recline patient and perform the following:
 - a. Intra/Extra oral inspection (in AxiUm)
Includes gingival description (AxiUm and CSCC), OH (AxiUm and CSCC)
 - b. FMP (AxiUm)
 - c. Indicate need for radiographs (CSCC-once approved by faculty, enter in AxiUm and obtain an electronic signature from patient)

Stop: Instructor check – Assess I: intra/extra oral inspection, FMP, and approval of need for radiographs for recare patients

6. Student obtains radiographs – technique graded in radiology, interpretation before beginning step 7 d-h.
7. Student begins assessments
 - d. Dental Chart and OSU Plaque Index (AxiUm)
 - e. Assess risk assessments, OSU Caries Risk Assessment, determine dental hygiene diagnosis (CSCC)
 - f. Determine case type, treatment class (CSCC)
 - g. Determine if your patient is a candidate for a required *competency*
 - h. Determine a treatment strategy (AxiUm ADA code with appropriate diagnosis, tx descriptor, and fees; CSCC strategy for completing tx)
Include in your treatment strategy: comps, scaling (scaling or root planing quad), anesthesia, polishing, restorative checks, re-evaluation or PIP if necessary, fluoride treatments, sealants, dental hygiene diagnosis, and risk assessment. We are looking for the number of appointments needed for completion.

Stop: Instructor checks – Assess II: Dental Charting, OSU Plaque Index, Risk Assessments, OSU Caries Risk Assessment, DHY Diagnosis, Case Type, Treatment class, Treatment strategy

- i. Patient consents to treatment plan. Obtain electronic signature after faculty approval

RETURNING PATIENT (2 or 3rd visit) (a. thru i (see above) already completed)

- a. Update medical history/obtain vitals

Stop: Instructor checks medical history

- b. Reassessment
- c. **Record** any significant changes from prior visit in the I/E and PTEN. Look for changes extra/intra orally to include oral mucosa, gingiva, and restorative needs.

Stop: Instructor checks reassessment only if there is a concern that treatment might not be appropriate for that night.

- d. Review treatment plan and decide what you can accomplish today. Begin where you stopped last appointment.

NOTE: If the instructor is busy, begin OHI.

- e. Patient Education - Plaque Index in AxiUm
Provide **OHI** for patient. Begin with the plaque index in AxiUm. Demonstrate OHI technique and MODIFY them to achieve optimal plaque removal (use of TB, floss, or other dental aids). Record all oral hygiene instructions in AxiUm.

8. **BEGIN TREATMENT!** This generally means BEGIN SCALING (disclose). If indicated, a calculus detection or other *comp* or procedure indicated on the treatment strategy may be completed before scaling.

Stop: Instructor Check: SCALE CHECK- After completion of the quadrant(s) indicated for that session, notify your instructor that you are ready for a scale check-also referred to as **“CHECK-OUT”**. A/B/C/D Quadrants: Scale check one at quad at a time. Instructor completes a reassessment check at first scale check.

CHECK-OUT TIMES:

- Faculty Evaluation of Comps - no later than 6:30. (Adjunctive Therapy Competency is the only exception)
- Faculty Evaluation of Assessment I-no later than 6:30
- Faculty Evaluation of Assessment II-no later than 6:45
- Faculty Evaluation of Scaling-7:10 (6:55 if finishing patient this evening)
- Faculty Evaluation of Polishing-7:20
- Stop in radiology at 7:15 PM to return to clinic floor for checkout
- Dentist Restorative Exam- scheduled by the supervising dentist
- 7:25 (ALL PATIENT CARE BY STUDENTS STOPS)
- Return instruments to sterilization by 7:35
- All students to leave clinic floor by 8:00

9. Instructor will indicate areas that need to be rescaled (if any).

10. Polish - **If planning to finish patient, last scale check by 6:55pm to ensure time for polishing and restorative exam.** If all scaling has been completed and the patient will not be returning for any other treatment, proceed with polishing. *Disclose before polishing. Disclose after polishing to check any missed areas.*

STOP: Instructor Check: Faculty applies redisclosing solution and checks polishing.

11. **Dentist Restorative Exam-** The supervising dentist will schedule a time to perform the restorative exam. Please have both the radiographic interpretation sheet and the significant findings form ready for the supervising dentist. The dentist would prefer the exam occurs before a fluoride treatment.

12. **APPLY FLUORIDE** –if indicated on the treatment plan/check tissues before dismissing pt. (this is completed after restorative check)

13. **COMPLETE Progress Notes:** PTEN in AxiUm.

STOP: Instructor Check: Final check for the night. Ensures all grades are recorded and approves progress notes.

14. Walk patient to reception desk. Have patient pay and schedule another appointment if the patient needs to return. All patients must be checked out at the reception desk.

15. Return to dental unit/disinfect/prepare instruments for sterilization. Show assigned instructor completed transactions.

16. Turn in your *CSCC Student Record* and fill out *Daily Log*. Close out of AxiUm.

17. **YOU DID IT!!!** Congratulate yourself on a job well done!

Y N OTHER

☐ ☐ PREGNANT OR NURSING

IF PREGNANT, EXPECTED DELIVERY DATE _____

☐ ☐ CANCER AND CANCER TREATMENT

IF YES, WHAT KIND/WHERE? _____

☐ ☐ EMOTIONAL/PSYCHIATRIC DISORDER _____

☐ ☐ DO YOU HAVE CHRONIC SINUSITIS OR SINUS CONGESTION?

DO YOU HAVE ANY OF THESE SYMPTOMS?

☐ ☐ SNORE LOUDLY

☐ ☐ OFTEN TIRED, FATIGUED, OR SLEEPY

☐ ☐ OBSERVED TO STOP BREATHING OR CHOKE/GASP IN YOUR SLEEP

☐ ☐ NECK SIZE (SHIRT COLLAR) OVER 17"(MEN) OR 16"(WOMEN)

Y N SOCIAL

☐ ☐ CONDITION REQUIRING ACCOMMODATION?

WHAT CONDITION? _____

WHAT ACCOMMODATION? _____

☐ ☐ DO YOU DRINK ALCOHOLIC BEVERAGES?

HOW MANY TIMES IN THE PAST YEAR HAVE YOU
HAD 4 (FOR WOMEN), 5 (FOR MEN) OR MORE _____
DRINKS IN A DAY?

☐ ☐ STREET DRUG USE? _____

☐ ☐ EVER SMOKED CIGARETTES?

FOR HOW MANY YEARS? _____

HOW MANY PACKS PER DAY? _____

☐ ☐ IF YOU EVER SMOKED, DID YOU QUIT SMOKING?

WHEN? MONTH _____ YEAR _____

☐ ☐ TOBACCO USE (OTHER THAN CIGARETTES)?

IF SO, WHAT TYPE? _____

MEDICATIONS AND ALLERGIES

LIST ANY CURRENT OR RECENT MEDICATIONS YOU TAKE:

ALLERGIES OR REACTIONS TO ANY MEDICINES?

MEDICINE: _____

REACTION: _____

MEDICINE: _____

REACTION: _____

MEDICINE: _____

REACTION: _____

MEDICINE: _____

REACTION: _____

I certify that the above information is complete and accurate to the best of my knowledge. I understand that providing incomplete or inaccurate information may negatively influence my treatment and my treatment results.

- The student shall ask and record the answers to the medical history questions. The intent of this section of the history is to identify medical problems that may modify or preclude dental treatment or require special management during dental treatment so as not to compromise the health of the patient or the dental personnel. Follow-up questions shall be asked and recorded if the patient responds that a medical condition is present or has been present. The follow-up general questions may include:

When was the condition diagnosed?

The approximate date shall be recorded as a year (such as 1999) not as "four years ago".

Who diagnosed the condition?

What was the treatment?

Is the condition still present?

Are there any current medications taken for this condition?

More specific follow-up questions (other than those listed above) are as follows: The rationales for the questions are listed in italics.

Height (feet and inches)

Weight (lbs.)

As obesity is a suspected cause of multiple health issues (hypertension, diabetes, sleep apnea, etc.), it is important to recognize those who are at risk.

General Health Status (excellent, good, fair, poor)

The answer to this question provides the clinician with the patient's own assessment of their health.

Are you under Physician's Care (yes/no)

What is the name of the physician, address, and phone number? (This MUST be completed on all patients should an emergency develop. The emergency medical personnel may need to consult with the patient's physician regarding the patient. If the patient is unconscious, the information cannot be obtained easily.)

Or

Approximately how long has it been since you were seen by a physician? (This question should indicate the frequency and type of medical care that the patient is receiving.)

Have you been Hospitalized in the past (yes/no)

For what reasons were you hospitalized?
When was your stay at the hospital?

Have you had any emergency room visits (yes/no)

For what reason?
(As some substance abuse patients visit emergency rooms often seeking drugs, this alerts the clinician to possible risk for further treatment).

Has your doctor limited your activity (yes/no)

What type of limits?
(This question may alert the clinician that the patient may have mobility issues that might affect their ability to perform oral health care or needing shortened appointments due to extreme fatigue from their illness).

Can you climb two flights of stairs without rest (yes/no)

(This question alerts the clinician of the patient's difficult with breathing and may need to be treated in the semi-supine position).

All of the following questions should be answered yes or no for any current or past conditions.

Cardiac

Heart Attack (MI)

When was your heart attack?
How is your health now?
What medications are you taking?
Did you have any surgery such as bypass surgery or coronary angioplasty?
Was an artificial heart valve placed?

(Identifies the patient who has cardiovascular disease, and as a consequence, may be at risk during dental treatment because of current health status or the medications that are being taken. Also identifies a patient that should not be fully reclined (increased difficulty in breathing)).

- If the heart attack was within 6 months of this appointment, the patient shall be counseled that treatment must be deferred until 6 months following the heart attack so as not to compromise the patient's health while the heart is healing.

Congestive Heart Failure (CHF)

- Patients with congestive heart failure may have hypertension, coronary artery disease or valvular disease. Work with patient in semi-supine position.

Angina (Chest Pain)

How frequently do you suffer angina attacks?

How long do they last?

What precipitates your attacks?

How quickly does nitroglycerin relieve your attacks?

When was your last attack?

(Identifies a patient that may be taking nitroglycerin).

- Nitroglycerin should be on the counter during the appointment for easy retrieval.

Heart Surgery/Stent

When was the surgery?

What type of surgery occurred?

- If patient had bypass surgery or coronary angioplasty (balloon or laser); defer treatment for 3-4 weeks following surgery.

Hypertension (high blood pressure)

If yes, what is your usual blood pressure?

How often do you have your blood pressure checked?

If treated with medication, do you take your medication regularly?

(identifies a patient who may be at risk because of hypertension or that medications that are being taken)

- If blood pressure exceeds 180-110, the supervising dentist shall be asked to consult with the patient regarding the need for a medical consultation.
- If the systolic reading is 140-179 or the diastolic is 90-109, the patient shall be counseled and advised to seek evaluation of their blood pressure. The supervising dentist should be consulted before continuing care.

Arrhythmia

With what kind of arrhythmia have you been diagnosed?

(Identifies a patient that may be at risk for cardiovascular disease. Patients with ventricular arrhythmia shall not be seen unless the arrhythmia is controlled and verified with medical consult.)

- Bradycardia (slow rhythm) leads to fainting. Raise and lower the chair slowly.

- Tachycardia (rapid rhythm) can lead to chest pains or heart attack. Be prepared for a medical emergency.
- Premature Ventricular (heart skips a beat) caused by stress, excessive coffee, tobacco or alcohol use. More than 5 PVCs within 60 seconds, considered a medical emergency.
- Decongestants can increase heart rate, but rhythm should not be affected.

Pacemaker/ICD

When was your pacemaker implanted?

Does the pacemaker have a shield? (Age of implant may be an indicator)

Has the device regulated your heart rate?

Has the function been checked recently? When?

Has your physician warned you about dental equipment that may interfere with your pacemaker?

(identifies a patient that will need premedicated if the appointment is within 6 months of the implant. May need medical consultation regarding the use of ultrasonics, pulp testers, mechanical toothbrushes.)

- If pacemaker placed within 6 months of dental hygiene appointment, the patient shall be counseled that treatment shall be deferred for 6 months following placement of the pacemaker so as not to compromise the patient's health.
- If pacemaker does not have a shield, no ultrasonic or pulp tester to be used.

Other Heart Disease

Other heart diseases are not as common.

- Patients with congenital heart disease, premedication is necessary.
- Patients with acquired heart disease, no special considerations are necessary.
- Artificial heart valve *(identifies a patient that needs premedication)*

Pulmonary

Asthma

When was your last acute asthma attack?

What triggers your asthma?

Have you been hospitalized for asthma?

Do you have your bronchodilator or rescue inhaler with you?

Have you experienced asthmatic symptoms during dental treatment or after receiving a local anesthetic?

What do you do for mild pain? (medications, steroids)

Can you be seated in a supine position or do you prefer a more upright chair position?

(Identifies a patient that may be at risk for an asthma attack. For emergency bronchial asthma attack, epinephrine is needed. Available in dental emergency kit. Supervising dentist would administer. Also identifies a patient that may be taking long-term use of steroids that may require premedication.)

- Patients that use an inhaler shall have the inhaler for each visit and the inhaler shall be placed on the counter for easy retrieval. If a patient does not have their inhaler, the patient shall be rescheduled for another visit UNLESS the supervising dentist approves proceeding without the inhaler.
- Do not use or suggest aspirin for pain management, as many asthmatics are allergic to aspirin.
- Do not use ultrasonics if patient has respiratory difficulty at the time of the visit.

Chronic Obstructive Pulmonary Disease (COPD)

(Identifies a patient that may have difficulty breathing).

- Upright position
- Contraindicated for nitrous oxide
- Contraindicated for ultrasonics and air polishers

Other Lung/Breathing Diseases

These might include chronic bronchitis, cystic fibrous, or emphysema.

Nervous System

Seizures (Absence, Grand Mal, Petit Mal, Other)

When was your last seizure?

How often are your seizures?

What, if anything, precipitates your seizures?

How is the frequency of your seizures controlled?

(Identifies a patient that may have a medical emergency).

- Patient may be taking Dilantin that may cause gingival hyperplasia
- Activate stress reduction protocol

Stroke/TIA

Did you have a TIA or a stroke?

How long has it been since you suffered the stroke?

What type of stroke did you have?

Do you have a resulting loss of function in any part of your body?

What medications are you taking?

Are you recovered and has your physician given you any warnings about having a dental appointment?

(Identifies a patient that may need deferred treatment and counseling regarding the need to defer treatment for 6 months of a stroke so as not to compromise the health of the patient. Also identifies a patient that may be taking anticoagulants or corticosteroids and will need a medical consultation. Identifies a patient that contraindicates air powder polishing.)

Syncope/Fainting

Does this occur often?

What precipitates the syncope?

Other Neurological Diseases

These might include brain tumors, Parkinson's disease, Alzheimer's disease

- For those with Parkinson's disease, may have difficulty with swallowing. Use care with water and suction appropriately.

Metabolic

Hepatic (Liver) Diseases

What type of hepatitis did (do) you have?

What type of treatment did you receive and was it successful to resolve the viral infection?

Do you know if you are a carrier for any hepatitis virus?

Do you have liver damage and bleeding problems?

What medications do you use for pain?

(Identifies the patient that requires further questioning about type of hepatitis or had hepatitis B (serum) or Hep C and as a consequence may be antigen positive and a carrier, and the patient with decreased liver function.)

- Postpone care for client with active hepatitis A or E infections until a physician clearance is obtained.
- Client with liver damage or bleeding problems from a past hepatitis infection may need a physician consultation prior to treatment.
- Be aware of impaired drug metabolism.
- Jaundice can be an indirect indication of hepatitis infection. Physician consultation. (Jaundice at birth: no treatment modifications necessary.)

Renal (Kidney) Disease

What type of kidney problems do you have?

Has your physician recommended that you take antibiotics before dental treatment?

Are you on hemodialysis? (For kidney transplant patient)

What drugs are you taking to prevent rejection of your kidney?

- Dialysis. *(Identifies a patient that the blood pressure must be taken on the arm without the shunt. Patient may be seen on the day between dialysis treatment.)*
- Transplant *(Identifies a patient that will need premedicated for dental treatment to prevent infection.)*
- *Do you know what your INR is (should be ~1, if on anticoagulant may be 3-4, greater than 6 a consult should happen.)*

Unusual Bleeding

What were the circumstances surrounding the excessive bleeding?

What treatment was rendered?

Do you bruise easily?

Have you had any problems associated with dental treatment because of this condition?

Has your physician told you to take special precautions prior to having dental care?

(This should alert the dental care provider to the patient who may have an acquired or congenital bleeding problem, blood dyscrasias, liver dysfunction, drug-induced clotting abnormalities that requires special management or hospitalization.)

Sickle Cell Anemia/Trait

What is the frequency, duration, and average number of crisis?

Past and current medical treatments? (surgeries, transfusions, medications, allergies).

- May need consultation with patient's primary care provider as may need premedication.
- Contraindications for aspirin for pain management.

Diabetes

With what type of diabetes have you been diagnosed?

What was your blood sugar reading today?

What is your normal reading?

If readings not known, do you have your glucose monitor with you? (If so, have the patient take their reading.)

How is your diabetes controlled? Diet? Insulin?

(Reading above 110 is considered a diabetic. If the reading is lower than 130, it is usually controlled by diet. If the reading is above 130, more than likely the patient has been instructed to take insulin.)

What is the patient's A1C, if known?

Are you taking insulin?

Have you taken your insulin today?

What and when was the last time that you have eaten? (If the patient has not eaten for 3-4 hours, have them eat something sweet.)

Have you experienced hypoglycemia recently? What signs do you exhibit with a low blood sugar?

Have you had any problems during dental treatment?

Do you heal slowly or have frequent infections?

(Identifies a patient that may be at risk for a medical emergency.)

- Type I: insulin-dependent diabetes mellitus. Usually more severe type of diabetes. A morning appointment 1 to 1.5 hours after breakfast is best. Diabetic coma is the likely medical emergency for Type I diabetes. This is a condition of insufficient insulin with the result that some cells cannot metabolize blood glucose. Signs and symptoms are excessive thirst (polydipsia), excessive urination (polyuria), excessive hunger (polyphagia), nausea, dry flushed skin, and a "fruity" breath odor, followed by unconsciousness. Discontinue dental hygiene care if patient having symptoms of diabetic coma, call EMS, support through BLS if necessary.
- Type II: non-insulin diabetes mellitus. Usually more mild. Medical emergency is hypoglycemia. This occurs when the person increases medication, omits a meal, or engages in excessive exercise. Signs and symptoms may occur suddenly and include hunger, headache, pale moist skin, and feelings of dizziness and weakness. Treatment is to administer sugar in the form of orange juice, cola, or sugar water. If person becomes unconscious, seek assistance through the EMS.
- If the blood sugar level is above 240mg/dl, we will refer the patient to their physician for consultation and medical clearance. This would be considered uncontrolled diabetes. If treatment is to be given, the patient should be placed on an antibiotic.
- If a patient indicates that their blood sugar level varies greatly from day to day (such as 210 one day and 135 the next), this is considered an uncontrolled diabetic. Uncontrolled diabetics should be placed on an antibiotic for treatment. This patient would be referred to their physician for consultation and medical clearance.

Gastrointestinal (GI) Disease

Please explain the nature of your disease.

What is the treatment of your disease?
Are you on diet restrictions prescribed by your physician?

Thyroid Disease

What type of thyroid problem do you have?
How well controlled is your condition?

Surgery, medications (thyroid hormone replacement, steroids)?

Have you ever had a problem during dental treatment?

- If the patient is taking steroids, the patient will need to be premedicated for dental treatment.

Infectious Disease

Tuberculosis (TB)

Have you ever had active tuberculosis, persistent cough greater than a 3-week duration, cough that produces blood?

Have you seen a physician about the persistent cough?

Do you wake up during the night from sweating?

Have you recently had unexplained weight loss?

Do you know anyone who has had TB?

When was the condition diagnosed?

How was the tuberculosis treated?

Has the 6-month required treatment of medication therapy been completed?

Was physician clearance received?

(Requires a medical consult to clear the patient for dental care. THIS IS AN INFECTIOUS DISEASE. Any person with active TB must be escorted away from other patients and clinicians. The patient, if active, shall be referred to the emergency room immediately).

- Medical consultation may be requested if diagnosis occurred within last two years.

HIV/AIDS

Viral Load

CD4 Count

(Identifies a patient at risk as immunocompromised. The Viral load should be undetectable and the CD4 count above 400 to proceed without premedication).

- Premedication if CD4 count below 400.
- Use standard precautions.

Other Infectious/Immune Disease

The other immune diseases may include Sjögren's syndrome, rheumatoid arthritis, or systemic lupus erythematosus.

- Patients with active infectious diseases may not be seen while in the infectious state.
- These patients may require premedication.

Orthopedic/Musculoskeletal

Bone Problems or Diseases

Do you have back pain that requires special positioning in the dental chair?

What is the treatment for your condition?

- **Osteopenia, osteoporosis, Paget's disease of the bone, multiple myeloma, or other bone cancer?** *(Clients with osteoporosis have a risk of periodontal disease and bone fractures. Treatment plans should include assessment of periodontal health. Clients with Paget's disease have an abnormal thickening of cortical bone. Identifies a client that may exhibit abnormal bone on radiographs that may have bony growths that have the appearance of "cotton wool". Clients with a history of Multiple Myeloma may have excessive bleeding after invasive dental procedures. These clients also are at risk of infection due to decrease in normal immunoglobulins. These clients may be taking bisphosphonates.*
- **Any disorder treated with oral or I.V. bisphosphonates (such as Fosamax or Zometa)** *(Identifies patients that may be at risk for osteonecrosis of the mandible).*

Orally Administered

Brand Name	Generic Name
Actonel	Risedronate
Boniva	Ibandronate
Didronel	Etidronate
Fosamax	Alendronate
Fosamax Plus D	Alendronate
Skelid	Tiludronate

Intravenously Administered

Brand Name	Generic Name
Aredia	Pamidronate
Bonefos	Clodronate
Zometa	Zoledronic Acid

Have you experienced any dental concerns regarding the use of bisphosphonates?

(Opportunity to discuss with patient “small” risk of osteonecrosis with bisphosphonates but also research indicates those taking Actonel had improved periodontal bone health. Due to most recent development in risk (0.7 cases per 100,000 person-years of exposure); area for further research is ongoing.

Artificial Joints

Have you had an orthopedic total joint (hip, knee, elbow, finger) replacement? If yes, when was this operation done?

Have you had any complications or difficulties with your prosthetic joint?

Has a physician or previous dentist recommended that you take antibiotics prior to your dental treatment? If yes, what antibiotic and dose? Name and phone number of physician or dentist. Consult required, especially if less than 2 years since surgery. If patient is uncertain about when surgery was done or premedication requirement a consult with surgeon required and discussion with patient regarding the need for premedication in light of physician’s recommendation and patient’s desires.

- Patient may need premedication, but generally not recommended unless specifically requested by physician, or patient requests after discussion.

Arthritis

(Indicates a patient that may have joint pain immobility or temporomandibular joint involvement.)

- Patient may need antibiotic premedication; consult physician if treated with chemotherapeutic agent.

Muscle Problems or Diseases

This may include Fibromyalgia.

Jaw or Jaw Joint Problems (TMD)

Has your jaw ever been locked open or locked closed?

Other

Pregnant or Nursing

If Pregnant, Expected Delivery Date

(Identifies the patient who should not be given drugs indiscriminately or may require special management. E.D.D. {expected date of delivery}.

Cancer and Cancer Treatment

If Yes, what kind/Where

Following Cancer Treatment

Where was the malignancy?

What type of treatment did you receive?

Was the treatment successful?

Do you have any residual effects from the treatment?

Are you still under care of your oncologist?

How often are your follow-up appointments?

Prior to Cancer Treatment

Does your oncologist know you are here today?

Do you have an implanted port or catheter to receive your chemotherapy?

Did you have lab work done before this appointment?

What type of cancer do you have and what area of your body is affected?

May I have permission to contact your oncologist about your treatment?

When did (or will) your treatment start?

What type of treatments are you receiving?

Has your physician given you any instructions related to having oral health treatment?

(Identifies the patient who was presumably treated for a malignancy and, as a consequence, the dental care provider will be alerted for the possibility of metastasis disease; also identifies the patient who was irradiated to the head and neck region and will require special management. Patients undergoing chemotherapy, student will defer treatment until chemotherapy is completed. Defer treatment if platelet count is less than 50,000/mm³ or neutrophil count of less than 1,000/mm³. Identifies a patient that may need premedication for dental treatment. A medical consultation may be necessary. Also identifies a patient that should be on a daily fluoride due to increased risk for decay. Also identifies a patient that should be on a chlorhexidine rinse for periodontal disease. Patients should not be told to use both daily fluoride and chlorhexidine; if used within one half hour of each other, both will be ineffective.)

- Patients that will be beginning cancer treatment (surgery, radiation, or chemotherapy) should have their teeth cleaned at least 2 weeks prior to beginning treatment.

Emotional/Psychiatric Disorder

(Identifies patients at risk as emotional problems hinder oral care.)

- Limit stress
- May have xerostomia from medications
- Avoid mouthrinse containing alcohol.

Do you have chronic sinusitis or sinus congestion?

Do you have any of these symptoms?

Snore loudly

Often tired, fatigued, or sleepy

Observed to stop breathing or choke/gasp in your sleep

Neck size (shirt collar) over 17" (Men) or 16" (Women)

(Identifies the patient that may have sleep apnea).

Social

Condition requiring accommodation.

What condition

What accommodation

Social diseases may include STIs (Syphilis, Herpes, or HVP).

- Patients with an active oral lesion must be rescheduled.
- Patients with HPV may be at risk for oral cancer.

Do you drink alcoholic beverages?

How many times in the past year have you had 4 (for women), 5 (for men) or more drinks in a day?

(Identifies those at risk for alcoholism. May affect the function of the liver. May be at risk for diminished immune response and bacterial infections.)

- Avoid mouthrinses containing alcohol.

Street drug use?

Which drug(s)?

Has the drug of choice been used within the last 24 hours?

(Identifies those that may be at risk for seeking drug of choice.)

- Contraindicated for nitrous oxide/oxygen
- Contraindicated for anesthesia with epinephrine
- Indication for Substance Abuse cessation

Ever smoked cigarettes?

For how many years/

How many packs per day?

If you ever smoked, did you quit smoking?

When? Month/Year
Tobacco use (other than cigarettes)
If so, what type?

(Identifies those at risk for oral cancer or periodontal disease.)

- Follow guidelines of smoking intervention program assessing the patient's readiness to quit. Document level of readiness.
- Provide patient with a tobacco cessation information e.g., Quit Now card or link to online resources.

Medications

List any current or recent medications you take

Ask about nutritional supplements such as vitamins, minerals, herbal supplements.

Have you had an allergic reaction to any drugs or medications?

(Identifies the patient who has had allergic or idiosyncratic reactions to drugs or medications.)

- A true allergic reaction involves angioedema (swelling), erythema (rash) and urticaria (welts, itching)

The patient must sign and date the medical form. If the patient is a minor or mentally handicapped, the legal guardian must sign the medical form. *(Signatures of patients under 18 years of age or mentally handicapped are not legal signature)*

Adding Medications

There are many medications in eRx that are not listed on the medications tab in AxiUm. To bring this information from eRx to AxiUm, follow these steps:

Once you are in AxiUm eRx, click on Add a Medication and then click on the Medication History link.

Select the medications you would like to have displayed in AxiUm by clicking on the checkbox next to the medication and then clicking on the Add Selected button above the list.

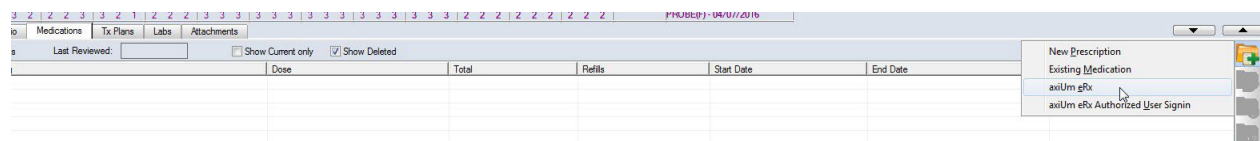
Add Selected		drugs to medication list.			
	Drug	Sig	Quantity	First Fill	Last Fill
+ <input checked="" type="checkbox"/>	amoxicillin 500 mg capsule [Prescribe]	No Sig Info	21	04/25/2016	04/25/2016
+ <input type="checkbox"/>	chlorthalidone 25 mg tablet [Prescribe]	No Sig Info	90	01/29/2016	04/23/2016
+ <input checked="" type="checkbox"/>	metformin 500 mg tablet extended release 24 hr [Prescribe]	No Sig Info	90	01/29/2016	01/29/2016
+ <input type="checkbox"/>	metoprolol tartrate 50 mg tablet [Prescribe]	No Sig Info	180	01/29/2016	04/23/2016
+ <input type="checkbox"/>	potassium chloride 10 mEq capsule, extended release [Prescribe]	No Sig Info	90	01/29/2016	01/29/2016
+ <input type="checkbox"/>	ramipril 10 mg capsule [Prescribe]	No Sig Info	90	01/29/2016	04/23/2016

Click on the hammer icon and mark as complete.

Once you close out of eRx, those medications will now be listed in the medications tab in AxiUm.

Allergies in eRx

1. While on the Medications tab in the EHR, click on Create a new Record, then select AxiUm eRx



2. Click on the Manage Allergies link

3. In the middle of the screen, there is a statement that says “This patient has no known drug allergies (NKDA). Above the statement is a link, Allergies Reviewed. Click on the link.

Allergies Reviewed

This patient has no known drug allergies (NKDA).

4. Exit out of eRx and return to EHR. The information will be displayed in the Alerts section

Alerts	Problems	Objectives
<input type="checkbox"/> Allergies:		
No known allergies		

Vitals Protocol

Vitals (blood pressure, pulse, and respiration) shall be taken and recorded at each visit and recorded in the progress notes.

Vitals (blood pressure, pulse and respiration) shall be taken on every patient prior to the medical check-in. Abnormal vitals shall be presented to the faculty at check-in. If the blood pressure is high, the student shall wait 5 minutes, offer water to the patient and recheck the blood pressure (See Blood Pressure Guidelines in this handbook). **Abnormal blood pressure readings (140-179/90-109) shall be reviewed by the supervising dentist.** Should the supervising dentist determine that these guidelines be waived for special circumstances, the supervising dentist must write and sign in the treatment record stating the reasons for proceeding with dental treatment.

- Pulse: The range is 60 to 100 beats per minute
- Respiration: Normal adult range 14 – 20 breaths/min
- Temperature of 100 degrees F or higher will be referred for follow-up during pandemic. Patient will not be seen and escorted from clinic area.

Vitals Guidelines

New Government Guidelines for Blood Pressure

BP Classification	Systolic	Diastolic
Normal	< 120	And < 80
Elevated Blood Pressure	120-129	And < 80
High Blood Pressure Stage I	130-139	Or 80-89
High Blood Pressure Stage 2	≥140	≥90

Optimal Vitals under age 18					
Age	1 month	1 yr.	6	10-13	14-17
BP	85/54	95/65	105/65	110/65	120/75
Respiration	30-60		20-30	14-26	
Pulse	100-160	90-140	80-120	60-100	

The new blood pressure categories.

Normal = Systolic <120 and Diastolic <80 Normal patient care.

Elevated = Systolic 120-129 and Diastolic <80 Retake after 5 minutes inform patient of status. Proceed with patient care.

High BP Stage 1 = Systolic 130-139 or Diastolic 80-89

Retake after 5 minutes. Inform patient of status. Stress reduction protocol and proceed with routine treatment

High BP Stage 2 = Systolic ≥140 <180 or Diastolic ≥90 ≤ 120 Retake and inform patient of status. Proceed on dentist's recommendation with treatment. Stress reduction protocol. Cautious employment of local anesthetic (modify vasoconstrictor).

Hypertensive Crisis (refer immediately to ED or Emergency care for evaluation) = **Systolic >180 and/or Diastolic >120**

Premedication Protocol

Patients requiring premedication shall be asked if they have taken their premedication as prescribed, which premedication was taken, what time the premedication was taken, and how much premedication was taken. All information shall be recorded in the progress notes, beginning with “patient states that he/she took (medication, dose and time).

For patients prescribed an antibiotic before invasive procedures who failed to take the medication prior to the appointment, the supervising dentist will determine if the student may proceed with non-invasive procedures (dental charting visual exam only, or radiographs).

For those patients needing a refill for a known premedication, the supervising dentist at their discretion may provide said refill.

Patients that have forgotten to take their premedication may either be reappointed or the supervising dentist may write a prescription for the patient to obtain from a nearby pharmacy. The student may not begin invasive (probing, scaling) treatment until the appropriate amount of time (usually one hour) has passed.

Multiple Appointments Taking Premedication

Patients shall take premedication, if indicated, for every appointment that involves invasive procedures.

If a patient with an indication for prophylaxis who appropriately received antibiotic premedication prior to a dental procedure one day and who is then scheduled the following day for a dental procedure also warranting premedication (e.g., dental prophylaxis), the antibiotic prophylaxis regimen should be repeated prior to the second appointment. (ADA website)

Another concern involves patients who require prophylaxis but are already taking antibiotics for another condition. In these cases, the AHA guidelines and 2021 AHA scientific statement for infective endocarditis recommend that the dentist select an antibiotic from a different class than the one the patient is already taking. For example, if the patient is taking amoxicillin, the dentist should select azithromycin or clarithromycin for prophylaxis.
(ADA website)

Patient Selection

The current infective endocarditis/valvular heart disease guidelines state that use of preventive antibiotics before certain dental procedures is reasonable for patients with:

- prosthetic cardiac valves, including transcatheter-implemented prostheses and homografts;
- prosthetic material used for cardiac valve repair, such as annuloplasty rings and chords;
- Unrepaired cyanotic congenital heart defect (birth defects with oxygen levels lower than normal) or repaired congenital heart defect, with residual shunts or valvular regurgitation at the site adjacent to the site of a prosthetic patch or prosthetic device.
- a history of infective endocarditis;
- a cardiac transplant with valve regurgitation due to a structurally abnormal valve;

According to limited data, infective endocarditis appears to be more common in heart transplant recipients than in the general population; the risk of infective endocarditis is highest in the first 6 months after transplant because of endothelial disruption, high-intensity immunosuppressive therapy, frequent central venous catheter access, and frequent endomyocardial biopsies. (ADA website)

Congenital heart disease can indicate that prescription of prophylactic antibiotics may be appropriate for children. It is important to note, however, that when antibiotic prophylaxis is called for due to congenital heart concerns, they should **only** be considered when the patient has:

Cyanotic congenital heart disease (birth defects with oxygen levels lower than normal), that has not been fully repaired, including children who have had a surgical shunts and conduits.

- Repaired congenital heart disease with residual defects, such as persisting leaks or abnormal flow at or adjacent to a prosthetic patch or prosthetic device.
- Antibiotic prophylaxis is **not** recommended for any other form of congenital heart disease. (ADA website)

Premedication Regimen

Antibiotic Prophylactic Regimens for Dental Procedures

Regimen – Single dose 30 to 60 minutes before procedure

Situation	Agent	Adults	Children
Oral	Amoxicillin	2 g	50 mg/kg
Unable to take oral medication	Ampicillin OR	2 g IM or IV	50 mg/kg IM or IV
	Cefazolin or ceftriaxone	1 g IM or IV	50 mg/kg IM or IV
Allergic to penicillins or ampicillin—oral regimen	Cephalexin*	2 g	50 mg/kg
	OR		
	Azithromycin or clarithromycin	500 mg	15 mg/kg
	OR		
	Doxycycline	100 mg	<45 kg, 2.2 mg/kg >45 kg, 100 mg
Allergic to penicillin or ampicillin and unable to take oral medication	Cefazolin or ceftriaxone†	1 g IM or IV	50 mg/kg IM or IV

Clindamycin is no longer recommended for antibiotic prophylaxis for a dental procedure.
IM indicates intramuscular; and IV, intravenous.

* Or other first- or second-generation oral cephalosporin in equivalent adult or pediatric dosing.

† Cephalosporins should not be used in an individual with a history of anaphylaxis, angioedema, or urticaria with penicillin or ampicillin.

ADA Guidelines for Joint Replacement Premedication

- Compared with previous recommendations, there are currently relatively few patient subpopulations for whom antibiotic prophylaxis may be indicated prior to certain dental procedures.
- In patients with prosthetic joint implants, a January 2015 ADA [clinical practice guideline](#), based on a 2014 systematic review states, “In general, for patients with prosthetic joint implants, prophylactic antibiotics are not recommended prior to dental procedures to prevent prosthetic joint infection.”
- According to the ADA [Chairside Guide](#), for patients with a history of complications associated with their joint replacement surgery who are undergoing dental procedures that include gingival manipulation or mucosal incision, prophylactic antibiotics should only be considered after consultation with the patient and orthopedic surgeon; in cases where antibiotics are deemed necessary, it is most appropriate that the orthopedic surgeon recommend the appropriate antibiotic regimen and, when reasonable, write the prescription.
- For infective endocarditis prophylaxis, 2007 guidelines by the American Heart Association, written with input from the ADA and approved by the CSA as they relate to dentistry in [2008](#), support premedication for a smaller group of patients than previous versions. This change was based on a review of scientific evidence, which showed that the risk of adverse reactions to antibiotics generally outweigh the benefits of prophylaxis for many patients who would have been considered eligible for prophylaxis in previous versions of the guidelines. Concern about the development of drug-resistant bacteria also was a factor.
- Infective endocarditis prophylaxis for dental procedures should be recommended only for patients with underlying cardiac conditions associated with the highest risk of adverse outcome from infective endocarditis (see “Patient Selection,” in the main text). For patients with these underlying cardiac conditions, prophylaxis is recommended for all dental procedures that involve manipulation of gingival tissue or the periapical region of teeth or perforation of the oral mucosa.

Prevention of Prosthetic Joint Infection

In 2014, the ADA Council on Scientific Affairs assembled an expert panel to update and clarify the clinical recommendations found in the 2012 evidence report and 2013 guideline, *Prevention of Orthopaedic Implant Infection in Patients Undergoing Dental Procedures*.^{1,2}

As was found in 2012, the updated systematic review undertaken in 2014 and published in 2015 found no association between dental procedures and prosthetic joint infections.³ Based on this evidence review, the 2015 ADA clinical practice guideline states,³ “In general, for patients with prosthetic joint implants, prophylactic antibiotics are not recommended prior to dental procedures to prevent prosthetic joint infection.”

A co-published editorial by Meyer⁴ also states:

"The new CSA guideline clearly states that for most patients, prophylactic antibiotics are not indicated before dental procedures to prevent [prosthetic joint infections]. The new guideline also takes into consideration that patients who have previous medical conditions or complications associated with their joint replacement surgery may have specific needs calling for premedication. In medically compromised patients who are undergoing dental procedures that include gingival manipulation or mucosal inclusion, prophylactic antibiotics should be considered only after consultation with the patient and orthopedic surgeon. For patients with serious health conditions, such as immunocompromising diseases, it may be appropriate for the orthopedic surgeon to recommend an antibiotic regimen when medically indicated, as footnoted in the new chair-side guide."

The ADA encourages dental professionals to review the full 2015 guideline³ and take this recommendation into account, consult with the patient's orthopedic surgeon when indicated, and consider the patient's specific needs and preferences when planning treatment. According to the ADA [Chairside Guide](#), in cases where antibiotics are deemed necessary, it is most appropriate that the orthopedic surgeon recommend the appropriate antibiotic regimen and, when reasonable, write the prescription.

ASA Protocol

A healthy individual is an ASA I. ASA II, III, and IV are considered medically compromised and meet the required criteria for graduation (students must see medically compromised patients for graduation). ASA III and IV patients (those with cardiac murmur, vague history, recent major disease, recent diagnosis or operation, or uncontrolled disease such as diabetes or blood pressure) must have a medical consultation prior to treatment.

TABLE 24-1 **ASA Physical Status Classification System**

ASA CLASSIFICATION		EXAMPLES OF PHYSICAL OR PSYCHOSOCIAL MANIFESTATIONS	DENTAL HYGIENE TREATMENT CONSIDERATIONS
ASA I	Without systemic disease; a normal, healthy patient with little or no dental anxiety	Able to walk one flight of stairs with no distress ADL/IADL level = 0	No modifications necessary
ASA II	Mild systemic disease or extreme dental anxiety	Needs to stop after walking one flight of stairs because of distress Well-controlled chronic conditions Upper respiratory infections Healthy pregnant woman Allergies ADL/IADL level = 1	Minimal risk; minor modifications to treatment and/or patient education may be necessary
ASA III	Systemic disease that limits activity but is not incapacitating	Needs to stop en route walking one flight of stairs Chronic cardiovascular conditions Controlled insulin-dependent diabetes Chronic pulmonary diseases Elevated blood pressure ADL/IADL level = 2 or 3	Elective treatment is not contraindicated, but serious consideration of treatment and/or patient/caregiver education modifications may be necessary
ASA IV	Incapacitating disease that is a constant threat to life	Unable to walk up one flight of stairs Unstable cardiovascular conditions Extremely elevated blood pressure Uncontrolled epilepsy Uncontrolled insulin-dependent diabetes	Conservative, noninvasive management of emergency dental conditions; more complex dental intervention may require hospitalization during treatment; caregiver training for daily oral care may be necessary
ASA V	Patient is moribund and not expected to survive	End-stage renal, hepatic, infectious disease, or terminal cancer	Only palliative treatment is delivered; caregiver training for daily oral care may be necessary

Source: American Society of Anesthesiologists. ASA physical status classification system. <http://www.asahq.org/resources/clinical-information/asa-physical-status-classification-system>. Accessed January 21, 2015.

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Indicate ASA on front of CSCC.

Indicate if patient is medically compromised by indicating on the front of the CSCC chart by writing “yes” or “no”. Circle “yes” or “no” on CSCC grade sheet.

Treatment Strategy Modification Protocol

Patients that are ASA II, III, IV or with special needs may need modifications to the dental hygiene care plan so as not to compromise their medical conditions or disease. Students are to indicate the modifications needed on the front of the CSCC record.

For medically compromised and or special needs patients, it is important to recognize the modifications needed to provide treatment that is safe, effective and will not exacerbate a patient's medical condition. Indicate the modifications on the front of the CSCC record.

Columbus State Community College Dental Hygiene Program	
Student Record	
<p>Case Study <input type="checkbox"/> ADEX-DH <input type="checkbox"/></p> <p>Patient _____ M ___ F ___</p> <p>Age _____ Medically Compromised _____ ASA _____</p> <p>Medical Condition/ Special Need/Modification of Tx Strategies _____</p> <p>_____</p> <p>White ___ Black ___ Hispanic ___ Asian ___ Other ___</p> <p>OSU Patient _____ CSCC Patient _____</p> <p>Initial _____ Recare _____ Perio Maintenance _____</p> <p>Root Planing _____ Re-evaluation _____</p> <p>Student _____</p>	<p>End of Semester Patient Information</p> <p>____ # Quads ____ # Points</p> <p>Fluoride yes or no Type _____</p> <p>4341 Root Planing Quads _____</p> <p>4342 Root Planing Tooth # _____</p> <p><input type="checkbox"/> Completed Patient</p> <p><input type="checkbox"/> In Progress</p> <p><input type="checkbox"/> Not Returning</p> <p><input type="checkbox"/> Transferred</p>

Stress reduction protocol:

- Discuss topics that occupy client's mind
 - Talk to client to gain trust, develop rapport
 - Influence client to focus on pleasant experiences
- Consider prescribing an anti-anxiety drug
- Use of nitrous oxide
- Ensure adequate pain control
- Make short appointments, early in the day

Reference for Common Treatment Plan Modifications

Medical Condition or Disease	Treatment Considerations Possible Medical Emergency Alert
Addison's Disease	Hypermelanosis Stress reduction Return chair to upright position slowly due to hypotension Adrenal Crisis
ADHD Attention-Deficit- Hyperactivity Disorder	Reward appropriate behavior Involve patient in process Maintain eye contact/physical contact Short appointments
AIDS/HIV	Premedication may be indicated depending on T-cell count
Alcoholism	Avoid mouthrinses containing alcohol
Allergies	Avoid mouthrinses containing alcohol if xerostomia Anaphylaxis
Amyotrophic lateral sclerosis	Contraindication for ultrasonics
Alzheimer's	Communication and patient management
Anemia	Gingival inflammation and bleeding tendency Bruises easily
Angina pectoris	Aspirin therapy may reduce clotting Nitroglycerin on counter Stress reduction – shorter appointments, AM preferred May be taking calcium channel blockers – gingival enlargement Angina attack
Anticoagulant therapy	Increased bleeding from medications, control bleeding
Anorexia	Develop a trusting relationship
Arteriosclerosis	Defer TX for 3-4 weeks after balloon or laser surgery or coronary bypass Heart attack or stroke
Arthritis	Aspirin therapy may reduce clotting Alternatives to hand brushing and flossing Morning stiffness – PM appointments
Arrhythmias	May be taking calcium channel blockers – gingival enlargement Bradycardia - slowly raise chair, orthostatic hypotension

	Atrial fibrillation - stress reduction protocol Tachycardia – greater than 100 per minute – allow time for patient to relax and check in 5 minutes – possibly defer TX PVC – 5 or more skipped beats per minute is a HIGH RISK for medical emergency Ventricular fibrillation – heart rate is rapid and disordered, call 911 severe MEDICAL EMERGENCY
Aspirin/antiplatelet therapy	Increased bleeding from medications, control bleeding
Asthma	Inhaler on counter Appointments in late morning or late afternoon Avoid aspirin-containing medications Avoid using air polisher or ultrasonic (moderate to severe) Local anesthetic without epinephrine Nitrous oxide may reduce stress Status Asthmaticus
Autism	No ultrasonics or air polishers – frightening No nitrous oxide
Anxiety – severe	Stress reduction protocol
Bell’s palsy	Protect eye on the affected side
Bipolar affective disorder	If taking Lithium, this drug can interact with non-steroidal anti-inflammatory agents used for pain control
Blindness	Demonstrate with touch/feel or smell, not vision
Breast Cancer patient	No treatment during radiation/chemotherapy Use light weight lead shields for radiographs – tenderness of surgery site
Cancer patients	Dental hygiene treatment a minimum of 14 days before beginning cancer treatment (surgery, radiation, or chemo) No treatment during radiation or chemotherapy
Cerebral palsy	For those wheelchairs bound, prepared for wheelchair transfer Patient management Work with an assistant due to uncontrolled reflex movements Contraindications for ultrasonics and air polishers
Cerebrovascular accident (stroke)	If taking anticoagulants, bleeding tendency; manage bleeding If taking corticosteroids, increase susceptibility to infection and less able to withstand stress; stress reduction protocol
Chemotherapy	Defer TX during therapy
Chronic bronchitis	Patient positioning – semi supine No ultrasonic or air polisher if severe Inhaler on counter Respiratory difficulty

Cleft palate	Contraindicated for ultrasonics for Clefts of 3-6 if not surgically closed Care with water for open clefts in palate as water will come out of nose
Cocaine abusers	Defer TX for 6 hours after use Postoperative pain – acetaminophen or ibuprofen Prolonged bleeding during S & RP, control bleeding
Cohen's syndrome	Form of mental retardation, involve caregiver
Congenital heart defects	Consult with physician to determine need for premed Tetralogy of Fallot – requires premed
Congestive heart failure	Semi-supine or upright positions Stress reduction protocol If taking diuretic, possible xerostomia Respiratory difficulty
COPD	Upright position Contraindicated for nitrous oxide Contraindicated for ultrasonics and air polishers
Corticosteroid therapy	Immune suppression with increased risk of infection and poor wound healing; lower tolerance for stress Stress reduction protocol
Crohn's disease	Immune suppression with increased risk of infection and poor wound healing AM appointments during remission
Cushing's syndrome	Immune suppression with increased risk of infection and poor wound healing Extra pillow to compensate for the buffalo hump on shoulders
Cystic fibrosis	Increased susceptibility to infection Patient positioning Contraindicated for ultrasonics and air polishers
Diabetes type 1	Increased susceptibility to infection and poor wound healing Appropriate appointment time in regard to insulin therapy and meals Frequent maintenance appoints Insulin reaction if using insulin
Diabetes type 2	Short dental appointments soon after morning meal Increased risk of infection and poor wound healing Frequent maintenance appointments Contraindication for ultrasonics IF uncontrolled diabetes Minimal use of epinephrine as vasoconstrictors may be capable of raising blood sugar levels Premedication for uncontrolled diabetes or extensive infection Insulin reaction if taking oral hypoglycemic drugs or using insulin

Down's syndrome	Increased risk of infection, leukemia, and hypothyroidism Involve caregiver assistance with daily plaque control self-care No ultrasonic scaler
Ehler-Danlos Syndrome	Defect in collagen and connective tissue synthesis and structure Fragile and hyperplastic skin Hypermobility joints – including TMJ Short appointments
Elderly	Assess ADL Allow patient to set pace of the appointment
Emphysema	Breathing problems, may prefer semi supine If emergency situation, no high concentrations of supplemental oxygen
Endocarditis	History of endocarditis indicates high risk for recurrence from dental procedures - premed
Epilepsy	Dilantin: gingival hyperplasia Stress reduction protocol Document type, frequency, and precipitating factors Seizures
Fibromyalgia	Often have TMJ disorders Shorter appointments
GERD	Erosion of teeth Drugs for GERD may interact with antibiotics, analgesics
Glaucoma	Avoid drugs that increase ocular pressure (i.e., atropine {used to inhibit salivation})
Goiter	Slowly recline or upright chair as goiter may cause dizziness or syncope
Graves' disease	Epinephrine given to hyperthyroid patient could cause the medical emergency thyroid storm
Hearing impaired	Remove mask when speaking with the patient Turn down hearing aids during ultrasonic use
Heart attack	Defer TX for 6 months Semi-supine position Avoid ultrasonic for those with pacemaker Nitroglycerin on counter Stress reduction protocol
Hemophilia	Hemorrhage from dental procedures – care in controlling bleeding Contraindicated for aspirin
Hepatitis B	Infection, bleeding, and delayed wound healing
Hepatitis C	Infection, bleeding, delayed wound healing
High blood pressure	If taking diuretic, possible xerostomia

	<p>If taking calcium channel blockers, possible gingival enlargement</p> <p>Cerebrovascular accident or MI</p>
Huntington's Disease	<p>Progressive dementia</p> <p>Assist patient with walking if needed</p> <p>Tremors</p> <p>Contraindicated for ultrasonic scaler</p>
Hydrocephalus	<p>From excessive accumulation of fluid in the brain</p> <p>Premedication is ventriculoatrial shunt</p> <p>Seizures</p>
Hyperthyroidism	<p>Exaggerated response to vasopressors – minimum concentrations of epinephrine</p> <p>Thyroid storm</p>
Hyperparathyroidism	<p>Irritability of nerve and muscle tissues causing weakness</p> <p>Limit dietary intake of calcium – do not recommend in dietary counseling</p>
Hypoparathyroidism	<p>Numbness, tingling of fingertips and toes</p> <p>Replacement of calcium and Vitamin D</p>
Hypothyroidism	<p>Cold intolerance – be aware of temperature</p> <p>CNS depressant drugs can pose a risk for Myxedema coma</p>
Joint replacement	<p>Consult with orthopedic surgeon when indicated</p>
Kidney disease, chronic	<p>Salt restrictions</p> <p>Increased susceptibility to infection</p> <p>Stress reduction protocol as less able to withstand stress</p> <p>Bleeding tendency – control bleeding</p> <p>Toxic accumulation of drugs including local anesthesia due to poor elimination</p>
Kidney dialysis	<p>Seeing day between dialysis</p> <p>Medical consultation</p> <p>Salt restrictions</p> <p>Increased susceptibility to infection</p> <p>Stress reduction protocol as less able to withstand stress</p> <p>Bleeding tendency – control bleeding</p> <p>Toxic accumulation of drugs including local anesthesia due to poor elimination</p>
Latex allergy	<p>Avoid latex products</p> <p>See early in day so less latex suspended in air</p>
Leukemia	<p>Medical consultation</p> <p>Bleeding tendency – control bleeding</p> <p>Periodontal disease – need for excellent self-care</p> <p>Immune compromised</p>
Liver disorder	<p>Infection, bleeding, delayed wound healing</p>

Lupus erythematosus	Increased susceptibility to infection due to compromised immune system Adrenal crisis
Marfan's disease	High vaulted palate, Class III prognathic, long/narrow teeth Premedication
Meniere's disease	Medications may cause xerostomia Hearing loss in affected ear Dizziness; raise chair slowly from supine position Might need assistance in walking due to dizziness
Mental disorders	Stress reduction protocol Xerostomia due to medication Avoid mouth rinse containing alcohol
Mitral valve prolapse	Possible premedication
Mononucleosis	Infectious disease in active state – defer TX
Multiple myeloma	Antibiotics may be indicated to control or reduce the incidence of infection
Multiple sclerosis	Early symptoms of MS are trigeminal neuralgia May have difficulty keeping mouth open for long appointments Short AM appointments Semi-supine Room temperature – heat trigger for periods of exasperation
Muscular dystrophy	Muscle weakness and range of motion decreases Bite block for lack of muscle control Safety glasses – may not be able to close eyelids tightly Lubricate lips if dry with non-petroleum product May be wheelchair bound – prepared for wheelchair transfer Alternative to hand brushing and flossing
Myasthenia gravis	Droopy eyes – provide protective eyewear Myasthenia crisis – unable to clear secretions from throat
Narcolepsy	Be alert for sudden episodes of sleeping Stress may cause cataplexy (sudden loss of muscle tone) resulting in slurred speech or total physical collapse
Non-Hodgkin's lymphoma	Swollen lymph nodes may be only sign of condition in early phase
Oral/head and neck cancer	Medical consultation – possible premedication Xerostomia may be present from either radiation treatment or medications Increased susceptibility to infection Risk of dental caries due to radiation
Organ transplant	Extra precautions to avoid infections Possibly taking cyclosporine – gingival enlargement Adrenal insufficiency

Osteoporosis	Lower dosage for radiographs if severe osteoporosis May be taking bisphosphonates – risk for osteonecrosis
Pacemaker	Avoid use of ultrasonic devices, pulp testers
Parkinson's disease	Assist patient with walking Swallowing difficulties – care with water and suction appropriately
Panic disorder	Stress reduction protocol
Peripheral arterial disease	Short appointments and frequent walking breaks
Pregnancy	Avoid aspirin, NSAIDS Lay on left side Use lead shield if need to take radiographs
Raynaud's disease	Be aware of temperature – sensitivity to cold
Rheumatic heart disease	If taking prednisone or another corticosteroid, increase susceptibility to infection Adrenal crisis
Rheumatoid arthritis	If patient taking corticosteroids, susceptibility to infection If joint replacement, may require premedication Adrenal crisis
Schizophrenia	Paranoid, feels threatened, apprehensive Those taking medication as directed, usually well control May be drowsy or react slowly to requests or questions
Scleroderma	Tooth mobility is common Sensitive to cold and dampness Contraindicated for removable appliances
Sexually transmitted diseases	Refer to physician and postpone treatment when oral lesions or other signs suggest infection
Sickle cell anemia	At greater risk for infection due to sickle cell damage Contraindication for aspirin Contraindicated for epinephrine
Sjogren's syndrome	Difficulty wearing dentures Severe xerostomia Mouthrinses without alcohol to prevent drying of tissues
Spina bifida	Latex allergy Autonomic dysreflexia
Spinal cord injuries	Assess level of ability Decubitus ulcers

Thrombophlebitis	Consult with physician regarding anticoagulant therapy due to blood clot inflammation in one or more veins and risks for hemorrhage
Tourette's syndrome	Patient management if tics are not controlled
Trigeminal neuralgia or Tic Douloureux	Sudden, brief, severe shooting pains usually on right side of face May be taking phenytoin – gingival enlargement
Tuberculosis	Defer TX if active TB (symptoms: chronic cough, fever, night sweats, weight loss, flu-like symptoms) Patients take medication for up to 6 months Usually not contagious after 3 weeks of medication and patient not in coughing stage
Von Recklinghausen's disease – Neurofibromatosis	Café au Lait spots Susceptible to hypotension Slowly return to upright position

Medical Consultation Request Protocol

Medical consults may be requested by a supervising faculty and the assigned student as a result of complications in the patient's medical history during the patient intake visit or the course of treatment. With the dentist, the student will complete the medical consultation request form in AxiUm. Once generated, the request form is printed and faxed to the appropriate medical facility for a response. When the response is received, the clinical staff will then scan the Medical Consultation into AxiUm.

Medical Consultation (AxiUm)

Chart | In Progress | Tx History | Forms | Attachments | Perio | Tx Plans | Labs | Medications |

Change Date: 07/12/2016 Last Appr.

Med Cons Request

Form Question Answer

Medical Consultation Request

Reason for consultation
Our mutual patient has advised us of the following medical condition(s):

His/her dental treatment may include (check all that apply):

Please provide most recent lab results and medication list for our mutual patient.
Specific question(s) to be addressed

Physician response
AHA/AOS antibiotic prophylaxis recommendations are appropriate or should be modified as noted below.
Your prompt reply will help us proceed with the necessary care
Thank you

EPR Question Details - Checklist

His/her dental treatment may include (check all that apply):

OK
Cancel

Options	Info
<input type="checkbox"/> Low-risk dental care (e.g. cleaning, sealants, small fillings)	
<input type="checkbox"/> Dental procedures with moderate risk of transient bacteremia	
<input type="checkbox"/> Dental procedures with risk of pain	
<input type="checkbox"/> Dental procedures with moderate risk of soft tissue bleeding	
<input type="checkbox"/> Dental procedures with risk of long procedure time	
<input type="checkbox"/> Intraoral surgery involving soft tissue	
<input type="checkbox"/> Intraoral surgery involving bone	
<input type="checkbox"/> Intraoral surgery involving dental extractions	
<input type="checkbox"/> Local anesthesia with epinephrine	
<input type="checkbox"/> Local anesthesia without epinephrine	
<input type="checkbox"/> Moderate sedation	
<input type="checkbox"/> Deep sedation or general anesthesia	
<input type="checkbox"/> Other	

Add Info

Dental History Protocol

A dental history shall be recorded in AxiUm for each patient at their first appointment (initials and recares) unless update is needed. A client's response of "yes" indicates the need to ask further questions and to document the client's responses. Some responses are lengthy in nature; if additional space is needed, document in the progress notes. Dental history shall be completed before the medical history check-in.

Dental History Protocol

- A dental history shall be completed on all patients.
- A parent or legal guardian may be asked the dental history questions for those under 18 years of age.
- The electronic version is similar to the form below.



Patient Name: _____
Last First Middle Initial
Windent ID: _____

Today's Date _____
Date of Birth: _____

What is the reason for the dental visit today?	EXAMINATION	EMERGENCY	CONSULTATION	PROCEDURE
Please state any questions or concerns about dentistry or the patient's dental health:				
Please describe the current dental problem:				
Date of the last dental visit (Month/Year): ____/____/____				
What was done at that time? EXAMINATION EMERGENCY CONSULTATION PROCEDURE				
Date of the last dental exam (Month/Year): ____/____/____				
Date of the last dental cleaning (Month/Year): ____/____/____				
Date of the last dental x-rays (Month/Year): ____/____/____				
How often does the patient have a dental check up?	MONTHS	YEARLY	EVERY OTHER YEAR	NOT AT ALL
Is the patient currently experiencing dental pain or discomfort?	YES	NO		
If yes, specify where:	UPPER RIGHT	UPPER LEFT	LOWER RIGHT	LOWER LEFT
Has the patient ever had a serious injury to the head or mouth?	YES	NO		
Has the patient ever had any problems associated with previous dental treatments?	YES	NO		
If yes, please specify:				
Are the patient's teeth sensitive to cold, hot, sweets, or pressure?	(Specify): COLD	HOT	SWEETS	PRESSURE
If yes, specify where:	UPPER RIGHT	UPPER LEFT	LOWER RIGHT	LOWER LEFT
Does the patient have problems with eating ?	YES	NO		
If yes, please specify:	UPPER RIGHT	UPPER LEFT	LOWER RIGHT	LOWER LEFT
Does the patient have swelling in or around the mouth, face, or neck?	YES	NO		
(Specify):	MOUTH	FACE	NECK	
Does the patient have loose teeth?	YES	NO		
(Specify):	UPPER RIGHT	UPPER LEFT	LOWER RIGHT	LOWER LEFT
Does the patient have bad breath, metallic taste, or unpleasant taste?	YES	NO		
(Specify):	BAD BREATHE	METALLIC TASTE	UNPLEASANT TASTE	
Does the patient have headaches, earaches, or neck pains?	YES	NO		
(Specify):	HEADACHES	EARACHES	NECK PAIN	
Does the patient have any clicking/popping, discomfort, or limited opening in the jaw?	YES	NO		
(Specify):	CLICK/POP	DISCOMFORT	LIMITED OPENING	
Does the patient clench, brux, or grind their teeth?	YES	NO		
(Specify):	CLENCH	BRUX/GRIND	BOTH	
Does the patient have sores or ulcers in their mouth?	YES	NO		
Has the patient lost any teeth other than through extractions?	YES	NO		
Does the patient have a history of tooth extractions or oral surgery?	YES	NO		
If Yes, please describe:				
Has the patient had any periodontal (gum) treatments?	YES	NO		
Does the patient have bridges or wear dentures or partials?	YES	NO		
(Specify):	BRIDGES	DENTURES	PARTIALS	
Has the patient ever had root canal treatment?	YES	NO		
Has the patient ever had orthodontic (braces) treatment?	YES	NO		
If yes, date of last visit:				
Does the patient use tobacco products	YES	NO		
If yes, please specify:	CLICK/POP	CIGARS	SMOKELESS TOBACCO	
Does the patient participate in active recreational activities or sports?	YES	NO		
Is the patient unhappy with their smile or the appearance of their teeth?	YES	NO		
Is the patient worried about losing teeth?	YES	NO		
Has the patient had trouble with previous dental treatment ?	YES	NO		
If yes, please specify:				
Will the patient be able to cooperate for dental treatment?	YES	NO		
Has anyone in the family received orthodontic treatment?	YES	NO		
Did or currently does the patient have any of the following habits?	PACIFIER	LIP SUCKING	CONSTANT MOUTH BREATHING	
	TONGUE THRUSTING		THUMB OR FINGER SUCKING	
	NAIL BITING	GRINDING TEETH	CLENCHING TEETH	

Has the patient expressed that they are afraid to go to the dentist?	YES	NO
If yes, how afraid on a scale of 1-10 1 being the least scared	1, 2,3,4,5,6,7,8,9,10	
Does the patient have any obstacles to cleaning or caring for their teeth?	YES	NO
Does food or floss catch between teeth?	YES	NO
Has the patient had a local anesthetic for dental purposes?	YES	NO
If yes, has the patient experienced any problems?	YES	NO
If yes, please specify:		
Sub set of additional questions:		
Does the patient have a history of emotional or behavioral conditions?	YES	NO
If yes, please describe how it might affect treatment and what accommodations may be needed:		
Has the patient ever been diagnosed with Obstructive Sleep Apnea?	YES	NO
Sub question of above Is the patient currently using a CPAP?	YES	NO
are Jaw size, jaw shape, missing teeth)	YES	NO describe

I certify that the above information is complete and accurate to the best of my knowledge. I understand that providing incomplete or inaccurate information may negatively influence my treatment and my treatment results.

Print Name: _____ Signature: _____
Last First Middle Initial

Relationship to patient (if patient not legally able to give consent): _____ Date: _____

Completing Forms

What is the reason for the dental visit today?

Examination, emergency, consultation, procedure

Please describe the current dental problem.

Date of the last dental visit (month/year)

Date of the last dental x-rays (month/year). Type? BWX, FMX, PAN, PA

How often does the patient have a dental check-up?

Is the patient currently experiencing dental pain or discomfort? Yes/no

Has the patient ever had a serious injury to the head or mouth? Yes/no

Has the patient ever had any problems associated with previous dental treatment?

Are the patient's teeth sensitive to cold, hot, sweets, or pressure?

Does the sensitivity last for more than 5 minutes?

What relieves the sensitivity?

(Identifies area of concern: possible decay, periapical or periodontal abscess, root sensitivity, occlusion discrepancies).

Does the patient have problems with eating?

(This helps identify patients that may have difficulty eating due to xerostomia. Those patients may be at risk for decay or periodontal disease.)

Does the patient have swelling in or around the mouth, face, or neck?

Does the patient have loose teeth?

Does the patient have bad breath, metallic taste, or unpleasant taste?

Does the patient have headaches, earaches, or neck pains?

Does the patient have any clicking/popping, discomfort, or limited opening in the jaw?

Does the patient clench, brux, or grind their teeth?

Does the patient have sores or ulcers in their mouth?

Has the patient lost any teeth other than through extractions?

Does the patient have a history of tooth extractions or oral surgery?

Has the patient had any periodontal (gum) treatments?

(This helps to identify a patient's understanding of periodontal health).

Does the patient have bridges or wear dentures or partials?

Has the patient ever had root canal treatment?

Has the patient ever had orthodontic (braces) treatment?

Does the patient use tobacco products?

Does the patient participate in active recreational activities or sports?

Is the patient unhappy with their smile or the appearance of their teeth?

(This question allows for the patient to express their desires about their oral health. They may be interested in orthodontics but felt they were too old. They may be interested in whitening their teeth.)

Is the patient worried about losing teeth?

Has the patient had trouble with previous dental treatment?

Will the patient be able to cooperate for dental treatment?

Has anyone in the family received orthodontic treatment?

Did or currently does the patient have any of the following habits?

Pacifier, lip sucking, constant mouth breathing, tongue thrusting, thumb or finger sucking, nail biting, grinding teeth, clenching teeth

Has the patient expressed that they are afraid to do to the dentist?

If yes, how afraid on a scale of 1-10 (1 being the least scared)?

Does the patient have any obstacles to cleaning or caring for their teeth?

Does food or floss catch between teeth?

(This helps identify fault restorations, faulty contacts, food traps that may lead to periodontal defects.)

Has the patient had a local anesthetic for dental purposes?

If yes, has the patient experienced any problems?

Does the patient have a history of emotional or behavioral conditions?

If yes, please describe how it might affect treatment and what accommodations may be needed.

Has the patient ever been diagnosed with Obstructive Sleep Apnea?

If the patient currently using a CPAP?

Does the patient have abnormal jaw size, jaw shape or missing teeth?

FACULTY CHECK/ASSISTANCE PROTOCOL

The student shall follow protocol for faculty assistance as follows:

1. Necessary paperwork must be completed and laid out in proper order.
2. The bracket table and light are to be accessible for faculty.
3. The bracket table is to be cleared of all used sponges, floss, disclosing solutions, etc.
4. Clean sterile sponges must be available and accessible.
5. Instruments are to be in an orderly fashion.
6. The mirror face is to be properly washed and dried.
7. When the faculty enters the cubicle, arise immediately from the stool, and state the request. Use correct terminology (tooth number, surface or line angle, appropriate anatomy).
8. Introduce the patient to the faculty.
9. Do not pass instruments to faculty unless specifically asked to do so. Listen attentively and carefully to faculty feedback.
10. Record scaling or plaque removal areas on the grade sheet as directed.

Intra/Extra Oral Examination

Each initial patient shall have a complete head and neck examination (thorough evaluation and recording of the extraoral and intraoral hard and soft tissues). All areas as listed in AxiUm for the extra examination and intra examination shall be recorded. Student must describe the nature of assessment using dental terminology. Within normal limits (WNL) is NOT acceptable and shall not be used. The instructor shall evaluate and approve the head and neck evaluation in AxiUm and award a grade on the student grade sheet for the I/E exam.

At each subsequent visit, each patient shall have an updated extra/intra oral examination reassessment. New findings shall be recorded in AxiUm under the intra oral examination or extra oral examination. Any lesions that is no longer present shall be recorded in the progress notes.

Lesions

Any lesion or tissue other than normal health shall be described by name (if known), location, shape, and size. If the student or instructor cannot “name” the findings, the supervising dentist shall be asked to determine if the patient should be referred for further evaluation or reevaluated at a subsequent visit.

If the lesion is first noted at the first of a series of visits and the supervising dentist suggests that the lesion is most likely not pathologic in nature, the lesion may be rechecked at a subsequent visit. If the lesion is noted at the last visit and the supervising dentist suggests that lesion is most likely not pathologic in nature, the patient shall be scheduled for a 15-minute CHECK APPOINTMENT in two weeks to determine if the lesion has resolved. This is not for obvious lesions such as a cheek bite. At the check appointment if the lesion has not resolved, the patient shall be referred to oral pathology for further evaluation.

If a suspicious lesion is noted, a description of the lesion shall be documented in the progress notes. The patient shall be given a referral form for oral pathology and instructed to call to schedule an evaluation appointment. The student assigned to this patient shall call the patient in two weeks to follow-up regarding the patient’s compliance with scheduling the appointment. The telephone conversation shall be documented in the progress notes of both the OSU and CSCC chart.

The format of the Intra/Extra oral examination is very similar to the older paper version. The paper versions remain in this handbook as examples of appropriate terminology to describe each area.

Screen shots of the Intra/Extra oral examination are as follows:

Form Question	Answer	Date
Occupation	Student	06/06/2016
General Appearance	apparently well	06/06/2016
Head	symmetrical	06/06/2016
Skin	even color	06/06/2016
Eyes	clear sclera, no glasses today	06/06/2016
TMJ	slight deviation L upon extreme opening no popping or clicking felt	06/06/2016
Neck	symmetrical, non palpable, non-tender	06/06/2016
Lymph Nodes	non palpable, non-tender	06/06/2016
Salivary Glands	non palpable, non-tender	06/06/2016
Lips	smooth, distinct vermillion border	06/06/2016
Oral Pathology alert	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Don't Know <input checked="" type="radio"/> Unanswered	

Form Question	Answer	Date
Labial Mucosa	smooth, bilateral nodes posterior to labial commissures 2x2	06/06/2016
Buccal Mucosa	distinct linea alba bilateral	06/06/2016
Palate	slight palatal tons	06/06/2016
Tonsils/oropharynx	not present	06/06/2016
Tongue	slight scalloping	06/06/2016
Floor of the mouth	vascular, mandibular tori bilateral	06/06/2016
Salivary Glands	functioning, non-tender	06/06/2016
Alveolar Process	no exostosis	06/06/2016
Gingiva	generally pink (deeper pink in anterior) slightly spongy/firm pyriform (enlarged b/w 8&9 L - nom) localized stippled	06/06/2016
Teeth	28 teeth present (missing 1, 16, 17, 32)	06/06/2016
Occlusion	Class I throughout OB: 50% OJ: 3mm	06/06/2016
Oral Hygiene	Fair	06/06/2016

Oral Hygiene	Fair	06/06/2016
Oral pathology alert		

Gingival Description

Gingival Description: **Health** **Disease:**

Color	Coral pink Pigmented	Bright red Red Bluish-red (Cyanotic) Pale white
Consistency	Firm Resilient	Edematous (soft or spongy) Fibrotic Retractable
Texture	Smooth Stippled	Fibrotic Shiny Hyperkeratotic
Contour	Marginal Knife edged Flat Papillae Pointed Pyramidal	Marginal Rolled or rounded Clefted Festooned Papillae Bulbous Blunted Cratered

Record the gingival description on the CSCC student record.

Gingival Tissues: Include severity, location (generalized or localized) and distribution of each of the following: Color _____ Consistency _____ Contour _____ Texture _____

The Three C's of Gingival Description

Color: The color of the gingiva may vary depending on vascular supply, thickness and degree of keratinization of the epithelium, degree of gingival health, and the presence of melanin pigmentation. The color may also vary depending on the location of the epithelium: attached, unattached gingiva, or alveolar mucosa.

Healthy Gingiva

- Knife-edged marginal pink gingiva
- Pink in color
- Pointed papillae filling interproximal space
- Moderately scalloped contours
- Surface stippling
- Well demarcated mucogingival junction

Acute Gingivitis

- Severe inflammation of the gingival margin
- Rolled and bulbous interproximal papillae
- Erythema does not involve entire band of keratinized gingiva
- Very heavy bleeding with probing

Chronic Gingivitis

- Slightly inflamed gingiva
- Dark pink to a bluish-purple color interproximally and marginally
- Dark color usually associated with subgingival calculus
- Generalized bleeding upon probing

Pigmented Gingiva

- Dark, racial pigmentation of varying degree
- Limited usually to the band of keratinized gingiva
- Color is associated with melanin

Consistency: The consistency of the gingiva varies on the degree of health, density, and firmness of the tissue.

Firm and Resilient

- Attached gingiva is firmly bound to underlying bone

- Unattached gingiva resilient under compression
- Stippling may/may not be present

Edematous

- Attached gingiva is firmly bound to underlying bone
- Unattached gingiva resilient under compression
- Stippling may/may not be present

Retractable

- Tissue is flaccid
- Tissue is readily displaced from the neck of the tooth
- Papillae and margins can be retracted by a blast of air

Spongy

Gingiva is soft, erythematous, and flaccid

- Tissue is not resilient to compression

Contour: The contour or shape of the gingiva varies considerably depending on the shape of the teeth, their alignment in the arch, the location and size of the area of the proximal contact, the dimensions of the facial and lingual gingival embrasures, and the degree of gingival health.

Pointed Pyramidal Gingiva

- Tissues are pink and firm
- Gingiva is stippled with interproximal embrasure spaces filled with normal pointed papillae
- knife-like, scalloped

Blunted

- Chronic inflammation
- Moderate bone loss
- Loss of interproximal papilla height
- Papillae are flat with subsequent interproximal space apical to tooth contact areas

Bulbous

- Enlarged interproximal papillae
- Papillae appear to be "squeezed out" of the embrasure space
- Usually a result of severe edema
- May become chronic and firm with long standing inflammation

Clefted

- Narrow "slit" in the keratinized gingiva
- Usually associated with root position in the arch and vigorous oral hygiene
- Not associated with occlusal forces as once thought

Rolled

- Severe thickening of gingival margin associated with inflammatory edema at the neck of the tooth
- May lead to bleeding of the gingival tissues

Festooned

- Exaggerated rolling of the free gingival margin
- Usually associated with plaque induced inflammation

Cratered

- Interproximal loss of papillae with subsequent facial and lingual margins of gingiva remaining
- Gingival tissue appears "scooped-out" with a depression in mid-proximal area

- Often a consequence of acute necrotizing ulcerative gingivitis
- Such contours make plaque removal difficult

Texture:

Healthy: smooth (free gingiva), stippled (attached)

Diseased: loss of stippling, shiny, fibrotic, hyperkeratinized

Location:

Generalized or localized

Distribution:

Diffuse, Marginal, or Papillary

Severity:

Slight, Moderate or Severe

PSR

PSR Code	Color Band	Criteria
0	Fully visible <3.5 mm	No calculus, defective margins or bleeding
1	Fully visible <3.5 mm	No calculus or defective margins Bleeding after gentle probing
2	Fully visible <3.5 mm	Supra- and/or subgingival calculus (subgingival should be “clickable” Defective margins of restorations
3	Partially Visible 3.5-5.5 mm	Calculus, defective margins and/or bleeding may be present
4	Not Visible >5.5 mm	Calculus, defective margins and/or bleeding may be present
*	Any notable features Such as:	Mucogingival problem Furcation involvement Mobility Marked recession areas (≥ 3.5 mm)

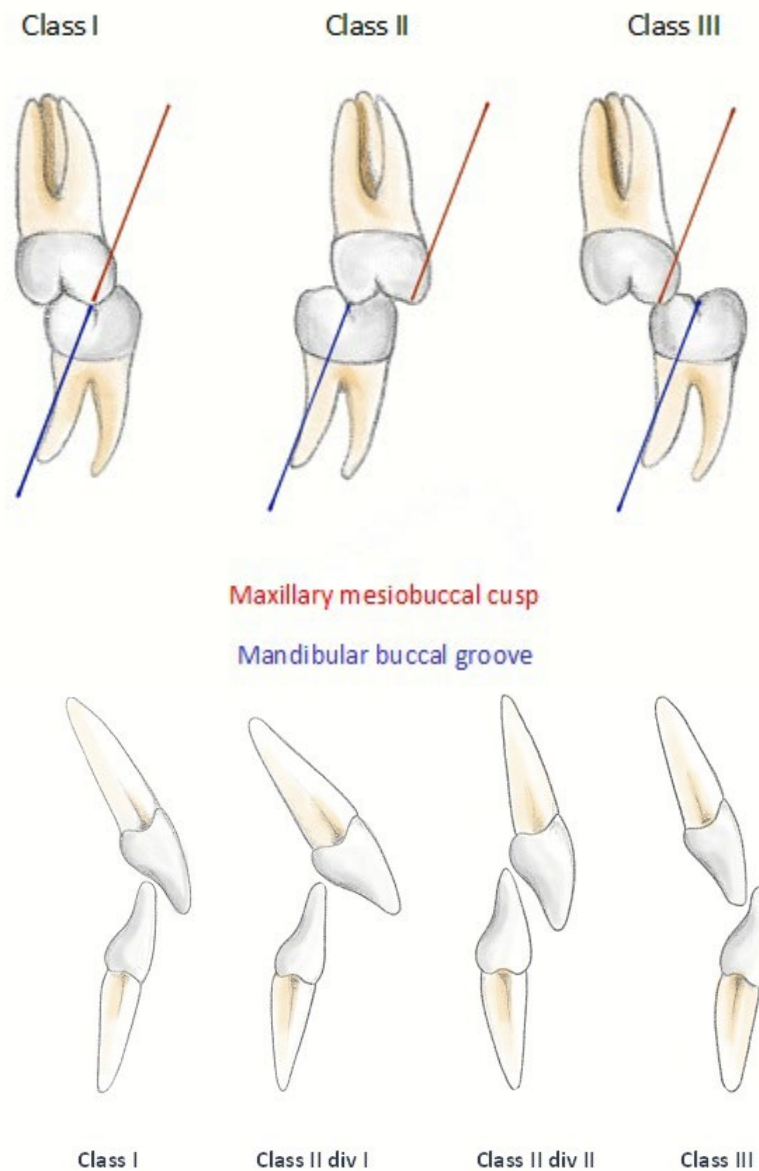
The student will complete a PSR probing once a year for *all* patients age 14 to 17. For patients with PSR scores of 0, 1, or 2, the PSR probing is sufficient probing. If a PSR score for a patient is 3, 4 or * is obtained, a full mouth periodontal chart is required (charted on periodontal maintenance form). A PSR probing will be performed at any time per faculty request.

OSU Plaque

An OSU Plaque score is to be completed on all initial and recare patients during Assessment II for the following semesters: Clinic I, II, and III. All initial patients require a OSU Plaque score during Clinic IV.

Occlusion

Occlusion shall be assessed and recorded. In AxiUm, the occlusion is recorded on the intra oral examination. The student shall record Classification of Occlusion for molars and cuspids and the Division of 1 or 2 for those with Class II occlusion. The student shall also indicate the percentage of overbite and mm of overjet.



Oral Hygiene

Each patient's oral hygiene shall be classified according to the chart below as part of the I/E examination. The oral hygiene shall be recorded on the I/E form. It is also recorded on the CSCC record.

AAP Case Type	
OH	
Treatment Class	

Classification	Description
Excellent	Little or no detectable plaque.
Fair	Detectable plaque along the gingival third and interproximal areas of the teeth, including pits and fissures, and exposed cemental areas.
Poor	Gross accumulation of plaque, also may include accumulation of material alba and food debris.

Radiographs

Need for Radiographs

The student shall determine the need for radiographs following the Guidelines for Prescribing Radiographs. This will be discussed with dentist and DHY faculty.

Guidelines for Prescribing Radiographs

TABLE 12-4 GUIDELINES FOR PRESCRIBING DENTAL RADIOGRAPHS					
The recommendations in this chart are subject to clinical judgment and may not apply to every patient. They are to be used by the dentist only after reviewing the patient's health history and completing a clinical examination. Because every precaution should be taken to minimize radiation exposure, protective thyroid collars and aprons should be used whenever possible. This practice is strongly recommended for children, women of childbearing age and pregnant women.					
TYPE OF ENCOUNTER	CHILD WITH PRIMARY DENTITION (before eruption of first permanent tooth)	CHILD WITH TRANSITIONAL DENTITION (after eruption of first permanent tooth)	ADOLESCENT WITH PERMANENT DENTITION (before eruption of third molars)	ADULT, DENTATE OR PARTIALLY EDENTULOUS	ADULT, EDENTULOUS
New Patient (see Table 12-4A) being evaluated for dental diseases and dental development	Individualized radiographic exam consisting of selected periapical/occlusal views and/or posterior bitewings if proximal surfaces cannot be visualized or probed. Patients without evidence of disease and with open proximal contacts may not require a radiographic exam at this time	Individualized radiographic exam consisting of posterior bitewings with panoramic exam or posterior bitewings and selected periapical images	Individualized radiographic exam consisting of posterior bitewings with panoramic exam or posterior bitewings and selected periapical images. A full mouth intraoral radiographic exam is preferred when the patient has clinical evidence of generalized dental disease or a history of extensive dental treatment		Individualized radiographic exam, based on clinical signs and symptoms
Recall Patient (see Table 12-4A) with clinical caries or at increased risk for caries (see Table 12-4B)	Posterior bitewing exam at 6–12 mo intervals if proximal surfaces cannot be examined visually or with a probe			Posterior bitewing exam at 6–18 mo intervals	Not applicable
Recall Patient (see Table 12-4A) with no clinical caries and not at increased risk for caries (see Table 12-4B)	Posterior bitewing exam at 12–24 mo intervals if proximal surfaces cannot be examined visually or with a probe		Posterior bitewing exam at 18–36 mo intervals	Posterior bitewing exam at 24–36 mo intervals	Not applicable
Recall Patient with periodontal disease (see Table 12-4A)	Clinical judgment as to the need for and type of radiographic images for the evaluation of periodontal disease. Imaging may consist of, but is not limited to, selected bitewing and/or periapical images of areas where periodontal disease (other than nonspecific gingivitis) can be identified clinically				Not applicable
Patient for monitoring of growth and development	Clinical judgment as to need for and type of radiographic images for evaluation and/or monitoring of dentofacial growth and development		Clinical judgment as to need for and type of radiographic images for the evaluation and/or monitoring of dentofacial growth and development. Panoramic or periapical exam to assess developing third molars	Usually not indicated	

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The student shall develop a treatment plan of their proposed assessment of the patient's radiographic needs. If the instructor agrees with the student's proposed treatment plan, the faculty will approve the treatment plan. Then the patient will be asked to sign the treatment plan. If the faculty disagrees with the students proposed plan, after a discussion and agreement, the faculty will approve the revised treatment plan.

The student will also record their proposed determination for radiographs on the front of the CSCC student record.

Radiographs: Yes/No

Type Recommended	Reason needed or not needed

of Retakes Faculty Int Retake reason

--	--	--

Contraindications for Radiographs

If there is a contraindication for taking for radiographs, the reason should be listed on the front of the CSCC chart. Contraindications would include: recent radiographs that are available (indicate type and date), pregnancy, or a patient undergoing radiation therapy. For patients requesting no x-rays, the supervising dentist must approve whether the appointment may be continued without the radiographs.

Current Radiographs

Patients that have current radiographs are encouraged to bring the radiographs to their appointment or have digital radiographs sent to OSU radiology. If images are being sent they go to the following email address (radiology@osu.edu) they must include the patients name, date films were taken, birthdate, and the providers information (student clinician's name) Students may continue to see a patient who has forgotten to bring the radiographs for the first appointment only with the supervising dentist's permission.

Radiology Department

Students are to sign-in (name and time of arrival) upon arriving in Radiology. Students need to indicate that radiograph consent was signed by faculty and patient.

[illegible]

Students also need to complete the OSU radiology form.

[illegible]

Indicate the number of films to be exposed. If exposing an FMX, it would be recorded as 4 BW, and 16 PA. The number of retakes shall also be recorded.

Students will present the radiology faculty with the patient chart indicating the specific radiography needs. The radiology faculty will dispense the needed beam aligning devices. The student shall also complete the OSU radiology form indicating the student's name, patient number, and number of radiographs to be exposed.

The student shall set up the radiology room following infection control guidelines.

After radiographs have been exposed,

The student shall show the instructor the images (in the operatory) to see if retakes need to be completed. Retakes are taken at this point with assistance from instructor.

The student then needs to follow infections control guidelines to tear down the room.

The student shall wear eye protection, mask and gown while exposing radiographs.

Radiographs shall be determined by patient need. (See Guidelines for Radiographic Needs).

Guidelines for Retakes

Retakes shall be taken only if determined by an instructor to be necessary for diagnosis. Anything outside of the standard protocol also has to be approved by the dentist. Students MUST have an instructor assist with retaking the radiographs. The number of retakes exposed shall be recorded on the Daily Log, front of the CSCC student record, and radiology technique grade sheet. The reason for retakes shall be indicated on the front of the CSCC student record. If the retake is taken on a different date than the original exposure, the fee for the retake shall be listed in AxiUm as no charge.

Retakes shall be limited to a maximum of four additional exposures and will be authorized by the CSCC Dental Hygiene Faculty. In excess of four retakes, the supervising dentist must approve each additional exposure prior to exposing. Deleting **radiographic images without the permission of the dental hygiene faculty will be considered academic fraud.** This is a serious offense. A student found in violation will face formal proceedings through Academic Conduct which may result in dismissal from the Dental Hygiene Program. Taking unnecessary radiographic images is committing undue harm to the patient.

Radiographic Exposure

Students are encouraged to use the Rinn system for exposing periapical films. Patients and students shall not hold the radiograph in place with fingers to avoid unnecessary radiation exposure. Every patient shall have a lead apron to protect from radiation exposure. Infection control guidelines must be followed.

Students are required to submit one set of bitewing (tabs) each semester. Students are also required to submit one FMX for each semester.

Taking Radiographs on Another Student's Patient

After a student has completed their radiographic requirement, a student may offer another student the opportunity to take radiographs for the patient. The student taking the radiographs shall review the medical history and review the assessment need for radiographs before exposing the radiographs. The student taking the radiographs shall use a radiograph technique/interpretation grade sheet. The student exposing the radiographs will log in MiPacs indicating the student responsible for exposure of the radiographic images. The student to which the patient is assigned shall indicate on the front of the CSCC student record and in the progress notes the name of the student who exposed the radiographs.

Guidelines for Retakes

Guidelines for Assessing Diagnostic Acceptability of Radiographs (Need for Retakes)

Background Statement

The philosophy underlying the guidelines is based on "ALARA" (as low as reasonably achievable) and "Benefit versus Risk" principles. The following are guidelines for prescribing retakes. However, the final determination must be based on individual patient characteristics and the principles stated above. The goal is to expose a minimal number of high-quality radiographs as needed to determine and support the assessment, planning, implementation, or evaluation processes of dental care.

General Guideline:

If there is an area of a given tooth that is not visible and/or not depicted in reasonable accurate horizontal / vertical dimensions on one radiograph but is clearly depicted on another film in the series, a retake should not be recommended.

Special Guidelines:

Bitewings:

- Premolar bitewings should include the distal of the canine to ensure that the mesial surface of both mandibular and maxillary premolars can be visualized.
- Horizontal angulation (overlap) should be limited to 1mm or less as measured with a periodontal probe.

Periapicals:

- Each periapical should include the root apex (apices) of the teeth being radiographed plus 2-3 mm beyond the apex.
- For maxillary canines, overlap (or superimposition of the lingual cusp of the first premolar may occur, but should not extend into the pulp of the canine. Bone surrounding the root structure should be seen in at least one film.

Third Molars:

- (Based on instructor judgement) – If it is determined that it is nearly or impossible to get the third molar(s) in periapical exposures due to oral architecture, gag reflex, etc., a panoramic film may be considered over a periapical retake.
- If third molars are absent, a minimum of at least the equivalent to one-half the width of a molar amount of bone should be visible distal to the second molar.

Panoramic:

- Overall, the radiograph should support the diagnostic processes of assessing health and disease in conjunction with professional dental care
- Significant orofacial structures should be present and unobstructed.
- Technique must result in structural dimensions which provide useful diagnostic information.

Department Policies:

- Assessment of the diagnostic quality of radiographs must be made in conjunction with a clinical instructor (hygienist or dentist). Retakes must be noted in the treatment record. No more than four (4) retakes should be taken on any patient unless clearly arguable for the clear benefit of the patient. Retakes should be exposed under direct supervision of an instructor or with permission of an instructor (in later semesters).

Radiographic Technique Grade Sheet

(The evaluation of radiographic technique shall be determined in Radiology with the radiology instructor.)

Columbus State Community College/ Dental Hygiene
Radiographic Technique/1861

Instructor _____
of retakes _____

Student Name _____ Date _____ Patient Name _____ Age _____

If patient assigned to another student, student's name: _____

TOTAL ERRORS _____

TECHNIQUE GRADE _____

Rinn
Tab _____

Process Criteria

- ☐ Student causes undue trauma or harm (critical error) ☐ Student exceeded the allowable number of retakes (critical error) ☐ Unacceptable patient management
☐ Failure to remove dental appliances (critical error) ☐ Failure to remove patient glasses ☐ Failure to remove jewelry-Pan only
☐ Failure to place lead apron (critical error) ☐ Attitude unprofessional ☐ Failure to follow infection control for set-up, exposure, or tear down

1-3
1

3-5
2

6
3

7
4

8-9
5

10
6

11
7

12-14
8

14-16
9

Molar
BW
17

Pre-M
BW
18

27
14

26-23
13

22
12

Pre-M
BW
19

Molar
BW
20

32-30
16

30-28
15

21-19
11

19-17
10

(V) series	FMX Errors Score	BXW & Panx Errors Score	2 or 4 BW Errors Score
<input type="checkbox"/> 2 BWX	0-5 S	0-3 S	0-2 S
<input type="checkbox"/> 4 BWX	6-7 S	4 S	3-4 S
<input type="checkbox"/> FMX	8-9 NI	5 NI	5 NI
<input type="checkbox"/> Panorex	10+ NI	6+ NI	6+ NI
<input type="checkbox"/> PA's # _____			

Film Number:

Product Criteria

Cone Cut

Film Placement

Vertical Angulation

Horizontal Angulation

Miscellaneous

																BW	BW	BW	BW	Pan
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	
O	Q	O	O	O	O	O	O	O	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	
O	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	
O	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	
O	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	
O	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q

Comments:

Radiographic Interpretation Grade Sheet

Columbus State Community College/ Dental Hygiene
Radiographic Interpretation/1861

Instructor _____

Student Name _____ Date _____ Patient Name _____ Age _____

TOTAL ERRORS _____

INTERPRETATION GRADE _____

General Criteria

- ☐ Attitude unprofessional
☐ Failure to identify radiographic landmarks
☐ Failure to demonstrate radiolucent/radiopaque
☐ Failure to complete interpretation form
☐ Failure to properly discuss findings with faculty
☐ Failure to identify carious lesions

- ☐ Radiographs taken by myself
☐ Radiographs taken by another CSCC student

Name: _____

- ☐ Radiographs received from outside dental office/clinic

1-3 1	3-5 2	6 3	7 4	8-9 5	10 6	11 7	12-14 8	14-16 9
Molar BW 17	Pre-M BW 18	27 14	26- 23 13	22 12	Pre-M BW 19	Molar BW 20		
32-30 16	30-28 15				21-19 11	19-17 10		

(Y) series Interpretation

- | | Errors | Score |
|---------------------------------------------|--------|-------|
| <input type="checkbox"/> 2 BWX | 0-3 | S |
| <input type="checkbox"/> 4 BWX | 4 | S |
| <input type="checkbox"/> FMX | 5 | NI |
| <input type="checkbox"/> Panorex | 6+ | NI |
| <input type="checkbox"/> PA's # _____ | | |

Film Number:

Specific Criteria

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	BW 17	BW 18	BW 19	BW 20	Pan
Caries Identification	O	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q
Calculus/Bone Loss	O	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q
Pathologies/ Anomolies	O	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q
Restorations/Prosthetics/ <u>Endodontic</u>	O	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q
Dentition Variations	O	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q
Miscellaneous	O	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q

Comments:

-Interpretation of radiographs for Clinic I, II, and III shall be completed with the supervising dentist prior to beginning Assessment II.

-Number of errors/score will change each semester for radiograph technique and radiographic interpretation.


Radiographic Worksheet

This form is completed by the student in radiology for Clinic I and II. Radiographic findings of decay, % of bone loss, restorations, missing or impacted teeth, supernumerary teeth, anomalies, or pathology shall be indicated.

Radiographic Interpretation Worksheet		
Student _____	Date _____	Instructor _____
Permanent Dentition: Maxillary Arch		
1 _____		9 _____
2 _____		10 _____
3 _____		11 _____
4 _____		12 _____
5 _____		13 _____
6 _____		14 _____
7 _____		15 _____
8 _____		16 _____
Permanent Dentition: Mandibular Arch		
17 _____		25 _____
18 _____		26 _____
19 _____		27 _____
20 _____		28 _____
21 _____		29 _____
22 _____		30 _____
23 _____		31 _____
24 _____		32 _____
Primary Dentition- Maxillary and Mandibular Arch		
a _____		k _____
b _____		l _____
c _____		m _____
d _____		n _____
e _____		o _____
f _____		p _____
g _____		q _____
h _____		r _____
i _____		s _____
j _____		t _____

Requesting X-rays

Patients that would like to request a copy of their x-rays, must complete an Authorization Request for Release of Information. The completed form is turned into Clinic Administration for the request to be processed. <https://dentalintranet.osu.edu/content/treatment-informed-consent-forms> A copy of the form is shown below:

 THE OHIO STATE UNIVERSITY COLLEGE OF DENTISTRY	College of Dentistry 1082 Postle Hall #10 305 West 12 th Avenue Columbus, OH 43210-1267 Phone: 614-292-5757 Fax: 614-247-8011						
Authorization Request for Release of Information <small>Required by the Health Insurance Portability and Accountability Act - 45 CFR Parts 160 and 164 Please complete all sections as incomplete forms will not be processed.</small>							
<table style="width: 100%;"><tr><td style="width: 50%;">PATIENT NAME: _____</td><td style="width: 50%;">DATE OF BIRTH: ____/____/____</td></tr><tr><td>ADDRESS: _____</td><td>LAST 4 DIGITS OF SOCIAL SECURITY NUMBER: _____</td></tr><tr><td>_____</td><td>PHONE NUMBER: _____</td></tr></table>		PATIENT NAME: _____	DATE OF BIRTH: ____/____/____	ADDRESS: _____	LAST 4 DIGITS OF SOCIAL SECURITY NUMBER: _____	_____	PHONE NUMBER: _____
PATIENT NAME: _____	DATE OF BIRTH: ____/____/____						
ADDRESS: _____	LAST 4 DIGITS OF SOCIAL SECURITY NUMBER: _____						
_____	PHONE NUMBER: _____						
Under HIPAA Rule 164.524, the College of Dentistry has 30 days from the receipt of this form to complete your request.							
<u>YOU ARE REQUESTING:</u> <input type="checkbox"/> Radiographs <input type="checkbox"/> Dental records <input type="checkbox"/> Radiographs and dental records	<u>WHERE TO SUBMIT YOUR REQUEST:</u> By mail: Dentistry Records Request #10 1082 Postle Hall 305 W 12 th Avenue Columbus, Ohio 43210-1267 By fax: 614-247-8011 Drop off: Clinic Administration Office 1130 Postle Hall						
<u>HOW TO RECEIVE YOUR INFORMATION:</u> <input type="checkbox"/> I want to pick up my copies <input type="checkbox"/> I want my copies mailed to my address above <input type="checkbox"/> I want my copies mailed to the dentist/business's address below:							
DENTIST/BUSINESS: _____							
ADDRESS: _____							
Have you received copies of your radiographs and dental records from the College previously? <input type="checkbox"/> Yes <input type="checkbox"/> No							
The following fees will be assessed for previously duplicated materials:							
Pages 1-10: \$2.74/page Pages 11-50: \$0.57/page Pages 51 and higher: \$0.23/page Radiographs: \$1.87/page Compact Disk: \$5.00							
Authorization for release of PHI covering: <input type="checkbox"/> from (date) ____ or <input type="checkbox"/> to (date) ____ or <input type="checkbox"/> all past and present records							
<p>Per Ohio Revised Code 3701.741, you may be charged a fee for copies of medical (dental) records. I hereby authorize the treatment facility indicated above and its employees to release the designated information contained in my patient record or designated record set. I understand and acknowledge that this authorization extends to all or part of the information designated above, which may include treatment for physical and mental illness, alcohol and/or drug abuse, and/or AIDS (Acquired Immunodeficiency Syndrome), and/or may include results of an HIV test or the fact that an HIV test was performed. Information in the form of audio, photo, or video has been designated above, if applicable. I expressly consent to the release of information designated above. The authorization is valid for 365 days, from the date executed, unless revoked by my written notice, provided said notice is received prior to release of the above designated information.</p> <p>The revocation of this authorization is effective except as indicated in Ohio State University College of Dentistry Notice of Privacy Practices. Information released by this authorization may no longer be protected by federal privacy rules, such as HIPAA. <u>I understand that Ohio State University College of Dentistry cannot condition my treatment or payment for healthcare on this Authorization unless the treatment is research-related or the care was provided solely to provide information for a third party.</u></p>							
X _____ Signature of Patient or Person Authorized to Consent	_____ Date Signed						
X _____ Relationship, if not the patient	_____ Date Signed						
FOR CLINIC ADMINISTRATION USE ONLY							
Request Received: _____ Patient ID: _____ Record Location: _____	Notes: _____ _____ _____						

Dental Charting

Dental charting of existing dentistry and missing teeth shall be completed on every initial patient **and updated at recare visits** in AxiUm.

A complete and accurate dental chart is an integral component of the patient's clinical record. The dental chart serves as a visual representation of existing conditions which reflect past treatment or require further treatment. A thorough clinical examination must be conducted in order to complete the chart.

1. Chart all missing teeth first. Confirm with radiographs whether teeth are missing or impacted/unerupted.
2. Chart existing restorations and conditions which do not require treatment.

The following is subject to change as alterations to AxiUm are ongoing.

AxiUm EHR basics shows the following about dental charting:

EHR Basics

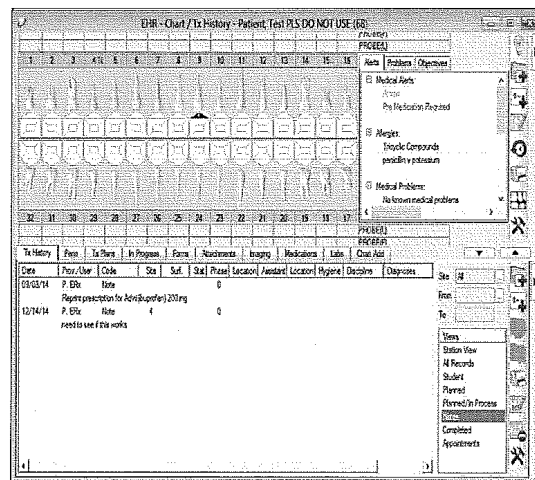
This outline will guide the user through how to Chart Existing Procedure Codes and complete a Treatment Plan.

The Topics covered in this Outline are:

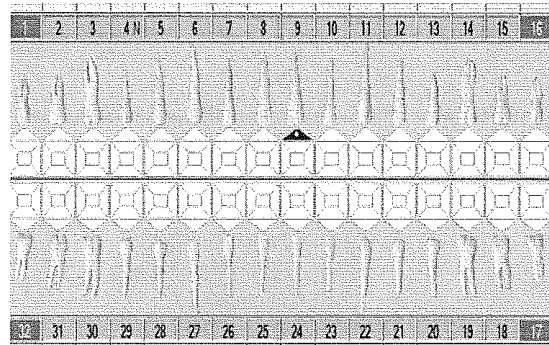
- Charting Missing Teeth
- Charting Existing Findings
- Charting Conditions
- Adding a Treatment Plan

Charting Missing Teeth

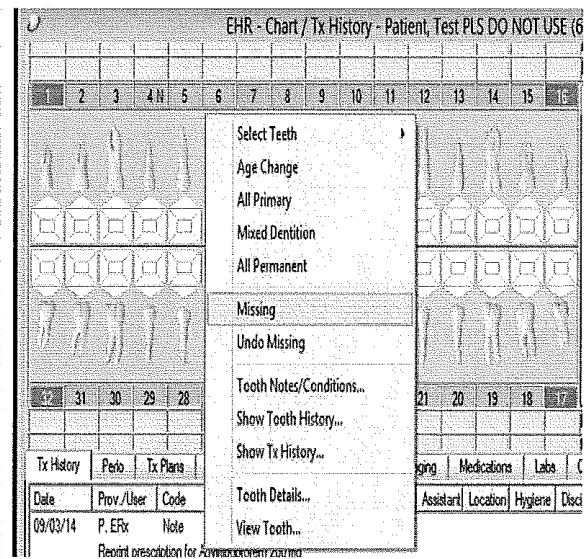
- Select the Patient from the Rolodex
- Click on the EHR Module



- Select the teeth numbers that are Missing on the Odontogram



- Right click on the Odontogram
- Select Missing from the menu



-

- [illegible]

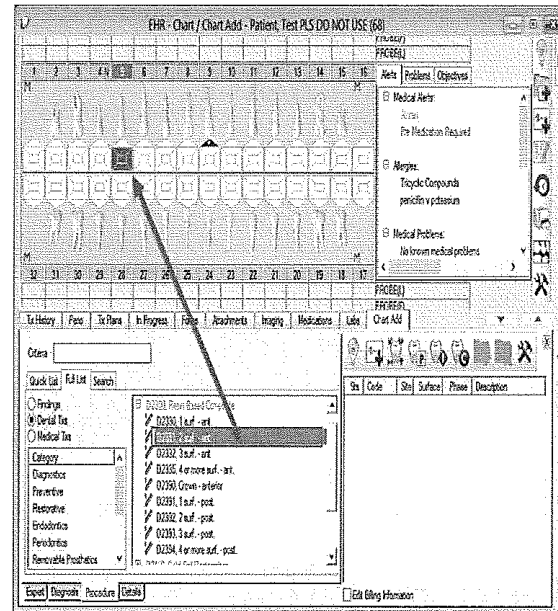
- Select the Dental Treatment Radio Button
- Click on the Full List Tab

The screenshot shows the axiUm Student EHR interface. At the top, there are tabs: Tx History, Rx, Tx Plan, In Progress, Forms, Attachments, Imaging, Medications, Labs, and Chart Add. Below these is a search bar labeled 'Criteria'. On the left, there are radio buttons for 'Ends', 'Dental Tx' (which is selected), and 'Medical Tx'. Below these is a 'Category' dropdown menu with options: Diagnostics, Preventive, Restorative, Endodontics, Periodontics, and Removable Prosthodontics. To the right of the category menu is a list of procedure codes and descriptions: E0002 Recall Procedure, E0003 General Oral Examinations, D0000 Panoramic Diagnostic Imaging, D0400 Teeth and Laboratory Exam, D0470 Oral Pathology Laboratory, and D0600 Assessments. At the bottom, there are tabs: Expert, Diagnose, Procedure, and Details. On the far right, there is a table with columns: Sta, Code, Sts, Surface, Phase, and Description. Below the table is a checkbox labeled 'Edit Billing Information'.

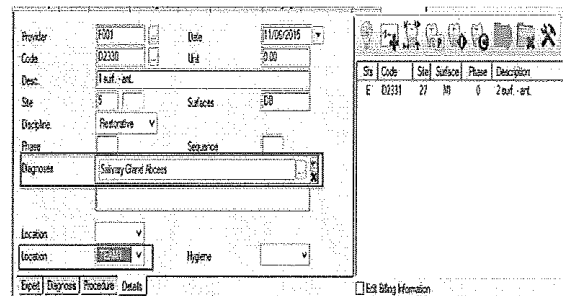
- In the Category Column, click on the Category the procedure belongs to
- In the right panel, click on the + to the left of the Procedure code to open the list of the Procedure codes

This screenshot is similar to the previous one, but the 'Category' dropdown menu is now open, showing the same list of categories: Diagnostics, Preventive, Restorative, Endodontics, Periodontics, and Removable Prosthodontics. Additionally, in the list of procedure codes, a '+' icon has been added to the left of the first code, E0002 Recall Procedure, indicating that a sub-list of codes for this category is available.

- From the Expanded list, double click on the correct Procedure to select it
- On the Odontogram, click on the tooth number or surfaces of the tooth



- Click on the Findings Icon
- This will open the Details Tab
- Enter the Diagnosis in the Diagnosis field
- Indicate the location of treatment using the Location Dropdown
- Repeat as necessary



NOTE: – The Diagnosis Field has Intellisense. As the diagnosis is being typed in, intellisense will attempt to find the Diagnosis

Charting Conditions as Findings

- Select the Procedures Tab
- Select the Radio button to Findings
- In the Category column, select Condition

Criteria

Quick List Full List Search

☒ Findings
☐ Dental Tx
☐ Medical Tx

Category
Condition
Material

☐ C1000, Postional Conditions
☐ C2000, Orientation Conditions
☐ C3000, Endodontic Conditions
☐ C4000, Diagnostic Condition
☐ C5000, Cases

Expert Diagnosis Procedure Details

- In the Right panel, click on the + to the left of the condition code grouping
- From the Expanded list, double click on the correct condition to select

Tx History Perio Tx Plans In Progress Forms Attachments Imaging Medications

Criteria

Quick List Full List Search

☒ Findings
☐ Dental Tx
☐ Medical Tx

Category
Condition
Material

☐ C1000, Postional Conditions
☐ C2000, Orientation Conditions
☐ C2001 Partial Eruption
☐ C2002 Extruded
☐ C2003 Impacted
☐ C2004 Diastemas
☐ C2005 Crowding
☐ C2006 Non Erupted Tooth
☐ C3000, Endodontic Conditions
☐ C4000, Diagnostic Condition
☐ C5000, Cases

Expert Diagnosis Procedure Details

- On the Odontogram, Click on the tooth number
- To add the finding, Click on the Findings Icon
- Repeat as necessary

The screenshot displays the axiUm Student software interface. At the top, there is a horizontal bar with tooth numbers 1 through 16. Below this is the Odontogram, which shows a series of boxes representing teeth. A mouse cursor is hovering over the box for tooth number 14. To the right of the Odontogram is a panel titled 'Findings'. This panel has three sections: 'Medical Alerts' (with a checkbox for 'Medical Alerts'), 'Allergies' (with a checkbox for 'Allergies'), and 'Medical Problems' (with a checkbox for 'Medical Problems'). Below these sections is a table with columns 'Sts', 'Code', 'Qty', 'Surface', 'Phase', and 'Description'. The table contains three rows of data: 'E 02131 27 M 0 2nd -ant', 'P 02740 5 NOBEL 0 Crown porcelain/ceramic', and 'A C2002 7 0 Enamel'. At the bottom of the interface, there is a 'Quick List' section with radio buttons for 'Findings', 'Dental Tx', and 'Medical Tx'. The 'Findings' radio button is selected. Below the radio buttons is a 'Category' dropdown menu with options: 'Diagnostics', 'Preventive', 'Restorative', 'Endodontics', 'Periodontics', and 'Removable Prosthodontics'. The 'Diagnostics' category is currently selected.

Adding a Treatment Plan

- Select the Procedures Tab
- Select the Full List Tab
- Select the Dental Tx radio button

The screenshot displays the axiUm Student software interface with the 'Procedures' tab selected. The 'Quick List' section has the 'Full List' tab selected. The 'Dental Tx' radio button is selected. Below the radio buttons is a 'Category' dropdown menu with options: 'Diagnostics', 'Preventive', 'Restorative', 'Endodontics', 'Periodontics', and 'Removable Prosthodontics'. The 'Diagnostics' category is currently selected. The 'Findings' section is visible on the right side of the interface. At the bottom of the interface, there is a 'Quick List' section with radio buttons for 'Findings', 'Dental Tx', and 'Medical Tx'. The 'Dental Tx' radio button is selected. Below the radio buttons is a 'Category' dropdown menu with options: 'Diagnostics', 'Preventive', 'Restorative', 'Endodontics', 'Periodontics', and 'Removable Prosthodontics'. The 'Diagnostics' category is currently selected. At the bottom of the interface, there is a 'Quick List' section with radio buttons for 'Findings', 'Dental Tx', and 'Medical Tx'. The 'Dental Tx' radio button is selected. Below the radio buttons is a 'Category' dropdown menu with options: 'Diagnostics', 'Preventive', 'Restorative', 'Endodontics', 'Periodontics', and 'Removable Prosthodontics'. The 'Diagnostics' category is currently selected.

- Under the Category column, select the Discipline
- Use the + on the left side of the procedure code grouping to expand the list of procedure codes

The screenshot shows a search window with tabs for 'Quick List', 'Full List', and 'Search'. Under 'Dental Tx', the 'Category' dropdown is set to 'Dental Tx'. A list of procedure codes is displayed, with 'D3220 Therapeutic pulpotomy' selected. Other visible codes include D3600, D3601, D3200, D3221, D3228, D3300, D3340, D3350, and D3400.

- Once the appropriate procedure code has been chosen, chart the corresponding sites on the Odontogram
- Click the Planned button



The screenshot shows the 'Chart/Chart Add' window with a grid of teeth for charting. The 'Planned' button is highlighted. A table at the bottom shows the procedure code 'D3220' and its description 'Therapeutic pulpotomy'. The table has columns for 'Site', 'Code', 'Site', 'Surface', 'Phase', and 'Description'.

- A warning will come up to notify that a diagnosis must be added to this procedure
- In the Diagnosis Window, add the Diagnosis by clicking New Item
- Use intellisense to type your diagnosis or search the diagnosis by clicking the (...) button

Intellisense

Ellipsis and Search


- Add the Treatment Location

TxLocation

ORTHO Program

COD	Student Clinic
DFF	Dental Faculty Practice
EMERG	Emergency
ENDO	Endo Clinic
NCH OR	NCH OR
OHIO	Dental Coach
OMFS	OMFS
OP	Oral Path
ORTHO	Ortho Clinic
OSU OR	OSU OR
PEDO	Pediatric Clinic
PERIO	Perio Clinic
PREEND	PreDoc Endo
PRISON	Prison
PROTH	Proth Clinic
XRAY	Radiology

- Click on the Modify Icon

 to modify the
Planned Treatment

Sts	Code	Site	Surface	Phase	Description
P	D3220	22		0	Therapeutic pulpotomy
P	D1515	25,2		0	Fixed - bilateral

- Navigate to the Tx History Tab
- The Planned Treatment will be found in this tab

Tx History	Pain	Tx Plan	In Progress	Form	Attachments	Imaging	Medications	Lab	Chart Add				
Date	Prov/Obser	Code	Site	Surf	Stat	Phase	Location	Assistant	Location	Hygiene	Discipline	Diagnosis	Site
05/10/15	I. Student	D1119	3		P	0					Endo		Site
02/27/15	H. Student	D0150			P	0					Diagnostic		From
02/27/15	H. Student	D0213			P	0					Diagnostic		To
11/06/15	A. Anum	D0473			P	0					Diagnostic		Views
11/06/15	A. Anum	D2231	4	O	P	0					Restorative		Station View
11/06/15	A. Anum	D2231	4	O	P	0					Restorative		Planned
11/06/15	A. Anum	D2740	5	NO3SL	P	0		TEAM1			Restorative		Planned/In Progress
11/06/15	A. Anum	C2002	7		A	0							Notes
11/06/15	A. Anum	C2002	8		A	0							Completed
11/06/15	A. Anum	C1220	22		P	0					Endo		Appointments
11/06/15	A. Anum	C2002	25		A	0							
11/06/15	A. Anum	D1515	25.21		P	0		FAC			Pedo Health		
11/06/15	A. Anum	D2231	27	MI	E	0							

Periodontal Charting

Every initial patient shall have a complete periodontal charting including fremitus or mobility, probing depths, bleeding points, recession, or gingival overgrowth, mucogingival defects, and furcations. Recession or gingival margin shall be measured from the anatomical CEJ to the gingival margin. The data shall be recorded in AxiUm.

axiUm

Student

Completing a Perio Exam


How to Complete a Perio Exam

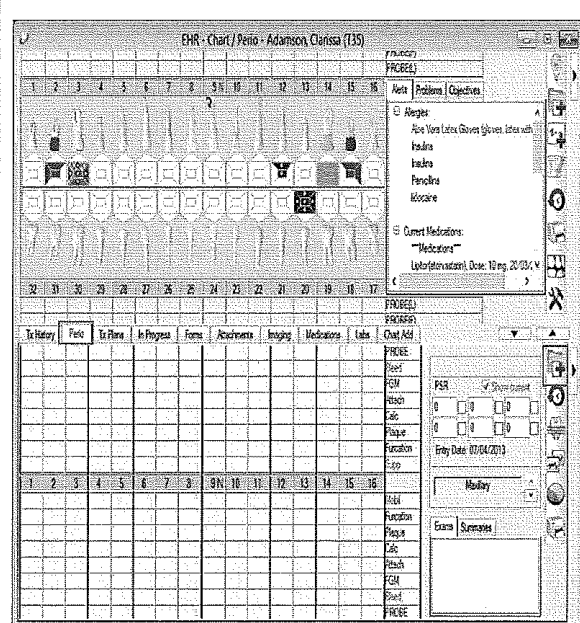
This outline will guide the user through how to create and complete a Perio Exam.

The Topics covered in this Outline is:

- Adding a Perio Exam
- Completing a Perio Exam Editing an Incomplete Perio Exam

Adding a Perio Exam

- Open the EHR Module
- Select the Perio Tab
- Add a New Exam from the  icon



- The Perio Exam Screen Displays

The screenshot shows the axiUm Perio Exam interface. At the top, there are tabs for 'Exam Type', '11/11/2015', 'Save', 'Print', 'Condition', 'Incomplete', 'Complete', and 'Cancel'. Below these are sections for 'Mobility', 'Furcation', 'Plaque Ind', 'BOP/S', 'Attach', 'PROBE', and 'GM'. The main area is a grid for recording findings for each tooth (1-8). The 'Mandibular Right' section on the right shows a diagram of the teeth with a yellow indicator on tooth 1. Below the diagram is a 'Value Key' table:

Value	Key	Description
1	1	I Stability > Normal
2	2	II Tth Moves less than 1mm Pns
3	3	III Tth Moves > 1mm any direct

Completing a Perio Exam

- In Exam Type, Click and Select the Exam Type
- axiUm automatically moves from tooth to tooth
 - 1 – 16 is Facial
 - 16 -1 is Lingual
 - 32 - 17 Facial
 - 17- 32 is Lingual

This screenshot shows the 'Exam Type' dropdown set to 'Perio'. The interface is similar to the previous one, but the 'Exam Type' is now 'Perio'. The 'Mandibular Right' section shows the yellow indicator on tooth 1.



NOTE: – Take note of where the yellow indicator is – Always on the top condition, tooth 1 (Unless tooth 1 is missing).

- Use the Legend to the Right of the Screen to determine what to enter
- Clicking on the numbers on the legend will add to the exam OR the keyboard can also be used as axiUm will auto advance for both options
- The Key Column is an indicator of the key and the key combination that can be entered from the keyboard
- Repeat until all conditions are entered

Value	Key	Description
0	0	No Pocket
1	1	Healthy
2	2	Healthy
3	3	Healthy
4	4	Mild Pocket
5	5	Mild Pocket
6	6	Moderate Pocket
7	7	Moderate Pocket
8	8	Severe Pocket
9	9	Severe Pocket
10	10Cl...	Severe Pocket
11	11Cl	Severe Pocket



NOTE: – Make sure you are saving throughout the process of completing the exam


- Use the Clr Condition button to remove entries for one or more conditions
- When the exam is completed, click on the Complete Button

Value	Key	Description
1	1	1 Slightly to Normal
2	2	2 100 Moves from Firm Pits
3	3	3 100 Moves - 100 mm deep

Editing an Incomplete Perio Exam

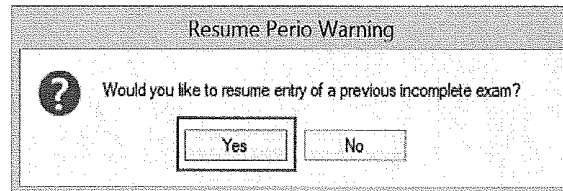
- If an exam needs to be left incomplete, save the exam
- Close the exam by exiting out of the Exam Window

The screenshot shows the 'Exam Type' window. It has a grid for recording exam results. The 'Exam Type' dropdown is set to '11/11/2015'. The 'Save' button is highlighted. The 'Exam Type' dropdown is set to '11/11/2015'. The 'Save' button is highlighted.

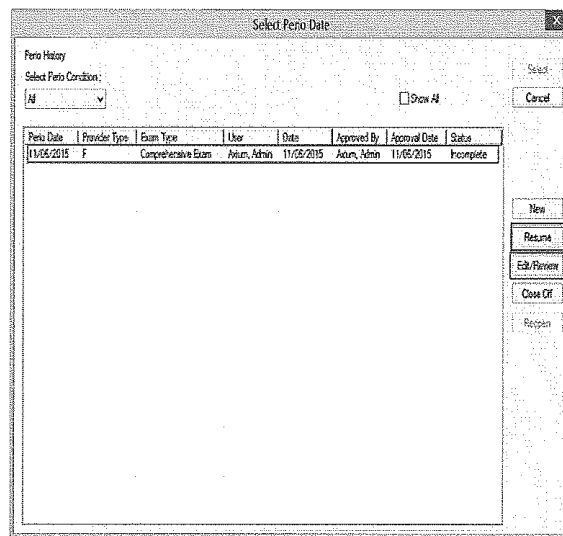
- When the Exam needs to be resumed, open the EHR Module
- Select the Perio Tab
- Add a New Exam from the  icon

The screenshot shows the 'GHR - Chart / Perio - Adamson, Carlissa (135)' window. It has a grid for recording exam results. The 'Perio' tab is selected. The 'Add New Exam' icon is highlighted.

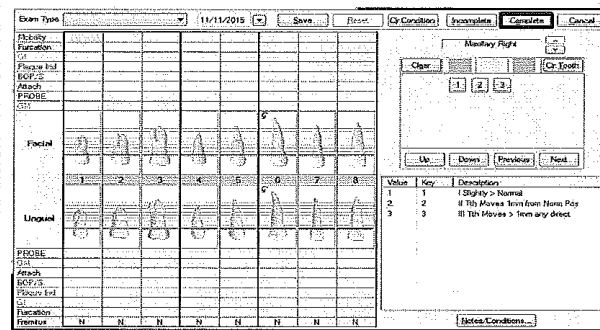
- A Question will come up asking if the previous exam needs to be resumed
- Select the Yes Button



- The Select Perio Date Window will come up
- Select the desire perio exam to continue completing by clicking Resume OR to Edit /Review



- The Perio Exam Window will come up
- Resume entering the exam
- When the exam is completed, click on the Complete button



Periodontal Charting

Every initial patient shall have a complete periodontal charting including fremitus or mobility, probing depths, bleeding points, recession, or gingival overgrowth, mucogingival defects, and furcations. Recession or gingival margin shall be measured from the anatomical CEJ to the gingival margin. The data shall be recorded in AxiUm.

Root Planing

Every patient that is undergoing quadrant root planing shall have a new full mouth periodontal chart including probing depths, gingival margin, mucogingival defects, furcations, fremitus or mobility and bleeding points.

Periodontal Re-evaluation (PIP)

Patients seen for a periodontal re-evaluation (PIP or Post Initial Prep) shall have new periodontal charting completed including, probing depths and bleeding points. The measurements are recorded in AxiUm. PIP shall be completed within 6-8 weeks following completion of periodontal scaling and root planing.

Periodontal Maintenance

All periodontal maintenance patients shall have a complete periodontal charting once a year including fremitus or mobility, probing depths, bleeding points, gingival margin, mucogingival defects, and furcations recorded in AxiUm.

Recall

Patients seen for a recall appointment shall have a full mouth probing completed once a year.

Recall and Periodontal Maintenance patients shall have an FMP once a year unless identified by faculty as needing more frequent evaluation.

Recall and Periodontal Maintenance patients should still be spot probed when they are not due for a yearly FMP. Any changes in probe depths +/- 2mm should be noted.

Quadrant Probing

Quadrant probing may need to be completed with quadrant root planing or scaling for those patients too sensitive to be probed. A cross grid shall be drawn on the grade sheet to allow the assigned instructor to evaluate the probing depths at the time of root planing or scaling with anesthesia. The quadrant probing shall be completed and assessed prior to scaling.

Risk Assessment

Students shall record risk for caries, periodontal disease, and oral cancer in the CSCC student record (page 2). Identify risk assessments and place a checkmark next to the specific risk factor. Students shall write a brief summary statement for each risk area after assessing the patient's risk. The student shall indicate by circling the appropriate letter if the risk is Low, Moderate or Severe.

For patients that indicated a use of tobacco, the student shall determine the patient's readiness to quit and record in the CSCC and OSU progress notes. Provide patient with a tobacco cessation information e.g., Quit Now card or link to online resources. This will be indicated in PTEN documentation.

Caries Risk Factors: See AxiUm Low Moderate High	Periodontal Risk Factors: Age/ over 40 Race and SES Tobacco use Genetics Systemic disease Medications Previous Disease Inadequate home care Irregular professional care Bleeding on Probing Recession 3.5mm+ Furcation	Oral Cancer Risk Factors: Use of Tobacco products Long term Alcohol use Ill fitting dentures Exposure to radiation Diet high in fats/low in fruits /vegetables Race and Gender Family History of Cancer Age
Summary Statements		
Caries L M S	Risk Factors Assessment Summary Perio L M S	Oral Cancer L M S

Caries Risk Assessment in AxiUm

Students shall also complete the Caries Risk Assessment in AxiUm. The risk assessment in AxiUm looks similar to the following form:

The Ohio State University College of Dentistry
ADULT CARIES RISK ASSESSMENT
(Based on ADA Recommendations for patients 14 years or older)

PATIENT NAME: _____ **STUDENT:** _____

<u>CARIES RISK FACTORS</u>	1st Eval	2nd Eval	3rd Eval	4th Eval
<u>“High Risk” Disease Indicators (Score 10 for any of these high-risk indicators)</u>				
Frequent or Prolonged between meal exposure/day to sugary or starchy foods or drinks				
Visibly cavitated lesion or radiographic penetration of the dentin				
3 or more Cavitated or Non-Cavitated Carious lesions or restorations in last 24 months				
Teeth missing due to caries in past 24 months				
Severe Dry Mouth (Xerostomia)				
<u>Other Risk Factors (score 1 for each risk factor present)</u>				
No Fluoride exposure through drinking water, supplements, professional applications				
Does not receive regular dental care in a dental office				
Special Health Care Needs (over age 14)				
Eating disorders				
Smokeless Tobacco use				
Medications that reduce salivary flow				
Drug/Alcohol abuse				
1 or 2 Cavitated or Non-Cavitated Carious lesions or restorations in last 24 months				
Deep pits and fissures/Unusual tooth morphology				
Exposed Root surfaces present				
Visible plaque				
Restorations with overhangs, and/or open margins, open contacts with food impaction				
Dental/Orthodontic Appliances (fixed or removable)				
Interproximal restorations (1 or more)				
Total Score				
Low Risk = total score of 0	Low	Low	Low	Low
Moderate Risk = total score 1--9	Mod	Mod	Mod	Mod
High Risk = total score ≥ 10	High	High	High	High
SUMMARY OF RISK LEVEL (Circle one)	High	High	High	High
Assessment Date				

OSU RECOMMENDATIONS TO REDUCE CARIES RISK

1 st Eval	2 nd Eval	3 rd Eval	4 th Eval	
LOW RISK MINIMAL RECOMMENDATION				
				Bitewing radiographs every 24-36 months (ADA recommendations)
				Periodic recall exams every 6-12 months to reevaluate caries risk
				OTC fluoride-containing toothpaste twice daily. After breakfast and at bedtime.
MODERATE RISK MINIMAL RECOMMENDATION				
				Bitewing radiographs every 12-24 months
				Periodic recall exams every 4-6 months to reevaluate caries risk
				Xylitol gum or candies. Two tabs of gum or two candies four times daily
				OTC fluoride-containing toothpaste twice daily. After breakfast and at bedtime.
				OTC 0.05% NaF rinse daily
HIGH RISK MINIMAL RECOMMENDATION				
				Bitewing radiographs every 6-18 months (ADA recommendations)
				Periodic recall exams every 3-4 months to reevaluate caries risk
				Xylitol gum or candies. Two tabs of gum or two candies four times daily
				Rx: 1.1% NaF toothpaste twice daily instead of regular fluoride toothpaste.
				Rx: Chlorhexidine gluconate 0.12% 10 ml rinse for one minute daily for one week each month
				NaF varnish :Initial visit application; 1 application at every recall visit (may have additional cost associated)
ADDITIONAL OR OPTIONAL RECOMMENDATIONS WE SUGGEST ABOVE THE MINIMUM RECOMMENDATIONS				
				Bitewing radiographs every 6-18 months (ADA recommendations)
				More frequent periodic recall exams every 3-4 months to reevaluate caries risk
				Xylitol gum or candies. Two tabs of gum or two candies four times daily
				OTC 0.05% NaF rinse when mouth feels dry, after snacking, breakfast, and lunch.
				Saliva flow test and bacterial biofilm bacteria load initially and at 6-8 month recall appointment to assess efficacy and patient cooperation. (additional cost)
				<u>Acid neutralizing</u> (baking soda) rinses (1 teaspoon in 16.9 oz. bottle of water) when indicated if mouth feels dry, after snacking, and after meals.

				NaF varnish: Initial visit application of NaF varnish; 1 application at every recall visit.(additional cost)
				NaF varnish if excessive root exposure or sensitivity (additional cost)
				Rx: 1.1% NaF toothpaste daily instead of regular fluoride toothpaste.
				Rx: Chlorhexidine gluconate 0.12% 10 ml rinse for one minute daily for 1 week each month
				Rx: Apply calcium/ phosphate (MI) paste twice daily.

Notes and Additional Diagnostic Test Results reported below and dated:

1st Eval Patient Signature: _____ **Date:** _____

AAP Case Type

The student shall determine the Case Type (N, I, II, III, IV, or V). The Case Type is recorded on the front of the CSCC student record. The AAP type should be primarily based on radiographic bone loss and not probing depths as gingival enlargement may distort the severity of the periodontal condition (see Classification Guidelines). Students should consider the calculated attachment loss (CAL) in determining the AAP type.

AAP Case Type	
Stage and Grade	
OH	
Treatment Class	

Classification	Description
Normal	Tissue appears coral pink and firm Papilla flat and knife-like, fills interproximal space Pocket depths no greater than 3 mm Little or no gingival recession PSR score of 0
Case Type I Gingivitis	Gingivitis (inflammation of the gingiva) No bone loss BOP may be present No mobility 1-3 mm. Pockets PSR scores of 1 or 2
Case Type II Mild	4-5 mm pockets Mild bone loss (up to 20% bone loss) PSR scores of 2 or 3
Case Type III Moderate	5-7 mm pockets Moderate to severe bone loss (20-50% bone loss) May be furcation involvement PSR score 3 or 4
Case Type IV Advanced or Severe	Over 1/2 bone loss (50%) 7-10 mm pockets and much loss of attachment Often blunted and cratered papilla Furcation involvement in multi-rooted teeth likely PSR score of 4
Case Type V Refractory Progressive	Includes periodontitis that is characterized by either rapid bone or attachment loss with a resistance to normal therapy

Treatment Class

The student shall determine the degree of difficulty of the patient. The number of points awarded for each quadrant of scaling is dependent upon the treatment class. The Treatment Class is recorded by the student on the front of the CSCC record.

If the evaluation by faculty is determined to be different than that recorded, the student shall draw a diagonal line through the original treatment class and recorded the corrected treatment class on the side.

If the student and faculty disagree on the treatment classification, a third faculty shall be invited to evaluate and provide the determine treatment classification.

AAP Case Type	
Stage and Grade	
OH	
Treatment Class	

Complexity of Debridement “Treatment Class”

Classification	Description	Example
A-0	No calculus present.	Predominantly children and adults with excellent oral hygiene.
A (Light)	Localized light to moderate supragingival and/or localized subgingival.	Localized light and/or moderate supragingival Calculus or light subgingival calculus
B (Moderate)	Generalized moderate subgingival calculus	Patient exhibits generalized moderate interproximal calculus (spicules).
C (Heavy)	Generalized heavy subgingival calculus	Patients exhibit generalized heavy subgingival interproximal calculus on most interproximal surface
D (Severe)	Heavy supra and subgingival calculus throughout the mouth.	Patients have heavy more tenacious deposits on nearly all M-D-F-L surfaces.

Dental Hygiene Diagnosis

Utilizing the classification system outlined below, develop a dental hygiene diagnosis based on medical/dental history, intra/extra oral exam, radiographs, periodontal/dental charting, Case Type, **Staging and Grading**, Treatment Classification, stain, oral hygiene, and risk assessments.

Classification	Health	Gingivitis	Periodontitis
Progression		Acute	Grade
		Chronic	Aggressive
			Chronic
Severity		Plaque induced	Stage
		Local Factors	Slight
		Systemic Factors	Moderate
			Severe
		Non-Plaque induced	
Extent		Localized	Localized
		Generalized	Generalized
Other descriptors		Diffused	Recurrent
		Papillary	Refractory
		Marginal	Controlled

Gingivitis Examples:

Localized acute plaque induced gingivitis due to poor home care.
 Generalized acute plaque induced gingivitis due to frequent snacking and inadequate home care.
 Localized chronic plaque induced gingivitis due to infrequent professional visits and lack of flossing.
 Generalized chronic plaque induced gingivitis due to irregular crown margins and poor home care.
 Localized acute non-plaque induced gingivitis due to thermal burn.
 Generalized acute non-plaque induced gingivitis resulting from a herpes infection.
 Localized chronic non-plaque induced gingivitis due to allergic reaction to base metal in RPD.
 Generalized chronic non-plaque induced gingivitis due to puberty.
 Diffuse acute non-plaque induced gingivitis due to reaction to new toothpaste with SLS.

Periodontitis Examples:

Localized Stage II Grade A (moderate with slow progression) periodontitis due to fair home care and good glycemic control
 Generalized Stage I Grade B (initial with moderate rate of progression) periodontitis due to poor home care and infrequent professional care
 Localized Stage III Grade B (severe, moderate progression) periodontitis due to poor home care and poor glycemic control and smoking.

Reduced but Stable Periodontium Examples:

Generalized chronic plaque induced gingivitis on a reduced but stable periodontium due to inadequate home care.
 Generalized acute plaque induced gingivitis on a stable periodontium due to inadequate home care.

New (2018) Periodontal Classification System

Classify Disease or Health

- Classify gingivitis
- Classify periodontal disease
- Classify peri-implant disease and conditions

Use flexibility when assigning a periodontal diagnosis as more than one periodontal condition may be found in a patient

Realize “gingivitis” or “periodontitis” may not represent the total periodontal condition

Staging identifies:

- Severity
- Complexity of management
- Extent of distribution of disease

Stage I – initial periodontitis

Stage II – moderate periodontitis

Stage III - severe periodontitis with potential for tooth loss

Stage IV – advanced periodontitis with extensive tooth loss and potential for loss of dentition

Grading is used as an indicator of anticipated rate of progression of periodontal disease:

Grade A – slow rate of progression

Grade B – moderate rate of progression

Grade C – rapid rate of progression

Extent

Use descriptive modifiers such as:

- Localized
- Generalized
- Molar/incisor pattern



PERIODONTITIS: GRADING

Grading aims to indicate the rate of periodontitis progression, responsiveness to standard therapy, and potential impact on systemic health.

Clinicians should initially assume grade B disease and seek specific evidence to shift to grade A or C.

See perio.org/2017wwdc for additional information.

Primary criteria <i>Whenever available, direct evidence should be used.</i>	Progression		Grade A: Slow rate	Grade B: Moderate rate	Grade C: Rapid rate
	Direct evidence of progression	Radiographic bone loss or CAL	No loss over 5 years	<2 mm over 5 years	≥2 mm over 5 years
	Indirect evidence of progression	% bone loss / age	<0.25	0.25 to 1.0	>1.0
		Case phenotype	Heavy biofilm deposits with low levels of destruction	Destruction commensurate with biofilm deposits	Destruction exceeds expectations given biofilm deposits; specific clinical patterns suggestive of periods of rapid progression and/or early onset disease
Grade modifiers	Risk factors	Smoking	Non-smoker	<10 cigarettes/day	≥10 cigarettes/day
		Diabetes	Normoglycemic/no diagnosis of diabetes	HbA1c <7.0% in patients with diabetes	HbA1c ≥7.0% in patients with diabetes

The 2017 World Workshop on the Classification of Periodontal and Peri-Implant Diseases and Conditions was co-presented by the American Academy of Periodontology (AAP) and the European Federation of Periodontology (EFP).

	Descriptive Modifier	Definition
Disease Stage	Stage I Stage II Stage III Stage IV	Initial Moderate Severe Advanced
Disease Grading	Grade A Grade B Grade C	Slow progression Moderate progression Rapid progression
Disease Extent	Localized Generalized Molar/Incisor Pattern	30% or less involvement More than 30% involved Only seen in molars and incisors

Extent	Stage	Grade	Name of Disease
Localized	Stage I	Grade A	Periodontitis
Localized	Stage III	Grade C	Periodontitis
Generalized	Stage II	Grade B	Periodontitis
Generalized	Stage IV	Grade A	Periodontitis
Molar/Incisor Pattern	Stage I	Grade C	Periodontitis

The dental hygiene diagnosis is recorded in the CSCC record on the second page.

Risk Factors Assessment Summary			
<i>Caries</i> L M S	<i>Perio</i> L M S	<i>Oral Cancer</i> L M S	
Dental Hygiene Diagnosis:			

As treatment is based on an appropriate diagnosis, the accurate diagnosis is a vital part of the patient record.

Treatment Plan

Treatment planning shall be developed to meet the needs of the patient. Although students must obtain specific skills and knowledge according to the Program Requirements and Clinical Competencies, the needs of the patient must be the first consideration in the development of the treatment plan.

Treatment Planning Radiographs

Utilizing the information gathered from the medical/dental history and intra/extra oral examination, Caries Risk Assessment, PSR scores and the “Guidelines for Radiographs”, the student shall determine the need for radiographs. Radiograph determination is not solely based on set time frame since last radiographs. In AxiUm, develop a treatment plan for radiographs. The type of radiographs, ADA code and fee will need approved by faculty. Then the patient will approve this limited treatment plan and sign in AxiUm.

Treatment Planning

After gathering all of the appropriate assessments, the student will develop a treatment plan in AxiUm as part of Assessment II. Select the treatment plan tab. Select under Problem, new item. The student will select the appropriate problem. Then select Diagnosis. The student will select the appropriate diagnosis. The in the Tx Option Description, the student will select the ADA code for each procedure planned for the patient. Most dental hygiene care will be either a prophylaxis, periodontal maintenance, selective or quadrant root planing, or periodontal re-evaluation. Use the Decision Continuum for Treatment Planning Compendium shown below as a reference and for guidance in determining appropriate treatment.

Treatment Planning Fluoride

To determine whether a fluoride tray or fluoride varnish is more appropriate, students shall refer to the chart below.

Clinical Recommendations for Use of Professionally-Applied or Prescription-Strength, Home-Use Topical Fluoride Agents for Caries Prevention in Patients at Elevated Risk of Developing Caries¹

Strength of recommendations: Each recommendation is based on the best available evidence. The level of evidence available to support each recommendation may differ.



Strong
Evidence strongly supports providing this intervention



In favor
Evidence favors providing this intervention



Weak
Evidence suggests implementing this intervention only after alternatives have been considered



Expert Opinion For
Evidence is lacking; the level of certainty is low. Expert opinion guides this recommendation



Expert Opinion Against
Evidence is lacking; the level of certainty is low. Expert opinion suggests not implementing this intervention



Against
Evidence suggests not implementing this intervention or discontinuing ineffective procedures

Age Group or Dentition Affected	Professionally-Applied Topical Fluoride Agent	Prescription-Strength, Home-Use Topical Fluoride Agent
Younger than 6 years	2.26% fluoride varnish at least every 3 to 6 months ● In Favor	
6-18 years	2.26% fluoride varnish at least every 3 to 6 months ● In Favor OR 1.23% fluoride (APF*) gel for 4 minutes at least every 3 to 6 months ● In Favor	0.09% fluoride mouthrinse at least weekly ● In Favor OR 0.5% fluoride gel or paste twice daily ● Expert Opinion For
Older than 18 Years	2.26% fluoride varnish at least every 3 to 6 months ● Expert Opinion For OR 1.23% fluoride (APF*) gel for 4 minutes at least every 3 to 6 months ● Expert Opinion For	0.09% fluoride mouthrinse at least weekly ● Expert Opinion For OR 0.5% fluoride gel or paste twice daily ● Expert Opinion For
Adult Root Caries	2.26% fluoride varnish at least every 3 to 6 months ● Expert Opinion For OR 1.23% fluoride (APF*) gel for 4 minutes at least every 3 to 6 months ● Expert Opinion For	0.09% fluoride mouthrinse daily ● Expert Opinion For OR 0.5% fluoride gel or paste twice daily ● Expert Opinion For

Additional Information:

- 0.1% fluoride varnish, 1.23% fluoride (APF*) foam, or prophylaxis pastes are not recommended for preventing coronal caries in all age groups (● **Expert Opinion Against** or ● **Against**). See JADA publication for recommendation strength by age group.¹ The full report, which includes more details, is available at ebd.ada.org.
- No prescription-strength or professionally-applied topical fluoride agents except 2.26% fluoride varnish are recommended for children younger than 6 years (● **Expert Opinion Against** or ● **Against**), but practitioners may consider the use of these other agents on the basis of their assessment of individual patient factors that alter the benefit-to-harm relationship.
- Prophylaxis before 1.23% fluoride (APF*) gel application is not necessary for coronal caries prevention in all age groups (● **Expert Opinion Against** or ● **Against**). See JADA publication for recommendation strength by age group.¹ No recommendation can be made for prophylaxis prior to application of other topical fluoride agents. The full report, which includes more details, is available at ebd.ada.org.

*APF: Acidulated phosphate fluoride

Patients at low risk of developing caries may not need additional topical fluorides other than over-the-counter fluoridated toothpaste and fluoridated water.

¹ Weyant RJ, Tracy SL, Anselmo T, Beltran-Aguilar ED, et al. Topical Fluoride for Caries Prevention: Executive Summary of the Updated Clinical Recommendations and Supporting Systematic Review. JADA 2013;144(11):1279-1291. © 2013 American Dental Association. All rights reserved. Any other use, copying, or distribution, whether in printed or electronic format, is strictly prohibited without the prior written consent of the ADA.

Treatment Planning Placement of Adjunctive Therapy

If at the periodontal re-evaluation appointment it might be beneficial for placement of Arestin, the student shall complete a Guidelines for Adjunctive Therapy form shown below.

Guidelines for Adjunctive Therapy for Treatment of Periodontitis

At this point, there is no chemical biofilm control agent that can halt periodontitis, but there are a number of different chemical agents that can be used as part of comprehensive treatment for patients with periodontal diseases. CSCC has Arestin available. The student must obtain Arestin from the dentist **and be prepared to discuss indications, as well as contraindication, for treatment.** The code of adjunctive therapy is 4381. There is NO fee for this service as this is an agreement with the Arestin program offered to Dental Hygiene Programs. The student shall record the fee as NC (no charge). **Faculty must complete a scale check for the sites approved for Arestin on the same day of placement.**

Criteria for Arestin Placement

- Confirms periodontal site has a pockets depth of 5-8 mm's.
- Confirms periodontal site exhibits bleeding upon probing.
- Confirms periodontal site has radiographic bone loss.
- Confirms periodontal site is free of calculus and biofilm.
- Confirms patient is currently not pregnant or nursing.
- Confirms patient has an adult dentition.
- Confirms patient does not have a known allergy or sensitivity to minocycline or tetracycline drugs.

Faculty signature: _____

Arestin Log

Student Name: _____

Semester	Date	Patient Name	Sites Administered

Example:

SP 24	3-1-24	Perry O'Donnel	#3- DB, #14- ML, #18- B, #31- L
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Planning Treatment Strategy

After completing the OSU treatment plan in AxiUm, the dental hygiene student, **IN PENCIL**, will complete the treatment strategy in the CSCC student record. The treatment strategy shows the number of appointments the student needs to complete the patient and each aspect of the services to do at each appointment. The planned sequence shall include medical/dental history, radiographs exposed, FMP or recall probing, dental charting (if needed), Plaque score (if done) PSR (if needed), planned competencies, scaling, and root planing, polishing, restorative exam and fluoride treatment (if needed). The plan shall include the number of appointments needed for completion of the patient's treatment as shown in the example below.

Example of Planned Sequence of Treatment Strategies

<u>Planned Sequence of Treatment Strategies</u>	
Appointment 1 Date:	Appointment 7 Date:
Appointment 2 Date:	Appointment 8 Date:
Appointment 3 Date:	Appointment 9 Date:
Appointment 4 Date:	Appointment 10 Date:
Appointment 5 Date:	Appointment 11 Date:
Appointment 6 Date:	Appointment 12 Date:

This is **in pencil** so that it can be updated if the plan was not met.

The student shall obtain an instructor's approval for both the OSU treatment plan and CSCC student record treatment strategy. After the instructor has determined to be appropriate, the student shall obtain the client's signature.

Informed Consent

Every patient must give informed consent to provide dental hygiene care. The Informed Consent must show the ADA code, treatment description and financial obligation. The student shall present the treatment plan and ask the patient to sign electronically for consent of treatment. Student will also sign the form. If root planing or periodontal maintenance is recommended, there is a **second consent form in AxiUm**, "Informed Consent for Non-Surgical Periodontal Treatment", that the patient will need to sign. This consent form outlines the risks involved with the treatment. The student will review the consent with the patient prior to asking for their signature. Student will also sign form. **There will be a red, round icon at the bottom tool bar of AxiUm when Periodontal Consent Form needs signed.**

OSU Consent Form



THE OHIO STATE UNIVERSITY
COLLEGE OF DENTISTRY

Patient Name: _____

Record #: _____

College of Dentistry

Informed Consent for Non-Surgical Periodontal Treatment

Patients, patient representatives, parents and guardians please read this form carefully

Informed consent for Non-Surgical Periodontal Treatment performed by [Dr.] _____.
Other dentists, resident dentists or dental trainees may be involved with provision of care.

I agree to the treatment plan, as discussed with me. I understand that I may withdraw consent and refuse treatment at any time before the treatment is provided.

I understand the following:

1. One or more teeth/quadrant/arch listed here will be treated: _____.
This procedure involves the removal of bacteria and their deposits, tartar (calculus), and other surface roughness from the roots of the teeth. This treatment may use hand and/or ultrasonic instruments. In addition it may involve: x-rays, molds of my mouth and photos. It might also involve numbing of my teeth and gums, as well as local antibiotic and/or fluoride treatment. This is not a routine cleaning and requires 3-4 month follow up visits.
2. I may have some problems during examination and treatment that my dentist cannot predict. These include but are not limited to:
 - pain, discomfort, or swelling lasting several days
 - infection and bleeding
 - injury to other nearby teeth, fillings, crowns, lips, and gums
 - short-term, long-term or permanent numbness of the teeth, gums, tongue, cheek, lip or chin
 - unplanned reaction to a drug, dental material, latex, etc.
 - jaw joint (TMJ) problems
 - breathing in or swallowing a dental instrument or dental material
 - unplanned reaction to local anesthesia
 - any complication may result in additional treatment
3. I may also experience the following during or after my treatment/surgery, including but not limited to:
 - sensitivity of the roots of the teeth to hot, cold or certain foods
 - shrinking gums so that they do not fill the space between the teeth or make the teeth look longer
 - the need for more treatment if tissues do not respond to non-surgical periodontal treatment
 - any problems could result in additional treatment time and expense

Patient Name:
Record #:

4. Other specific risks:

-
-

5. There are possible benefits of agreeing to this plan and these have been explained to me.
6. I may have other choices including no treatment. I understand the risks of those choices.
7. All records including x-rays, photos (including full face), recordings and drawings will remain the sole property of The Ohio State University College of Dentistry. These records may be used for teaching and publication.
8. There is no guarantee of treatment results.
9. It is my responsibility to follow the post-treatment protocols of the College of Dentistry.

I am, or my parent, legal guardian or representative is, signing this consent. I was given the opportunity to ask questions about these risks. All of my questions were answered. I understand and give my consent for treatment.

Please Print Patient's Name

Patient/Parent/Legal Guardian/Representative Signature Date

Provider/Designee Signature

Date

The patient is responsible for the cost of follow-up care.
The cost of more treatment is not included in the original cost estimate.

Scaling or Root Planing

Scaling shall be accomplished one quadrant at a time. In Clinic I and II, only one quadrant at a time may be graded. In Clinic III, students may have two quadrants of an A and B patient graded at one time (right side, left side). In Clinic IV, students may have all quadrants of an A and B patient graded at one time, two quadrants of a C patient graded at one time. Scaling shall be completed on an A-O patient. A-O patients shall be scaled to remove plaque and calculus. The students may have the entire mouth graded for scaling at one time.

Errors of missed calculus shall be recorded by the student on the ***CSCC grade sheet tooth grid*** by placing a red dot on the tooth surface identified by the instructor. Any missed calculus shall be removed by the student prior to beginning another quadrant (if scaling remains to be completed) or polishing.

Root Planing

Patients that need quadrant root planing, must have a current full series of radiographs (see above). An FMP must be completed prior to root planing (see above). Students shall have available during root planing treatment: an ultrasonic, perio pack, as well as their instrument cassette. During treatment, the radiographs and periodontal chart shall be utilized for clarification during treatment.

The CSCC student record shall be placed in a blue plastic folder until the periodontal re-evaluation appointment (PIP) is complete. The student shall begin a separate student record for the periodontal re-evaluation appointment. Students turn in both the root planing student record and the periodontal re-evaluation student record in the blue plastic folder. Blue plastic folders are available by asking an instructor.

Site specific/localized root planing shall be done if only one area of 1-3 teeth is affected. Site specific root planing will **not** constitute a quadrant of scaling towards the program requirements. Prophylaxis (D1100) will also be treatment planned if there are two or less quadrants of site specific root planning.

Not every patient will need full quadrant root planing. If a patient's need is for root planing of all molars only, the student may indicate the need in the dental hygiene care plan and receive credit for one quadrant of root planing if the total number of teeth equal **4 or more teeth on the same person**.

PIP and Buckeye Hygiene Kit should be treatment planned during Assessment II at the same time as SRP.

Decision Continuum for Treatment Planning

AAP Case Type	Pocket Probing Depth	Interproximal Attachment Loss	Type of Bone Loss	Percent Bone Loss	Number of Teeth Lost*	Appropriate Treatment
I	≤4	1mm-2mm	Mostly Horizontal	Up to 15%	None	Traditional scaling and root planing (SRP) may be adequate
II	≤5	4mm-5mm	Mostly Horizontal	15%-33%	None	SRP is first step, but advanced therapy is likely
III	≥6	≥5mm	Vertical and Horizontal	>33%	Four or fewer	Will almost always require advanced therapy beyond SRP
IV	≥6	≥5mm	Vertical and Horizontal	>33%	Five or fewer	Should go immediately to advanced therapy

*Due to Periodontitis

Adapted from: Dimensions of Dental Hygiene. June 2022; 20(6)28,31-33., Clinical Decision Points as Guidelines for Periodontal Therapy,

By Stephen K. Harrel, DDS, Michael P. Rethman, DDS, MS, Charles M. Cobb, DDS, MS, PhD, Lee N. Sheldon, DMD and John S. Sottosanti, DDS

Patient Instructions

Provide patients with Scaling and Root Planing or Placement of Arestin instructions for possible post treatment issues. See forms below:

Patient Instructions Following Scaling and Root Planing

Following scaling and root planing you can expect to notice less redness, less bleeding, and less swelling of your gum tissue. Your gum health can then be maintained with proper home care and regular professional care.

DISCOMFORT/PAIN...

Discomfort or pain should not be acute and should subside in a few hours to a few days. Discomfort immediately after treatment is usually associated with slight throbbing or aching and occasionally may be uncomfortable. This discomfort usually subsides in about four hours. Any discomfort due to brushing should get better in one to several days.

TOOTH SENSITIVITY...

Teeth may be sensitive to temperature changes and/or sweets. The sensitivity to temperature may be intense the first several days and usually diminishes quickly.

BLEEDING...

Some slight bleeding may occur during the next several brushings but the bleeding should steadily decrease over two or three days.

APPEARANCE...

Root surfaces may be more exposed as the swelling of the inflamed gum tissue goes away. This may result in more space between the teeth.

INSTRUCTIONS TO MINIMIZE SYMPTOMS...

DIET/EATING If extensive root planing was performed, chewing hard foods, such as meat or raw vegetables, may be uncomfortable. This should last no longer than a few days. A Diet of a softer consistency would be advised until chewing becomes more comfortable.

DISCOMFORT/PAIN/SENSITIVITY If a local anesthetic was used, avoid chewing foods until feeling returns to avoid injury to the tongue or cheeks. Acetaminophen or a nonaspirin analgesic should be taken when indicated to reducediscomfort. If tooth sensitivity persists, use a desensitizing dentifrice (toothpaste) containing potassium nitrate. If the sensitivity is severe and prolonged, professional application of a desensitizing agent may be required.

ORAL HYGIENE...

If gum tissues are tender, brush your teeth gently but thoroughly; this may take a little more time than normal. By the third to fourth day, normal oral hygiene techniques can be resumed. Mouth rinsing is recommended with either of the following solutions: (1) an antimicrobial rinse, or (2) a warm saline rinse. Use of these rinses should be limited to one to two consecutive weeks.

SPECIAL INSTRUCTIONS TO PATIENT...

Credit: Patricia Regener Campbell, RDH, MS, associated professor and clinic coordinator, Caruth School of Dental Hygiene, Baylor College of Dentistry, Dallas, Texas

Patient Instructions Following Arestin (Antibiotic) Placement

Procedure...

(under your gum tissue).

Today you had an antibiotic placed in a periodontal pocket

Gum Sensitivity...

week after ARESTIN
(antibiotic) placement.

Some mild to moderate sensitivity is expected during the first

Instructions...

Avoid touching treatment site for **one week** except for routine brushing.
Postpone brushing site for **12 hours**.

Postpone interdental cleaning (flossing, use of tooth picks, stimulators or proxy brushes)
around treatment site for **10 days**.

Avoid chewing hard, crunchy or sticky foods such as carrots, taffy and or gum for **one week**.

Dental care...

Maintain a good oral hygiene routine.
Follow up with your dentist or dental hygienist by keeping your scheduled appointments.

Sealants

All patients that may need sealants must have the approval of the supervising dentist prior to initiating the procedure.

TOPIC	RECOMMENDATION	GRADE OF EVIDENCE	STRENGTH OF RECOMMENDATION
Caries Prevention	Sealants should be placed in pits and fissures of children's primary teeth when it is determined that the tooth, or the patient, is at risk of developing caries*†	III	D
	Sealants should be placed on pits and fissures of children's and adolescents' permanent teeth when it is determined that the tooth, or the patient, is at risk of developing caries*†	Ia	B
	Sealants should be placed on pits and fissures of adults' permanent teeth when it is determined that the tooth, or the patient, is at risk of developing caries*†	Ia	D
Noncavitated Carious Lesions‡	Pit-and-fissure sealants should be placed on early (noncavitated) carious lesions, as defined in this document, in children, adolescents and young adults to reduce the percentage of lesions that progress†	Ia	B
	Pit-and-fissure sealants should be placed on early (noncavitated) carious lesions, as defined in this document, in adults to reduce the percentage of lesions that progress†	Ia	D
Resin-Based Versus Glass Ionomer Cement	Resin-based sealants are the first choice of material for dental sealants	Ia	A
	Glass ionomer cement may be used as an interim preventive agent when there are indications for placement of a resin-based sealant but concerns about moisture control may compromise such placement§	IV	D
Placement Techniques	A compatible¶ one-bottle bonding agent, which contains both an adhesive and a primer, may be used between the previously acid-etched enamel surface and the sealant material when, in the opinion of the dental professional, the bonding agent would enhance sealant retention in the clinical situation§	Ib	B
	Use of available self-etching bonding agents, which do not involve a separate etching step, may provide less retention than the standard acid-etching technique and is not recommended	Ib	B
	Routine mechanical preparation of enamel before acid etching is not recommended	IIb	B
	When possible, a four-handed technique should be used for placement of resin-based sealants	III	C
	When possible, a four-handed technique should be used for placement of glass ionomer cement sealants	IV	D
	The oral health care professional should monitor and reapply sealants as needed to maximize effectiveness	IV	D

* Change in caries susceptibility can occur. It is important to consider that the risk of developing dental caries exists on a continuum and changes across time as risk factors change. Therefore, clinicians should re-evaluate each patient's caries risk status periodically.

† Clinicians should use recent radiographs, if available, in the decision-making process, but should not obtain radiographs for the sole purpose of placing sealants. Clinicians should consult the American Dental Association/U.S. Food and Drug Administration⁸⁶ guidelines regarding selection criteria for dental radiographs.

‡ "Noncavitated carious lesion" refers to pits and fissures in fully erupted teeth that may display discoloration not due to extrinsic staining, developmental opacities or fluorosis. The discoloration may be confined to the size of a pit or fissure or may extend to the cusp inclines surrounding a pit or fissure. The tooth surface should have no evidence of a shadow indicating dentinal caries, and, if radiographs are available, they should be evaluated to determine that neither the occlusal nor the proximal surfaces have signs of dentinal caries.

§ These clinical recommendations offer two options for situations in which moisture control, such as with a newly erupted tooth at risk of developing caries, patient compliance or both are a concern. These options include use of a glass ionomer cement material or use of a compatible one-bottle bonding agent, which contains both an adhesive and a primer. Clinicians should use their expertise to determine which technique is most appropriate for an individual patient.

¶ Clinicians should consult with the manufacturer of the adhesive and/or sealant to determine material compatibility.

Case Study Permission and Photograph Release

This release will give the student permission to expose intra-oral photographs and x-rays for the educational purpose of a case study presentation.

Case Presentation Permission and Photographic Release Form

Permission Form

Student's Name _____

Patient's Name _____

Date _____

Approved by _____

Please have Mrs. Vetter or Dr. Grossman approve and sign:

This release will give Columbus State Community College's Dental Hygiene Program permission to expose diagnostic intra-oral photographs, and radiographs for purposes of case study presentation. This information will enhance the patient's treatment and/or the educational process of the dental hygiene student. The Case Study will follow all of the rules of HIPAA, respecting the patient's privacy by not putting any name or identification on the assessments and patient information for the clinical case presentation.

Patient

Signature _____ Date _____

Student

Signature _____ Date _____

OSU Plaque Index

An OSU Plaque score is to be completed on all initial and recare patients during Assessment II for the following semesters: Clinic I, II, and III. All initial patients require an OSU Plaque score during Clinic IV.

The plaque index is recorded on the periodontal chart form. A new form may need to be started if your periodontal chart was already marked completed.

Purpose: to record the presence of bacterial plaque on individual tooth surfaces to permit the patient to visualize progress while learning plaque control. Documentation and Education – remember plaque is not visible to patients.

Periodontal Re-evaluation (PIP) Checklist

- ☐ Open the patient record in AxiUm.
- ☐ Get CSCC root planing student record (should be in blue plastic folder with your clinic folder)
- ☐ Start a new CSCC student record.
Complete student name, patient name, age, race, OSU or CSCC patient, re-evaluation. Use the color chart for the current semester.
- ☐ Start a PIP grade sheet (same color as student record)
Complete student name, patient name, age
AAP type known from previous chart (based on radiographic bone loss – no new x-rays, did not change). Indicate on CSCC student record.
- ☐ Update medical history. Update dental history of items that may have changed such as asking about bleeding, mouth odor, tooth aches, home care routine (did it change). Update vitals. Indicate medically compromised and ASA (CSCC grade sheet and student record).



MEDICAL CHECK-IN

- ☐ Reassess Intra/Extra oral, gingival description
Gingival description will assist in determining changes in health
Determine OH. Good, fair, poor. Indicated patient compliance.
- ☐ Determine in need any NEW x-rays – abscess, pain, fractured tooth
Indicate on front of CSCC student record radiographic needs or date and type of radiographs previously obtained
- ☐ FMP in AxiUm. This is a new periodontal record.
- ☐ Assess changes in gingival health, periodontal probe depths, bleeding, and accessibility to difficult areas to clean such as furcations. Record findings in progress notes.



Instructor check

Reassess I/E and FMP

- ☐ Student to determine next course of action to achieve health for the patient. This is the student's perception only. The DDS would make the final decision. It allows students to apply knowledge from the perio class.
 - refer to perio – surgery, gingival grafting, bony grafting,
 - adjunctive therapy – would it be beneficial? Appropriate?
 - Recall interval - # of appropriate months? Next dental hygiene appointment will be for periodontal maintenance, not recall.



DDS CHECK (determine if determined course of action is appropriate)

****** If adjunctive therapy would be appropriate, will need to add to treatment plan and obtain patient's permission.**

- ☐ Assess amount of remaining calculus – quick overview. *Not determining if "A,B,C,or D".*

- **TREATMENT STRATEGY** – Patient consented for PIP or re-evaluation. If determined for additional x-rays or adjunctive therapy, enter treatment in AxiUm for faculty approval.



Instructor Check

Confirm Tx plan

- Student will scale all *Supragingival* calculus and plaque.
- Student will scale any subgingival calculus determined by instructor and student collectively



SCALE CHECK

Remember the number of errors is the number of errors for the entire mouth not for one quadrant. As there is no scaling grid due to every patient started at a different point, the number of errors is an overall impression of the faculty of the removal of calculus.

- Student will polish – remove any stains.
- Patient education presented during entire appointment. Informing – educating.
- Update PTEN as you progress during appointment.
- Have documentation completed for polish check



POLISH CHECK

Grade for polishing shall be given.

- Apply adjunctive therapy, if appropriate and determined with DDS previously.
- Mark front on CSCC student record for necessary referrals and where referred.



INSTRUCTOR CHECK – FINAL CHECK OUT

*****If treatment is completed and the supervising DDS agrees to the periodontal maintenance interval, the student shall ask an instructor to approve the completed treatment in AxiUm, sign out the student on the grade sheet (providing grades for remaining areas on the grade sheet) and approve progress notes.*

- Complete End of Semester Patient Information (front of CSCC student record). Turn in both root planing student record and periodontal re-evaluation (PIP) student record in the blue plastic folder.

**Columbus State Community College Dental Hygiene Program
PIP Grade Sheet**

DHY 1861, 2862, 2863, 2864

Clinic I, II, III, IV

Radiographs exposed: ☐ No X-rays Reason: _____

☐ 2 or ☐ 4 Bitewings

☐ Full Mouth Series

☐ Panoramic

☐ PA # _____

Student _____

Patient _____

Age _____

AAP Type N 1 2 3 4

Generalized _____

Localized _____

Date	Med. Hx✓	Appointment	Clinic Session		Instructor	
			S	U	IN	OUT

Part I: Data Collection/Assessments

1. Medical and Dental History **Med. Comp: yes or no**
2. Reassessments Intra/Extra-oral exam
3. Periodontal Charting: FMP

☐
☐
☐

Comments

Part II: Dental Hygiene Analysis

1. Re-evaluation Check (D.D.S. _____)

☐

Part III: Planning

1. Treatment Documentation

☐

Part IV: Implementation

- Patient Education, Oral Hygiene (Process)
- Polishing/ Stain/ Plaque Removal (Product)

of errors _____

☐
☐

Score				
NI	3	4	5	6
NI	2	3	4	5
S	1	2	3	4
S	0	1	2	3

Part V: Debridement (Product)

☐

Information below must be filled out by the student to get credit for the Re-evaluation:

Referral to periodontist? Yes or No

Adjunctive Therapy Recommendation? Yes or No

Recall Interval: ☐ 3 months ☐ 4 months ☐ 6 months
Rational for recall

Professional and Clinical Skills Faculty Comments

Part VI: Professionalism (Process)

Part VII: Clinical Skills (Process)

Decision Matrix for PIP or Re-evaluation

This decision matrix is included to help the student determine the appropriate future treatment for the patient from data collected during the PIP or at a Re-evaluation appointment.

Decision Matrix for PIP or Re-evaluation

Probing Depth Compared to Initial Examination	Bleeding	Location of Problems Remaining	
		Localized	Generalized
Decreasing	No	Routine Periodontal Maintenance	Routine Periodontal Maintenance
	Yes	Consider: 1. Reinforcement of oral hygiene 2. Re-root plan planning 3. Local delivery of antimicrobial 4. Shorten maintenance interval	Consider Plaque control may be Inadequate: Retrain If adequate, consider 1. Diagnostic testing 2. Systemic antibiotics therapy 3. Referral to periodontist
Same +/- 1 mm	No	Routine Periodontal Maintenance	Routine Periodontal Maintenance
	Yes	Consider 1. Reinforcement of oral hygiene 2. Re-root plan planning 3. Local delivery of antimicrobial 4. Possible surgery 5. Referral to periodontist	Plaque control may be Inadequate: Retrain If adequate, consider 1. Diagnostic testing 2. Systemic antibiotics therapy 3. Surgery 4. Referral to periodontist
Increasing 2mm or more	No	Consider 1. Surgery 2. Referral to periodontists	Consider 1. Diagnostic testing 2. Systemic antibiotic therapy 3. Surgery 4. Referral to periodontist
	Yes	Consider 1. Surgery 2. Referral to periodontist	Consider 1. Diagnostic testing 2. Systemic antibiotic therapy 3. Surgery 4. Referral to periodontist

Decision Matrix for Periodontal Maintenance Therapy

This decision matrix is included to help the student determine the appropriate future treatment for the patient from data collected during the periodontal maintenance appointment.

Decision Matrix for Periodontal Maintenance Therapy

Probing Depth (mm)	Probing Depths Changes	Bleeding Status	Treatment	Recall Interval
0-3	Constant	None	1. Routine (polish, light scale)	Same or lengthen (3-12 months)
0-3	Constant	Bleeds	1. Routine 2. Root plane 3. Review oral hygiene	Shorten if bleeding is repetitive in area (1-3 months)
3-5	Constant	None	1. Routine	Same or lengthen (3-6 months)
3-5	Constant or increases	Bleeding	1. Routine 2. Root plane with anesthesia 3. Review oral hygiene 4. Advise patient	Shorten (1,2 or 3 months)
5+	Constant	None	1. Routine 2. Irrigation 3. Advise patient	Same (3-4- months)
5+	Constant or increases ≤ 1 mm	Bleeds	1. Routine 2. Root plane with anesthesia 3. Local delivery of antimicrobial agent 4. Review oral hygiene 5. Advise patient	Shorten (1-3 months)
5+	Increase > 1 mm	Bleeds	1. Routine 2. Root plane with anesthesia 3. Local delivery of antimicrobial agent 4. Review oral hygiene 5. Surgery 6. Systemic Antibiotics	Shorten (1-3 months)

Polishing

Students shall disclose the patient prior to polishing and after polishing to check for missed areas prior to the faculty check.

Students shall have disclosing solution available for the instructor for grading the polishing.

Students shall notate missed areas on a separate sheet of paper indicated by the instructor. The total number of errors will be recorded on the CSCC grade sheet and the grade determined based off of total number of errors allowed on Instructor Calibration for current semester. Students are required to remove any remaining plaque following instructor polish check.

Polishing shall not be provided at root planing appointments. The polishing will be completed at the PIP or periodontal re-evaluation appointment.

Students will automatically receive an NI when polishing is not completed or patient declines polishing. **If more than two** patients decline polishing and/or polishing is not completed for any other reason during a semester, the student will not receive the requirement points for completing patient.

Patient Education

Each appointment students are to provide appropriate education to the patient and recorded in the AxiUm patient record and planned sequence of treatment in student record.

Students are to review the following for recommendations for patient education:

- Medical history for known factors that can influence the rate of periodontal disease
- Medications/herbal supplements that may influence the rate of decay or bleeding issues
- I/E for teeth alignment, mouth breathing that may influence decay or periodontal disease
- Oral hygiene that indicates the patient needs counseled on proper techniques.
- Risk factors for known risks.

Patient education is more than just demonstrating tooth brushing. Remember to document the rationale for why the student made the recommendation.

Restorative Examination

All patients will have a restorative check/comprehensive exam or periodic exam at the completion of the series of appointments. The supervising dentist shall complete the restorative check with the student. The student shall have completed the radiographic interpretation worksheet for Clinic I and II. For Clinic I, II, and III, the radiographic interpretation shall be accomplished with the supervising dentist where possible, or dental hygiene faculty but always before Assessment II.

The student will outline their preliminary recommendations on the Significant Findings Form reflecting the radiographic findings and clinical findings by the students.

SIGNIFICANT FINDINGS FORM

Student: _____ Patient: _____

Date: _____

Radiographic significant findings of Dental Needs

Clinical significant findings of Dental Needs

Prescriptions

If a prescription is needed for a patient (antibiotic, Chlorhexidine, fluoride Rx), the prescription will be executed by the supervising dentist. Where possible prescription will be recorded in AxiUm Rx, or at the minimum in the PTEN notes. Requests for prescriptions should happen as early as possible in the evening to allow time for its completion.

As directed by the supervising dentist, the students' assessment of further treatment may be modified. On the front of the CSCC chart indicate if the patient is referred to private practice or to OSU. Also please check the areas of needed treatment such as referral for orthodontics, restorative needs, oral pathology evaluation, etc. In the progress notes, indicate the referral to private practice or OSU and indicate the need for the referral. Appropriate referral within the College of Dentistry will be filled out and submitted in AxiUm. Treatment needs or recommendations or if there are no recommendations, as outlined by the dentist, will be recorded in the PTEN notes. If patient requests assignment to dental student for general restorative needs record in PTEN notes that patient has been "referred to dental student for comprehensive care", use the AxiUm referral to Pre-doc clinic, and notify the front desk of such at checkout. If a referral is made to oral pathology, the assigned student shall call the patient in two weeks to verify the patient has scheduled with oral pathology. The progress notes shall be updated in both the OSU and CSCC chart of the telephone conversation. Please indicate the patients' response regarding the scheduling of the appointment.

Dentist should swipe to approve completed examination (comprehensive, periodic), and assign grade on CSCC grade sheet. PTEN note should also reflect that examination was performed and any discussion or recommendations beyond restorative needs recorded.

OSU Referral

Indicate in progress notes referral was made to OSU for appropriate department.

For patients undergoing root planing, a restorative examination must be completed at the last root planing appointment. Many times, patients do not return for the periodontal re-evaluation (PIP) appointment; "quality of care" would indicate a dentist must examine a patient at the last root planing appointment.

Guidelines for Treatment Narrative/Notes (When PTEN not used, as in general note)

- Always list premeds taken (specific names, amount and time taken). Entry should be recorded as “patient stated took (specific name, amount and time taken)”
- List anesthetic given (specific name, amount, area administered).
- Evaluation should include specific findings/ patient attitudes.
- If lesion is noted, identify lesion if possible. If not able to identify, describe the lesion (location, size, appearance). Ask supervising dentist to identify the lesion. If not identified, patient should be referred for evaluation or asked to return to reevaluate (hopefully, the lesion has resolved).
- During scaling, quantity and location of calculus, plaque and stain should be indicated. (Example: Localized [state location]/Generalized, Light/Moderate/Heavy, Supragingival/Subgingival, Calculus/Plaque/Stain).
- If taking radiographs to identify a problem, list type and area of radiograph. Make sure to include the radiographic finding.
- If patient is referred for treatment, list to where they are referred and for what they are referred.
- Entries should include the date, student signature, and faculty signature.
- Any changes during oral inspection should be listed in progress notes (fractures, lesions, etc.)
- Abbreviations are unacceptable unless on the accepted list of abbreviations.
- Entries shall include the names of any products dispensed or recommended.
- Entries shall include prescriptions (name of medication, dose, directions, and name of supervising DDS).

Progress notes tell a story. The progress notes should include conditions presented by the patient, assessments, analysis, treatment strategy, treatment provided and evaluation. Finally, progress notes should include the next phase of treatment. If it is a recare/Perio Main appointment is indicated the rationale must be included.

In AxiUm, use the **PTEN** format for documentation.

All information relative to patient care is to be recorded as a treatment note in AxiUm. All treatment notes for restorative and prosthodontic procedures should follow the Problem, Treatment Performed, Evaluation and Next Appointment/Procedure (PTEN) format.

To facilitate the process, several templated PTEN notes can be found in AxiUm.

Treatment notes should begin by indicating the **P** planned procedure for the clinical session.

The **T** treatment section should include treatment performed during the clinical session including a note regarding a review of the patient’s medical history, vital signs, tooth number, materials utilized, and the quantity and type of anesthetic. The **E** evaluation section should include documentation of patient comments, the patient’s ability to tolerate the dental procedure, and updates to changes and proper use of medications. **N** next appointment should specify the procedure planned for the patient’s next appointment. This is a brief description.

EXAMPLE: RE CARE

Date:

P: Patient presents for 6 mo. recare visit for dental prophylaxis and examination.

T: BP: 12/80, P: 72, R: 16. No changes to medical history per patient. Dental Hygiene Diagnosis acute plaque induced gingivitis due irregular brushing and flossing. Adult prophylaxis with ultrasonic scaling for deplaquing and hand scale, polish. OHI to include how patient might incorporate flossing more routinely.

E: Patient tolerated well. Patient seemed willing to work on increasing flossing frequency. Very pleasant and cooperative.

N: 6-month recare due to light supra gingival calculus buildup and fair to good OH.

EXAMPLE: SCALING AND ROOT PLANING

Date:

P: Patient presents for Deep Scaling and root planing of Maxillary Left quadrant under local anesthesia.

T: BP 126/ 82, P: 78, R: 14, No changes in medical history since last visit. Patient allergic to PCN. 54 mg of 2% Lidocaine with 1:100,000 epinephrine delivered via L-PSA, L-MSA, and L-ASA without complication. Deep scale and root planing to maxillary left quadrant (#15-#9) using ultrasonic scaler and hand instruments. Irrigated with Chlorhexidine at the end.

E: Patient tolerated well and remarked that the anesthesia delivery was easier than they expected and appreciated the comfort level during procedure. Class I furcation area #14 buccal challenging to instrument. Patient stated also that dosage for Lisinopril was increased to 20 mg once per day.

N: Patient is scheduled to return in 6 weeks for periodontal re-evaluation (PIP) of all quadrants.

Documentation of Local Anesthesia

Documentation of local anesthesia should include reason for anesthesia, injection sites, name of drug, concentration, and dose in cartridges (for Oraquix) or milligrams (for injectable), effects or reactions.

The name of the anesthesia is needed in case there is a reaction so that it can be avoided in the future.

The injection sites are needed in case there is any reported issue with hard or soft tissues following treatment. Some patients have reported swelling at the injection site; others temporary paralysis.

The amount of epinephrine is needed in case there is hypersensitivity such as racing heartbeat.

The topical used is needed in case there is an allergic reaction.

Reaction of the anesthesia is needed for guide for future anesthesia. Some patients need more anesthetic for profound anesthesia. Some need less. Also, some patients may faint after receiving local anesthesia.

The following is an example:

Box 11-7 Sample Patient Record Documentation for Local Anesthetics

Date	Procedures	
02/14/15	20% benzocaine topical, R-PSA, MSA, ASA 2 cart (3.6 mL) 2% lidocaine, 1:100,000 (72 mg LA)* (0.036 mg epi) (-) aspr., no complications.	Signature = Identifiable Name
03/17/15	5% lidocaine topical, R-IA, LB 1 cart (1.8 mL) 2% mepivacaine, 1:20,000 (36 mg LA) (0.09 mg levo) (+) aspr., visible hematoma, pressure/ice 15 minutes, monitor 30 minutes, no further swelling. Treatment complete w/o complication. Patient to call if any further problem.	Signature = Identifiable Name
03/18/15	T/W Patient no further complications from hematoma, will call if changes.	Signature = Identifiable Name
09/06/15	Vibraject, R-PSA, AMSA 2 cart (3.6 mL), 4% articaine 1:200,000 (144 mg LA) (0.018 mg epi) (-) aspr., no complications.	Signature = Identifiable Name
10/22/15	20% benzocaine topical, R-PSA, AMSA 2 cart (3.6 mL) 2% lidocaine, 1:100,000 (72 mg LA)* (0.036 mg epi) (-) aspr., no complications.	Signature = Identifiable Name

**Total drug volumes are noted in (); this format may be preferred by some clinicians*

Bassett, Local Anesthesia for the Dental Professional, 2nd Ed. page 207

Abbreviations Used at CSCC

All abbreviations accepted by OSU

Also includes the following:

Acry	Acrylic
Alg	alginate
Amal	amalgam
Ant	Anterior
Apico	apicoectomy
Appt	appointment
Approx	approximately
At	attrition
Assess	assessments
BAP	broken appointment patient
BP	blood pressure
BWX	bitewing radiograph
b/c	because
č or w/	with
CEJ	cementoenamel junction
CSCC	Columbus State Community College
Comp	competency
Cont care	continued care
DC	dental charting
Desens	desensitizing
D	distal
DHY	dental hygiene
DO	distal occlusal
Dx	diagnosis
Emerg	emergency
Endo	endodontics
Epi	epinephrine
Eval	evaluation
Ext	extraction
Fl Tx	fluoride treatment
FMP	full mouth probing
FMX	full mouth series radiographs
FR	fracture
Fur	furcation
Gen	generalized
GI	gingival index
Hx	history
HR	heart rate

H ₂ O	water
Imp	impression
impd	impacted
Infil	infiltration
Interprox	interproximal
IO	intraoral
I/E	intra/extra oral exam
JE	junctional epithelium
LL	lower left
LR	lower right
Mand	mandible/mandibular
Max	maxilla/maxillary
Med	medical
Meds	medication
MGI	Mucogingival involvement
mm	millimeters
mod	moderate
MOD	mesial occlusal distal
MODL	mesial occlusal distal lingual
Mo	months
N/C	no charge
NKDA	no known drug allergies
N ₂ O	nitrous oxide
NV	next visit
Occ	occlusal
Occ Adj	occlusal adjustment
OH	oral hygiene
OHI	oral hygiene instruction
OCS	oral cancer screening
Ortho	orthodontics
O ₂	oxygen
P	pulse
PA	periapical radiograph
PAN	panorex
PDL	periodontal ligament
Pedo	pedodontics
Perio	periodontal
PI	Plaque Index
PIP	post initial prep – now known as re-evaluation appointment
Post	posterior
Prep	preparation
PRN	when indicated for
Prophy	prophylaxis
Prosthodontics	prosthodontics

Pt	patient/client
Quad	quadrant
R	respiration
Re	regarding
reassess	reassessments
Rec	recommended
rest √	restorative check
RP	root planing (cannot be used for recall probe)
Rx	prescription
S	sealant
Sens	sensitivity
Sext	Sextant
UL	upper left
UR	upper right
x	times

Criteria for Evaluation

The assessment criterion follows the format of the student grade sheet. The criterion is meant to be comprehensive; however, *the faculty reserves the right to change the criteria if necessary.*

Part I: Data Collection

1. Medical and Dental History

Critical errors –

- a. Medical history not completed
- b. Temperature, blood pressure, pulse, and respiration not taken and recorded
- c. Medical history not signed by patient
- d. Medical history not evaluated by an instructor before proceeding with other treatment
- e. Dental history not completed

Errors – Each error is one error. See calibration sheet.

- a. Follow-up questions not asked, or responses recorded on either medical or dental history
- b. Medically compromised has not been circled on grade sheet
- c. Date of medical concerns entered with month/year not written as 6 month ago
- d. Medications or “no known medications” not recorded
- e. Allergies or “no known allergies” not recorded
- f. Summary of patient’s medical status not completed
- g. ASA not properly assessed
- h. If appropriate, inhaler or nitroglycerin not on counter

2. Extra/Intra Oral Inspection/Occlusion

Critical errors –

- a. Student did not perform an oral inspection
- b. Student did not assess occlusion
- c. Failure to complete the OSU Caries Risk Assessment in AxiUm.
- d. Student used the PSR or 11/12 explorers in a way that causes undue trauma to the patient’s periodontal tissue
- e. The student causes undue harm to the patient

Errors – Each error is one error. See calibration sheet.

- a. Each of the following groups may not have been assessed properly. Following each group, a general description of what is expected to be evaluated by the student is listed.
 1. General appearance: AW (apparently well), AI (acutely ill), CI (chronically ill), COOP (cooperative), hostile, apprehensive, impatient, NN (normally nourished), obese, thin, cachectic (general ill health and malnutrition)
 2. Head: Symmetrical or size and shape, injuries, or signs of abuse

3. Skin: Color, texture, blemishes, scars, or lesions
4. Eyes: Color, signs of irritation of sclera, and the conjunctiva, or note size of the pupils
5. TMJ: Limitations or deviations of movement, tenderness, crepitation(popping, clicking, or grinding)
6. Salivary glands: Palpable or non-palpable, enlarged masses or tenderness of nodes or glands
7. Neck: Symmetrical or enlarged masses (Description of masses should be noted including size, how long it has been present, whether pain is associated)
8. Lips: Color, texture (chapped or cracked), blisters, ulcers, traumatic lesions, lip-biting, or angular cheilosis (Description of lesions should be noted including size, shape, how long it has been present, whether pain is associated)
9. Mucosa: LABIAL: Color, texture, or hard masses (Fordyce granules, sebaceous glands, or amalgam tattoos), swelling, lesions, or tenderness (Description of lesions should be noted including size, shape, how long it has been present, whether pain is associated)
 BUCCAL: Color, texture or hard masses (Fordyce granules, parotid papilla, linea alba or amalgam tattoos), swelling, lesions or scarring, or cheek biting (Description of lesions should be noted including size, shape, how long it has been present, whether pain is associated)
10. Palate: Color, texture (inflammation or ulceration; nicotine stomatitis, inflamed incisive papilla, prominent rugae or redness due to dentures), or hard masses (tori) (Description of lesions should be noted including size, shape, how long it has been present, whether pain is associated)
11. Tonsils/oropharynx: Color, lesions, or tenderness, present or the non-presence of the uvula or tonsils (Description of lesions should be noted including size, shape, how long it has been present, whether pain is associated)
12. Tongue: Color, texture (coated; black hairy tongue, geographic tongue, or fissured tongue), lesions, swellings, or ulcerations. (Description of lesions should be noted including size, shape, how long it has been present, whether pain is associated)
13. Floor of the mouth: Color, swelling or masses, size of glands, varicosity, lesions, or tenderness. Description of lesions should be noted including size, shape, how long it has been present, whether pain is associated
14. Alveolar process: Color, swelling or masses (tori), lesions, or tenderness. Description of lesions should be noted including size, shape, how long it has been present, whether pain is associated

15. Gingiva: color, texture and shape, rolled, knife-edge, blunted papilla, firm, resilient, smooth, or stippled)
16. Teeth: number of teeth present, indication of missing teeth, indication of diastema, indication of transposed teeth, noted rotated teeth, noted malformed teeth, noted chipped or fractured teeth, noted attrition, erosion, or abrasion
17. Occlusion: what type (Class I, II {Division 1 or 2} or III), overbite, overjet, crossbite, or anterior crowding
18. Oral hygiene: Present or absence of cervical or interproximal plaque, patient daily oral hygiene care
- b. Student did not assess the oral hygiene as excellent, good, fair, or poor correctly

3. Dental Charting

Dental charting will be completed on every initial patient. For recall patients, no dental charting needs be completed.

Critical errors –

- a. The student causes undue harm to the patient
- b. Did not complete dental charting for an initial patient

Errors – Each error is one error. See calibration sheet.

- a. Missing teeth were not identified and charted
- b. Restorations including gold crowns, porcelain crowns, veneers, stainless steel crowns, bridges, amalgams, composite, gold foils, or sealants were not correctly identified or charted
- c. Implants were not correctly identified or charted
- d. Endodontic treatment was not correctly identified or charted
- e. Removable appliances were not correctly identified or charted
- f. Supernumerary teeth were not correctly identified or charted
- g. Impacted teeth were not correctly identified or charted
- h. Orthodontic apparatus not correctly identified or charted

4. Periodontal Charting (FMP)

A complete periodontal chart shall be completed on every initial patient over the age of 18. For those patients under the age of 18, a periodontal charting shall be completed one time per year. Age 14-17 a PSR shall be performed.

Critical errors –

- a. Student used the periodontal probe in a way that causes undue trauma to the patient's periodontal tissues
- b. Student causes undue harm to the patient
- c. Failure to perform and record an FMP
- d. Failure to perform and record PSR scores

Errors – Each error is one error. See calibration sheet.

- a. Fremitus is not correctly assessed and charted on the periodontal chart
- b. Mobility is not correctly assessed and charted on the periodontal chart

- c. Student measures the periodontal pocket within 1mm plus or minus of correct measurement
- d. Bleeding is not correctly assessed or charted on the periodontal chart
- e. Suppuration is not correctly assessed or charted on the periodontal chart
- f. Recession is not correctly assessed and charted on the periodontal chart
- g. Areas of suspected mucogingival involvement are not correctly assessed or charted on the periodontal chart
- h. Furcation involvement is not correctly assessed or charted on the periodontal chart
- i. Abnormal frenal attachments are not correctly assessed and charted on the periodontal chart

PSR Age 14-17

Critical Errors –

- a. Student causes undue harm to the periodontal tissues of the patient
- b. Student causes undue harm to the patient
- c. Failure to perform and record a PSR

Errors – Each error is one error. See calibration sheet.

- a. PSR measurement was not correctly assessed and recorded. Each sextant may count as one error
- b. Furcation involvement, mobility, mucogingival problem or marked recession areas were not correctly assessed and noted with an *

5. Radiographs (indication of patient need & utilization)

Critical Error

- a. Did not assess a need for radiographs at all
- b. Student did not assess patient's previous history of radiographs
- c. Student proceeded with treatment without obtaining the necessary radiographs as indicated

Errors – Each error is one error. See calibration sheet.

- a. Need for radiographs are not properly assessed
- b. Radiographs were not assessed according to patient need. Student shall consider the patient's caries and periodontal history, diet, home care and how long since the last dental appointment (See Guidelines for Radiographs)
- c. Student did not ask appropriate questions to determine the need for radiographs (when most recent BW, FMX or Panorex were taken)
- d. Student did not check existing patient record for recent x-rays that may not have been recorded in PTEN notes
- e. Student did not ask follow-up questions to determine radiographs of special circumstances should be taken such as a periapical film of a problem area or vertical bitewings for a periodontal patient

6. Radiographic Technique

Graded on original x-rays, not retakes

Critical Errors –

- a. Failure to place lead apron
- b. Failure to remove removable dental appliances
- c. Student causes undue trauma or harm to the patient
- d. Student exceeded the allowable number of radiographic retakes
- e. Student removed the collimator while exposing radiographs

For each of the sequential five clinics, the allowable number of errors progressively decreases.

On the radiographic technique evaluation form for each of the five clinics, the number of errors that can be missed to earn a S or NI. The following are a list of criteria for errors. Grading of radiographs occurs on the original exposed radiographs, not the retakes.

Errors - Each error is one error. See calibration sheet.

- a. Failure to follow infection control techniques for set/up, exposure, and teardown
- b. Improper set up or clean up
- c. Failure to remove jewelry (includes tongue piercing and label piercing)
- d. Failure to remove patient glasses
- e. Improper sensor selection
- f. Improper sensor placement
- g. Improper vertical angulation
- h. Improper horizontal angulation
- i. Improper head position
- j. Cone cut
- k. Unacceptable patient management
- l. Incomplete evaluation form

Part II: Dental Hygiene Analysis

1. Case Type, Treatment Class

Critical Errors – A

- a. Student causes undue harm to the periodontal tissues of the patient
- b. Student causes undue harm to the patient
- c. Student did not Case Type the patient
- d. Student did not Treatment Class the patient

Errors – Each error is one error.

- a. Student did not assess the Case Type as AAP N, 1, 2, 3, or 4 correctly
- b. Student did not assess the Treatment Class as A, B, C or D correctly
- c. Student did not assess the DHY Diagnosis correctly

2. Risk Assessment/Dental Hygiene Diagnosis

Critical Errors – A

- a. Student did not complete a risk assessment

- b. Student did not complete a dental hygiene diagnosis

Errors - Each error is one error. See calibration sheet.

- a. Student incorrectly identified risk factors for periodontal disease
- b. Student incorrectly identified risk factors for dental decay
- c. Student incorrectly identified risk factors for oral cancer
- d. Student did not write a summary statement for each risk area: periodontal disease, dental decay, and oral cancer
- e. Student did not accurately assess the severity of known risk assessments
- f. Student incorrectly identified health, gingivitis, or periodontitis
- g. For gingivitis, the student incorrectly identified acute/chronic, generalized/localized or plaque induced/non-plaque induced
- h. For periodontitis, the student incorrectly identified aggressive/chronic, slight/moderate/severe or localized/generalized

3. Radiographic Interpretation

Critical Errors – A

- a. Failure not to present radiographs for interpretation prior to beginning the Assessment II process

Errors – Each error is one error. See calibration sheet.

For each of the sequential five clinics, the allowable number of errors progressively decreases.

- a. Failure to identify carious lesions
- b. Failure to identify interproximal lesions
- c. Failure to identify unerupted teeth
- d. Failure to identify impacted teeth
- e. Failure to identify endodontic teeth
- f. Failure to identify calculus
- g. Failure to indicate bone loss
- h. Failure to indicate periapical pathology
- i. Failure to identify landmarks
- j. Failure to identify crown/bridge
- k. Incorrect identification of radiopaque/radiolucent
- l. Failure to identify correct tooth number.
- m. Failure to identify dental anomalies
- n. Failure to identify overhang margins
- o. Failure to identify open contacts
- p. Failure to identify drifted teeth
- q. Failure to identify deciduous teeth
- r. Failure to identify composite or amalgam restorations
- s. Failure to write findings on form

4. Restorative Check

Critical Errors –

- a. Failure to obtain a restorative exam

Errors – Each error is one error. See calibration sheet.

- a. Student did not clinically recognize or record areas of decay
- b. Student did not recognize from radiographic areas of decay and record
- c. Student did not recognize the need for referral for any untreated periodontal disease such as mucogingival defects or periodontal abscesses
- d. Student did not recognize for referral any periapical abscess, suspected pathology that should be referred for diagnosis, suspected oral surgery needsthat should be referred for diagnosis, suspected orthodontic needs that should be referred for diagnosis or other suspected dental needs that should be referred for diagnosis

Part III Planning

1. Treatment Strategy

The treatment strategy shall be completed on the CSCC chart in pencil. The treatment strategy shall include intentions of completing assessments, radiographs, FMP or recall probing, dental charting, scaling, or root planing, polishing, restorative check. A strategy should be developed that indicates the number of appointments the student believes is necessary to complete the patient. This strategy shall be updated to reflect what actually was completed and what adjustments are necessary for subsequent appointments.

The OSU treatment plan shall also be completed in AxiUm including the problem, diagnosis, treatment with ADA insurance codes, and fees. After the faculty has determined that the treatment plan is accurate, the student will ask the patient to give consent for treatment by signing in AxiUm. Lack of the patient's consent will terminate the appointment.

Critical Error – A

- a. Student did not obtain patient consent prior to starting treatment
- b. Student did not develop a CSCC treatment strategy and present to the clinical instructor at the assessment check-in
- c. Student did not develop an OSU treatment plan in AxiUm

Errors – Each error is one error. See calibration sheet.

- a. The treatment strategy was unrealistic
- b. The treatment strategy was not according to patient's needs
- c. The treatment strategy was not complete
- d. The treatment strategy was not updated at each reappointment

2. Treatment Documentation

Critical Error –

- a. Student name, patient name and age shall be recorded on the student grade sheet
- b. Medical form not signed electronically by patient
- c. Treatment plan not signed electronically by the patient
- d. The PTEN notes were not completed at check-out

- e. Failure to record prescriptions/medications in AxiUm
- f. Failure to obtain faculty approval prior to the patient signing the treatment plan
- g. Failure to complete the OSU Caries Risk Assessment in AxiUm

Error – Each error is one error. See calibration sheet.

- a. Failure to document treatment strategy modification on the front of the CSCC student record
- b. Failure to have student's name, patient's name, and current date of competency form
- c. Failure to have student's name, patient's name, and current date on gradesheet
- d. Failure of the student to mark out missing teeth in blue pencil on the scaling evaluation grid prior to evaluation of scaling by the instructor
- e. OSU plaque index was not completed
- f. Failure to record in progress notes any of the following when appropriate, one error for each missed item
 - 1. Vitals
 - 2. Medical history review findings (for recall and reappointments)
 - 3. Changes in medications (for recall and reappointments)
 - 4. Premedication taken (specifically what and how much)
 - 5. Results of I/E reassessment (for recall and reappointments)
 - 6. Anesthesia used (type, concentration, amount, and location)
 - 7. Radiographs taken
 - 8. Dental charting
 - 9. Periodontal charting (FMP or recall probe)
 - 10. Scaling completed
 - 11. Polishing
 - 12. Recommended post-therapy instructions (includes suggestions of pain medication, rinses, specific oral hygiene products)
 - 13. Written prescriptions given to patient
 - 14. Restorative check and findings
 - 15. Referrals
 - 16. NV: referral to OSU dental student
 - 17. NV: # of months recare and rationale
 - 18. No written oral hygiene instructions in progress notes

3. Chart Review

Critical Error –

- a. Failure to document an unusual dental concern (abscess, suspicious lesion, etc.)
- b. Failure to document reasons for taking specific radiographs to evaluate a dental concern
- c. Failure to document a patient's dissatisfaction of any kind with the program or treatment

- d. Failure to document broken appointments
- e. Failure to document date inactive notice was sent

Error – Each error is one error. See rubric for Quality Assurance for specific criteria.
See calibration sheet for allowable errors.

- a. Medical history was not completed or updated in AxiUm
- b. Dental history was not completed or updated in AxiUm
- c. Vitals were not recorded each night in AxiUm
- d. Medications taken by the patient were not listed in AxiUm.
- e. Allergies or no known allergies were not listed in AxiUm
- f. Caries risk assessment was not completed in AxiUm
- g. Head and Neck examination was not complete or updated in AxiUm
- h. Dental charting was not completed or updated in AxiUm
- i. Periodontal charting was not completed or updated in AxiUm, including probing depths, bleeding, furcation involvement
- j. OSU plaque index was not completed in AxiUm
- k. Treatment plan was not recorded in AxiUm
- l. Treatment codes were appropriate and correct in AxiUm
- m. Patient consent was not obtained in AxiUm
- n. Recare interval and rationale was not recorded in AxiUm
- o. Type and amounts of anesthesia administered was not recorded in AxiUm
- p. Reactions to treatment not recorded in AxiUm
- q. Adverse reactions to medications used not recorded in AxiUm
- r. Referrals (where and why) were not recorded in AxiUm
- s. Post-treatment phone calls were not listed in AxiUm

Part IV: Implementation

1. Patient Education, Oral Hygiene (Process)

A grade for patient education will be awarded at the last of the series of appointments.

Critical Errors –

- a. Failure to provide patient education
- b. Failure to inform patient of suspected disease
- c. Insulting or belittling the patient
- d. Failure to record instructions given to the patient

Errors - Each error is one error. See calibration sheet.

- a. Failure to develop an individualized dental hygiene care plan
- b. Failure to identify to the patient risk factors for dental disease, including but not limited to inadequate oral hygiene, frequent use of cariogenic foods, low fluoride, exposed root surfaces, xerostomia, tobacco use, oral hygiene neglect, systemic diseases such as cardiovascular disease, diabetes or HIV infection, other systemic conditions such as osteoporosis or osteopenia, hormonal considerations such as pregnancy or menopause, nutritional status, and iatrogenic factors such as overhangs, open contacts and residual calculus
- c. Failure to demonstrate proper brushing/flossing techniques
- d. Failure to disclose for purpose of patient education
- e. Failure to allow patient an opportunity to demonstrate their ability

- to perform techniques for oral health
- f. Failure to recommend or improper recommendation of home care products

2. Polishing/Stain/Plaque Removal (Product)

Critical Errors –

- a. Injury to the patient's gingival tissues from the rubber cup polishing or air-powder polishing
- b. Injury to the patient's eyes by causing prophylaxis paste to become splattered to the eyes
- c. Failure to polish if appropriate to do so
- d. Failure to have evaluated by an instructor

Errors – Each error is one error. See calibration sheet.

- a. Failure to remove stains or plaque as set forth in the polishing criteria
- b. Failure to floss the patient's teeth including under bridges and around orthodontic banding
- c. Failure to remove excessive prophylaxis paste
- d. Failure to record errors as indicated by the clinical instructor
- e. Use of excessive pressure when using the prophylaxis cup
- f. Failure to clean removable appliances

Part V: Debridement

Critical Errors –

- a. Severe lacerations (5 areas or more) and undue harm to the patient as a result of the student's care. A "U" will be given for the clinic session.

Errors – Each error is one error. See calibration sheet.

- a. Failure to remove calculus as set forth in the grading criteria for each treatment class and each clinic
- b. Laceration of one area
- c. Failure to remove tissue tags
- d. Failure to remove or irrigate debris from mouth and subgingival areas, particularly loose granulation tissue, clots, and unattached calculus
- e. Failure to remove remaining calculus (after evaluated and identified by an instructor) prior to beginning another quadrant of scaling

Part VI: Professionalism (Process)

Critical Errors –

- a. Failure to obtain patient signature electronically prior to any treatment
- b. Behavior that is argumentative or disrespectful to patients, CSCC faculty and or OSU faculty and staff
- c. Behavior that belittles or degrades a patient and/or classmates
- d. Failure to request from the student's assigned instructor permission to ask another instructor for assistance
- e. Leaving patient unattended during fluoride treatment

- f. Failure to use disclosing solution in conjunction with patient education
- g. Failure to record missed areas in scaling or calculus detection competency with red dots on scaling grid and failure to record specific missed areas in polishing on the grade sheet as instructed by the clinical instructor
- h. Proceeding with patient treatment without obtaining timely radiographs as designated
- i. For reappointment
 - 1. Failure to have a medical check in before beginning treatment
 - 2. Changes in medications not documented
 - 3. Vitals not obtained
 - 4. Oral tissues not reassessed
 - 5. Results of oral inspections not documented
 - 6. OSU plaque index was not completed
- j. Inappropriate patient management
- k. Failure to follow infection control
- l. Failure to follow dress code (includes jewelry, nail care, hair, shoes, body art, and personal hygiene)
- m. "U" for team leader
- n. Failure to appropriately tear down cubicle in radiology and restock cubicle with prepared tray

Errors – Each error is one error. See calibration sheet.

- a. Chewing gum in clinic
- b. Not covering tattoos
- c. Not removing jewelry

Part VII: Clinical Skills (Process)

Critical Errors –

- a. Working with dull instruments
- b. Student causes undue harm to the periodontal tissues of the patient
- c. Student causes undue harm to the patient
- d. Failure to have patient wear protective goggles
- e. Failure to wear utility gloves during clean-up
- f. Break in infection control
- g. Leaving a cubicle with hands covered with gloves or mask
- h. Wearing the mask under the chin rather than removing
- i. Failure to follow OSHA standards

Errors – Each error is one error.

Patient Positioning

- a. Failure to adjust chair so back is nearly parallel to floor for maxillary treatment areas and back slightly raised for mandibular treatment areas, if appropriate

- b. Failure to adjust patient during dental treatment
- c. Failure to adjust headrest for patient
- d. Failure to have patient's head at upper edge of headrest, if appropriate
- e. Failure to ask patient to move head to adjust to best view of treatment area

Clinician Positioning

- a. Failure to adjust stool to appropriate height, thighs should be parallel with the floor.
- b. Failure of clinician to maintain erect posture
- c. Failure of clinician to keep feet flat on the floor
- d. Failure to keep shoulders only slightly elevated or in neutral position
- e. Failure to maintain a distance of 14-16" from the field of operation

Bracket Table

- a. Failure to keep bracket table within reach

Instruments

- a. Failure to keep instruments free of debris
- b. Failure to keep mirror free of debris

Instrumentation

Grasp

- a. Failure to use a modified pen grasp
- Failure to use consistent and appropriate pressure in instrumentation.

Fulcrum

- a. Failure to establish a fulcrum on a stable, dry tooth surface.
- b. Failure to use a fulcrum to provide instrumentation control. Failure to pivot on fulcrum to accommodate tooth anatomy

Adaptation

- a. Failure to use the tip 1/3 of instrument
- b. Failure to maintain the instrument handle or shank parallel to long axis of the tooth when possible
- c. Failure to use correct working end of the instrument

Insertion

- a. Failure to initiate instrument at appropriate insertion point.
- b. Failure to insert the instrument into the pocket appropriately

Angulation

- a. Failure to maintain correct angulation

Lateral Pressure

- a. Failure to apply the appropriate amount of pressure

Activation

- a. Failure to use the instrument according to design
- b. Failure to implement appropriate strokes in length, type, and direction.
- c. Failure to utilize strokes to cover half-way in the interproximal space
- d. Failure to use short, overlapping strokes
- e. Failure to utilize correct wrist motion – not digital motion
- f. Failure to roll the instrument with fingers when indicated

Dental Light

- a. Failure to position light accurately for instrumentation
- b. Failure to prevent dental light from shining in patient's eyes at any time
- c. Failure to reposition dental light to illuminate field of operation as necessary
- d. Failure to move light from area before allowing patient to enter or exit the dental chair
- e. Failure to keep light as far away from the patient's face as possible while still keeping it within easy reach
- f. Student blocks light from field of operation

Mouth Mirror

- a. Failure to utilize appropriately
- b. Failure to use mirror for indirect vision
- c. Failure to use mirror to reflect light if appropriate
- d. Failure to defog mirror for appropriate use
- e. Failure to have mirror in non-dominate hand when not in use, if appropriate

Positioning/Repositioning:

- a. Failure of student to maintain erect posture
- b. Failure of student to maintain things parallel with floor
- c. Failure of student to maintain 14-16" from the field of operation
- d. Failure of student to reposition themselves for accessibility
- e. Failure of student to reposition patient for accessibility
- f. Failure of student to position or reposition bracket tray for accessibility
- g. Student blocks light from field of operation

Ultrasonic

- a. Failure to use ultrasonic at appropriate power level/water level
- b. Failure to wear face shield along with glasses and mask
- c. Failure to use light grasp
- d. Failure to keep the working end/tip constantly moving
- e. Failure to utilize the saliva ejector to evacuate excess water
- f. Failure to recognize and demonstrate contraindication for use of ultrasonics (such as gold crowns, decalcified areas, implants)
- g. Failure to select appropriate insert
- h. Failure to use appropriate strokes

Infection Control

- a. No break in infection control to prevent contamination
- b. Failure to wash hands after removing gloves
- c. Failure to wear mask covering the mouth and nose
- d. Failure to wear protective eyewear
- e. Failure to wear protective gowns
- f. Failure to wash hands prior to gloving
- g. Failure to keep clinic area neat and clean
- h. Failure to disinfect all ultrasonic scaler
- i. Failure to disinfect impression bowl and spatula

Time Management

- a. Check out late according to checkout list time schedule.
- b. Inappropriate use of time management.
- c. PTEN documentation shall be updated prior to instructor evaluation

Other

- a. Failure to utilize radiographs during instrumentation
- b. Failure to utilize periodontal chart during instrumentation
- c. Failure to discard used floss, cotton rolls, or gauze before inviting faculty to check patient
- d. Failure to have mirror cleaned and instruments in order before inviting faculty to check patient

Part VIII : (Instrumentation Competency)

Utilize the Instrument Competency grading form. The use of each instrument is evaluated regarding the grasp, fulcrum, application, insertion, angulation, lateral pressure, activation, dental light, mouth mirror, positioning/reposition and selected other areas. This criteria is given to every student on each grade sheet for them to be familiar with the criteria for evaluation.

Part IX: Calculus Detection*Critical Errors – A*

- a. The student causes undue harm to the periodontal tissues of the patient
- b. The student causes undue harm to the patient

Errors – Each error is one error. See calibration sheet. Calculus shall be charted on the CSCC grade sheet on the appropriate surface of the tooth in green pencil.

- a. For each area that is charted indicating calculus is present, but it is not, the student, as directed by the faculty, shall circle areas that were incorrectly assessed in red pencil.
- b. For each area that is not charted where calculus is present, the student, as directed by the faculty, shall draw a red open circle on the tooth surface indicating calculus is present.

Clinic Session

Each student will be given an S or U at the end of the night indicating satisfactory or unsatisfactory performance for the entire night. If a U is awarded, the student will meet with fulltime faculty and an incident report will be placed in the student's permanent record.

Critical errors – U's will be awarded.

- a. HIPAA violation
- b. Undue harm to the patient as a result of the student's performance
- c. Severe lacerations (five areas or more). A second instructor to verify the grade shall evaluate the patient
- d. Severe break in infection control (i.e.: as handling a dirty trash can with gloves on then resuming treatment in the patient's mouth, picking up items from the floor and placing them in the sterilized work area, not wearing appropriate PPE, leaving a cubicle wearing contaminated gloves and mask)
- e. Slanderous or racist remarks made about a patient or to a patient
- f. Discussion of patients' personal, medical, or dental history with anyone other than pertinent faculty unless written permission obtained from the patient (i.e.: Case Study)
- g. Failure to obtain a medical check in
- h. Failure to have informed consent before treating patient
- i. Removing the collimator for exposing digital images results in undue harm to the patient
- j. Failure to have a check-out at the end of the clinic session
- k. Not following clinical attire guidelines
- l. Unprofessional behavior in class
- m. Having treatment plan approved by instructor that they did not know are being approved. (i.e.: knowingly deceiving an instructor about approvals)

Grading Criteria for Scaling

As each clinic is designed to be progressively more challenging for the student, the criteria for each clinic are listed below:

Clinic I Number of errors for each treatment class

	0	1	2	3
Score	A	B	C	D
0/NI	4	5	6	7
1/NI	3	4	5	6
2/S	2	3	4	5
3/S	1	2	3	4

The student may check out only one quadrant at a time for an A, B, C, or D patient. The student receives one grade for each quadrant.

Clinic II Number of errors for each treatment class

	0	1	2	3
Score	A	B	C	D
0/NI	4	5	6	7
1/NI	3	4	5	6
2/S	2	3	4	5
3/S	1	2	3	4

The student may check out two quadrants of an A patient (maxillary right and mandibular right or maxillary left and mandibular left) at one time. The student will be given a grade for each one-half mouth. The criteria (listed above) for missed errors is for one half mouth. For B, C, or D patients, only one quadrant at a time may be evaluated. The student receives one grade for each quadrant.

Clinic III Number of errors for each treatment class

	0	1	2	3
Score	A	B	C	D
0/NI	3	4	5	6
1/NI	2	3	4	5
2/S	1	2	3	4
3/S	0	1	2	3

The student may check out the entire mouth of an A patient. The student will be given one grade for an A patient using the criteria listed above as the number of errors allowed for the entire mouth. Two quadrants of a B patient (maxillary right and mandibular right or maxillary left and mandibular left) may be checked out at one time. The student will be given a grade for each one-half mouth. The criteria (listed above) for missed errors is for one half mouth. For C or D patients, only one quadrant at a time may be evaluated. The student receives one grade for each quadrant.

Clinic IV Number of errors for each treatment class

	0	1	2	3
Score	A	B	C	D
0/NI	3	4	5	6
1/NI	2	3	4	5
2/S	1	2	3	4
3/S	0	1	2	3

The student may check out the entire mouth of an A or B patient. The student will be given one grade for an A or B patient using the criteria listed above as the number of errors allowed for the entire mouth. Two quadrants of a C patient (maxillary right and mandibular right or maxillary left and mandibular left) may be checked out at one time. The student will be given a grade for each one-half mouth. The criteria (listed above) for missed errors is for one half mouth. For D patients, only one quadrant at a time may be evaluated. The student receives one grade for each quadrant.

PAIN MANAGEMENT

Oraquix may be utilized by students after Week 3 of Summer semester. Instructors shall watch students use Oraquix the first two to three times.

CLINICAL COMPETENCIES

Students are permitted to complete only one competency per clinic session. Competency documentation is to be independently with no assistance from other students. All competencies will be turned in and recorded, even failures. **A maximum of two competencies are permitted per patient, per night.**

Calculus detection competencies may be completed on any B or C patient. Students are to use the Calculus Detection Competency Grade Sheet. If the student fails to earn a grade of 2 or better on the calculus detection, the competency may be repeated on a different quadrant of the same patient at the same or subsequent visit. On the Calculus Detection Comp, only clickable subgingival calculus must be identified. Students may attempt a calculus detection competency on another student's patient.

One instrument competency must be **attempted** by the end of the **6th** week. The competency may be completed on an A, B, C, or D patient. A maximum of two retakes will be allowed.

The first attempt may be evaluated by a calibrated faculty member.

- If unsuccessful the student will be required to remediate with faculty assigned by the program or clinical coordinator.
- The second attempt will be the evaluation of all instruments. It will be evaluated by a different instructor. If the student demonstrates a deficient score (not earning a 2 or 3) he or she will be in "probation." During probation, the student may provide patient care unless deemed unsafe by both the program and clinical coordinator. The student on probation must complete remediation on a dental hygiene student classmate with an assigned faculty before attempting the final attempt.
- The third and final attempt will be the evaluation of only the instruments the student demonstrated errors in the prior instrumentation competency. It will be evaluated by two assigned instructors simultaneously. The scores of the two evaluating instructors shall be averaged together. **The student is allowed no more than one error per instrument being comped on, up to the total number of errors allowed to receive a "2" on the competency.** If the student is unsuccessful for the third attempt, the student will receive a grade of "U". Program dismissal will result from failure of any technical course or academic behavior and misconduct as outlined in the Academic Behavior and Misconduct of the Policy and Procedure Manual. See the Dental Hygiene Student Handbook.
- Competencies shall be reviewed with the student by the evaluating instructor. The student shall sign acknowledgement of the review of the competency on the competency form. The competency shall be retained by the Columbus State Community College Dental Hygiene Faculty.

Students are to use the specific competency form for the specific competency attempted. If the student plans to attempt the competency on another student's patient, a

Competency/Requirement Grade Sheet shall be used and included with the competency. Requirements, such as alginate impressions and intraoral photographs, may be completed on a dental hygiene student. Competencies are tests and just as in any testing situation, conversation shall be minimal.

Columbus State Community College Dental Hygiene Program

Competency/Requirement Grade Sheet

Student _____

Patient _____

Is this patient assigned to another student? Name of student _____

Date	Med. Hx✓	Appointment	Clinic Session	
			S	U

Instructor	
IN	OUT

Part I: Data Collection/Assessments

1. Medical/Dental History **Med. Comp:** yes or no S / U
2. Extra/Intra Oral Inspection S / U

Part III: Planning

2. Treatment Documentation _____ S / U

Part VI: Professionalism (Process)

S / U

Part VII: Clinical Skills (Process)

S / U

Part V: Infection Control (Process)

S / U

Medical Emergency Competency

COMPETENCY EVALUATION FORM COLUMBUS STATE COMMUNITY COLLEGE

Medical Emergency Competency

S= 2 errors or less

U= 3 or more errors

Student _____

Date _____

Instructor _____

S / U # of errors _____

STEPS	EVALUATOR	
	SELF	INSTRUCTOR
Student explains clinical medical emergencies protocol to instructor		
Student identifies the location of the medical emergencies cart/oxygen		
Student identifies the location of the AED.		
Student identifies the location of the eyewash stations and proper use.		
Student is able to explain the needlestick and bloodborne pathogen protocol.		
Student is able to explain the protocol in case of a fire and evacuation of the building.		

Comments

Periodontal Dental Charting Competency

COMPETENCY EVALUATION FORM COLUMBUS STATE COMMUNITY COLLEGE

Periodontal/Dental Charting Competency (1)

S= 2 errors or less (side 1 and 2)

U=3 or more errors (side 1 and 2)

S / U # total errors _____

Student: _____

Competency Date: _____

Patient's Name _____

Instructor: _____

STEPS	EVALUATOR	
	SELF	INSTRUCTOR
Explains the rationale and procedure to the patient		
Follows infection control policy		
Periodontal Charting Faculty observes one quadrant of probing		
Records missing teeth		
Keeps probe as parallel to the long axis of the tooth as possible		
Probes entire circumference of the tooth with a light, vertical stroke.		
Records accurately deepest millimeter measurement for each area		
Records bleeding and or suppuration		
Records recession		
Checks for furcation involvement with the Nabor's probe and records		
Checks for mucogingival defects and records		
Palpates the teeth for fremitus		
Evaluates teeth for mobility and records		

Comments:

of errors side 1 _____

**COMPETENCY EVALUATION FORM
COLUMBUS STATE COMMUNITY COLLEGE**

Periodontal/Dental Charting Competency (2)

Student: _____
 Competency Date: _____
 Patient's Name _____
 Instructor: _____

STEPS	EVALUATOR	
	SELF	INSTRUCTOR
Dental Charting		
Identifies and records restorations including crowns, veneers, bridges, amalgams, composites, gold foils, or sealants		
Identifies and records implants		
Identifies and records endodontic treatment		
Identifies and records supernumerary teeth		
Identifies and records impacted teeth		
Identifies and records orthodontic apparatus		
Identifies and records retained deciduous teeth		
Examines teeth for open contacts visually and with dental floss		

Comments

of errors side 2 _____

Patient Education Competency

**COLUMBUS STATE COMMUNITY COLLEGE
DHY 1861
PATIENT EDUCATION/POLISHING COMPETENCY (1)**

Student Name _____

Competency Date _____

Patient Name _____

Total # of errors (1 and 2) _____ S / U

**to be completed on a clinic patient, not a classmate*

Self	Criteria	Y	N
	Observes proper lab/clinic attire, professional conduct, patient comfort, infection control, and has self assessed		
	Evaluates the oral health status and home care practices of patient		
	Guides patient as how to monitor changes in oral health (healthy vs. unhealthy tissue)		
	Assembles armamentarium, seats patient, and explains procedure to patient		
	Applies disclosing solution for patient visualization, then utilizes plaque index to individualize patient education needs		
	Records Plaque Index in AxiUm		
	Communicates and explains plaque score to patient		
	Guides the patient in ownership of dental problems, identifying appropriate oral health care needs and formulating their own solutions to their problems, using open ended questions		
	Demonstrates the modified Bass toothbrushing method and use of all other necessary adjunctive therapy, as indicated by the patient's needs		
	Has patient demonstrate brushing and flossing in their mouth		
	Demonstrates appropriate interdental cleaning methods, as indicated by the patient's needs (flossing, stimulators, proxy brushes)		
	Selects, recommends, and correctly demonstrates visual aids		
	Guides the patient in establishing feasible short and long-term goals for better oral health, emphasizing the value of effective home care and patient compliance		
	Documents patient education procedures and recommendations in treatment notes		
	Completed in a timely manner *15 minutes time limit		
Total Number of Errors (N)			

Evaluation: S (2 or less errors)

U (3 or more errors)

Grade _____

Instructor Signature: _____

Additional Comments:

COLUMBUS STATE COMMUNITY COLLEGE
DHY 1861
PATIENT EDUCATION/POLISHING COMPETENCY (2)

**to be completed on a clinic patient, not a classmate* Competency Date _____

Self	Criteria	Y	N
	Observes proper lab/clinic attire, professional conduct, patient comfort, infection control, and has self assessed		
	Gathers appropriate supplies including prophy cup and brush, prophy paste, and approximately 18" of floss (arms length)		
	Selects proper approach to the patient (body position and posture)		
	Applies disclosing solution to patient's teeth		
	Utilizes small patting, circular strokes with light pressure allowing the margin of the rubber cup to <i>flare</i> out slightly. Adapts rubber cup into proximal and gingival margin correctly		
	Maintains an even, slow speed and a light to moderate continuous pressure on the tooth surface by carefully depressing the rheostat		
	Wrap floss around middle fingers properly, leaving 1-2" between fingers		
	Place floss through contacts without allowing floss to pop through or snap		
	Wrap/curve the floss around the tooth forming a letter "C" shape		
	Rub the floss up and down along the sides of adjacent teeth (before removing floss), allowing floss to go subgingivally		
	Rediscloses to check for missed plaque		
	Successfully removes plaque (less than 4 errors)		
Total Number of Errors (N)			

Evaluation: S (3 or less errors)
U (4 or more errors)

Grade _____

Instructor Signature: _____

Additional Comments:

Instrumentation Competency

Student's Name: _____
Date: _____

Instrument Competency
Clinic I

Attempt #: _____
Instructor's Signature: _____
Patient's Name: _____

Criteria	ODU 11/12	TU-17	PSR Probe	UNC probe	Naber's probe	204S	H5/33	Younger Good 7/8	Gracey 13/14	Gracey 11/12	Gracey 5/6
Operator positioning											
Positioning of patient											
Dental Light											
Mouth Mirror / Retraction											
Grasp											
Fulcrum											
Insertion											
Angulation											
Lateral Pressure											
Activation											
Adaptation											
Sharpness											
Effective stroke											
Control of instrument											
Other											
Comments:											

Errors: 0-5=3; 6-8=2; 9-11=1; 12+=0 (attempt 1, 2)
2 or more errors on repeated instrument(s)=U (attempt 3)

I have reviewed with the instructor the errors.
Student signature _____
date _____

Grade on 1st/2nd attempt: ____
3rd attempt: S/U

Calculus Detection Competency

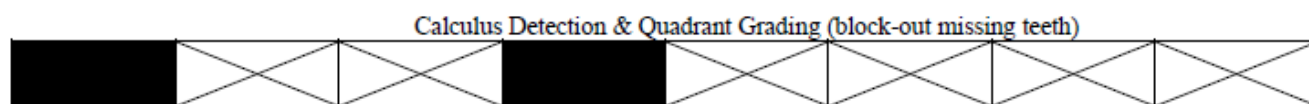
Calculus Detection Competency Instructions

From Syllabus DHY 1861: Two calculus detections must be completed. One on a quadrant of a ModuPRO typodont and the other on a quadrant of a Class B or C patients with a score of 2 or better. If the calculus detection is not satisfactory it may be repeated on a different quadrant at the same or subsequent visit.

- 1) Competency to be completed on the clinical student evaluation form.
- 2) A ModuPRO typodont or **Class B or C** patient with a minimum of 6 teeth in a quadrant.
- 3) The student is to explore each tooth using the ODU 11/12 and TU 17 explorers and place a **green** dot where clickable subgingival calculus is detected either mesial, distal, facial, lingual. No assistance from others is permitted in recording the detection of calculus on the grade sheet.
- 4) **A maximum of TWO STUDENTS** may use the same patient for calculus detection. Each student must choose a different quadrant for calculus detection.

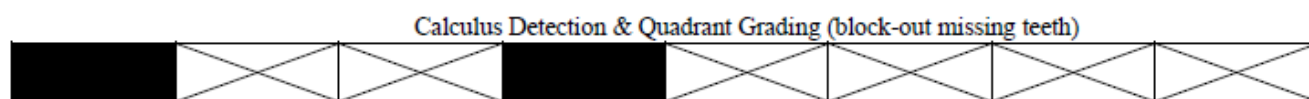
Example:

Student findings: (*Green* pencil) the student placed a green dot where they suspected calculus



Instructor grading for calculus detection competency: (*Red* pencil)

- 1) red dot with no green dot = calculus present; not detected by student
- 2) red circle surrounding green dot= calculus *not* present; student indicated present



Columbus State Community College Dental Hygiene Program

Calculus Competency Grade Sheet

Student _____

Patient _____

Instructor _____

Is this patient assigned to another student? Name of student _____

Treatment Class

B C

Date	Med. Hx✓	Appointment	Clinic Session		Instructor	
			S	U	IN	OUT

Part I: Data Collection/Assessments **S / U**

Part III: Planning

2. Treatment Documentation **S / U**

Part VI: Professionalism (Process) **S / U**

Part VII: Clinical Skills (Process) **S / U**

Part IX: Calculus Detection # of errors _____

STUDENTS MARK IN GREEN PENCIL

Quadrant Grading (block-out missing teeth)

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	

Final Grade

32	31	30	29	28	27	26	25	24	23	22	21	20	19	18	17
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Calculus Detection Calibration

Clinic I	
0-4	3
5	2
6	1
7+/critical	0

Clinic II	
0-3	3
4	2
5	1
6+/critical	0

Clinic III	
0-1	3
2	2
3	1
4+/critical	0

Intra-oral Digital Photo Competency

COMPETENCY EVALUATION FORM COLUMBUS STATE COMMUNITY COLLEGE

Intra-oral Digital Photo Requirement

Student: _____
Date: _____
Patient's Name _____
Instructor: _____

S / U

COMPLETED PHOTOS-PRODUCT (Faculty do not need to be present)		
	Student	Instructor
Uses the Photo 11 template		
Presents 4 photos of all maxillary posterior occlusal surfaces		
Presents 4 photos of all mandibular posterior occlusal surfaces		
Presents 1 maxillary anterior facial photo		
Presents 1 mandibular anterior facial photo		
Presents 1 photo of another intra-oral feature		
Rotate images to desired orientation		
Professionalism		
Infection Control		

Comments:

Instructor signature _____

Nutritional Counseling Competency

PREVENTATIVE PROGRAM: DIETARY ANALYSIS

COLUMBUS STATE
Community College

Client Name: _____
Client ID#: _____ Age: _____
Student Name: _____
Faculty Name: _____
Date: _____

Helpful Portion Sizes

It is **VERY** important that the foods you record represent your true intake. To help you more accurately estimate your intake, please refer to the following.

- One cup of fruit \approx size of a baseball
- $\frac{1}{2}$ cup of dried fruit (i.e. raisins) \approx size of a ping pong ball
- One cup of lettuce \approx four leaves
- One cup of cooked vegetables \approx size of your fist
- One small fruit \approx size of a tennis ball
- A medium potato \approx size of a computer mouse
- Three ounces of meat \approx size of a cassette tape
- Three ounces of grilled fish \approx size of a checkbook
- One ounce of cheese \approx size of four stacked dice
- One ounce of snack foods (pretzels, chips) \approx large handful
- One teaspoon of peanut butter/jam \approx one dice
- A medium/average bagel \approx one hockey puck
- $\frac{1}{2}$ cup of ice cream \approx one racquetball
- $\frac{1}{2}$ cup of ice cream \approx $\frac{1}{2}$ tennis ball

Purpose: Your 3 day dietary record will be used to analyze the adequacy, balance, and variety of your diet, using a computer program. You will learn how your diet compares to current dietary guidelines and if your diet presents an increased risk for oral and/or dental disease. You will receive a copy of your diet analysis, as well as select educational materials, to help you further improve your nutritional and oral health.

Step 1: Record your diet for 3 nonconsecutive days using the record on the opposite side of this page. Please select days that best represent your usual intake and include 2 weekdays and one weekend day that are nonconsecutive. Please refer to the following instructions to complete the record:

How to Record Your Daily Food Intake

- a. Record *all* food, beverage, etc., immediately after eating to insure proper recordings.
 - b. Try to eat what you normally eat and record everything that you eat or drink.
 - c. List the amounts in common household units that you are familiar with (ex. Teaspoons, cup, pat, ounce, inch, etc.). Refer to the "Helpful Portion Sizes" for accuracy.
 - d. Include specific details (e.g. type of food and how it was prepared).
 - e. List the food ingredients for combination foods individually (e.g. ham and cheese sandwich with lettuce, tomato, mayonnaise, and mustard).
 - f. **MILK** – indicate whether milk is whole, low fat (1% or 2%) or skim. Include flavoring if used.
 - g. **VEGETABLES AND FRUITS** – Fresh whole fruits and vegetables should be listed as small, medium, or large. Be sure to indicate if the food was raw or cooked. Specify if sugar or syrup was added to fruit or if any margarine, butter, cheese, or cream sauce was added to vegetables. When recording salad list items comprising salad and be sure to include if any dressing was used.
 - h. **EGGS** – indicate method of preparation (scrambled, fried, poached, etc.) and number eaten.
 - i. **MEAT, POULTRY, FISH** – indicate approximate size (ex. 2" x 2" or 1") or weight in ounces of the serving. Be sure to include any gravy, sauce, or breading added.
 - j. **CHEESE** – indicate kind, number of ounces, cubic inches, or slices and whether it is made from whole milk, part skim, or is low calorie.
 - k. **CEREAL** – specify kind, whether cooked or dry. Measure or estimate the amount in cups or ounces.
 - l. **BREADS AND ROLLS** – specify kind (whole wheat, enriched white, rye, etc.), number, size, and thickness of slices. Remember to include in your description any butter, margarine, or other condiment used on the bread/rolls.
 - m. **BEVERAGES** – include every item you drink including water. Be sure to record cream and sugar used in coffee and/or tea. Indicate whether juices were sweetened or unsweetened and whether soft drinks were diet or regular.
 - n. **FATS** – remember to record all the butter, margarine, oil, and other fats used in cooking or added to foods.
 - o. **VITAMIN AND MINERAL SUPPLEMENTS** – indicate type and quantity consumed.
- Step 2:** Return your dietary record to the student working with you via FAX or postal mailing.
Step 3: Schedule an appointment to review the analysis.

24 HOUR DIETARY RECORD

Please circle: Day 1 - S M T W Th F Sat.

Date: _____

Time of day:	Before Breakfast: Amount:
Time of day:	Breakfast: Amount:
Time of day:	Between Meals: Amount:
Time of day:	Lunch: Amount:
Time of day:	Between Meals: Amount:
Time of day:	Supper: Amount:
Time of day:	After Supper: Amount:



Nutrition/Oral Health Evaluation

Student Name: _____
 Patient Name: _____

Date: _____
 Record #: _____

Instructions: Please respond to the following questions by marking your answer in the appropriate column.

	Yes or How many?	No or NA*
Nutrition History		
Are you on a special diet?		
Do you have any food allergies or restrictions?		
Have you recently lost or gained more than 10 pounds?		
Do you frequently vomit or experience indigestion?		
Do you chew regular gum or eat candy (including breath mints or hard candy)?		
Do you drink more than 3 alcoholic beverages daily?		
Do you usually eat snacks?		
Do you have difficulty shopping for, or preparing food?		
Do you drink 6 to 8 cups of water each day?		
Do you chew sugarless gum?		
Are your feelings about food positive?		
Do you have a good appetite?		
How many times per day do you eat?		
How many times a day do you consume sugar sweetened fruit drink/juice or soda (regular or diet)?		
How many times a day do you consume sugar sweetened coffee, tea (hot or cold)?		
Dental History		
Do you have any dental problems which affect your chewing?		
Do you wear a denture or a partial denture?		
Do you wear your denture or partial denture regularly?		
Does your mouth feel "dry" most of the time or when eating a meal?		
Do you have difficulty swallowing foods?		
Do you use a fluoridated rinse or toothpaste?		
Do you have all of your natural teeth (with or without wisdom teeth)?		
How many times a day do you brush your teeth?		
How many times a day do you floss your teeth?		
Health History		
Do you have a medical condition?		
Are you pregnant?		
Do you have high blood pressure?		
Do you take prescription or over-the-counter medications on a regular basis?		
Do you experience any side effects from any medications you take?		
Do you use tobacco products?		
Do you take vitamin, mineral, herbal, or nutritional supplements?		
Exercise History		
Do you exercise regularly?		

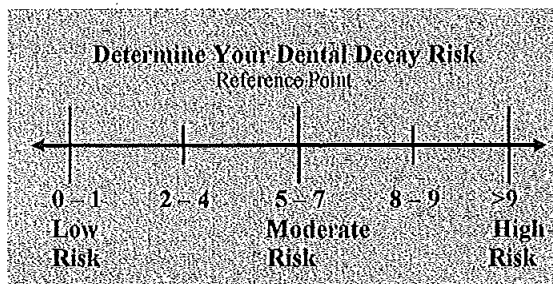
*Key: NA = Not Applicable, Note: A positive response to bolded text requires follow-up with the client.
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DENTAL DECAY RISK ASSESSMENT*

Directions: Circle and/or list the cariogenic foods consumed in one day from the patient's food record. Multiply the number of cariogenic foods consumed for each category by its respective weighted score. Add the points for each category to determine total points. Use the reference scale to determine the dental decay risk.

Cariogenic Foods Consumed in a 24 Hour Period (from the patient's dietary record)	Weighted Score	Total Points Each Category
LIQUID: Soft drinks, fruit drinks and juices, cocoa, sugar and honey in beverages, nondairy creamers, flavored yogurt, pudding, custard, ice cream, frozen yogurt, sherbert, popsicles, jello, other liquid foods consumed: 1. _____ 5. _____ 2. _____ 6. _____ 3. _____ 7. _____ 4. _____ 8. _____	X 1 =	
SOLID & STICKY: Bananas, canned fruit in syrup, crackers, potato chips, pretzels, cake, cupcakes, donuts, sweet rolls, pastry, cookies, chocolate candy, caramel, toffee, jellybeans, other chewy candy, chewing gum, dried fruit, jelly, jam, marshmallows, other solid & sticky foods consumed: 1. _____ 5. _____ 2. _____ 6. _____ 3. _____ 7. _____ 4. _____ 8. _____	X 2 =	
SLOWLY DISSOLVING: Hard candies, breath mints, antacid tablets, cough drops, other slowly dissolving foods consumed: 1. _____ 3. _____ 2. _____ 4. _____	X 3 =	

➔ **TOTAL POINTS =** _____



*Assessment is intended to indicate the relative caries risk from different forms of fermentable carbohydrates. It is not a scientific assessment.



Grading criteria for 2 appointments: Four or more criteria marked as “unacceptable” constitute a failing grade.

Alginate Impression Competency

COMPETENCY EVALUATION FORM COLUMBUS STATE COMMUNITY COLLEGE

Alginate Impression Competency

S = 2 errors or less

U = 3 or more errors

S / U # of errors _____

Student: _____

Competency Date: _____

Patient Name: _____

Instructor: _____

STEPS	EVALUATOR	
	SELF	INSTRUCTOR
Pre-Appointment Procedures		
Prepares operatory prior to appointment time.		
Dons PPE		
Obtains armamentarium: impressions trays (complete set 3 upper, 3 lower) saliva ejector, alginate, alginate bowl and spatula, water measuring cup, rim/utility wax, bite registration wax, surface disinfectant, paper towels		
Patient/Operator/Instructor Rapport		
Explains procedure to the patient.		
Instructs patient for pre-procedural rinse		
Checks for contraindications of the oral cavity for alginate impressions		
Patient/Operator Positioning		
Patient correctly positioned for upper and lower impressions.		
Operator in proper zone of operation.		
Taking the Impression		
Warms bite registration in hands or warm water. Takes clear bite registration.		
Selects trays by inserting trays for appropriate size		
After selecting trays, lines trays with utility wax		
Places correct amount of water in bowl and slowly added correct amount of alginate and begins spatulating at a steady pace incorporating all of the powder into the water to create a smooth homogenous mix		
Fills tray adequately; avoids over filling tray		
Swipes excess alginate on lingual of maxillary and mandibular anterior surfaces		
Properly inserts and seats tray; trays centered.		
Mandibular impression is taken first		
Properly removes; releases posterior then anterior with one quick motion.		
Maintains asepsis throughout the procedure.		

Alginate Impression Competency

STEPS	EVALUATOR	
	SELF	INSTRUCTOR
Completed Impressions (Product)		
Examines impressions for accuracy (voids, air bubbles, peripheral rolls, anatomy clearly delineated <i>and teeth centered in tray</i>).		
Rinses alginate impression with a gentle stream of water to remove debris, then disinfects for proper handling; wraps impression in damp paper towel.		
Infection Control maintained throughout procedure		
Student exhibits a professional attitude		

Comments:

Adjunctive Therapy Competency

COMPETENCY EVALUATION FORM COLUMBUS STATE COMMUNITY COLLEGE

Adjunctive Therapy Competency

S= 2 errors or less

U=3 or more errors

S / U # of errors _____

Student: _____

Competency Date: _____

Patient Name: _____

Instructor: _____

STEPS	EVALUATOR	
	SELF	INSTRUCTOR
Examines the periodontal site for the need for Arestin placement.		
Reviews medical history for contraindications for Arestin placement.		
Sets up proper armamentarium for Arestin placement.		
Conveys need for Arestin placement to the patient based on assessment of periodontal pocket(s).		
Obtains informed consent.		
Explains the procedure to the patient.		
Performs Arestin placement according to the product guidelines.		
a. Identifies targeted areas of oral cavity.		
b. Verifies the pocket is free of detectable biofilm or calculus.		
b. Inserts cartridge into handle and listens for "snap" of the cartridge into place.		
c. Uses fulcrum to stabilize the delivery handle.		
d. Gently inserts cartridge tip to the base of the pocket.		
e. Presses thumb ring to express powder while gradually withdrawing cartridge from pocket.		
Provides patient with oral and written post operative instructions.		
Establishes re-evaluation appointment (if indicated).		
Records the adjunctive therapy used in the patient record and Arestin Log, recording all teeth and sites treated.		

Comments:

Care of Oral Prosthesis Competency

COMPETENCY EVALUATION FORM COLUMBUS STATE COMMUNITY COLLEGE

Care of Oral Prosthesis Competency

S= 2 errors or less

U=3 or more errors

Student: _____

Competency Date: _____

Patient name: _____

S / U # of errors _____

Instructor: _____

STEPS	EVALUATOR	
	SELF	INSTRUCTOR
The student can identify the type of dental appliance by correct dental terminology.		
The student examines the intraoral surfaces that the appliance contacts for any abnormalities.		
The student explains to the patient the reason for a professional cleaning of the appliance.		
The student examines the appliance for any stress fractures, broken clasps, or rough edges.		
The student professionally cleans following these guidelines:		
a. Places the appliance in a plastic bag.		
b. Fills the bag with the appropriate cleaning solution (enough solution to cover the appliance).		
c. Places the plastic bag in a glass beaker.		
d. Places the glass beaker in the designated ultrasonic.		
e. Sets the timer for 10-15 minutes.		
f. Uses a label to indicate the name of the patient while the appliance is in the ultrasonic.		
g. Rinses with water and brushes appliance by holding securely, but not squeezing, in the palm of the non working hand.		
h. Reevaluates the appliance for any stress fractures, broken clasps, loose teeth, bent wires or rough edges. If found, the student consults with the supervising dentist.		
The student returns the dental appliance to the patient.		
The student explains to the patient the proper home care for the appliance.		
The student records the home care instructions in the patient's dental record.		
Infection Control maintained throughout procedure		
Student exhibits a professional attitude		

Comments:

Tobacco Cessation Competency

COMPETENCY EVALUATION FORM COLUMBUS STATE COMMUNITY COLLEGE

Tobacco Cessation Program Competency

S= 2 or less errors
U= 3 or more errors
S / U _____ # of errors

Student: _____
Competency Date: _____
Patient's Name: _____
Instructor: _____

	EVALUATOR	
	SELF	INSTRUCTOR
Student adheres to all infection control standards.		
Student completes a medical and dental history following all guidelines. Students obtains a medical history check in.		
Student completes an intra/extra oral examination following all guidelines.		
Student completes risk assessments including degree of risk and summary statements.		
Assessment		
The Tobacco Survey was reviewed and discussed with the client.		
The Type, Amount and frequency of use was identified		
a. Type of Tobacco or Alternative Tobacco Product (ATP) _____		
b. Frequency of use _____		
c. Amount of tobacco/alternative tobacco product use _____		
Intra-oral signs of tobacco use were related and shown to the patient in patient's mouth		
Intervention		
Ask-repeats back to patient what is marked on Tobacco Use Survey		
Assess-Confirms level of readiness to make a quit attempt		
Advise-In a clear, unambiguous way, student advises patient to quit using tobacco		
Assist-Appropriate resource materials are selected, referral options are discussed		
Follow up is offered		
If not interested in quitting, document patient's comments and offer any future assistance		
The stage of change and the patient's response to the intervention is recorded in the narrative		
Presentation of Intervention		
Uses open ended questions.		
Use active listening.		
Provides suggested intervention with empathy and sensitivity		
Presents intervention with factual confidence without judgement.		
Comments and Suggestions of the Faculty Reviewer:		

Tobacco / Alternative Tobacco Product (ATP) Use Survey

Name _____ Date _____

1. Do you use tobacco/ATP in any form? Yes _____ No _____

1A. If no, have you ever used tobacco in the past? Yes _____ No _____
How long did you use it? Years _____ Months _____
How long ago did you stop? Years _____ Months _____

If you are not currently a tobacco/ATP user, no other questions should be answered.
Thank you for completing this form.

Questions 2 to 10 are for current tobacco/ATP users only.

2. Check mark current tobacco/ATP products and how many per day:

Cigarettes _____	cigarettes per day _____
Cigars _____	cigars per day _____
Pipe _____	bowls per day _____
E-cig/vape _____	hits per day _____

3. If you chew/use snuff, what type? How much?

Snuff _____	# of days a can lasts _____
Chew _____	pouches per week _____
	how long do you keep chew in your mouth? minutes _____
Other(describe) _____	amount per _____

4. How soon after you wake up do you first use tobacco/ATP?

Within 30 minutes _____ More than 30 minutes _____

5. How many days of the week do you use tobacco/ATP? 7 6 5 4 3 2 1

6. Does the person closest to you use tobacco/ATP? Yes _____ No _____

7. How Interested are you in stopping your use of tobacco/ATP?

Not at all _____ A little _____ Somewhat _____ Yes _____ Very much _____

8. Have you tried to stop using tobacco/ATP before? Yes _____ No _____

How? _____

9. How long was your last try to stop? Years _____ Months _____ Weeks _____ Days _____

10. Have you discussed stopping with your physician? Yes _____ No _____

11. If you decided to stop using tobacco/ATP completely during the next two weeks, how confident are you that you would succeed? Not at all _____ A little _____ Somewhat _____ Very Confident _____

Sample Follow- up Call

from How To Help Your Patients Stop Using Tobacco, Appendix A NIH 1998 (out of print)

Good morning Mr./Mrs./Ms _____

This is Mr./Mrs./Ms. _____ in _____ office. How are you today?

Dr. _____ asked that I call you to remind you about the smoking/ chewing quit date that you and he/ she decided on during your last visit. I see that the time is in just a few more days.

- Is that day still looking good for you? [If not, try to set a new date during the call and reschedule the next appointment 2 weeks after the new date.]
- What did you think of the material given to you?
- Do you have any questions now that you decided to stop?
- Once people stop, the first few days may feel uncomfortable.

Some people get headaches, have upset stomachs, are irritable, and crave tobacco. If these things happen, just remember that they are signs that your body is repairing itself from its exposure to nicotine. This healing process begins within 24 hours after you stop and withdrawal symptoms should gradually fade over the following weeks.

I don't want to keep you, but if any (more) questions do come to mind, or if we can be of further help before we see you, please give us a call. You can ask for me if Dr. _____ is not available.

Thank you. I just know you are going to feel much better when you have your stopping process behind you. Goodbye now.

[Record conversation date and patient response on the Tobacco Use Assessment Form.]

Response to Common Patient Questions and Concerns

1. **Won't I gain weight if I stop smoking?**
 - Not every person who stops smoking gains weight
 - Average weight gains are small for people who do gain (0- 5 lbs).
 - Don't diet now-there will be time after you are an established nonsmoker.
 - Exercise is an effective technique to cope with withdrawal and to avoid weight gain.
 - Avoid high-calorie snacks. Vegetables (such as carrot sticks) and fruits are good snacks.
 - The risks to health from smoking are far greater than risks to health from a small weight gain
 - A small increase in weight may not hurt your appearance. Smoking is unattractive, causing yellow teeth, bad breath, stale clothing odors, and, possibly, wrinkled skin.
2. **I don't have the willpower to stop using tobacco**
 - More than 3 million Americans break their nicotine habit every year.
 - Not everyone succeeds the first time, but many people are successful after several attempts.
 - There are a variety of tips to help you in the written materials I will give you.
 - I will give you all the support I can.
3. **I smoke only low-tar/low-nicotine cigarettes so why should I stop?**
 - There is no such thing as a safe cigarette.
 - Most smokers inhale more often or more deeply to compensate for low nicotine levels in these cigarettes.
4. **Is It better to stop "cold turkey" or over a period of time?**
 - There is no "best way."
 - Most successful former tobacco users stop "cold turkey."
5. **What about Insomnia?**
 - Many tobacco users report having problems sleeping after they stop. If these symptoms are related to nicotine dependence, they should disappear within two to three weeks.
6. **Why do I cough more now that I've stopped smoking?**
 - About 20 percent of former smokers report an increase in coughing after they stop. This is a temporary response thought to be caused by an increase in the lung's ability to remove mucous, so it actually represents recovery of the lung's defense mechanisms.
7. **Now that I've stopped smoking, can I use tobacco occasionally?**
 - No. Nicotine addiction seems to be triggered quickly in most former users. Don't risk becoming hooked again.
8. **Will my body recover from the effects of smoking?**
 - Some of the damage may be permanent, such as loss of lung tissue in emphysema.
 - Other functions are recovered, such as the lung's ability to remove mucous.
 - The increased risk of heart disease is halved in the first year and approaches that of nonsmokers in about 5 years.
 - The increased risk of lung cancer diminishes and approaches that of non-smokers in 15 to 20 years.
9. **When will the sores in my mouth go away?**
 - Many leukoplakia, oral white patches that can be precancerous, disappear after stopping.
 - Most should disappear in a few weeks.
10. **Should I tell people I'm trying to stop?**
 - Yes. You should enlist the support of family, friends, and co-workers.

11. What should I do when I get an urge to smoke?

- Some people relieve cravings by chewing sugar free gum, using sugar free mints, or eating a carrot stick.
- Cravings for cigarettes are a normal part of Withdrawal.
- Most cravings last only a few minutes and then subside.
- Cravings become rare after a few weeks.
- Use nicotine gum, if prescribed.

12. What should I do when I get the urge to chew tobacco?

- Some people relieve cravings by chewing sugar free gum, using sugar free mints, or eating a carrot stick.
- Craving for a chew is a normal part of withdrawal.
- Most cravings last only a few minutes and then subside.

13. When I don't use tobacco, I feel restless and can't concentrate.

- These are normal symptoms of nicotine withdrawal.
- These symptoms are most acute in the first 3 or 4 weeks after stopping.
- These symptoms will disappear after a few weeks.

14. What other withdrawal symptoms will I have?

- Some people will have few-or no withdrawal symptoms.
- Other common symptoms include anxiety, irritability, mild headache, and gastrointestinal symptoms such as constipation.
- A few people experience all of these symptoms.
- Like other symptoms, they are only temporary.

15. I'd like to use nicotine gum, but I'm afraid I'll become addicted to it.

- A small percentage of people do use tobacco gum for longer than the three to six month recommended.
- Most people are able to gradually reduce, without discomfort, the amount of nicotine gum they use, until they stop completely.
- Nicotine gum does not damage the lungs or the lining of the mouth, and nicotine itself is not known to cause cancer, so it is much less harmful than smoking or using smokeless tobacco. Tobacco contains many dangerous chemicals.

Tobacco Use Chart Record

This is to be filled out when a patient is enrolled in the Smoking Cessation Program and each subsequent visit to the Clinic. This record is to be kept in the patient's chart.

Patient Name: _____ Date: _____

Initial Stage of Change _____

How much does the patient currently smoke per day? _____

Has the patient previously attempted to quit? Yes ___ No ___

Did patient select a "Quit Date"? (within 4 weeks) Yes ___ No ___ Date _____

Does the patient have a history of: Cancer ___ heart disease ___ hypertension ___

chronic bronchitis ___ emphysema ___ Other _____

Prescribed nicotine patch? Yes ___ No ___ Dose _____

Prescribed nicotine gum? Yes ___ No ___ Dose _____

Referral for Zyban Yes ___ No ___

Referral for Smoking Cessation Support Group Yes ___ No ___

Comments: _____

Comments on how the program is working for the patient _____

Subsequent Dental Hygiene Appointments

Did the patient follow-through with the quit date? Yes ___ No ___ Other _____

Were there any problems with the patch/gum? _____

Did he/she go to the other support services Yes ___ No ___ Did it help? _____

What is their current Stage of Change? _____

Comments on how the program is working for the patient _____

Date: _____

Did the patient follow-through with the quit date? Yes ___ No ___ Other _____

Were there any problems with the patch/gum? _____

Did he/she go to the other support services Yes ___ No ___ Did it help? _____

What is their current Stage of Change? _____

Comments on how the program is working for the patient _____

Date: _____

Did the patient follow-through with the quit date? Yes ___ No ___ Other _____

Were there any problems with the patch/gum? _____

Did he/she go to the other support services Yes ___ No ___ Did it help? _____

What is their current Stage of Change? _____

Comments on how the program is working for the patient _____

Date: _____

Did the patient follow-through with the quit date? Yes ___ No ___ Other _____

Were there any problems with the patch/gum? _____

Did he/she go to the other support services Yes ___ No ___ Did it help? _____

What is their current Stage of Change? _____

Comments on how the program is working for the patient _____

Date: _____

Did the patient follow-through with the quit date? Yes ___ No ___ Other _____

Were there any problems with the patch/gum? _____

Did he/she go to the other support services Yes ___ No ___ Did it help? _____

What is their current Stage of Change? _____

Comments on how the program is working for the patient _____

Pain Management Competency

COMPETENCY EVALUATION FORM COLUMBUS STATE COMMUNITY COLLEGE

PSA _____ MSA _____ ASA _____ Greater Palatine _____ Nasopalatine _____

IA _____ Long Buccal _____ Mental _____ Incisive _____

Pain Management Competency

S = 2 errors or less

U = 3 or more errors

S / U # of errors _____

Student: _____

Competency Date: _____

Patient's Name _____

Instructor: _____

STEPS	EVALUATOR	
	SELF	INSTRUCTOR
Preparation:		
Determines appropriateness for anesthesia for pain control based on dental procedure.		
Consults patient's medical history for known allergies and appropriate anesthetic selection.		
Obtains vitals for appropriate anesthetic selection.		
Determines ASA for appropriate anesthetic selection.		
Determine risks for patient for receiving local anesthetic.		
Determines treatment modifications for patient receiving local anesthetic.		
Determines appropriate anesthetic technique.		
Determines appropriate anesthetic agent.		
Anesthetic Process:		
Procures all armamentarium for procedure of administering local anesthetic, including 2/2 gauze, cotton tipped applicator, topical anesthetic, syringe, local anesthetic, needle sheath		
Follows infection control standards at all times.		
Correctly and safely administers local anesthetic.		
<u>Selects needle of appropriate length and gauge</u>		
<u>Selects anesthetic solution appropriate for procedure and patient.</u>		
<u>Retracts the piston.</u>		
<u>Inserts the cartridge.</u>		
<u>Engages the harpoon in plunger with gentle hand pressure.</u>		
<u>Uses a sterilized sharp needle.</u>		
<u>Attached needle to the anesthetic syringe.</u>		
<u>Applies protective needle sheath.</u>		
<u>Reattaches needle cap, loosely.</u>		

Positions patient correctly for administration of anesthetic.		
Applies topical anesthetic to correct area.		
Drys area before applying topical anesthetic.		
Uses cotton tipped applicator or single dose topical anesthetic.		
Uses smallest effective amount of topical anesthetic.		
Applies topical anesthetic for a minimum of one to three minutes.		
Rinses or gently wipes excess topical anesthetic after application.		
Applies local anesthetic		
Communicates with the patient about purpose and anticipated effects.		
Establishes a firm hand rest to stabilize the syringe.		
Makes tissues taut		
Keeps syringe out of patient's line of site.		
Ensures window of syringe is in line of site for the clinician.		
Checks flow of anesthetic.		
Inserts needle with bevel of needle closest to the bone.		
Inserts needle at the appropriate site.		
Slowly inserts needle and obtains a negative aspiration.		
* If positive aspiration, terminates procedure.		
Reloads syringe with new needle and cartridge.		
Inserts needle to the appropriate depth.		
Deposits appropriate amount of anesthetic solution.		
Removes syringe from patient's mouth.		
Correctly and safely recaps needle.		
Positions patient in an upright position.		
Applies pressure for techniques requiring disfusion of anesthetic solution.		
Observes patient after injection.		
Communicates with faculty insertion, reached site of deposition, aspiration, retracting, etc.		
Removes needle and cartridge from syringe. Disposed in sharps container.		
Accurately and completely records topical and local anesthetic on patient record.		
Provides patient with post-operative instruction.		
Exhibits professionalism throughout procedure		

Comments:

Pain Management Log

Pain Management Log - Clinic III and IV

Student Name _____

[illegible]

Section VI

Rotations

Availability of rotations is dependent on individual sites ability to allow participation

Faith Mission Rotation

A rotation at the Faith Mission will be available as part of the clinical experience during Clinic II, III, and IV and supervised by a CSCC faculty member. Each student is given the opportunity to attend the Faith Mission rotation three times. The students are assigned the rotation during Clinic II, Clinic III, and Clinic IV. Students may attend the Faith Mission rotation only once during a specific semester to allow all students an opportunity at this rotation. The hours for the rotation are 11:30-3. Students are to wear Columbus State dental hygiene clinical attire.

Course Goals and Objectives

Course Goals: The goals of this rotation are to help the student develop clinical skills and preventive protocols perform routine prophylaxis, extra/intra oral inspections, patient education, and behavior management in the public health setting.

Course Objective: The Faith Mission rotation will vary each semester. Each student will be provided three opportunities to attend Faith Mission.

- a) The student will experience providing treatment to the underserved population in a public health setting.
- b) The student will review the medical history with the patient and alert the dentist of any potential need for antibiotic prophylaxis as well as any potential medical risk.
- c) The student will review the medications/supplements with the patient that affects the oral health of the patient.
- d) The student shall be able to perform a thorough intra/extra oral examination and be able to identify oral pathology and conditions characteristic of patients in a public health setting.
- e) The student will be able to list and describe behavior management principles used in dentistry to obtain and maintain cooperative behavior of patients in a public health setting.
- f) The student will be able to describe the principles of effective communication that necessarily are tailored and compatible with patients in the public health setting.
- g) The student will perform a thorough routine prophylaxis on assigned patients in a timely manner.
- h) The student will design a preventive program tailored to the individual needs of any patient in a public health setting.
- i) The student will complete the paperwork necessary for each patient in the public health setting.

Addresses: Faith Mission
245 North Grant
Columbus, Ohio 43215

Check-in: Report to the Student Supervisor

Student Supervisor: Dr. Daniel Collins

Attendances at all assigned Faith Mission rotations are required. In the event a clinic session must be missed, the student is required to contact the Dental Hygiene Department at 614-287-2435. The student must contact the CSCC Student Supervisor at least two hours before rotation is scheduled to begin. Leave a message if you reach voice mail for either phone number.

Columbus Health Department Rotation

A rotation at the Columbus Dental Health Department will be available as part of the clinical experience for Clinic III, and IV. Each student will be given one opportunity to attend this rotation during both Autumn and Spring semester of their second year. The hours are from 8-noon. Students are to wear Columbus State dental hygiene clinical attire.

Course Goals and Objectives

Course Goals: The goals of this rotation are to help the student develop clinical skills and preventive protocols, perform routine prophylaxis, extra/intra oral inspections, patient education, and behavior management in the public health setting.

Course Objective: The *Health Department Rotation* will be assigned each semester. Each student will be provided the opportunity to attend the Health Department rotation.

- a) The student will experience providing treatment to the underserved population in a public health setting.
- b) The student will review the medical history with the patient or caregiver and alert the dentist of any potential need for antibiotic prophylaxis as well as any potential medical risk.
- c) The student will review the medications/supplements with the patient that affects the oral health of the patient.
- d) The student will perform a thorough intra/extra oral examination and be able to identify oral pathology and conditions characteristic of patients in a public health setting.
- e) The student will be able to list and describe behavior management principles used in dentistry to obtain and maintain cooperative behavior of the patients in a public health setting.
- f) The student will apply principles of effective communication that necessarily are tailored and compatible with patients in the public health setting.
- g) The student will perform a thorough routine prophylaxis on assigned patients in a timely manner.
- h) The student will design a preventive program tailored to the individual needs of any patient in a public health setting.
- i) The student will complete the paperwork necessary for each patient in the public health setting.

Addresses: Columbus Health Department
240 Parsons Avenue
Columbus, Ohio 43215

Dental Director: Dr. Deani Deskins-Knebel

Student Supervisor: Dr. Daniel Collins, CSCC Dental Hygiene Faculty

Attendance at all assigned Health Department rotations is required. In the event a clinic session must be missed, the student is required to contact the Dental Hygiene Department. The student must contact the CSCC Student Supervisor at least two hours before rotation is scheduled to begin. The CSCC Student Supervisor's number is 614 579-9519. Leave a message if you reach voice mail. Also please call the CSCC Coordinator at 614 287-2435.

Children's Hospital Rotation

Students assigned to Children's Hospital for rotation do not need to attend clinic huddle on the night of their assigned rotation unless specifically instructed to do so.

A rotation at Children's Hospital Dental Clinic is part of the clinical experience during Clinic III and IV. Each student is assigned to this rotation three nights as indicated on the Instructor Clinic Schedule. Students are to wear Columbus State dental hygiene clinical attire and report to Children's Hospital Dental Clinic at 5:00 p.m. The rotation hours are 5-9 p.m.

Course Goals and Objectives

Course Goals: The goals of this rotation are to help the student develop clinical skills and preventive protocols, perform routine prophylaxis, radiographs, fluoride treatments, sealants, to communicate, manage behavior and learn developing dentitions for normal children.

Course Objective: The *Children's Hospital* dental rotation will consist of three nights as stated on the Instructor Schedule from 5:30 -9 p.m. The following is a list of objectives.

- a) The student should be able to review the medical history with the patient's parent or guardian and alert the dentist of any potential need for antibiotic prophylaxis as well as any potential medical risk.
- b) The student will be able to effectively advise each parent or guardian to remain in the clinic waiting room in case of an emergency.
- c) The student will be able to list and describe behavior management principles in dentistry to obtain and maintain children's cooperative behavior during delivery of oral health care.
- d) The student will be able to describe the principles of effective communication that necessarily are tailored and compatible with a child's mental and emotional development.
- e) The student will be able to describe the rationale and protocol for taking radiographs as set forth by the children's hospital dental clinic.
- f) The student will be able to expose, develop, and mount routine radiographs.
- g) The student will perform a thorough routine prophylaxis on assigned patients in a timely manner.
- h) The student will be able to identify mixed dentition and perform all aspects of pediatric dental charting.
- i) The student should be able to discuss the effectiveness of fluoride therapy, sealants, and any dietary modification in preventing dental disease.
- j) Demonstrate the ability to design a preventive program tailored to the individual needs of any pediatric patient.
- k) The student should be able to apply fluoride appropriately.
- l) The student will apply sealants when indicated with the principles of proper placement.
- m) Demonstrate the ability to perform the paperwork necessary to complete a patient.

Address: Livingston Ambulatory Center (corner of Livingston and Grant)
380 Butterfly Gardens Drive
Columbus, OH 43215
(614) 722-5650

Parking: Parking is available in the adjacent Yellow parking Garage (420 Butterfly Gardens Drive), near Livingston Avenue and Grant Avenue. There is a fee for parking.

Student Supervisor: Karneil Stepter, RDH, CSCC adjunct faculty

Stowe Mission Rotation

A rotation at the Stowe Mission will be available as part of the clinical experience for Clinic III, and IV. Each student will be given at least one opportunity to attend this rotation during both Autumn and Spring semester of their second year. The hours, days and number of days vary as this is still a pilot project. Students are to wear Columbus State dental hygiene clinical attire.

Course Goals and Objectives

Course Goals: The goals of this rotation are to help the student develop clinical skills and preventive protocols, perform routine prophylaxis, extra/intra oral inspections, patient education, and behavior management in the public health setting.

Course Objective: *The Stowe Mission Rotation* will be assigned each semester. Each student will be provided the opportunity to attend the Stowe Mission rotation.

The student will experience providing treatment to the underserved population in a community health setting.

- a) The student will review the medical history with the patient or caregiver and alert the dentist of any potential need for antibiotic prophylaxis as well as any potential medical risk.
- b) The student will review the medications/supplements with the patient that affects the oral health of the patient.
- c) The student will perform a thorough intra/extra oral examination and be able to identify oral pathology and conditions characteristic of patients in a public health setting.
- d) The student will be able to list and describe behavior management principles used in dentistry to obtain and maintain cooperative behavior of the patients in a public health setting.
- e) The student will apply principles of effective communication that necessarily are tailored and compatible with patients in the community health setting.
- f) The student will perform a thorough routine prophylaxis on assigned patients in a timely manner.
- g) The student will design a preventive program tailored to the individual needs of any patient in a public health setting.
- h) The student will complete the paperwork necessary for each patient in the public health setting.

Addresses: Stowe Mission of Central Ohio
888 Parsons Ave
Columbus, Ohio 43215

Health Director: **Natalie McCloud**

Student Supervisor: Dr. Daniel Collins, CSCC Dental Hygiene Faculty

Parking is available on surface lots adjacent to the building on the north and south sides as well as on street parking in the neighborhood.

Attendance at all assigned Stowe Mission rotations is required. In the event a clinic session must be missed, the student is required to contact the Dental Hygiene Department. The student must contact the CSCC Student Supervisor at least two hours before rotation is scheduled to begin. The CSCC Student Supervisor's number is 614 579-9519. Leave a message if you reach voice mail. Also please call the CSCC Coordinator at 614 287-2435.

Sealant Program

Students will observe a session of the Sealant Program. The Sealant program is part of the Columbus Health Department Sealant Program. Students are to wear clinical attire.

An enrichment experience with the Columbus Health Department Sealant Program will be conducted during Autumn or Spring Semester of their senior year.

Course Goals: The goals of this rotation are to help the student recognize the clinical skills and gain knowledge about placing sealants.

Course Objectives: The following is a list of objectives:

Assess the need for and place pit and fissure sealants.

- a) Explain the process of placement of pit and fissure sealants and explain the criteria used to evaluate successful placement.
- b) Recognition of the materials used in the placement of pit and fissure sealants.
- c) Explain the purpose and indications for pit and fissure sealants.
- d) Explain contraindications for pit and fissure sealants.
- e) Relate the procedure of applying pit and fissure sealants.
- f) Explain the role of dental hygienists in the placement and maintenance of pit and fissure sealants.
- g) Demonstrate commitment to community service by participating in the observation of the Columbus Health Department Sealant Program.

Extramural Site Evaluation

Extramural Site: Faith Mission **Rotation**

Date: _____

Student: _____

Semester: _____

INSTRUCTIONS: This form is in two parts. Part A is to be completed by on-site supervisor and serves as verification of your attendance. Part B is to self-assess your performance on the Blackboard Journal.

Part A:

CRITERIA:

S

U

1. Arrives at extramural site promptly.

2. Properly attired in complete uniform.

3. Removes plaque from teeth.

4. Removes calculus from teeth.

5. Conducts self in a professional manner throughout experience.

6. Participates in all phases of the extramural experience.

Comments:

Supervisor's Signature: _____

Date: _____

Please PRINT and record all patients and procedures: Faith Mission rotation.

[illegible][illegible][illegible]

This image shows a blank sheet of white paper with horizontal ruling lines. The lines are evenly spaced and extend across the width of the page. There are no margins, text, or other markings on the paper.

This image shows a blank sheet of white paper with horizontal ruling lines. The lines are evenly spaced and extend across the width of the page. There are no margins, text, or other markings on the paper.

[illegible]# Radiographs completed on Rotations: 4BW_X____ 2 BW_X____ FM_X____ PAN____ PA____

Extramural Site Evaluation

Extramural Site: Columbus Public Health Department Rotation

Date: _____

Student: _____

Semester: _____

INSTRUCTIONS: This form is in two parts. Part A is to be completed by on-site supervisor and serves as verification of your attendance. Part B is to self-assess your performance on the Blackboard Journal.

Part A:

CRITERIA:

S

U

1. Arrives at extramural site promptly. _____

2. Properly attired in complete uniform. _____

5. Removes plaque from teeth. _____

6. Removes calculus from teeth. _____

5. Conducts self in a professional manner throughout experience. _____

6. Participates in all phases of the extramural experience. _____

Comments:

Supervisor's Signature: _____

Date: _____

Please PRINT and record all patients and procedures: Columbus Public Health Department rotation.

Date	Name	Age	Medically Compromised	x-rays	Instructor signature
------	------	-----	--------------------------	--------	----------------------

of Patients Completed on Rotation according to age: Child____Adolescent____Adults____Geriatric ____

Number of Medically Compromised Patients Completed on Rotation: _____

Radiographs completed on Rotations: 4BWX ____ 2 BWX ____ FMX____ PAN____PA____

Extramural Site Evaluation

Extramural Site: Children's Hospital: Clinic III Week of: _____

Student: _____

INSTRUCTIONS: This form is in two parts. Part A is to be completed by the student. Part B is to be completed by on-site supervisor and serves as verification of your attendance.

Part A: Please self-assess your performance on the extramural site experience. Feel free to make any comments and then submit to the clinic director at the next clinic session.

CRITERIA:

S

U

1. Arrives at extramural site promptly. _____

2. Properly attired in complete uniform. _____

3. Conducts self in a professional manner throughout experience. _____

4. Participates in all phases of the extramural experience. _____

Comments:

Part B: Supervisor's Signature: _____

Date: _____

Comments:

2 points per completed patient.

Date	Name	Age	Treatment	Radiographs	Instructor signature
------	------	-----	-----------	-------------	----------------------

[illegible]

Total # Prophecy's- Age 11 and under: _____ Total sets BWX- Age 11 and under: _____ Total # Panorex _____

Total # of Sealants: _____

Instructor signature: _____

Dental Hygiene Extramural Site Evaluation

Extramural Site: Columbus Health Department Dental Sealant Program Date: _____

Student: _____ Semester: _____

INSTRUCTIONS: This form is in two parts. Part A is to be completed by the student. Part B is to be completed by on-site supervisor and serves as verification of your attendance.

Part A: Please self-assess your performance on the extramural site experience. Feel free to make any comments and then submit to the clinic director at the next clinic session.

CRITERIA: S U

1. Arrives at extramural site promptly. _____

2. Properly attired in complete uniform. _____

3. Conducts self in a professional manner throughout experience. _____

4. Observes all phases of the extramural experience. _____

Comments:

Part B: Supervisor's Signature: _____ Date: _____

Comments:

Section VII

Forms

Student Complaint Report

Should a student have a complaint, they will use this form and log the complaint in the white LOG notebook.

***Columbus State Dental Hygiene
Union Hall, Room 321
550 East Spring Street
Columbus, Ohio 43215***

Student Complaint Report

Date:

Complaint Date or Time Period:

Nature of Complaint (Include name(s) of faculty):

Previous Attempted Resolution:

Desired Resolution:

Program Director Signature: _____

Date: _____

Clinic Coordinator Signature: _____

Date: _____

Instructor Signature: _____

Date: _____

Student Signature: _____

Date: _____

Student Complaint Log

<u>Student's Name</u>	<u>Date of Complaint</u>	<u>Nature of Complaint</u>	<u>Action Taken</u>

A student with a complaint regarding the educational process in the Dental Hygiene Program is first asked to directly discuss the issue with the faculty member with whom the problem first occurred. If resolution is not accomplished, the student may then take the matter in the following progression until resolution is completed: Program Coordinator, Department Chair, and then Dean of Health and Human Services.

A complaint log for students is provided in the Program Coordinator's office and in the clinic office. Students may file complaints with the Program Coordinator and all complaints will be filed in the logs per accreditation standards.

Notice of Opportunity and Procedure to File Complaints with the Commission on Dental Accreditation: The Commission of Dental Accreditation will review complaints that relate to a program's compliance with accreditation standards. The Commission is interested in sustained quality and continued improvement of dental hygiene educational programs but does not interfere on behalf of individuals or act as an appeal process in matters of admission, grade grievance, appointment, or dismissal of students. The Commission will consider only written, signed complaints: oral and unsigned complaints will not be considered.

A copy of the appropriate accreditation standards and/or the Commission's policy and procedure for submission of complaints may be obtained by contacting the Commission at 211 East Chicago Avenue, Chicago, IL 60611, or by calling 1-800-621-8099, extension 4653.

Incident Report

Should a student have an infraction, an incident report will be completed. This form will become part of the student's permanent record.

Columbus State Dental Hygiene Incident Report

Date:

Incident Date:

Time:

Place:

Nature of Violation:

Program Director Signature:_____

Date:_____

Clinic Coordinator Signature:_____

Date:_____

Instructor Signature:_____

Date:_____

Student Signature:_____

Date:_____

Daily Log

Students shall complete their daily log on a nightly basis. Record completed information. Make sure to record if a BAP on the daily log. Record type of x-rays on the date completed and record the number of retakes.

The age of the patient shall be recorded after the patient's name for the date of service. Indicate if an initial, recall, periodontal re-evaluation (PIP), or perio maintenance in the Tx completed column. The Treatment Classification shall be recorded. The number of quadrants is for the number of quadrants completed that evening (it is not accumulative). The number of points is based on the number of points for the degree of difficulty for quadrants completed.

Daily Patient and Radiographic Log											
DHY 1861/ Clinic I											
Student _____			Clinic and Year _____								
Day	Date	Patient Name	Age	Tx Complete Initial, Recall, Perio Main PIP	Tx. Class	#Quads	AAP Case Type	Pts.	Type of X- Rays	# of retakes	Fluoride- type
M	1/15	No-clinic-MLK day									
T	1/16	Clinic Orientation									
W	1/17	Clinic Orientation									
R	1/18	Clinic Orientation									
M	1/22	Clinic Orientation									
T	1/23	Observe Senior Mentor									
W	1/24	Observe Senior Mentor									
R	1/25										
T	1/30										
W	1/31										
R	2/1										
T	2/6										
W	2/7										
R	2/8										
T	2/13										
W	2/14										
R	2/15										
T	2/20										
W	2/21										
R	2/22										
T	2/27										
W	2/28										
R	2/29										
T	3/5										
W	3/6										
R	3/7										
T	3/19										
W	3/20										
R	3/21										
T	3/26										
W	3/27										
R	3/28										
T	4/2										
W	4/3										
R	4/4										
T	4/9										
W	4/10										
R	4/11										
T	4/16										
W	4/17										
R	4/18										

On the back of the log, students shall ask the faculty sign and record the earned grade when the student completes a competency. The student shall record the patient name and the date of the competency.

Day	Date	Patient Name	Age	Tx Complete Initial, Recall, Perio Main, PIP	Tx Class	# Quads	AAP Case Type	Pts.	Type of X-Rays	# of retakes	Fluoride type
T	4/23										
W	4/24										
R	4/25										
T	4/30										
W	5/1	Paperwork only									
R	5/2	Paperwork only									

Each competency not completed by 5/1 will result in a grade of **Incomplete** with the exception of the Instrument Competency. The Instrument Competency **must be successfully completed by 5/1**.

Competency	Patient	Date completed	Instructor signature
Instrument Competency (attempt 1)			Grade
Instrument Competency (attempt 2)			Grade
Instrument Competency (attempt 3)			S/U
Calculus Detection-Typodont (1)			Grade
Calculus Detection-Typodont (attempt 2)			Grade
Calculus Detection-Patient (1)			Grade
Calculus Detection (attempt 2)			Grade
Medical Emergencies Competency			S/U
Periodontal/Dental Charting Competency			S/U
Patient Education/Polishing Competency			S/U
(attempt 2)			S/U
 Program Competencies			
Adjunctive Therapy Competency			S/U
Care of Oral Prosthesis Competency			S/U
Tobacco Cessation			S/U

Daily Performance Grade Sheet

Daily Performance Grade Sheet

DHY 1861/ Clinic I

Student _____

Clinic and Year _____

P= Patient R= Rotation AO= Assisting Others A= Absent

Day	Date	P/R/ AO/A	Comments	Instructor	P	IC	CC	TM
R	1/25							
T	1/30							
W	1/31							
R	2/1							
T	2/6							
W	2/7							
R	2/8							
T	2/13							
W	2/14							
R	2/15							
T	2/20							
W	2/21							
R	2/22							
T	2/27							
W	2/28							
R	2/29							
T	3/5							
W	3/6							
R	3/7							
T	3/19							
W	3/20							
R	3/21							
T	3/26							
W	3/27							
R	3/28							
T	4/2							
W	4/3							
R	4/4							
T	4/9							
W	4/10							
R	4/11							
T	4/16							
W	4/17							
R	4/18							
T	4/23							
W	4/24							
R	4/25							
T	4/30							
W	5/1							

You will be evaluated and graded nightly in each of these four categories: Professionalism (P), Infection Control (IC), Client Care (CC), and Time Management (TM). Each category will be worth 1 point. Failure to adhere to any of the objectives included below or at the discretion of your faculty will result in 0 points in that category for the clinic session. Student must receive a 75% or higher in each of the 4 categories to receive an S in clinic. Failure to receive a 75% or higher will result in a U for clinic.

Professionalism
Maintains professional rapport, including communication skills, with the faculty, dentist, patient, colleagues, and OSU staff.
Demonstrates appropriate personal hygiene and professional appearance as outlined in DHY program guidelines.
Functions as an effective team member, assisting others when available.
Accepts and applies constructive feedback.
Demonstrates positive attitude and enthusiasm during clinic.
Prepared with and reviewed appropriate clinic paperwork, including competency and requirement sheets.
Follows verbal and/or written directions of the faculty/dentist.
Personal electronic devices are not in use or visible during clinic session.
Organizes and maintains clinic documents properly.

Infection Control
Maintains a neat clinical work area.
Observes proper hand washing/sanitizing protocols.
Follows manufacturers' and OSU's guidelines for cleaning and maintaining equipment including; emptying water bottle, purging ultrasonic, handpiece and air/water lines, turning off unit, properly utilizing barriers.
Follows infection control, OSHA, and Radiology policies and procedures per CSCC and OSU guidelines.
Instruments and equipment presented in an orderly and safe fashion.

Client Care
Scaling and polishing errors must be considered Satisfactory. If student receives 'Needs Improvement' this will result in a 0 on daily performance grade.
Maintains sharpened instruments.
Provides verbal and signed Informed Consent when applicable.
Follows guidelines for PTEN notes and documents.
Uses correct and legible spelling, grammar, punctuation etc. on all chart entries and clinic documents.
Follows HIPAA guidelines, handling and storing client charts as instructed.
Provides patient eyewear during all appropriate procedures.
Follows proper patient positioning and clinician positioning.

Time Management
Arrives to huddle on time and dressed ready for patient care.
Maintains appropriate level of clinical activity and maintains focus.
Demonstrates appropriate organizational skills.
Patient care not compromised by attempt to finish requirements.
Does not run past 7:25pm cut off time. Instruments returned and operatories disinfected by 7:40pm.
PTEN notes ready for faculty at check out. Treatment that was completed has been marked accordingly.

Mid-Semester Reporting

To ensure students are on track for completing requirements for clinic, each student will meet with an assigned faculty mid-semester. The following mid-semester reporting forms shall be completed prior to the scheduled meeting.

Columbus State Community College Clinic I Dental Hygiene Program

Date _____

Student Name _____

of Completed Patients _____

of Completed Quadrant Points _____ * 40 points required

Total Point Breakdown

	<u>Completed points</u>	<u>Points in progress</u>	<u>If in progress, dates patient is scheduled</u>
A-O	_____	_____	_____
A	_____	_____	_____
B	_____	_____	_____
C	_____	_____	_____
D	_____	_____	_____
PIP	_____	_____	_____
Total Points Completed	_____	Total Points Projected	_____

Clinic I Competencies

Instrumentation Competency

Date Completed

or

Date Planned

Calculus Detection (1)

Calculus Detection (2)

Medical Emergency Comp

Periodontal/Dental Charting

Patient Education

Radiograph Requirement

FMX _____
(need one)

BW

Rinn _____

Tabs _____

(one set with each technique)

Faculty Signature _____

Professionalism

INSTRUMENT TO BE IMPLEMENTED AS PART OF CLINICAL DENTAL HYGIENE COURSES

The following is a set of performance areas relative to professional behaviors. These are to be considered basic guidelines, and are designed to give cues for appropriate professional behavior and/or appearance. Please review this document prior to completing the self-assessment instrument for professional behavior.

Performance Areas

CONCERN FOR PATIENT

1. Shows concern for physical and psychological comfort of the patient.
2. Observes and performs asepsis protocol throughout the clinical procedures.
3. Manages patients in an effective manner.
4. Displays enthusiasm when working with patients.
5. Performs procedures with the need of the patient as the ultimate determining factor.

PERSEVERANCE

1. Follows task and procedures through to successful completion.
2. Completes challenging management cases effectively.
3. Is able and willing to manage difficult situations. Does not avoid problems.

ABILITY TO FOLLOW DIRECTIONS

1. Listens attentively to directions.
2. Follows given directions.
3. Consults Clinic Manual for specific directions on protocol or operation of task to be performed.
4. Asks for clarification if directions are not understood.

HONESTY AND INTEGRITY

1. Responds ethically in situations dealing with patients, classmates, and staff.
2. Displays honesty in all educational environments including classroom and clinical settings.
3. Is upright, truthful, and displays integrity in all aspects of dental hygiene education.

ENERGY AND INDUSTRY

1. Willing to assist other students when indicated.
2. Is self-directed in the tasks/procedures that need to be performed.
3. Healthy attitude toward self-management-adequate rest, healthy diet.

PUNCTUALITY

1. Arrives on time.
2. Utilizes time efficiently-manages time with procedures that need to be completed.
3. Finishes tasks in a timely manner-by end of clinical session.

INITIATIVE

1. Performs routine tasks without supervision.
2. Initiates appropriate treatment for particular needs of patient- is a self-starter.

PERSONAL APPEARANCE

1. Maintains personal cleanliness in all areas of hygiene.
2. Follows written dress protocol stated in current Clinic Manual including:
 - a. Hair
 - b. Nails
 - c. Clinical attire/shoes
 - d. Overall neat, professional appearance

ATTITUDE

1. Assists others willingly.
2. Responds positively to instructors, peers, and patients
3. Controls emotions and performs professionally under stressful conditions.
4. Accepts added tasks willingly.
5. Displays enthusiasm while working with patients
6. Uses creativity in working with different patients.

RESPOND TOWARDS CLINICAL EVALUATION

1. Views evaluation as a positive force.
2. Does not offer excuses or arguments.
3. Makes the corrections and/or changes that are suggested.
4. Receptive to new ideas or methods.

RATING TOOL FOR PROFESSIONAL BEHAVIORS

Professional behaviors are by nature subjective. However, the following rating tool is given as a means to qualify and describe performance for each category of professional behaviors. This rating tool is to be used for qualifying performance areas addressed in the Professionalism Self-Assessment Instrument.

Self-evaluate your performance for each category by assigning one of the following numbers (1-5) that best represents your professional behavior.

**DISPLAYS ALL CHARACTERISTICS OF THIS PROFESSIONAL BEHAVIOR
PERFORMANCE AREA:**

5- Extremely well or almost always

4- Good or very often

3- Moderately or occasionally

2- Slightly or seldom

1- Unsatisfactory or not at all

PROFESSIONALISM
Self Assessment

Name: _____

Date: _____

Counselor: _____

Please rate yourself using the "Rating Tool for Professional Behavior" in all areas listed. Feel free to make comments in the area provided for each general category. Refer to accompanying sheet for cues and/or clarification of behavior areas.

PROFESSIONAL BEHAVIOR	PERFORMANCE RATING DESIGNATION	COMMENTS
CONCERN FOR PATIENT		
PERSERVERANCE		
ABILITY TO FOLLOW DIRECTIONS		
HONESTY AND INTEGRITY		
ENERGY AND INDUSTRY		
PUNCTUALITY		
INITIATIVE		
PERSONAL APPERANCE		
ATTITUDE		
RESPONSE TOWARDS CLINICAL EVALUATION		

Write a brief paragraph describing in general the progress you've made in this clinical quarter toward achieving optimal professional behavior.

What do you consider your strengths considering all aspects of professional behavior?

What do you need to work on considering all aspects of professional behavior?

Professional Journaling

During the semester, students will journal about clinical experiences. Journaling is required. Late submission will result in an **Incident Report**.

- Each student is to reflect/ journal with their assigned faculty by Friday at 5PM.
- Assigned faculty will respond to the journaling with a question or questions on Sunday by midnight.
- Students will respond by the following Friday at 5PM.

Plan for Success

When students are struggling or unsuccessful, faculty will initiate a scheduled remediation. For each remediation, a Plan for Success will be completed for documentation.

Plan for Success

Columbus State Community College
Dental Hygiene

Student's Name _____ Course _____
Date _____

Identified Concerns by Instructor:

Plans for Improvement:

Student Comments:

Student Signature _____
Instructor Signature (s) _____

Remediation Notes:

Student Signature _____

Instructor Signature (s) _____

Date and Time: _____

Instrument Assessment Form

At the end of each semester, students are to complete this form assessing whether instruments need to be changed out.

Columbus State Dental Hygiene Instrument Assessment

Student Name: _____ Semester: _____ Cassette # _____

Please evaluate the instruments in your cassette and list any instruments that are damaged or need to be replaced.

Instrument	Reason for Change
Mirror	
#23 Explorer	
#11/12 Explorer	
PSR Probe	
UNC 12 Probe	
Furcation Probe	
Cotton Pliers	
#204-S Scaler	
H5/33 Scaler	
#11/12 Gracey Curet	
#13/14 Gracey Curet	
#5/6 Gracey Curet	
Younger Good 7/8	
White Stone	
Acrylic Stick	

Student signature: _____ Date: _____

Team Leader Form

Team Leader Responsibilities

Name: _____

Dates: _____

Semester: _____

Obtain a signature on the last night of clinic by full-time faculty

Delegated Responsibilities:

1. Team Leader starts clinic huddle promptly at 4:15. The team leader takes attendance, records nightly needs, and leads huddle.
2. Closing Clinic: Returns supplies to cart, ensures cart is tidy.
3. Distributes nitrile gloves for clean-up.
5. Informs Clinic Supervisor of any supplies that are needed for clinic.
6. Once group is gathered, checks operatories for left items.
7. Checks all computers to make sure they have been logged off.
8. Team Leader dismisses clinic as a group.

Signature of full-time faculty _____

Clinic Requirements

Completed clinic requirements are recorded in a database. Students receive confirmation within two days of completed treatment. The portfolio form looks like the one shown below.

Student Portfolio Clinics I-IV

Columbus State Community College Dental Hygiene

Student Name: XXXXXXXXXX

As Of 12/3/2018 10:12:30 AM

Clinic	Normal	AAP I	# Quads	AAP II	# Quads	AAP III	# Quads	AAP IV	# Quads	# Quads RP	# Sealants	FLTX	Med.Como	Pr. Faith 18-54	Pr. Faith >=55
I Clinic I	0	0	0	4	12	0	0	0	0	0	0	1	0	0	0
II Clinic II	0	2	8	4	6	0	0	0	0	1	2	2	1	1	0
III Clinic III	0	3	12	2	6	2	6	0	0	3	0	6	2	0	0
IV Clinic IV	0	8	32	4	13	0	0	0	0	1	0	5	3	1	0
Totals	0	13	52	14	37	2	6	0	0	5	2	14	6	2	0

Clinic	A-O	A # Of Patients	A # Quads Graded	B # Of Patients	B # Quads Graded	C # Of Patients	C # Quads Graded	D # Of Patients	D # Quads Graded	PIP # Of Patients	Medically Compromised	Prophy's @ CH11 and <	Prophy's @ CH12-17	Prophy's CHD <= 11	Prophy's @ CHD 12-17
I Clinic I		0	0	2	6	2	6	0	0		1	0	0	0	0
II Clinic II	0	1	4	3	6	2	4	0	0	1	1	0	0	0	0
III Clinic III		3	10	2	8	1	2	1	4		2	2	3	0	0
IV Clinic IV	0	7	28	4	16	1	1	0	0	1	5	3	2	0	0
Totals	0	11	42	11	36	6	13	1	4	2	9	5	5	0	0

Clinic	Patients Started	Patients In Progress	Patients Completed	# Adults Completed 18-54	# Adults Completed 55+	# Children Completed OSU 11 & <	# Children Completed OSU 12-17	# Initial Patients Completed	# Recall Patients Completed	# PIP Patients Completed	# Patients transferred	# Patients Terminated	Prophy's @ CHD 18-54	Prophy's @ CHD >=55
I Clinic I	6	4	1	1	0	0	0	1	0	0	0	1	0	0
II Clinic II	5	3	6	6	0	0	0	3	2	1	0	0	0	0
III Clinic III	7	1	7	5	2	0	0	1	4	0	0	2	1	1
IV Clinic IV	12	0	12	10	1	1	0	5	5	1	1	0	1	1
Totals	30	8	26	22	3	1	0	10	11	2	1	3	2	2

Clinic	Radiographs @ OSU - ADULTS				Radiographs 11 And <		Radiographs 12 - 17		CH X-Rays <=11		CH X-Rays 12 - 17		Col HD Radgrphs.						Faith Mission			
	# PA	#Sets 2 BMX	#Sets 4 BMX	# FMX	# PANX	# Sets BWX 11 and <	# Sets BWX 12 - 17	# PANX 12 - 17	BWX 11 and <	# PANX 11 and <	BWX 12 - 17	# PANX 12 - 17	BWX <=11	PANX <=11	BWX 12 - 17	PANX 12 - 17	BWX >=18	PANX >=18	FMX >=18	BWX	FMX	
I Clinic I	0	0	2	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
II Clinic II	0	0	2	1	1	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0
III Clinic III	0	0	4	1	1	0	0	0	1	0	2	0	0	0	0	0	0	0	0	0	0	0
IV Clinic IV	1	0	4	3	0	0	0	0	2	0	2	0	0	0	0	1	0	0	0	0	0	0
Totals	1	0	12	6	2	0	0	0	1	3	4	0	0	0	0	1	0	0	0	0	0	0

Clinic	Pts. A-O	Points A	Points B	Points C	Points D	Points PIP	CH Points	NH Points	Col HD Pts.	Fth. Miss.	Tot. Points
I Clinic I	0	0	12	18	0	0	0	0	0	0	30
II Clinic II	0	4	12	12	0	6	0	0	0	8	42
III Clinic III	0	10	16	6	20	0	10	0	16	0	78
IV Clinic IV	0	28	32	3	0	6	10	0	16	8	103
Totals	0	42	72	39	20	12	20	0	32	16	253

	Pts. Used	New Total	Bankable Pts
I Clinic I	0	30	10
II Clinic II	0	42	2
III Clinic III	0	78	8
IV Clinic IV	0	103	63
Total Points		253	

Directions for Completing Student Semester Report

Directions for the Student Semester Report and Finalizing the Student File

- Pencil only!
- All charts in file need to be listed. The color of the chart is listed for ALL charts.
- First, list all **COMPLETED OSU and Stowe** patients on student semester report - current semester first, then previous semester, then any other lingering records from previous semesters.
- Then list **incompleted** patients in the same sequential semester order, those with graded quads first, then any grades.
- **ONLY** graded patients (any quadrants scaled and graded) should have treatment class, number of quads, AAP case type, root planed quads.
- **ONLY** on **completed patients**, put medically compromised and initial, recall or PIP status.
- **ONLY** on **completed patients**, indicate special needs condition (medical, physical, psychological, developmental, intellectual, or social if applicable)
- **INCLUDE** age on any patients that have had radiographs (even if the patient has no graded scaling quadrants).
- **PIP** patients only need the points this semester, fluoride treatment, and check patient completed. LIST PIP in the Tx Class. Do NOT list # of quads of AAP type.
- **Total** radiographs only this semester with corresponding age and type of radiograph and record the number under the appropriate age grouping.
- Indicate fluoride treatment (write in fl and type) or sealants (write in # of sealants) under Fluoride/Sealants.
- Initial patients (**initial patients with the OSU College of Dentistry**), recall, root planing, PIP, and periodontal maintenance patients should be marked when completed.
- In the bottom left area, put the # of patients with the listed treatment classification (**A-O,A,B,C,D**), then after the slash, the **total number of quads graded this semester** for each treatment classification. (NOT PIP, A-B Stowe patients should be listed as a B patient-4 quads, C-D Stowe patients should be listed as a D patient-2 quads)
- In the next area, put the # of patients with the listed AAP perio classification (**N,I,II,III,IV**) then after the slash, the total number of quads **graded this semester** for each AAP classification. (NOT PIP)
- The next area is for the **total points** for the semester for each treatment classification, which hopefully matches the grade sheet.
- Fill in total number of points received from rotations (excluding Stowe) on 2nd page.
- If transferred, list under patient not returning because of transfer. Write in Transferred and indicate to whom.
- If patient is marked not returning, that verification needs to be evident in the progress notes/ thus a letter should have been sent by OSU and documented.
- The second side of the record is for patients seen at OSU if not listed on the front.
- At the bottom of the second side, calculate the number of points for each rotation, total # of medically compromised seen on rotations, and radiographs taken on rotations.
- Provide the **TOTAL** number of points from clinic and rotations.
 - Place your paperwork in the following order:
 - ✓ Student Semester Report
 - ✓ Daily Log-Make sure instructors have signed all competencies taken throughout the semester
 - ✓ Instrument Assessment Sheet
 - ✓ Rotation Documents
 - ✓ Competencies in same order as listed on the daily log.
 - ✓ Radiographic Grade Sheets taken on another student's patient
 - ✓ Semester Requirements, Team Leader Evaluations, and Absence Notices
 - ✓ Completed Patient Records
 - ✓ Transferred and Not Returning Patient Records
 - ✓ Patients in Progress
 - ✓ Patients returning for a PIP with a blue plastic cover

Order of list on Student Semester Report

1. All Completed OSU and Stowe patients
 1. Current semester
 2. Previous semester
 3. Any other lingering from previous
2. Incompleted patients
 1. (Patients with scaled and graded quads
 2. All other patients
3. Radiographs taken on another student's patient

OSU COMPLETED PATIENTS INCLUDE: Original Chart Color, Tx Class, # of Quads, AAP Case Type, Points, # Quads RP, Age, Med Comp, Special Needs, Initial/Recall/Perio Maint, Xray/Type, Fluoride/Type, Check mark completed

STOWE PATIENTS: Do not include Initial/Recall/Perio Maint

- *Stowe Adult C/D patient should be listed as a D patient, 2 quadrants, 10 points*
- *Stowe Adult A/B patient should be listed as a B patient, 4 quadrants, 8 points*
- *Stowe Child AO patient should be listed as an AO patient, 4 quadrants, 2 points*
- *Stowe Child A patient should be listed as an A patient, 4 quadrants, 4 points*


PIP INCLUDE: Original Chart Color, List "PIP" in Tx Class, Points, Age, Med Comp, Special Needs, Fluoride/Type, Check mark completed

OSU INCOMPLETED PATIENTS INCLUDE: Original Chart Color, Age, Xray/Type, Check mark IF they are not returning

- *ONLY graded patients (any quadrants scaled and graded) should have Tx Class, # of Quads, AAP Case Type, # of Quads RP*

RADIOGRAPHS ON ANOTHER STUDENT'S PATIENT INCLUDE: Age, Xray/Type

Patient Report (completed by student and provided to patient at completion of tx)



Patient Report

Oral Hygiene (based on the status of your needs)

Recommendations:

_____ Brushing type and frequency

_____ Toothpaste type

_____ Flossing or other types of aides

_____ Mouthrinse type

_____ Tongue cleaner

Tooth Decay Status (based on your needs)

Recommendations:

_____ Limit sugars (frequency and consistency)

_____ Schedule with a dental student for exam/treatment


_____ Schedule with a private dentist for exam/treatment


Periodontal (Gum) Disease Status (based on your needs)

Recommendations:

_____ Schedule with OSU Graduate Periodontal Clinic (614-292-4927)

_____ Schedule with a periodontist (gum specialist)





Nutritional Status (based on your dental needs)

Recommendations:

_____ Schedule with your medical doctor

_____ Schedule with a dietitian

Other Dental Needs

Recommendations:

_____ Schedule with an endodontist (root canal)

_____ Schedule with an orthodontist (braces)

_____ Schedule with an oral surgeon (extraction))

_____ Schedule with an oral surgeon (evaluation of lesion)

You have been referred to an OSU Graduate Program for:

_____ Endodontics (root canal)

_____ Oral Surgery (extraction)

_____ Orthodontics (braces)


_____ General Practice Residency

_____ Oral Pathology

Dental Hygiene Visit (based on your dental needs)


_____ Months recommended for next dental hygiene visit

Please call 614-292-2697 to schedule your visit with _____



Equipment Repair Request

The following form shall be completed by the student if any equipment in their assigned cubicle needs repaired. Once completed the form it is to be returned to the OSU Clinic Desk.

 THE OHIO STATE UNIVERSITY COLLEGE OF DENTISTRY	Building Services / Information Systems Work Order Request
EQUIPMENT REPAIR REQUEST	
<i>Thank you for being considerate of our clinic equipment. Please complete and return this request to your Clinic Desk.</i>	
Date of Request: _____	
Requestor Name: _____	
Operatory #/Equipment: _____	
Detailed Problem Description: _____ _____ _____ _____	