

***Dental Hygiene  
Student Handbook  
2022 – 2023***



**UTHealth<sup>®</sup>** |

**School of Dentistry**

**The University of Texas  
Health Science Center at Houston**

## PREFACE

The University of Texas School of Dentistry at Houston (UTSD) Dental Hygiene Program Student Handbook should serve you well as a student in the dental hygiene program. It provides general and professional information as well as clinic information, clinical procedures, and program policies. You will want to keep the Handbook close at hand at all times. The Handbook is updated annually, but changes may occur in the interim and you will be informed of these. Use it as your guide and refer to it when appropriate.

In a desire to live by our philosophy, we aspire to be the model Dental Hygiene Program for the 21st century dedicated to advancing the health of the people of the State of Texas, the nation, and our global community through educating compassionate health care professionals and innovative scientists and through discovering and translating advances in the social and biomedical sciences to treat, cure, and prevent disease now and in the future". The UTSD Dental Hygiene Program's goals are as follows:

- ❑ Recruit well-qualified, diverse students and educate them to be qualified oral health care professionals in their chosen field of dental hygiene by preparing them for future practice in a highly-technologic world—amid a population that is aging, ethnically diverse and consumer-oriented.
- ❑ Graduate clinically competent students who can provide comprehensive patient care.
- ❑ Educate students to provide patient care in adherence to guidelines of a comprehensive quality assurance and risk management program.
- ❑ Provide service learning, research and community outreach experiences that enrich students' professional development and reinforce their clinical education.

As a UTSD student, you are encouraged to maintain close communication with your assigned facilitator, course directors, advisor, and other faculty in order to make your education as smooth as possible. If your faculty feels that you would benefit from counseling, they may recommend The University of Texas Health Science Center at Houston's (UTHealth) Student Health and Counseling Services or you may make an appointment on your own by calling 713-500-5171. Counselors are available to provide counseling in regards to personal and/or academic issues. More information can be found on their website at <https://www.uth.edu/studenthealth/student-counseling-services/about.htm>.

Please refer to the UTSD Academic Catalog and the UTHealth General Information Catalog for more information about the Americans with Disability Act (ADA) if you feel that you may require any disability accommodations. The catalogs will also provide additional information on life at the UTHealth and the School of Dentistry.

On behalf of the dental hygiene faculty, I welcome you into the program and promise to support you in every possible way to ensure your academic success.

Victoria Patrounova, R.D.H., M.H.A.  
Associate Professor and Program Director  
Department of Periodontics & Dental Hygiene

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# **SECTION A**

## **STUDENT INFORMATION**

## ADMINISTRATION

John A. Valenza, DDS	Dean and William N. Finnegan III Distinguished Teaching Professor in the Dental Sciences
Robert D. Spears, MS, PhD	Associate Dean for Student & Academic Affairs; Professor
Shalizeh Patel, DDS, MEd	Associate Dean for Patient Care; Associate Professor
Muhammad F. Walji, MS, PhD	Associate Dean for Technology Services & Informatics; Professor
Lisa Cain, PhD	Associate Dean for Professional Development & Faculty Affairs; Professor
Arthur H. Jeske, DMD, PhD	Associate Dean for Strategic Planning; Professor
Mary. C. Farach-Carson, PhD	Associate Dean for Research; Professor
Joe Morrow, BBA	Associate Dean for Management
Nikola Angelov, DDS, MS, PhD	Chair, Department of Periodontics & Dental Hygiene; Professor
Victoria Patrounova, RDH, MHA	Director, Dental Hygiene Program; Associate Professor

### UTHealth School of Dentistry Vision and Mission:

#### Vision

“Improving Oral Health ... Improving Overall Health”

#### Mission

“To improve human health by providing high-quality education, patient care, service and research in oral health for Texas, the nation and the world.”

## GENERAL GUIDELINES

UTHealth uses email as its primary and official method of communication. This is the policy of the Dental Hygiene Program and is in the best interest of the student. It is your responsibility to monitor your official UTHealth email on a daily basis.

A change in your name, address or telephone number should be reported promptly to the coordinator of the Dental Hygiene Program. Students are responsible for ensuring that their current address and telephone number are correct on myUTH. Updates to address information may be made on [myUTH](#). The [address change form](#) is also available at the Registrar's Office and Student Affairs Offices.

Permission of the Director and Office of Student Affairs is to be obtained before soliciting funds or conducting any type of campaign in the school. For more information, refer to HOOP Policy 165, Solicitation on Campus at <https://www.uth.edu/hoop/policy.htm?id=1448178>.

Smoking is not permitted on UTHealth premises. Smoking in public while in scrubs is considered unprofessional.

Dental Hygiene students are permitted in the clinic and laboratory only for officially scheduled activities or when such facilities are not being used by authorized groups.

The school is unable to provide secretarial services for students.

Students are expected to clear seminar rooms and cubicles by 4:50 p.m. each day. Students are not permitted in these areas on weekends or holidays.

A dental bookstore store offering supplies is located on the 2<sup>nd</sup> floor to allow students to purchase the necessary instruments and supplies as specified in the Student Instrument List. Textbooks are also available for purchase.

**NOTE:** Rules and regulations of The University of Texas Health Science Center at Houston and The University of Texas School of Dentistry at Houston apply to Dental Hygiene students. **Dental Hygiene handbook policies and guidelines are subject to change.**

## DENTAL HYGIENE COMMUNITY LIAISON COUNCIL

The Dental Hygiene Program has a good relationship with the Houston area dentists and dental hygienists. A formal active liaison exists among these professional groups by way of the Dental Hygiene Community Liaison Council. Members of the Council meet annually to discuss current trends in dental and dental hygiene practice; and to assist in determining community health and dental hygiene employment needs. Health professionals, a second-year dental hygiene student, and the dental hygiene faculty serve on the council.

## DISABILITY ACCOMMODATION

UTHealth ensures equal educational opportunity for all disabled individuals who are otherwise qualified, with or without reasonable accommodation.

If any student has questions about a disability or accommodation, or feels that he or she has been discriminated against on the basis of a disability, he or she should contact the UTHealth Office of Equal Opportunity and Diversity. Policies and procedures of UTHealth can be found in the UTHealth Handbook of Operating Procedures (HOOP). HOOP Policy 101, Disability Accommodations, can be found online at <https://www.uth.edu/hoop/policy.htm?id=1448050>

**If you believe you have a disability requiring an accommodation, please contact:**

Dr. Robert Spears  
Associate Dean for Student & Academic Affairs  
504 Disability Coordinator for UTSD  
713-486-4166

For any questions or additional information, please call 713-500-2255 or email [CALL@uth.tmc.edu](mailto:CALL@uth.tmc.edu).



## Required Notice of Opportunity and Procedure to File Complaints with The Commission on Dental Accreditation (CODA)

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The intent of this message is to inform students, faculty, constituent dental societies, state boards of dentistry and other interested parties that an appropriate, signed complaint (see definition below) may be submitted to the Commission on Dental Accreditation regarding any Commission accredited dental, allied dental or advanced education program.

### **Definition of Complaint:**

A *complaint* is defined by CODA as one alleging that a Commission accredited educational program may *not be in substantial compliance* with Commission standards or required accreditation procedures.

- ❖ These issues and concerns may be discussed with the Associate Dean for Academic Affairs, at any time.
  
- ❖ The Commission on Dental Accreditation will review complaints that relate to a program's compliance with the accreditation standards. The Commission is interested in the sustained quality and continued improvement of dental and dental-related education programs but does not intervene on behalf of individuals or act as a court of appeal for individuals in matters of admission, appointment, promotion or dismissal of faculty, staff or students.
  
- ❖ A copy of the appropriate accreditation standards and/or the Commission's policy and procedure for submissions of complaints may be obtained by contacting the Commission at 211 East Chicago Avenue, Chicago, Illinois 60611-2678 or by calling 1-800-621-8099, extension 4653.

I have read and I understand that I have the right to contact the Commission on Dental Accreditation if I so desire.

Print name \_\_\_\_\_  
Signature \_\_\_\_\_  
Date \_\_\_\_\_

August 20, 2018  
Fall Semester

### **ADVISORY SYSTEM**

The Dental Hygiene Advisory System allows development of student/faculty relationships and provides a faculty counselor that the student can contact for assistance. Each advisor is assigned a group of students at random from each dental

hygiene class. The advisory groups remain fixed for the entire year. When changes are necessary, it is then the prerogative of the Director to transfer the student to another advisor.

The purposes of the advisory system are:

1. To allow faculty to facilitate, monitor, and assist in the attainment of students' individual goals;
2. To allow students the opportunity to discuss academic and clinical progress with a faculty member;
3. To encourage students to direct questions to a faculty member or share problems that may affect scholastic performance; the advisor may refer the student to outside agencies for additional assistance; and
4. To allow the advisor to monitor the students' progression or regressions in their professional development and to plan remedial or enrichment work accordingly.

### **PROTOCOL FOR RESOLUTION OF STUDENT CONCERNS**

In general, student complaints are governed by Hoop Policy 220, Student Complaints, and more information on this policy can be found at <https://www.uth.edu/hoop/policy.htm?id=2553c1c1-c490-4ad0-a570-e263e12e0dff>.

In the event a student has a concern with a dental hygiene faculty member, the following protocol must be followed:

- The student must make an appointment with the faculty member during their posted office hours and discuss their concern/s;
- If after the appointment with the faculty the student feels the concern has not been adequately addressed, the student must email the dental hygiene program director requesting her/him to meet with the faculty member about the concern/s;
- After the dental hygiene program director meets with the faculty, she/he will provide the student an opportunity to meet with both the faculty and herself to discuss and resolve the concern/s.

In the event a student goes to a faculty member about a concern with another faculty member, faculty will not discuss the concern with the student but rather refer the student to this required program protocol.

### **DENTAL HYGIENE COMPLAINT, SUGGESTIONS, & COMPLIMENTS FORM**

Students can also express their concerns, complaints, compliments, and suggestions to the Dental Hygiene faculty with total anonymity. Access the form at the following link:

[https://uthmc.az1.qualtrics.com/jfe/form/SV\\_0DjFupYHtCkYGB8](https://uthmc.az1.qualtrics.com/jfe/form/SV_0DjFupYHtCkYGB8)

The dental hygiene program director meets with the faculty to discuss and resolve the concerns. Summary of discussion will be submitted to a secure file.

### **ETHICS AND PROFESSIONALISM**

Ethics is the part of philosophy that deals with moral conduct and judgment. There are several principles that health care professionals must be aware of in the practice of their profession. The major principles are:

- *Autonomy* – self-determination in a person; the right to participate in and decide on a course of action without undue influence
- *Beneficence* – promoting good or well-being
- *Non-maleficence* – the duty to avoid harming the patient, summarized by the phrase “do no harm”
- *Confidentiality* – the precept by which information shared by a patient during the course of receiving health care is kept in confidence by the health care provider

- *Veracity* – a duty to tell the truth when information is disclosed to patients about treatment
- *Societal Trust* – maintaining a bond of trust in the relationships between healthcare professionals, patients, and the public`
- Professionalism is defined as “the conduct, aims, or qualities that characterize or mark a profession or a professional person”. While these characteristics may vary from profession to profession, the practice of dental hygiene requires professionalism which goes far beyond basic honesty and integrity.

While you will be evaluated on the basis of your ethical behavior, professionalism and intellectual and psychomotor abilities, you are also required to be exemplary in your grooming, personal conduct, and relationships with faculty, peers, and patients.

The students’ responsibilities at UTHealth and UTSD may be classified in five broad areas, which are as follows:

- Academic performance
- Academic integrity
- Professional conduct
- Conduct associated with the university, but not directly related to academic or professional training of the student
- Off-campus conduct, not associated with the university, which may reflect adversely on the image and reputation of the University, including the student’s social media activity.

The faculty and administration are dedicated to the development of professionalism in all School of Dentistry students. The aim of the institution is to create a learning environment which offers students the opportunity to develop standards of excellence which will sustain them throughout their professional careers. For more information, refer to Hoop 186, Student Conduct and Discipline at <https://www.uth.edu/hoop/policy.htm?id=1448220>.

## DENTAL HYGIENE LICENSURE ELIGIBILITY

According to Laws of the State of Texas and the Texas State Board of Dental Examiners a person applying for initial licensure to practice Dental Hygiene in the State of Texas may be ineligible for licensure due to a previous conviction or deferred adjudication for a felony or misdemeanor offense. Reference rule 103.8 at the following link: [http://texreg.sos.state.tx.us/public/readtac\\$ext.ViewTAC?tac\\_view=4&ti=22&pt=5&ch=103&rl=Y](http://texreg.sos.state.tx.us/public/readtac$ext.ViewTAC?tac_view=4&ti=22&pt=5&ch=103&rl=Y).

## ACADEMIC INTEGRITY

It is imperative that students maintain high standards of integrity in their scholastic endeavors. It is the responsibility of the faculty to see that such standards are maintained. Scholastic dishonesty is the submission, as one’s own, of material that is not one’s own. As a general rule, it involves, but is not limited to, one of the following acts: cheating, plagiarism, and collusion.

**Cheating** is defined as receiving unauthorized aid on an examination, quiz, paper, clinic or laboratory experience or course project such as:

- Copying from another student’s test paper or laboratory project.
- Using unauthorized materials such as class notes, crib notes, etc., during any examination or quiz. The presence of textbooks and/or other course material such as class notes, crib notes, etc. is prohibited for that test unless specifically allowed by the course instructor.
- Knowingly using, buying, stealing, transporting, soliciting, disseminating or attempting to disseminate the contents of an unreleased exam.
- Unauthorized collaboration or attempting to obtain unauthorized aid from another student during a test.
- Unauthorized substitution, or allowing another to be substituted for oneself, to take or perform a test or a laboratory procedure, or to sign class attendance records for another, or to disseminate access

- passwords for the quiz or exam.
- Giving or accepting money or other inducements to obtain an unreleased test or information about an unreleased test.
- Unauthorized collaboration on a take-home assignment that is not specifically permitted by the instructor or course director.
- Unauthorized or improper use of any technological or communication tool during an exam.
- Performing unauthorized procedures outside of clinical hours or at an outside facility.
- Performing another student's preclinical /clinical projects.

**Plagiarism** is the appropriating or obtaining by any means of another's work, and the unacknowledged submission or incorporation of it into one's own written work then offered for credit. Plagiarism includes, but is not limited to:

- Failing to give credit for ideas, statements of facts or conclusions derived by another author; failure to use quotation marks when quoting directly from another, whether it is a paragraph, a sentence, or part thereof; failure to properly cite the work of another person.
- Submitting a paper purchased or obtained from a "research" or term paper service or individual supplier, or otherwise buying or receiving such work.
- Submitting a paper, in whole or in part, obtained from an internet resource.
- Giving a speech or oral presentation written by another and claiming it as one's own work.

**Collusion** means the unauthorized collaboration with another person in preparing academic assignments which are offered for credit.

### **Penalty for Scholastic Dishonesty**

The penalties for scholastic dishonesty, as described in HOOP Policy 186, may include, but are not limited to: disciplinary probation, withholding of transcript or degree, being barred from readmission; failing grades for the exam, practical, and/or course; denial of degree; repetition of the year; suspension from the institution; or expulsion from the institution.

### **Reporting a Suspected Breach**

Any member of the UTHealth School of Dentistry community who has reasonable cause to believe that a breach of this Code of Academic Integrity has been committed, has an ethical obligation to:

- Report the incident via the "UTHealth School of Dentistry Academic Integrity Reporting Form" or
- Inform the course director/instructor, the UTSD Associate Dean for Student and Academic Affairs, or The Office of Institutional Compliance of the suspicions and the reasonable basis for them. This also includes self-reporting. Anonymous reports can be made to The Office of Institutional Compliance via their website (<http://www.lighthouse-services.com/compliance.uth.tmc>) or by calling 1- 833-222-0056. Suspected breaches of academic integrity will be reported to the UTSD Associate Dean of Student and Academic Affairs.

Reports of suspected breaches of this Code will be addressed in accordance with the policy and procedure described in HOOP 186 and the School's *Clinic Manual*, *DDS Student Guide to Academic Affairs*, *Dental Hygiene Student Handbook*, and *Advanced Education Manual & Course Catalog* documents, as applicable.

UTHealth School of Dentistry at Houston  
Academic Integrity Reporting Form

Date: \_\_\_\_\_

Reporting Person (optional):

Name: \_\_\_\_\_ Contact #: \_\_\_\_\_  
Last First MI

Course Name / Number: \_\_\_\_\_

Student(s) Involved in Alleged Incident: \_\_\_\_\_

Date of Alleged Incident: \_\_\_\_\_

Please provide a detailed description of the alleged incident:

Report Received By (name): \_\_\_\_\_

Date Report Received: \_\_\_\_\_

## PROFESSIONAL CONDUCT

Students are expected to perform in a professional and ethical manner in all aspects of the delivery of patient care. The School of Dentistry responds to inappropriate clinic performance or behavior (“infractions”) by students through academic corrective action. Infractions which are deemed more serious in nature (“cardinal”) may be referred to the appropriate Evaluation & Promotion Committee or the Associate Dean for Student and Academic Affairs. Investigation and, if indicated, appropriate action taken will be in accordance with policies described in the DDS Student Guide to Academic Studies with UTHHealth HOOP Policy 186 Student Conduct and Discipline found online at <https://www.uth.edu/hoop/policy.htm?id=1448220>. Students are responsible for knowing and observing state and federal law as well as the policies of both UTHHealth and the School of Dentistry. Students can find the full listing of UTHHealth Handbook of Operating Procedures online at <https://www.uth.edu/hoop/index.htm>.

## PROFESSIONALISM

Attendance is required at all scheduled lectures/labs. Attendance will be taken at each lecture/lab. As a matter of courtesy to the speaker and to get maximum benefit from the lecture/lab, you should make every reasonable effort to arrive to class before the presenter begins the lecture. Unprofessional behavior will not be tolerated. The first occurrence will result in a warning and deduction of points. Examples of unprofessional behavior include, but are not limited to:

- Audible signals emitting from devices or cellular phones
- Use of cellular phones or web devices for other than class activities during class
- Leaving class after the presenter has started or before the presenter has concluded.
- Engaging in audible conversations with colleagues during class presentations
- Failure to adhere to the dress code as defined in the current *Dental Hygiene Program Handbook*
- Unprofessional behavior, attitude or language (rudeness, profanity, etc.)
- Intentional physical destruction of equipment or building facility

### Corrective Action

The Associate Dean for Patient Care and Assistant Dean for Clinical Education are responsible for executing UTHHealth/UTSD policies as they relate to the clinical academic program and patient care. As all clinical faculty share responsibility for student compliance of clinic policy and procedure, most minor clinical infractions may be resolved by an attending faculty member. However, in those instances where, in the judgment of a faculty or appropriate staff member, referral to clinic administration for assessment, investigation and possible corrective action is indicated, the following persons will be responsible for determining the appropriate actions as follows:

For infractions involving a dental hygiene student, the Director of the Dental Hygiene Program is to be contacted immediately. Further referral, if indicated, would be to the Dental Hygiene Student Evaluation & Promotion Committee or the Associate Dean for Student and Academic Affairs.

Faculty, students or staff may report infractions by completing a *Student Incident Report*, which is available from the Dental Hygiene Office. Reports should be completed and returned as noted above.

## STUDENT INCIDENT REPORT

Date of Incident: \_\_\_\_\_

Location: \_\_\_\_\_

Name of Student(s) Involved: \_\_\_\_\_

Name of Faculty or Staff Member(s) Reporting Incident: \_\_\_\_\_

Reason for Report:

- Attendance
- Patient treatment
- Policy/Procedure
- Professionalism
- Other: \_\_\_\_\_

Comment: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Faculty or Staff Signature: \_\_\_\_\_ Date: \_\_\_\_\_

DISTRIBUTION:  
WHITE – Office of Clinical Education

(Return this form to Assistant Dean for Clinical Education, SOD 3510)

**Clinical infractions** which warrant corrective action may include, but will not be limited to:

- *Violations of an ethical and/or professional nature*
- *Failure to comply with infection control protocol (See UTSD Clinical Manual Section 2.40 – Infection Control Monitoring for additional details regarding infection control infractions)*
- *Improper management of patient records*
- *Misuse or inappropriate use of electronic patient record, including downloading or unprotected printing of PHI*
- *Removal of patient-sensitive information from the School of Dentistry building*
- *Use of a password or identification card that is not the student's own*
- *Use of instruments or materials not approved for use in SD clinics*
- *Misuse of instruments or materials, or failure to return excess unused materials*
- *Failure to attend and successfully complete required annual clinical updates*
- *Failure to attend mandatory clinical meetings, exercises, or assignments*

*Violation of clinic policies will be dealt with on an individual basis. In general, and dependent upon the severity of the infraction, violations will carry one or more academic penalties unless otherwise stated, and not necessarily in the following order:*

- *Students are allowed 2 warning incident reports. Required action by the student receiving 2 clinical incident reports may include writing of a report and/or presentation related to the infractions.*
- *The 3rd incident report goes into the student's academic record and the student is suspended from clinical and rotation for a minimum of one (1) week and for as long as necessary for remediation in the area of the infraction.*
- *Students on clinical suspension may continue to access the EHR and view patient records. They may **not**, however, perform the following: schedule, treat, assist or observe patients in clinic and cannot obtain clinical instruments, equipment or materials from clinical dispensaries.*
- *If a student suspension led to failure of a clinical course, a decision on the dismissal of the student goes through the E&P Committee.*

**Cardinal Infractions** are considered serious in nature. Examples of cardinal infractions include:

- *Providing treatment outside the Dental Hygiene Scope of Practice as determined by the Texas State Board of Dental Examiners.*
- *Any infection control infraction which seriously endangers the health of a patient, student, faculty, or staff.*
- *Using non-sterile handpieces, instruments or other items, when sterility is required.*
- *Disposing of any red biohazard bag inappropriately.*
- *Handpiece or instruments not returned for sterilization within 24 hours.*
- *Verbal or physical misconduct involving a patient, student, faculty, or staff member*
- *Falsification of a patient record or clinic document*
- *Abandonment of a patient*

*Students face automatic and immediate suspension from the clinic, if deemed appropriate, until such reasonable time as a final course of action is determined by the Dental Hygiene Student Evaluation & Promotion Committee.*

*Documentation of violations of clinic policy will be maintained in appropriate University files.*

*See UTSD Clinical Manual Section 2.40 – Infection Control Monitoring for additional details regarding infection control infractions*

## **ATTENDANCE**

Attendance is expected at all scheduled lectures, clinics, laboratories, seminars, case presentations, rotations, and individual faculty appointments. Attendance is considered one measure of a student's **professional conduct**. Students who abuse attendance requirements will be considered for academic action. All excused absences must be approved by the Director of the Dental Hygiene Program. To receive an approved excused absence the student must submit appropriate documentation to the Dental Hygiene Office **within 3 days** upon return to class/clinic. This will allow the student to make up missed exams.

At the discretion of the course director, attendance may be taken through the use of various methods such as sign-in rosters, audience response apps and/or quizzes. Students are expected to be present at the beginning of class/online session. Tardiness or leaving class early may be counted as an absence. Attendance records are official school documents, and thus falsification of these records by any student will constitute a significant act of dishonesty. At the discretion of the course director, attendance may play a part in the course grade as described in the course syllabus.



## RELIGIOUS HOLY DAYS

“Religious holy day” means a holy day observed by a religion whose places of worship are exempt from property taxation under Section 11.20 of the Tax Code.

The University of Texas School of Dentistry at Houston, in compliance with Section 51.911 of the Texas Education Code, will allow a student who is absent from classes for the observance of a religious holy day to take an examination or complete an assignment scheduled for that day within a reasonable time after the absence if, no later than the fifteenth day of the semester, the student notifies the course director of each class the student has scheduled on that date, that the student will be absent for a religious holy day. Students are responsible for notifying, in writing, the course director of each class. A copy of the letter must also be provided to the Office of Student and Academic Affairs. The course director will establish a reasonable date for the completion of the assignment or examination and notify the student prior to the aforementioned holiday.

## SEVERE WEATHER AND SCHOOL CLOSURE

UTHealth has a resource to provide emergency alerts in instances of severe weather, university status change, or if there's an imminent threat to the community. Participants can opt in to UTHealth Alert by providing their phone number to the database. They can change their number or opt out of the service at any time. Instructions on how to enroll or update your cell phone number can be found on the UTHealth Alert website at <https://www.uth.edu/uthealthalert/enroll>.

In the case of an unanticipated absence necessitating cancellation of patient appointments, it is the student's responsibility to notify their patients.

In case of emergencies contact the UT Police Department by dialing 911; identify yourself as a student of the University of Texas School of Dentistry and give them your location (identify the streets that intersect closest to your location). For non-emergencies contact UT Police at 713-792-2890.

## PROCEDURES FOR REPORTING ABSENCES

Students are responsible for calling the Programs Coordinator of the Dental Hygiene Program at 713-486-4084, if unable to attend school all day or part of it. If it is necessary to leave school early for the day, the Programs Coordinator must be notified. Students are responsible for contacting instructors regarding assignments prior to an absence (if known) or after the absence.

In the case of an unanticipated absence necessitating cancellation of patients, it is the student's responsibility to notify the patients, clinic facilitator, clinic course director and the department secretary by 8:30 a.m. on the day of the absence. Absences reaching three or more days require a physician's letter or other suitable documentation for the absence.

It is the student's responsibility to contact the course directors of missed classes within five days of return to the school to determine what, if any, arrangements are to be made for missed coursework (examinations, practical exams, etc.). If a scheduled examination, quiz, or required activity will be missed, the course director should also be contacted, preferably before the scheduled start of the examination or required activity.

Anticipated absences, e.g. advanced program interviews, doctor appointments, etc., should be discussed with the appropriate course directors prior to the absence so that arrangements can be made as needed.

## UTHealth ID BADGES

UTHealth ID badges are **required** to be visibly worn at all times by students, staff, and faculty when in the UTHealth area buildings. Individuals who are not wearing valid ID badges or are unable to produce them upon request may be asked to leave the building. ID badges are used for entrance into the building, and are used to check out books from the UTSD Library. The replacement fee for a lost or damaged identification badge is \$10.00.

## APPEARANCE GUIDELINES

Each individual involved in the Dental Hygiene Program reflects on how others view the program, the School of Dentistry and the profession. The attitude, mannerism, and physical bearing displayed in relationships with patients, staff, faculty, classmates and the public are a serious responsibility which we must exhibit in an ethical, safe, and professional demeanor. Furthermore, patients often form a first impression based on the physical appearance of their healthcare provider and develop trust more quickly with a person who portrays cleanliness, and professionalism. The following guidelines are given to assist all persons in understanding and accepting this responsibility.

Students, faculty, staff, and administration are all responsible for assisting one another in being good influences on the perception of our program to each other, School of Dentistry administration and the community. These guidelines are not presented to cover every detail and situation. It is expected that individuals know proper and appropriate behavior, and that they will support it by their own example.

### Due to COVID-19

UTHealth strongly encourages universal masking for all people in its buildings. Individuals working in non-patient-care sites may use their own masks, including cloth masks. However, these cloth masks must be professional in appearance. Cloth masks must not include profanity, obscene, or potentially offensive images, or words. For patient care sites, including the School of Dentistry, the N95 or elastomeric mask and/or level 3 mask will be used. These recommendations may continue to change and evolve as we learn more.

#### A. Clinic/Classroom Attire

**Clinic Attire**– Appropriately colored scrubs (as required by the School of Dentistry) are the only attire permitted. Scrub suit colors differ for each class and will remain the same color until the student graduates. Scrubs are to be in good repair, neat in appearance, free of stains, wrinkle-free with the top and pants colors matching. Surgical scrubs must NOT be worn with street clothes. However, t-shirts may be worn as an undergarment with scrub tops. For personal comfort outside of clinic, matching scrub jackets or professional white coats may be worn over surgical scrubs.

A clinic gown must be worn over scrubs while in clinic, radiology, x-ray processing room and patient assessment area. A clinic gown must be changed after treatment of each patient (or sooner if visibly soiled). Clinic gowns must not be worn outside patient treatment areas.

**Shoes:** Appropriate clinical shoes are to be worn in the clinical environment at all times. Shoes must be clean and in good repair. Shoes must be made of a wipe-able material, typically leather-like material is most appropriate. Shoes must be closed toe and have a back. Shoes with holes on the top, known as “Crocs” or soft fabric shoes such as “Toms” may NOT be worn in the clinics for safety and infection control reasons.

**Socks:** OSHA principles direct that skin is to be covered if there is the likelihood of exposure to chemicals and/or bodily fluids. Therefore, socks must cover the ankle area (no skin visible when seated) and are included as a part of the complete uniform. Socks should be white, black or matching the color of the scrubs. However, patterned/contrasting color socks are acceptable as long as the pattern is not considered offensive (e.g., no crude or vulgar language is imprinted on the socks).

**Skirts:** Female students are allowed to wear appropriate, class-colored clinical scrub skirts for religious purposes. The student’s legs must be covered while in the clinic setting. If the skirt is not floor length, the student’s legs must be covered with opaque tights or leggings. Tights or leggings should be black or matching the scrubs.

**Hats, Scarves and Religious Headwear:** Students may not wear personal caps, hats, scarves or other head coverings. An exception will be made for religious head coverings. However, the head covering needs to be secured in a manner which will not jeopardize student or patient safety, and these items must be washed after each use.

**Hair:** Hair is to be kept clean and neat at all times. Hair is to be styled or secured so that it will not fall forward and interfere during treatment. Unrestrained hair poses a safety and infection control threat. If hair restraining accessories are worn, they must be washable or disinfectable and unadorned/without ornament. Adornment includes but is not limited to feathers, hair ribbons, bows, glitter, sequins, beads, or other things hanging in hair, or attached to hair restraining accessories. Students with unnatural colored hair will wear a disposable bouffant cap while in the clinic. A disposable or washable head covering that meets infection control guidelines will be worn in any situation where there is the probability of exposure to bodily fluids as occurs with splash, splatter, or aerosols such as ultrasonics and air polishing.

While COVID-19 protocols remain in place, students must remain clean shaven to accommodate use of a N95 respiratory mask.

Students who have facial hair or head coverings for religious purposes must communicate this exception to the program director prior to clinical activities.

**Eyewear:** Protective glasses with side shields and surgical masks with a face shield and surgical mask will be worn in all clinical situations which expose the clinician to aerosol and splatter. Therefore, artificial, long eyelashes are discouraged as they may pose interference with protective eyewear and/or loupes.

**Jewelry and Tattoos:** Jewelry offers protection to microbes, interferes with hand and arm washing, compromises the integrity of gloves and can serve as a fomite to transmit infection beyond the operator. Jewelry such as rings (with the exception of smooth surface wedding rings), bracelets, long necklaces, long dangling earrings as well as facial/body piercing (other than earlobes) are not allowed while treating patients. Only one earring per ear is allowed. Gauge, plug earrings or larger than normal holes in the ears will be covered with a disposable bouffant cap when in the clinic. When in the clinic, visible tattoos must be covered by clothing, make-up, sleeves or band-aids.

**UTHealth Identification Badges:** Students are required to have the UTHealth I.D. badges at all times. During clinic, badge is placed in a pocket under gown.

Writing pens are not to be attached to the outside of the clinic gown.

Gum chewing is **NOT** acceptable in clinic or other professional settings. Chewing gum in the clinical setting is unsanitary and unprofessional. While in clinic you will be interacting with other health professionals and patients.

***INFRACTIONS OF THE DRESS CODE WILL BE REFLECTED IN THE PROFESSIONALISM / CASE MANAGEMENT DAILY GRADE.***

**Classroom** – Besides full scrubs, only **UTHealth t-shirts** with scrub bottoms are considered appropriate attire in classes or preclinical laboratories. Being allowed to wear UTHealth t-shirts in class is a privilege and not a right. If any student abuses this privilege by wearing a non-UTHealth t-shirt, this privilege will be taken away from ALL students. Students may wear their white School of Dentistry white coat or a sweater/fleece jacket over scrub tops in the classroom- NO hoodies.

**Other times-** On infrequent occasions AND upon approval from the program director, appropriate attire may be worn. Students are required to wear business attire (dress pants and a dress shirt or blouse). Jeans, shorts, leggings, t-shirts, tank tops, workout clothing, garments with hoods, or other non-professional attire are not allowed at school or school-related functions. These personal appearance standards are in effect from 7:00 am to 6:00 pm Monday through Friday. Students who are not in compliance with these minimal dress requirements will not be allowed to remain in the building.

**B. Personal Hygiene**

Close proximity with patients requires meticulous personal hygiene at all times. It is necessary to bathe daily and use a dependable deodorant/antiperspirant. Strong perfumes or colognes are to be avoided.

Hair must be neat and clean. When in clinic attire, hair must be up and off the shoulders, pinned securely enough to stay in place away from the face and be styled so as not to fall forward when leaning toward the patient. A disposable hair bouffant may be obtained from the dispensary to be worn during patient treatment.

Fingernails must be short, clean, and well-manicured. The fingernails should not extend beyond the fingertips to prevent collections of microbes and tears in gloves and to allow easy hand cleaning. False fingernails, including acrylics, overlays, tips, and shellac or “gel” nails are prohibited. (CDC Guidelines)

Plaque control must be practiced; mouth odors must be controlled. If you have a problem with your breath, brush your teeth and tongue and use a breath spray, mouthwash, or breath mint prior to seating your patient.

**EXAMINATIONS**

Examinations are given during each course. These examinations serve as a method of instruction and provide both students and instructors the opportunity to evaluate the student’s level of achievement. Final examinations are given at the conclusion of each course, each semester. The final grade in a course may include evaluation of the student in all aspects (didactic, laboratory, or clinical) of the entire course, and failure in any one aspect may result in a failing grade for the entire course.

1. No student is permitted to leave the examination room before completing the examination, unless the instructor’s permission has been granted.
2. No student is permitted to enter the examination room to begin an examination after another student has completed the examination and left the room.
3. Computer generated examinations may be given online or on computers in testing rooms or labs.
4. All books, purses, and electronic devices must be left at the front of the room during an examination or outside the examination room. Students will not be allowed to have any of these materials at their desks during the exam.
5. If you are/were absent when a major examination will be or was given, it is your responsibility to notify the faculty member. Make-up examinations may be rescheduled after finals have been given as determined by the course director.
6. Students may be videotaped while taking exams within the School of Dentistry building or when taking an exam off campus.
7. If a student is found cheating, disciplinary action will be taken.
8. Approved security screens are required for all graded exams and quizzes taken electronically.

**ACADEMIC STANDARDS**

**GRADING SYSTEM FOR CLINIC AND CLINIC RELATED COURSES:**

93 – 100 = A  
84 – 92 = B  
75 – 83 = C  
<75 = F

**GRADING SYSTEM FOR NON-CLINIC RELATED COURSES:**

90 – 100 = A  
80 – 89 = B  
79 – 70 = C  
<70 = F

### **Passing**

Grades for didactic and clinic courses are letter grades. A minimum grade of C will be required in all courses and an overall average of C (2.00 GPA) must be maintained. Student Organization officers must maintain a 2.5GPA to remain in office. An acceptable level of clinical proficiency must be demonstrated in each clinic before the student will be permitted to begin the next clinic.

### **Failing**

A grade of 69 or below designates failing work in non-clinic courses; a grade of 74 or below designates failing work in clinic-related courses.

### **Incomplete**

A grade of incomplete (I) may be given under rare circumstances and only upon approval by the Director of the Dental Hygiene Program and the Evaluation and Promotion Committee. A grade of incomplete may be either incomplete while passing or incomplete yet failing. A grade of Incomplete yet failing generally results in a Final course grade of F.

## **GRADE GRIEVANCE PROCEDURE**

In attempting to resolve any student grievance regarding grades or evaluations, it is the student's responsibility to arrange an appointment to discuss the grievance with the faculty member with whom the grievance originated. Individual faculty members retain primary responsibility for assigning grades and evaluations. A faculty member's judgment in such cases is final unless there is substantial evidence of discrimination, differential treatment, or error. If, after meeting with the appropriate faculty member, the student feels that the grade grievance has not been adequately addressed, the student may appeal the grievance in writing to the Associate Dean for Student and Academic Affairs within seven working days. The Associate Dean for Student and Academic Affairs will review the case and submit a written recommendation to the Dean within fourteen working days. The Dean will respond in writing to the student's grievance within five working days. In academic issues the determination of the Dean is final and not subject to further appeal.

## **WARNING, PROBATION, AND DISMISSAL**

**Warning:** Students will receive a letter of warning at mid-semester for unsatisfactory progress in didactic, laboratory, or clinical courses. Students will be expected to show sufficient improvement with a passing grade in those areas of deficiency by the end of that semester to avoid being placed on probation or considered for dismissal. In addition, the student is expected to satisfactorily progress in the other courses in the curriculum.

**Probation:** Students having a semester GPA or cumulative GPA below 2.00 will be placed on probation if not dismissed from the program. Students who have been placed on probation must show acceptable improvement and satisfy the conditions of the letter placing them on probation within the following semester, or they may be dismissed for academic reasons. Students placed on probation may be ineligible for financial aid and will be ineligible to hold class or SCADHA offices. Reinstatement is at the discretion of the dental hygiene program director.

**Dismissal:** Students will be considered for academic dismissal if they have a cumulative grade point average below 2.00 at the end of a semester. Students will be considered for academic action that could include dismissal if they have one or more failing course grades in a given semester or in more than one semester.

If a student demonstrates the inability to progress either didactically or clinically, he/she will be considered for dismissal from the Dental Hygiene Program by the Evaluation and Promotion Committee – Dental Hygiene Subcommittee. The decision will be made by the committee members at a meeting held at the end of the semester. Specific guidelines for academic dismissal are listed above.

## ACADEMIC ACTION AND APPEAL PROCESS

A University of Texas School of Dentistry (SOD) student may appeal any academic action by the Evaluation and Promotion (“E & P”) Dental Hygiene subcommittee to the Associate Dean for Student and Academic Affairs, in writing, within three calendar days after receipt of notice of the academic action. The student must provide the Associate Dean for Student and Academic Affairs a “complete” appeal, which includes at least a written statement clearly explaining all rationale for the appeal and any additional documentation the student possesses that the student believes supports the student’s rationale for the appeal.

The Associate Dean for Student and Academic Affairs will refer each complete appeal to an Ad Hoc Appeal Committee (“Appeal Committee”). The Office of the Associate Dean for Student and Academic Affairs will assist by scheduling the meetings of the Appeal Committee.

- The Chair of the Appeal Committee will be selected and appointed by the SOD Committee on Committees and approved by the Faculty Senate (an alternate Chair will also be selected from among the faculty of the School of Dentistry). The Chair will preside over the Appeal Committee. The length of the Chair’s term will be three years. The alternate will preside over the Appeal Committee in the event that the Chair is unable to attend.
- The Appeal Committee will be made up of the chairs of each of the E & P subcommittees not involved in the academic action being appealed. Vice chairs of the E & P subcommittees may serve in this role in the event a subcommittee Chair is unable to participate. In addition, an additional member of the Appeal Committee will be selected by the Associate Dean of Academic Affairs from among SOD faculty. This member of the Appeal Committee cannot be the student’s faculty advisor or a member of the E & P subcommittee making the decision being appealed.
- Each of the Appeal Committee members will have one vote. In the case of a tie vote, the Chair of the Appeal Committee will vote to break the tie.

The Appeal Committee will review the student’s appeal letter and/or written statement and documentation, if any, submitted by the student, meet with the student, the student’s faculty advisor, the Chair of the E & P subcommittee taking the academic action being appealed, and other individuals at the discretion of the Chair of the Appeal Committee. The Chair of the Appeal Committee shall submit a final recommendation to the Dean within seven calendar days of the final Appeal Committee meeting. The Dean shall consider the recommendation of the Appeal Committee, may review the materials submitted to the Appeal Committee, and may interview other individuals. At his or her discretion, the Dean may meet with the student. The student will be notified of the Dean’s decision within 10 calendar days after the Dean’s receipt of the Appeal Committee recommendation. The Dean’s decision regarding the academic action of the E & P subcommittee is final. The results of the Appeal Committee may be shared with the Chair of the Department involved.

The student, upon written request to and approval in writing from the Associate Dean for Student and Academic Affairs, may continue academic studies while the appeal of an academic action is under review and until the student receives notification of a final decision by the Dean.

If after the appeals process is completed an academic action of dismissal is upheld, a dismissed student must immediately discontinue participating in all UTSD educational activities. All personal belongings must be removed from the UTSD facilities immediately upon receipt of the final decision of the Dean. If the decision is to repeat the year then the student must arrange for enrollment, financial payments, registration, and the removal of any holds on their records. The UTSD Student Evaluation and Promotion Committee consist of four subcommittees: The First Year Dental Student Evaluation and Promotion Subcommittee, the Second Year Dental Student Evaluation and Promotion Subcommittee, the Third/Fourth Year Dental Student Evaluation and Promotion Subcommittee, and the Dental Hygiene Student Evaluation and Promotion Subcommittee. Each subcommittee is led by a chair and a vice chair.

## REMEDIATION

Students who fail exams or competencies will have the opportunity for remediation to assist them in improving their knowledge, skills and understanding during the regular semester. Students who have remediated a failed course, will still be required to pass the course in a similar manner stated in the course syllabus.

### THE UNIVERSITY OF TEXAS HEALTH SCIENCE CENTER AT HOUSTON OFFICE OF STUDENT FINANCIAL SERVICES POLICY REGARDING SATISFACTORY ACADEMIC PROGRESS

1. Any student on academic probation at the beginning of the academic year will be ineligible for financial aid until removed from such standing.
2. Any student on disciplinary probation will immediately become ineligible for financial aid until removed from such standing.
3. Probation may result from:
  - a. a grade point average below 1.90 for any semester.
  - b. a cumulative grade point average below 2.0 at any point during the student's progression through the curriculum.
  - c. a grade of "I" (Incomplete) or "F" (Fail) in didactic, laboratory, or clinic.
  - d. non-professional conduct as determined by the faculty and/or administration.
4. A student suspended from financial aid eligibility may appeal that status by indicating in writing to the Director of Student Financial Services and the Dean of the School of Dentistry, or his designee, the existence of mitigating circumstances. Each appeal will be considered on its merit by the Director of Student Financial Services and the Dean of the School of Dentistry or his designee.
5. Financial aid eligibility will not extend beyond five semesters.
6. Course work in which the student receives a grade of "I" or "F" or in which the student repeats or withdraws will not impact eligibility unless such event imposes probation as indicated in #3 (above).

Student Financial Services Policy on Satisfactory Academic Progress can be found online at the following link:

<https://www.uth.edu/dotAsset/67612ff0-aa4f-4e2c-b2d6-19653eafe106.pdf>

## STUDENT WITHDRAWAL

Any UTSD student who does not intend to continue as a student must officially **withdraw**, rather than simply stop attending classes and laboratories. Students who decide to withdraw must complete a Checkout Sheet and a Student Exit Form, which are available in the Office of Student & Academic Affairs (Suite 4120). Following an exit interview, the student must secure clearance from the various offices noted on the Checkout Sheet and return it to the Office of Student & Academic Affairs. Completion of this process constitutes an official withdrawal.

## LEAVE OF ABSENCE

Any student who wishes to stop attending classes and laboratories temporarily, intending to continue studies at a later date, must submit a written request for a **leave of absence** to the Director of the Dental Hygiene Program and then the Associate Dean for Student and Academic Affairs stating the reason for the request, the length of leave requested, and the date for resuming studies. A student requesting leave must be in good academic standing.

The Associate Dean for Student and Academic Affairs will confer, when necessary, with the Associate Dean for Clinical Education regarding the leave request. The Associate Dean for Student and Academic Affairs will review the leave request

and the student's academic record, and will recommend whether the leave should be granted and any conditions, which must be met for the student to re-enroll.

For students in academic jeopardy, the Associate Dean for Student and Academic Affairs will refer the leave request to the Evaluation and Promotion Committee. The Student Evaluation and Promotion Committee will recommend to the Associate Dean for Student and Academic Affairs whether the leave should be granted and, if so, the point in the curriculum where the student may re-enter and any necessary remediation activities following re-enrollment.

The Associate Dean for Student and Academic Affairs will notify the student, in writing, of the action on the student's request, including any conditions, which must be met by the student, and the expected re-entry date. Following approval by the Associate Dean for Student and Academic Affairs, the student must complete a Checkout Sheet and a Student Exit Form, which are available in the Office of Student & Academic Affairs (Room 4120). The student must secure clearance from the various offices noted on the Checkout Sheet and return it to the Office of Student and Academic Affairs. Completion of this process constitutes an official leave of absence.

Students can request a LOA for no longer than one-year, and those taking a leave of absence will re-enter the curriculum no later than the point at which the leave began, and students may be required to repeat a portion of the curriculum, or potentially the entire academic year for extended leave situations of less than one academic year. Students on leave from The University of Texas School of Dentistry at Houston for more than one calendar year may be required to repeat all or a significant portion of the curriculum.

A student on LOA must inform the Associate Dean for Student and Academic Affairs in writing of their intent to re-matriculate at least two calendar months prior to the anticipated re-matriculation date. Notification must include any supporting documentation required by conditions of the leave. Notification of a student's intent to return does not guarantee a right to return. Readmission is at the sole discretion of the appropriate E&P committee. A student who fails to return within the allotted 12 months of the leave or fails to notify the school will be administratively withdrawn from the program. Students on an approved LOA are not required to register for courses and are not required to pay instructional or other use fees. Access to UTHealth facilities and services may be restricted.

## READMISSION

A student who voluntarily withdraws or is dismissed from the dental hygiene program in good standing and subsequently applies for readmission will be considered on an individual basis by the Dental Hygiene Admissions Committee.

Requirements that govern the readmission of applicants to the dental hygiene program are as follows:

- The student must not have been out of dental hygiene school for more than five years at the time of acceptance.
- Readmitted students will be required to audit previously taken courses if more than three years or if major course revisions have occurred since their enrollment and must complete all course requirements satisfactorily.
- An interview will be required prior to an offer of admission.

## ACADEMIC COUNSELING

**Advanced Academic Training (AAT)** is designed to help entering first-year healthcare students master their rigorous academic programs. Students are encouraged to call the UTHealth School of Dentistry, Office Educational Research and Development at 713-412-5161 or email Dr. Ronald Johnson at [Ronald.Johnson@uth.tmc.edu](mailto:Ronald.Johnson@uth.tmc.edu) for individualized help in all aspects of their educational training.



## CLINICAL EQUIPMENT INFORMATION

1. Students are responsible for the cleanliness of lockers, laboratory benches, and the laboratory in general, and clinical cubicles to which they are assigned. Physical plant personnel empty waste baskets each evening.
2. Turn off laboratory and cubicle lights, gas, water, and air when not in use. Place operator's stool in its original location.
3. Students are to inspect all equipment that may be missing or not in good working order at the beginning of each clinic session. At any time when equipment is missing, damaged, or malfunctioning, it should be reported to your instructor and to Educational Support Services, Room 3450, Telephone 713-486-4441. Computer problems should be reported to the HELP Desk at 713-500-4848. **DO NOT** use the item until it has been repaired.
4. Students are responsible for all equipment loaned to them (Cavitron, instruments, Piezo handpiece, ultrasonic inserts/tips, curing light, slow speed handpiece, etc.).
5. Any damage or loss will result in payment by the student to repair or replace loan items.

## INSTRUMENT RETURN/ REPLACEMENT POLICY

In the event dental hygiene instruments are found to be dull, broken or damaged, the student should report this to dispensary personnel.

## SOLICITATION OF PATIENTS

Students who choose to obtain patients through solicitations/requests or other postings on Instagram, Facebook (or other social networking sites), etc., may not use the UTHealth and/or the UTHealth logos and may not use UTHealth, UTHSC-H, University of Texas or UT School of Dentistry names without first obtaining permission from the Office of Legal Affairs and Office of Public Affairs. In the past, such permission has generally not been granted under circumstances such as these. You may not quote prices for the services in the clinic as part of the solicitation/request for patients.

You may ask persons interested in dental care to contact you, and you may, in your private email response, identify yourself by name and as a UTHealth Dental Hygiene student and then inform those persons that the treatment is done at the UTSD clinic, and the UTSD clinic sets the fees. You may only identify UTHealth or the School of Dentistry in your telephone or private email contact, not in the solicitation/request materials/ads/postings, etc.

When contacting patients/potential patients, use your google voice account to protect your privacy. Per the Texas State Board of Dental Examiners, all correspondence communications, including text messages, are considered part of the patient's record and may be subjected to subpoena! At UTSD, **texting** to communicate with a patient is **not acceptable**. If a patient texts:

- Respond to the patient and inform them that you will contact them verbally
- Use Google Voice to verbally respond to the patient's text
- Document all correspondence communications in the patient's record under the "Contact Notes"

Violation of these restrictions will subject a student to disciplinary action.

## USE OF SOCIAL MEDIA

Students are to adhere to following social media policy and guidelines which can be found at the following link: <https://www.uth.edu/index/social-media.htm> and [UTHealth HOOP Policy 219](#), Use of Social Media at <https://www.uth.edu/hoop/policy.htm?id=91780f16-961e-4990-be50-8ac8aface6c7>.

### Recording Dental Visits for Social Media Posting

Texas is considered a “one-party consent” state, legally allowing recording if one party (including the patient) consents. However, recording may infringe on other patients’ HIPAA-protected rights. Therefore, students and patients are NOT allowed to record any interactions in our clinical areas. If they are not compliant, Program Directors/GPDs can further reemphasize this policy to them. Otherwise, contact the Office of Patient Care to discuss this policy. Recording for any educational media is excluded and must be done in a contained setting to comply with HIPAA-protected rights.

## CLINICAL PATIENTS FOR LICENSURE EXAMINATIONS

Students attempting to secure a patient for examination for licensure **cannot** receive assistance from faculty members in obtaining or assessing the patient. Western Regional Examining Board guidelines state “WREB staff, state dental boards and licensing agencies of the member states, and the faculty where the examination is held are unable to supply patients”. Selection of an appropriate patient is an important factor in the clinical examination. Patient selection is the candidate's responsibility. Candidates are graded on their ability to accurately determine and effectively interpret patient qualification criteria. This is a graded procedure and an integral part of the examination. Patient qualification is the responsibility of the candidate. Therefore, other dental professionals should not pre-qualify patients for the examination per Texas State Board of Dental Examiners clinical licensure guidelines.

## **SECTION B**

# **PROFESSIONAL BACKGROUND INFORMATION**

## OATH OF THE AMERICAN DENTAL HYGIENISTS' ASSOCIATION

In my practice as a dental hygienist, I affirm my personal and professional commitment to improve the oral health of the public, to advance the art and science of dental hygiene and to promote high standards of quality care. I pledge continually to improve my professional knowledge and skills to render a full measure of service to each patient entrusted to my care and to uphold the highest standards of professional competence and personal conduct in the interest of the dental hygiene profession and the public it serves.

### STUDENT CHAPTER AMERICAN DENTAL HYGIENISTS' ASSOCIATION (SCADHA)

#### Objectives

The objectives of SCADHA shall be to support the mission of the American Dental Hygienists' Association (ADHA). The ADHA's mission is to improve the public's total health, by advancing the art and science of dental hygiene by ensuring access to quality oral health care; increasing awareness of the cost-effective benefits of prevention; promoting the highest standards of dental hygiene education, licensure, practice and research; and representing and promoting the interests of dental hygienists.

#### Goals

The goals of the Organization are to:

Provide entry to professional socialization through participation in the organized activities of the Greater Houston Dental Hygienists' Association (GHDHA), Bay Area Dental Hygienists' Association (BADHA), Texas Dental Hygienists' Association (TDHA), and the American Dental Hygienists' Association (ADHA).

- Keep well-in-formed of current and future legislation affecting the dental hygiene profession.
- Educate the public using preventive and therapeutic practices on an individual and group basis.
- Foster life-long learning through a program of expert speakers, arranged by the Vice-President, subject to approval of the officers of the Organization, and advisor(s).
- Promote the dental hygiene profession to laypersons and the dental community through UTSD Orientation and Open House activities; observance of National Dental Hygiene Month; GHDHA, BADHA, TDHA, and ADHA functions.
- Provide for a viable financial base to support the activities of the Organization. These activities will be funded through an annual, non-refundable student chapter of ADHA Professional Fee to be determined jointly by the Director of the Dental Hygiene Program and faculty advisor(s) of the Organization. Such fees may be dispersed for, but not limited to, ADHA membership, social events, continuing education, GHDHA and BADHA component meetings, and the SCADHA/TDHA Annual Session, awards presentations, and installation of officers, subject to advisor(s) approval.

#### Officers

The officers of SCADHA shall be a senior SCADHA President, Junior and Senior Class Presidents, Junior and Senior Class/SCADHA Vice Presidents, Junior and Senior Class/SCADHA Secretaries, Junior and Senior SCADHA Treasurers. An ADEA delegate will be elected from the Junior Class.

#### Qualifications

All dental hygiene students with good academic standing (not on probation) in attendance at The University of Texas School of Dentistry at Houston may be elected to serve in a student organizational office. The SCADHA President shall be member of the senior class. Each class, junior and senior, shall elect a Class President, SCADHA/Class Vice President, SCADHA/Class Secretary, and SCADHA/Class Treasurer.

## **Nominations and Elections**

All senior SCADHA class officers shall be elected into office at the spring meeting of their junior year. All junior Class Officers shall be elected into office the second or third week of September. The following criteria shall be used when electing officers:

### Guidelines for all Candidates and Elections

1. Interested parties must declare their candidacy two to three (2-3) weeks in the UTSD Office of Student and Academic Affairs prior to the election.
2. Prepare and deliver a speech before the members of the organization.
3. Election shall be by secret ballot in the Office of Student and Academic Affairs. The candidate receiving the majority of votes cast shall be declared elected.
4. Officers must maintain a minimum 2.75 GPA with no failures, disciplinary actions or academic probation to remain in office  
(An officer will be removed from his/her position due to their ineligibility).

## **Tenure of Office**

All officers shall serve for a one-year term, with the exception of ADEA Representative, which is a two-year term commitment. The newly elected senior officers shall serve from May until the following May. The term for the junior officers shall be September-May.

## **Vacancies**

In the event of a vacancy in one of the offices, the candidate receiving the second highest number of votes shall fill the vacancy. In the event there was only one candidate for the office, a special election shall be held.

## **Officer Duties**

### A. SCADHA President (DH Senior Student)

The duties of the SCADHA President shall be to:

1. Preside at all SCADHA meetings.
2. Call special meetings.
3. Form committees, appoint committee members and set deadlines for committee work to be reported and/or completed.
4. Act as a liaison between the Greater Houston Dental Hygienists' Association and the SCADHA organization.
5. Preside over the following standing committees:
  - 5.1 Orientation – Organize Orientation Gathering with Advisor(s) and DH Program Director.
  - 5.2 National Dental Hygiene Month Activities
  - 5.3 SCADHA/TDHA Annual Session
    - a. Dental Materials Fashion Show
    - b. School video
  - 5.4 SCADHA Fundraising
6. Submit an annual report of the activities to the SCADHA Advisor.

### B. Junior and Senior Class Presidents

The duties of the Junior and Senior Class President shall be to:

1. Preside at all Class meetings.
2. Serve on UTSD Student Council (Senior) and sit on the Dean's Council (Junior and Senior).
3. Preside over the following standing committees:

- 3.1 Fundraising
- 3.2 Graduation Functions (Senior)

4. Submit an annual report of the activities to the SCADHA Advisor.

C. SCADHA/Class Vice Presidents

The duties of the Junior and Senior SCADHA/Class Vice Presidents shall be to:

- 1. Preside at all meetings in the absence of the President (SCADHA Senior)
- 2. Serve on UTSD Student Affairs Committee (SCADHA Senior).
- 3. Preside over the following standing committees:
  - 3.1 Welcome breakfast (Senior)
  - 3.2 Obtain guest speakers for Programs/Lunch & Learns (Senior)
  - 3.3 Holiday Party (Junior)
  - 3.4 Programs (Senior)
- 4. In the event that the SCADHA President's term of office is terminated, the Senior SCADHA Vice President will preside as President for the duration of the office term.
- 5. Submit an annual report of the activities to the SCADHA Advisor.

D. SCADHA/Class Secretaries

The duties of the Junior and Senior SCADHA/Class Secretaries shall be to:

- 1. Keep accurate minutes of each Executive Council meeting.
- 2. Supervise the bulletin board display.
- 3. Preside over the following standing committees:
  - 3.1 SCADHA/GHDHA community projects
  - 3.2 Awards Ceremony Slide Show (not mandatory)
- 4. Submits application to the ADHA Community Service Award in the spring semester.
- 5. Keep accurate records of the annual reports of office and committees. Submit an annual report of this office and compile the annual reports of all the Organization's activities to the SCADHA Advisor.
- 6. Submit a monthly article of SCADHA activities to the GHDHS newsletter (Senior)

E. SCADHA/Class Treasurers (Senior Class Treasurer serves as SCADHA Treasurer)

The duties of the SCADHA/Class Treasurer shall be to:

- 1. Maintain accurate records of the financial status of the senior class and SCADHA..
- 2. Collect and disburse SCADHA funds
- 3. Correspond with ADHA regarding membership.
- 4. Preside over the following standing committees:
  - 4.1 Fundraising
  - 4.2 Market-Place /Annual Session
- 5. Submit an annual report of the activities to the SCADHA Advisor.

F. ADEA Delegate

The duties of the ADEA delegate shall be to:

- 1. Attend the annual meeting (Funding provided by the Dean's office).
- 2. Give an oral presentation of the activities of the annual meeting to the members of the Organization.
- 3. Submit a written report to the Dental Hygiene Program faculty.

G. The School of Dentistry offers membership in other student organizations. Through these organizations, you will have exposure to community service, leadership, and scholarship opportunities such as the Hispanic Student Dental Association and the Christian Dental Fellowship. There may be others announced that include dental hygiene membership.

**NOTE:** All student organizations are required to register their organizations annually at the institutional level through the school Student Affairs Office. For more information, refer to HOOP Policy 110, Student Organizations at <https://www.uth.edu/hoop/policy.htm?id=1448068>.

### THE DENTAL HYGIENE PROGRAM PIN

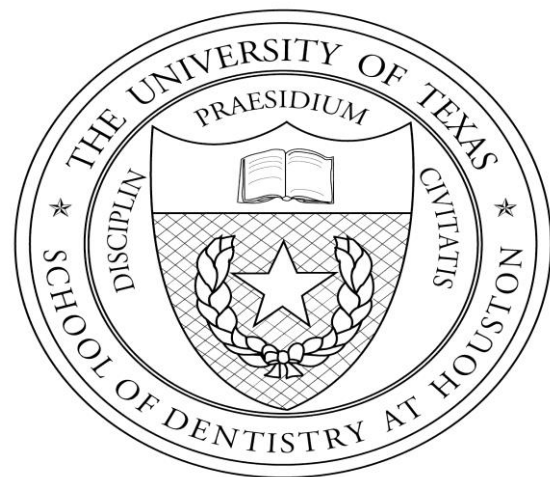
The pin of The Dental Hygiene Program took its design in part from the seal of The University of Texas School of Dentistry at Houston. The University Seal was designed in 1902 based on the Great Seal of the State of Texas. The Dental Hygiene pin was designed in 1957 and was presented to the first graduating class of dental hygienists.

The shape of the pin, a shield, was taken from the center of the University Seal. On the white shield is placed a blue star, blue being symbolic of sincerity. On the star is inscribed "*Disciplina Praesidium Civitatis*." This is translated from Latin to mean, "Education is the Safeguard of Democracy." In the center of the star is an open book that represents an institution of learning. Above and to the right and left of the book are a wreath and branches of olive and live oak.

The pin is worn only by graduates of The University of Texas School of Dentistry at Houston, Dental Hygiene Program.



Dental Hygiene Pin



The University of Texas School of Dentistry Seal

### CODE OF PROFESSIONAL ETHICS

The philosophical, practical science of ethics establishes by reason and intelligent observation principles to direct our human conduct. Professional conduct incorporates the knowledge of these principles into practice. The following principles adopted by the 1974 House of Delegates constitute a guide to the responsibilities of the Dental Hygienist.

Each member of the American Dental Hygienists' Association (ADHA) has the ethical obligation to:

1. Provide oral health care utilizing the highest professional knowledge, judgment, and ability.
2. Serve all patients without discrimination.
3. Hold professional patient relationships in confidence.
4. Utilize every opportunity to increase public understanding of oral health practices.
5. Generate public confidence in members of the dental health professions.

6. Cooperate with all health professions in meeting the health needs of the public.
7. Reorganize and uphold the laws and regulations governing this profession.
8. Participate responsibly in this professional association and uphold its purpose.
9. Maintain professional competence through continuing education.
10. Exchange professional knowledge with other health professions.
11. Represent Dental Hygiene with high standards of personal conduct

## **AWARDS AND HONORS**

### **Academic Achievement Award**

This award is given in recognition of those students maintaining the highest GPA throughout their 2 years in the Dental Hygiene Program.

### **American Association of Public Health Dentistry**

The American Association of Public Health Dentistry (AAPHD) is sponsoring a national recognition award for senior dental hygiene students who have demonstrated a Special Interest / Achievement in Community Dentistry and Dental Public Health.

### **Colgate Oral Pharmaceutical's Star Award**

The Colgate S.T.A.R. award is offered to graduating dental hygiene students who show excellence and commitment to the hygiene profession by:

1. Demonstrating true dedication to the profession.
2. Exhibiting extraordinary compassion in patient care.
3. Displaying enthusiasm and follow-through for community service.
4. Demonstrating outstanding patient education and motivation skills.

### **E-Portfolio Excellence Award**

This annual award is sponsored by the Student Chapter of the American Dental Hygienists' Association to a senior student selected by the Dental Hygiene Faculty whose e-portfolio demonstrates significant information about their dental hygiene educational experience; is well organized, personalized and evidence based; clearly provides evidence that criteria were considered to include a variety of artifacts and documents that provide significant irrefutable evidence demonstrating learning, critical thinking, insight, and serious commitment to growth and learning; and is highly professional in appearance and content.

### **Greater Houston Dental Hygienists' Society Outstanding Professional Leadership Award**

The Greater Houston Dental Hygienists' Association (GHDHA) presents this annual award to a second year student for outstanding leadership and professional growth potential. The recipient of the award is chosen by the Awards Committee of GHDHA from a slate of candidates nominated by the SADHA Advisors in the Greater Houston area. The Professional Leadership Award recipient will receive a plaque and one-year membership to ADHA. In the spring of each year, three to five qualified students are selected as candidates for the honor and awarded to one student from each school. To receive this award, the student must:

1. Maintain a least a 3.0 grade point average during the period of dental hygiene academic education. A transcript from the dental hygiene program that the student attends must be included with the application.
2. Write a short essay on your post-graduate goals within your professional association. Describe what it means to you to be a part of your professional organization. List and explain academic achievements and positions in which you have demonstrated leadership, volunteer work, scholarships awarded, special awards or recognition, and the number of times on the Dean's list, etc.
3. List any professional monthly meetings or activities in which you participated with documented attendance for each meeting (such as a log of activities attended)



4. A letter of recommendation from a faculty member at the student's dental hygiene school.
5. Applicants will submit their award applications to their SADHA Advisors. SADHA Advisors will select the top three to five qualified students as candidates and will mail the award applications and supporting documentation to the GHDHA Awards Committee Chair.

### **The Hu-Friedy Clinical Achievement / Golden Scaler Award**

The Hu-Friedy Clinic Award is presented by the faculty of the Dental Hygiene Program to a graduating student who excels as a clinician. The recipient will be one whose clinical judgment and technical skills are judged superior by the faculty and who has assumed professional responsibility and commitment to patient service. This award is sponsored by The Hu-Friedy Manufacturing Company. To receive this award, the student should:

1. Receive an "A" in Clinical Practice I, II, III and IV should not receive an incomplete in any clinical course or clinical case study.
2. Complete clinic requirements prior to the last day of clinic. This demonstrates organizational skills needed for an excellent clinician.
3. Demonstrate a superior clinical ability in proper instrumentation, polishing and have overall rapport with patients.
4. Show genuine concern about the oral health of all her/his patients and motivate them towards good oral health.
5. Demonstrate professionalism during all phases of patient contact.
6. Organize her/his time and utilize clinic time efficiently.

All students who meet the above criteria are eligible for this award regardless of any previous awards they may have achieved. Overall GPA is not a factor in the selection of this award recipient.

### **Letter of Commendation**

The top 10% of the class, having no course deficiencies and recommended by the Dental Hygiene E&P subcommittee will receive a letter of commendation from the Dean of The University of Texas School of Dentistry at Houston.

### **Mentor of the Year Award**

The Mentor of the Year Award recognizes a 2nd year dental hygiene student who has unselfishly made a positive contribution of time and counsel towards the growth and development of 1st year dental hygiene students. The candidate(s) are nominated by first year student(s) by filling out an application and submitting it to the SCADHA advisor(s). The Mentor of the Year Award nominees shall be voted on by 1<sup>st</sup> year dental hygiene students at the end of April. The nominee with the majority of the votes becomes the recipient of the award.

### **Procter and Gamble Preventive Dentistry Award**

This award is presented to a second-year student who demonstrates a commitment to personalized patient instruction for the maintenance of oral health and prevention of disease. To receive this award the student should:

1. Show genuine concern for the oral health of each patient.
2. Demonstrate exceptional patient education throughout her/his clinic experience.
3. Demonstrate consistently an excellent overall knowledge of preventive oral hygiene aids appropriate to individual patient needs.
4. Display professionalism during all phases of patient contact.

All students who meet the above criteria are eligible for this award regardless of any previous awards they may have received. Overall GPA is not a factor in the selection of this award recipient.

### **Sigma Phi Alpha**

Sigma Phi Alpha is the national honor society of the Dental Hygiene profession. Component chapters established by schools of Dental Hygiene are widely distributed throughout the United States. To be elected to Sigma Phi Alpha is an honor and a privilege. The aim of the society is to stimulate high scholarship, professional accomplishment, and greater

service to the field of Dental Hygiene. The top ten percent of the senior Dental Hygiene class who rank highest in scholarship and character and who exhibit potential qualities for future growth and attainment shall be elected to membership. This membership shall be limited to 10% of the graduating class and shall be selected from a list composed of the upper 20% of the class. Any student having been on academic probation may not be considered for this award.

### **Student Teaching Award**

This award is presented to a second-year dental hygiene student who demonstrates outstanding student and peer teaching with a high potential for a career in dental hygiene education.

### **UTSD Dental Hygienists' Alumni Association Award**

This award is presented to a second-year student by the Dental Hygienists' Alumni Association of The University of Texas School of Dentistry at Houston, Dental Hygiene Program. The award honors an outstanding dental hygiene student in recognition of his/her contributions to the dental hygiene profession during his/her tenure as a student at the School of Dentistry.

### **UTSD Evidence-Based Dentistry Award (Dr. Gene Stevenson Memorial Award)**

This award will be awarded to a student who demonstrates the guiding principles of Evidence Based Dentistry in their management of clinical care and decision-making.

### **UTSD Simulation Award**

In the spring of 2014, The Society for Simulation in Healthcare and The University of Texas School of Dentistry at Houston (UTSD) created The Society for Simulation in Healthcare Student Award. The award is presented to a graduating dental hygiene student who has demonstrated the highest interest, participation and performance in simulation during their tenure at UTSD.

### **UTSD Student Award in Interprofessional Education**

In 2014, UTSD instituted a new student award in Interprofessional Education (IPE) to recognize a student who has "gone the extra mile" in interacting with other healthcare providers/students. To be eligible for this award, the student must:

1. Be enrolled in either the DDS, DH or one of the advanced education programs at UTSD.
2. Be in good academic standing.
3. Have a demonstrated commitment to interprofessional education as evidenced by participation in at least two of the following:
  - a. UTHealth IPE offering (e.g., the Deans' Honors Colloquium)
  - b. UTSD IPE offering (e.g., the Holly Hall Retirement Community Rotation)
  - c. Events or programs offered by a national organization committed to IPE (e.g., The American Society for Bioethics & Humanities)
  - d. UTSD or UTHealth IPE committee (e.g., the Center for Interprofessional Education (CIPC) Advisory Council)
4. Be recommended for the award by a UTSD faculty member or administrator.

## **STUDENT SCHOLARSHIPS**

Numerous scholarships are available for dental hygiene students through the UTHealth Office of Student Financial Services and through professional organizations. The following are helpful links:

UTHealth Student Financial Services  
<https://www.uth.edu/sfs/contact.htm>

American Dental Hygienists' Association  
<http://www.adha.org/scholarships-and-grants>

Texas Dental Hygienists' Association  
<http://texasdha.org/scholarships.html>

American Dental Education Association  
<http://www.adea.org/studentawards/>

## **DENTAL HYGIENE ENDOWMENTS AND SCHOLARSHIPS**

### **Carus Dental Hygiene Endowed Scholarship Fund**

- The scholarship is awarded to a second-year dental hygiene student based on academic merit.
- The recipient shall display the attributes of a professional capable of entering a dental group practice specifically including teamwork skills, clinical excellence and leadership.

### **The Shirah May Hall Memorial Scholarship in Dental Hygiene**

A monetary gift will be awarded to a second-year dental hygiene student who exhibits the following criteria:

- Good academic standing
- Preference shall be given to students who have exhibited the characteristics of compassion, focus and motivation, teamwork, leadership, and advocacy of the profession.

### **The University of Texas at Houston Dental Hygiene Program Class of 2003 Endowment Fund**

The Endowment Fund was established in 2003 to assist a second-year dental hygiene student in his/her final year of education.

The Dental Hygiene Class of 2003 decided to create history by being the only class ever at the School of Dentistry to establish an endowment while still in school. The endowment provides funds to support future dental hygiene students.

A monetary gift will be awarded to a second-year dental hygiene student who exhibits the following criteria:

- Financial Need
- Maintains an academic GPA of 3.0 or higher
- Compassionate
- Highly focused and motivated
- A team player
- An outstanding dental hygiene citizen among faculty, students, and staff
- A future dental hygiene leader
- An ambassador and advocate to the Dental Hygiene Program

### **The Greater Houston Dental Hygiene Association Ushma Ramaiya Memorial Scholarship**

This scholarship was recently renamed in memory of Ushma Ramaiya, a 2001 graduate of the School of Dentistry Dental Hygiene Program.

The Greater Houston Dental Hygienists' Association Ushma Ramaiya Memorial Scholarship distributions shall be used to support scholarships to second year dental hygiene students who exhibits the following criteria:

- Good academic standing
- Preference shall be given to students who have exhibited the characteristics of compassion, focus and motivation, teamwork, leadership, and advocacy of the profession through outstanding community service.

## **SECTION C**

### **GENERAL CLINIC INFORMATION**

## OPERATOR / PATIENT POSITIONING

### Operator Positioning

The prime objective of formulating operator/patient position guidelines is to maintain the concepts of work simplification, and provide the greatest degree of comfort, safety, and health to both patient and operator. *For the operator it is essential to:*

1. Center body weight on the stool to obtain maximum stability.
2. Keep back straight and shoulders relaxed.
3. Flex at hips so that trunk and thighs form a 60-90-degree angle.
4. Separate knees and feet to width of hips to maintain proper body support,
5. Raise or lower stool to position knees slightly higher than hip level.
6. Position one or both feet flat on the floor with thigh and calf forming a 60-90-degree (one foot may be placed on the rail of the stool).
7. Field of operation should be at elbow level with elbows relaxed and close to operator's sides.
8. Hold head erect with only eyes directed downward.
9. Operator's face should be no closer than 14-16 inches from patient.
10. Care must be taken to never lean on the patient, patient's chair, or rest instruments on the patient's chest.

### Patient Positioning

1. Seat the patient with the chair in an upright position.
2. Recline patient so that the patient is in a supine position with head and feet at approximately the same level when working on the maxillary.
3. A semi supine position is used to treat the mandibular arch. The back is slightly raised with the chin down.

### Stool to Chair Relationship

Position the stool to permit access to the patient's mouth from the side-front, the side, or the side-back. The hours of the clock can be used to designate zones of operation. The top of the patient's head appears at 12:00 with the feet toward 6:00. More than one operator stool position is determined by a number of factors including:

1. Operator's height
2. Operator's arm length
3. Patient's size
4. Cubicle size and arrangement

### ***Patient/Operator Position for Sextants: Right-handed Operator***

<u>Tooth area &amp; surface</u>	<u>Operator position</u>	<u>Patient position<sup>+</sup></u>	<u>Mirror</u>
Mand Rt Fac (Toward)	8 -9 o'clock	away	retract cheek
Mand Lft Ling (Toward)	8 -9 o'clock	away	retract tongue
Mand Lft Fac (Away)	11-12 o'clock	toward	retract cheek
Mand Rt Ling (Away)	11-12 o'clock	toward	retract tongue

Max Rt Fac (Toward)	8-9 o'clock	away	retract cheek
Max Lft Ling (Toward)	8-9 o'clock	away & up	illumination
Max Lft Fac (Away)	11-12 o'clock	toward	retract cheek
Max Rt Ling (Away)	11-12 o'clock	toward	indirect vision & illumination
Max Ant Fac (Away/Toward)	11- 12 o'clock	side to side	
Max Ant Ling (Away/Toward)	11- 12 o'clock	side to side	indirect vision & illumination
Mand Ant Fac (&)	11-12 o'clock	side to side	-----*
Ling surfaces-away			illum. & retract
Mand Ant Fac (&)	8 – 9 o'clock	side to side	-----*
Ling-surfaces toward			indirect vision & illum. & Retract

+ Patient position always given in relation to operator

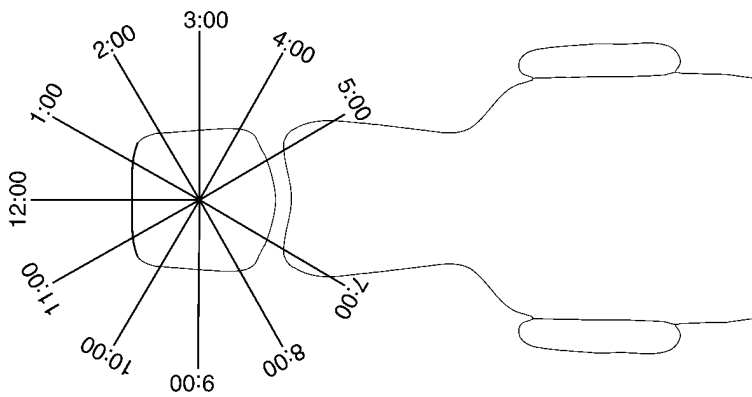
\* When the mirror is not used, the left index finger is generally used to aid with lip or cheek retraction.

### ***Patient/Operator Position for Sextants: Left-handed Operator***

<u>Tooth area &amp; surface</u>	<u>Operator position</u>	<u>Patient position<sup>+</sup></u>	<u>Mirror<sup>*</sup></u>
Mand Lft Fac (Toward)	3 o'clock	forward	retract cheek
Mand Rt Ling (Toward)	3 o'clock	away	retract tongue
Mand Rt Fac (Away)	1-2 o'clock	toward	retract cheek
Mand Lft Ling (Away)	1-2 o'clock	toward	retract cheek
Max Lft Fac (Toward)	3 o'clock	away	retract cheek
Max Rt Ling (Toward)	3 o'clock	away & up	-----*
Max Rt Fac (Away)	1 -2 o'clock	toward	retract cheek
Max Lft Ling (Away)	1- 2 o'clock	toward	indirect vision & illum.
Max Ant Ling (Away/Toward)	12-1 o'clock	side to side	indirect vision & illum.
Max Ant Fac (Away/Toward)	12-1 o'clock	Side to side	-----*
Mand Ant Fac (&)	12-1 o'clock	side to side	-----*
Ling-surfaces Away			illum. & retraction
Mand Ant ac (&)	3-4 o'clock	side to side	-----*
Ling-surfaces Toward			illum. & retraction

+ Patient position always given in relation to operator.

\* When mirror not used, right index finger is generally used to aid with lip.



## **General Principles**

1. Posterior sextants - begin with most posterior tooth, and stop at canine.
2. Anterior sextants - from one canine to the other canine.
3. Individual tooth sequence:
  - a. posterior tooth - start on distal line angle to proximal, continue to facial /lingual surfaces and finish on mesial.
  - b. anterior tooth - start at midline and continue to proximal surface.
4. The intra oral fulcrum should be:
  - a. inside the mouth
  - b. on the same arch as the tooth being worked on
  - c. as close as possible to the tooth being worked on
5. The extra oral fulcrum should be a stabilizing point on the chin or cheek.
6. The stroke will be:
  - a. a light exploratory stroke
  - b. a small, firm working stroke (pull) when removing deposits.

Wrist and arm movements will be used to direct the instrument blade in a vertical direction. The total instrument grasp/hand should pivot from the fulcrum.

## **Precautions and Variations**

In all cases, health is the most important factor and adjustments may be necessary to provide safety and comfort for both patient and operator. To determine correct positioning, the operator must refer to the patient's medical history for pertinent information.

1. A patient with a history of cardiac or respiratory problems may exhibit difficulty in breathing if the chair is fully reclined. The patient would be placed in a more semi supine position. A history of back injury or muscle spasms may require an adjustment in the patient's position to maintain comfort.
2. The patient would be placed in a more semi supine position.
3. For patients with a history of fainting tendency or low blood pressure, ask them to remain seated for a few minutes before getting out of their chair. The sudden movement may cause orthostatic hypotension which causes the patient to become dizzy.
4. When seating an obese patient, use caution when reclining the chair. Heavy weight can stress the backrest.
5. When seating a pediatric patient, have the child slide up in the chair until his head is at the top of the backrest.
6. Pregnant patients in their last trimester may be uncomfortable in a fully reclined position. The patient would be placed in a more semi supine position.
7. If a patient has a sinus condition with post-nasal drainage, the chair should be slightly elevated for comfort.

8. During ultrasonic scaling (without an assistant aid in suctioning), the water collects rapidly in the back of the patient's mouth. Raise the back of the chair slightly for easy water evacuation and patient comfort.

## HEALTH HISTORY GUIDELINES

### The Patient Interview

When reviewing the health history with a patient who has indicated systemic medical conditions that could be affected by the treatment a dental hygienist would provide, you must be sure to have a thorough understanding of the patient's medical problem and current status of treatment. The information gained from the questions you ask your patients will help you and your instructor plan the appropriate dental treatment for that patient and determine the need for a medical consultation and/or premedication, and appointment accommodations for special needs.

### Unacceptable Cases

Consultation with a physician may be required in some cases. You should use the health history questionnaire and patient interview to identify cases that are not acceptable in the dental hygiene clinic. This would include patients who indicate a history of the following:

1. Active herpetic lesion (labial, facial, or oral)
2. Contagious skin conditions (impetigo, ringworm, scabies)
3. Head lice
4. Conjunctivitis
5. Elevated oral temperature (in excess of 100 degrees F)
6. Respiratory infections involving inflamed throat and/or elevated temperature
7. Active tuberculosis
8. Viral hepatitis (active cases only)
9. Cardiovascular accidents, cardiac bypass surgery or stroke within the last six months
10. Unstable angina
11. Other contagious conditions or diseases (COVID-19, Monkeypox, etc.)

### Medical Consultation

Patients with the following conditions will require a medical consultation record from his/her physician:

1. Stage II Hypertension
2. Current anticoagulant therapy
3. Heart surgery other than bypass
4. Other systemic diseases, including cardiac arrhythmias, angina, congestive heart failure, renal and hepatic disease
5. Congenital cardiac defects
6. Surgically constructed systemic-pulmonary shunts
7. Diabetes if the patient *has not had* the condition checked by a physician within the last year
8. Uncontrolled, unstable diabetes mellitus (A1C > 7% or fasting Blood glucose reading greater than 154 mg/dl) and uncontrolled Addison's Disease
9. Tuberculosis, if the condition has been active during the last five years



10. Currently under cancer treatment (including long-term chemotherapeutic drug therapy), i.e. bisphosphonates, interferon treatment
11. Current treatment with anti-cancer chemotherapy including use of chemotherapy drugs for noncancerous conditions, i.e. Methotrexate for rheumatoid arthritis, bisphosphonates for osteoporosis
12. Patients who report history of chemotherapy to determine possible use of bisphosphonates
13. Post-irradiation of the mandible or maxilla with greater than 5,000 rads total dose
14. Renal transplant and hemodialysis
15. Glomerulonephritis or other active renal disorder
16. Patient receiving interferon treatment
17. Patients having had a splenectomy
18. Chronic steroid therapy (over 10 days) within the last two years (20 mg./day)
19. Blood diseases, especially acute leukemia, agranulocytosis, granulocytopenia aplastic anemia and agammaglobulinemia
20. Systemic lupus erythematosus
21. Any immunosuppressed patient such as those with acquired immune deficiency syndrome (AIDS)
22. HIV patients, if patient does not have a reliable disease history
23. High Risk Pregnancy
24. Organ transplant

### **PROPHYLACTIC ANTIBIOTIC THERAPY**

Patients with the following conditions will require premedication with antibiotics unless a consultation record from the patient's physicians has been received: (American Heart Association, 2021)

#### Underlying Conditions for which AP is suggested

##### Prosthetic Cardiac valve or material

- Presence of cardiac prosthetic valve
- Transcatheter implantation of prosthetic valves
- Cardiac valve repair with devices including annuloplasty, rings or clips
- Left ventricular assist devices or implantable heart

##### Previous, relapse or recurrent Infective Endocarditis

##### Congestive Heart Disease

- Unrepaired cyanotic congenital CHD, including palliative shunts and conduits
- Completely repaired congenital heart defect with prosthetic material or device, whether placed by surgery or by transcatheter during the first 6 months after the procedure
- Repaired CHD with residual defects at the site of or adjacent to the site of a prosthetic patch or prosthetic device
- Surgical or transcatheter pulmonary artery valve or conduit placement such as Melody valve and Contegra conduit

##### Cardiac transplant recipients who develop cardiac valvulopathy

#### AP for a dental procedure not suggested

- Implantable electronic devices such as a pacemaker or similar devices
- Septal defect closure devices when complete closure is achieved
- Peripheral vascular grafts and patches, including those used for hemodialysis

## DOSAGE FOR PROPHYLACTIC USE OF ANTIBIOTICS

For Dental Procedures: Single Dose 30 to 60 Minutes Before Procedure (American Heart Association, 2021)

Situation	Agent	Adults	Children
Oral	Amoxicillin	2 g	50mg/kg
Unable to take oral medication	Ampicillin OR cefazolin or ceftriaxone	2 g IM or IV	50mg/kg IM or IV
Unable to take oral medication	Ampicillin OR cefazolin or ceftriaxone	1 g IM or IV	50mg/kg IM or IV
Allergic to penicillin or ampicillin – oral	Cephalexin* OR azithromycin or clarithromycin OR doxycycline	2 g	50 mg/kg
Allergic to penicillin or ampicillin – oral	Cephalexin* OR azithromycin or clarithromycin OR doxycycline	500 mg 100 mg	15 mg/kg <45 kg. 4.4 mg/kg >45 kg. 100 mg
Allergic to penicillin or ampicillin and unable to take oral medication	Cefazolin or ceftriaxone	1g IM or IV	50 mg/kg IM or IV

## Management of patients with prosthetic joints undergoing dental procedures

### Clinical Recommendation:

In general, for patients with prosthetic joint implants, prophylactic antibiotics are *not* recommended prior to dental procedures to prevent prosthetic joint infection.

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.\* To assess a patient's medical status, a complete health history is always recommended when making final decisions regarding the need for antibiotic prophylaxis.

### Clinical Reasoning for the Recommendation:

- There is evidence that dental procedures are not associated with prosthetic joint implant infections.
- There is evidence that antibiotics provided before oral care do not prevent prosthetic joint implant infections.
- There are potential harms of antibiotics including risk for anaphylaxis, antibiotic resistance, and opportunistic infections like *Clostridium difficile*.
- The benefits of antibiotic prophylaxis may not exceed the harms for most patients.
- The individual patient's circumstances and preferences should be considered when deciding whether to prescribe prophylactic antibiotics prior to dental procedures.

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ADA. Center for Evidence-Based Dentistry™

\* 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.  
Solicito T, Abt E, Lockhart P, et al. The use of prophylactic antibiotics prior to dental procedures in patients with prosthetic joints: Evidence-based clinical practice guideline for dental practitioners — a report of the American Dental Association Council on Scientific Affairs. JADA. 2015;146(1):11–16.

## GUIDELINES FOR MANAGEMENT OF PATIENTS WITH ELEVATED BLOOD PRESSURE

Located on the UTSD intranet: <https://inside.uth.edu/dentistry/docs/mgmtofthehypertensivepatientpolicy.pdf>

This policy document outlines the parameters that guide decisions relative to the care of patients who present with elevated blood pressure (BP). In November 2017, updated clinical practice guidelines were published by the American College of Cardiology and the American Heart Association that define hypertension (HTN) as a BP reading of 130/80 mm Hg or higher. The revised classification system is as follows.

	Values [mm Hg]	Dental Management
<b>NORMAL</b>	< 120 / < 80	No contraindications to dental treatment
<b>ELEVATED</b>	120-129 / < 80	No contraindications to dental treatment
<b>STAGE 1 Hypertension</b>	130-139 or 80-89	No contraindications to dental treatment
<b>STAGE 2 Hypertension</b>	140-159 or 90-99	No contraindications to dental treatment
<b>STAGE 2 Hypertension* Upper-level</b>	160-179 or 100-109	*Defer ELECTIVE treatment and refer to physician promptly for evaluation
<b>HYPERTENSIVE URGENCY*</b>	≥ 180* or ≥ 110*	Defer ALL treatment and refer to physician immediately for evaluation

\*Non-compliant w/ therapy; re-institute or intensify anti-HTN Rx therapy; treat anxiety prn

\*For borderline values, use professional judgment while taking into consideration patient-specific factors as well as the planned treatment procedures.

### Guidelines for Measuring Blood Pressure

1. Focus on accurate measurements. These best practices should be followed when measuring a patient's blood pressure in clinic:
  - a. Use a properly calibrated instrument and the correct cuff size
  - b. Do not measure over clothes
  - c. Have the patient sit quietly for at least 5 minutes prior to, and also during, the BP measurement
  - d. Support the arm and make sure the BP cuff is at heart level
  - e. Measure in both arms, if elevated, and consider the higher reading
2. Any patient with an initial blood pressure measurement that is elevated should be re-measured using a manual sphygmomanometer. The first appearance of sound is used to define Systolic BP (SBP). The disappearance of sound is used to define Diastolic BP (DBP).
3. All BP measurements and vital signs taken must be recorded in the patient's electronic health record (EHR) immediately. If these are not recorded for each appointment, the reason must be clearly documented in the EHR.
4. Utilize appropriate stress management protocols. In patients with hypertension who are anxious or fearful, consider use of intraoperative inhalation sedation with nitrous oxide/oxygen.
5. Additional appointment management protocols:

- a. Avoid rapid position changes of the dental chair to minimize the risk of orthostatic hypotension.
  - b. For patients with BP measurements greater than 140/90, periodic monitoring of BP during treatment, and at the conclusion of the appointment, is advisable.
  - c. Anesthesia considerations: Levonordefrin should be avoided. For patients with BP measurements  $\geq$  180/110, the use of epinephrine should be limited.
6. Capacity to tolerate care:
- a. Patients with BP measurements below 160/100 may receive any necessary dental treatment.
  - b. For those presenting with BP  $\geq$  160/100, elective dental treatment may be deferred until the BP is brought under better control as confirmed by receipt of a medical clearance from the patient's primary care physician, internist, or cardiologist.
  - c. If urgent or emergency dental treatment is determined to be required, proceed with as limited and conservative treatment procedures as possible to address the chief complaint and/or relieve acute pain unless the BP is confirmed to be  $\geq$  180/110. At this point, no treatment of any type should be performed without a physician consultation.

NOTE: Superficial surgical procedures, including minor oral and periodontal surgery and non-surgical dental procedures, are classified as low risk. Therefore, it appears that the risk associated with most general, outpatient dental procedures is very low.

Follow-up considerations. Encourage healthy lifestyle changes, Rx compliance, and self-monitoring when discussing a patient's level of BP control. Physician follow-up intervals will vary based on the stage of HTN, type of medication(s), level of BP control, and 10-year cardiovascular disease risk assessment.

### SIGNIFICANT HYPERTENSION IN CHILDREN

For Children Aged 1–<13 y	For Children Aged $\geq$ 13 y
Normal BP: <90th percentile	Normal BP: <120/<80 mm Hg
Elevated BP: $\geq$ 90th percentile to <95th percentile or 120/80 mm Hg to <95th percentile (whichever is lower)	Elevated BP: 120/<80 to 129/<80 mm Hg
Stage 1 HTN: $\geq$ 95th percentile to <95th percentile + 12 mmHg, or 130/80 to 139/89 mm Hg (whichever is lower)	Stage 1 HTN: 130/80 to 139/89 mm Hg
Stage 2 HTN: $\geq$ 95th percentile + 12 mm Hg, or $\geq$ 140/90 mm Hg (whichever is lower)	Stage 2 HTN: $\geq$ 140/90 mm Hg

### REFERENCES

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3. Joseph T. Flynn, David C. Kaelber, Carissa M. Baker-Smith, Douglas Blowey, Aaron E. Carroll, Stephen R. Daniels, Sarah D. de Ferranti, Janis M. Dionne, Bonita Falkner, Susan K. Flinn, Samuel S. Gidding, Celeste Goodwin, Michael G. Leu, Makia E. Powers, Corinna Rea, Joshua Samuels, Madeline Simasek, Vidhu V. Thaker, Elaine M. Urbina, SUBCOMMITTEE ON SCREENING AND MANAGEMENT OF HIGH BLOOD PRESSURE IN CHILDREN; Clinical Practice Guideline for Screening and Management of High Blood Pressure

## ASA PHYSICAL STATUS CLASSIFICATION SYSTEM

Last approved by the ASA House of Delegates on October 23, 2019

The University of Texas School of Dentistry at Houston Department of Diagnostic Sciences has adopted D.F. McCarthy's Physical Evaluation System to assist in categorizing dental patients from the standpoint of medical risk-factor orientation. It is easily adaptable to the needs of private practice.

"The purpose of this system is to quickly and easily place each patient in an appropriate medical-risk category and to thereby provide dental therapy in comfort and relative safety. During the original physical evaluation, the patient is placed in one of our four physical status classes devised by the American Society of Anesthesiologists. The physical status classification then serves as a helpful guide to the level of dental therapy, suggested management, and treatment modification for the medically compromised patient."

ASA Classification	PS Definition	Therapy Modification	Examples, including, but not limited to:
<b>ASA I</b>	A normal healthy patient.	None (stress reduction as indicated)	Fit, nonobese (BMI under 30), a nonsmoking patient with good exercise tolerance.
<b>ASA II</b>	A patient with mild systemic disease	Possible stress reduction and other modifications as indicated.	Current smoker, social alcohol drinker, pregnancy, obesity (30 < BMI < 40), well-controlled DM/HTN, mild lung disease
<b>ASA III</b>	A patient with severe systemic disease	Possible strict modifications; stress reduction and medical consultation prioritized.	Patient with some functional limitation as a result of disease such as poorly controlled DM or HTN, COPD, morbid obesity (BMI ≥40), active hepatitis, alcohol dependence or abuse, implanted pacemaker, moderate reduction of ejection fraction, ESRD undergoing regularly scheduled dialysis, premature infant PCA < 60 weeks, history (>3 months) of MI, CVA, TIA, or CAD/stents.
<b>ASA IV</b>	A patient with severe systemic disease that is a constant threat to life	Minimal emergency care in office; hospitalize for complicated treatment; medical consultation urged.	Patient with functional limitation from severe, life-threatening disease such as a recent (< 3 months) MI, CVA, TIA, or CAD/stents, ongoing cardiac ischemia or severe valve dysfunction, severe reduction of ejection fraction, sepsis, DIC, ARD or ESRD not undergoing regularly scheduled dialysis.
<b>ASA V</b>	A moribund patient who is not expected to survive without the operation. The patient is not expected to survive beyond the next 24 hours without surgery.	Treatment in the hospital is limited to life support only, e.g. airway and hemorrhage management.	A ruptured abdominal aortic aneurysm, massive trauma, and extensive intracranial hemorrhage with mass effect.
<b>ASA VI</b>	A declared brain-dead patient whose organs are being removed for donor purposes		

### Classification Guidelines

Any one of which calls for ASA Class 2 placement:

- Present history of allergic rhinitis (hay fever)
- History of any drugs allergy or hypersensitivity
- Pregnancy
- Current smoker, including e-cigarette, pipe, cigars & cigarettes
- Mild Obesity

- History of Hepatitis B that is currently antigen positive
- Anemia
- Extremes of age
- Chronic bronchitis
- Mild to moderate hypertension
- History of arrested pulmonary tuberculosis without disability
- History of corrected congenital heart disease without disability
- History of chronic glomerulonephritis or pyelonephritis without disability
- History of controlled diabetes mellitus without disability
- History of controlled chronic glaucoma
- History of possible attitudinal problems with health care (as negative experiences with prior practitioners)
- History of behavioral problems with health care (as moderate to extreme anxiety)

Many of the preceding diseases or conditions could become Class 3 or 4, depending upon the history and physical examination. Some doctors drop the patient one class if there are two or more diseases, none of which is disabling, for example: a patient with allergic rhinitis, penicillin allergy, and chronic glomerulonephritis could be placed in ASA Class 3 rather than Class 2. This is a judgment decision and is based upon your perception of physical status related to treatment stresses.

Any one of which calls for ASA Class 3 placement:

- Severe diabetes
- Moderate to severe pulmonary disease
- Angina
- Healed myocardial infarction
- Blood dyscrasias
- Moderate to severe hypertension

## PREGNANCY

The American Dental Association (ADA) acknowledges that preventive, diagnostic and restorative dental treatment to promote health and eliminate disease is safe throughout pregnancy and is effective in improving and maintaining the oral health of the mother and her child.

### Dental Radiography and Pregnancy

- The ADA recommends the use of dosimeters and work practice controls for pregnant dental staff who work with X-rays.
- Studies of pregnant patients receiving dental care have affirmed the safety of dental treatment.
- The American College of Obstetricians and Gynecologists Committee on Health Care for Underserved Women reaffirmed its committee opinion in 2017: "Patients often need reassurance that prevention, diagnosis, and treatment of oral conditions, including dental X-rays (with shielding of the abdomen and thyroid) ... [is] safe during pregnancy."<sup>13</sup>

### Medications Considered Safe for use During Pregnancy

- Local anesthesia (with or without epinephrine)
- Antibiotics
- Penicillin
- Amoxicillin
- Cephalosporins
- Clindamycin
- Metronidazole

## BLOOD SUGAR LEVELS

Normal A1C levels can range from 4.5-6 percent. An A1C test result between 5.7 percent and 6.4 percent is considered prediabetes. For those patients with diabetes, a target of 7 percent or less is usually preferred. The chart below indicates the A1C level and corresponding average blood sugar levels in milligrams/deciliter.

Note: Uncontrolled, unstable diabetes mellitus (A1C > 7% or fasting Blood glucose reading greater than 154 mg/dl)

A1C level	Estimated average blood sugar level
5 percent	97 mg/dL
6 percent	126 mg/dL
7 percent	154 mg/dL
8 percent	183 mg/dL
9 percent	212 mg/dL
10 percent	240 mg/dL
11 percent	269 mg/dL
12 percent	269 mg/dL
13 percent	326 mg/dL
14 percent	355 mg/dL

### Important questions to ask diabetic patients and note the answers in DHOTEN:

Did you eat breakfast? Lunch? What time today?

Did they take their medication? What time today?

What was your blood sugar reading today? Before you ate or after you ate?

What was your last A1C reading? When was that reading taken?

## MEDICAL CONSULTATION

Physical evaluation by the dental team will determine whether or not medical consultation is indicated. If doubt exists, consultation with the physician is recommended. The goal of physical evaluation by the dental team is to determine the ability of the patient to tolerate a specific procedure or series of treatments – **NOT** to diagnose and treat medical problems. The dental team should propose a tentative treatment plan prior to consultation with the physician. The physician will be asked to evaluate the patient, and either endorses the proposed treatment, or make recommendations for treatment modifications.

### Student Instructions:

1. The medical consult form is located in Electronic Health Record (EHR)
2. The student, with the patient in the chair, fills out the form.
  - a. Enter pertinent information on the drop-down questions on the medical consultation form:

- b. Brief introduction of the patient.
  - c. Medical problem of concern.
  - d. Proposed dental treatment-including anesthesia, pre-medication, and other pertinent information.
  - e. Request that the physician evaluate the patient and render an opinion regarding the patient's ability to tolerate the proposed treatment.
  - f. Ask for his concurrence, or his recommendations for any modification in the proposed treatment.
3. The patient and faculty will sign the form.
  4. The student prints the form and gives it to the patient.
  5. The patient hand carries it to the physician office. The patient cannot bring the form back to school. The Medical Consult **must be faxed to patient services**. Patient services will scan the form into the electronic health record once received from the physician.
  6. The student makes an entry in the Treatment History in the EHR, which documents the consultation request, and include the physician's name, address, and telephone number if available.
  7. Periodically check the "Attachments" tab in the EHR to see if the consultation report has been returned and scanned into the record.
  8. Continue with patient treatment according to physician's recommendations.

### ABCDE SYSTEM OF RECOGNIZING MELANOMA

- A Asymmetry**, because of its uncontrolled growth pattern.
- B Border irregularity**, often with notching.
- C Color** variegation, which varies from shades of brown to black, white, red, and blue depending on the amount and depth of melanin pigmentation.
- D Diameter** greater than 6 mm (which is the diameter of a pencil eraser).
- E Evolving**, change — in size, shape, color, elevation, or another trait, or any new symptom such as bleeding, itching or crusting — points to danger.

### GINGIVAL DESCRIPTION

#### Descriptive Terminology

The degree of severity and distribution of a change should be noted when examining gingiva. When a deviation from normal affects a single area, it can be designated by the number of the adjacent tooth and the surface of the tissue involved, namely, facial, lingual, mesial, or distal.

- A. Severity: Severity is expressed as slight, moderate, or severe.
- B. Distribution
  1. **Localized**  
This means that the gingiva is involved only around a single tooth or a specific group of teeth.
  2. **Generalized**  
This means that the gingiva is involved around all or nearly all of the teeth throughout the mouth. A condition may also be generalized throughout a single arch.
  3. **Marginal**  
A change that involves the free or marginal gingiva. This is specified as either localized or generalized.
  4. **Papillary**  
A change that involves a papilla but not the rest of the free gingiva around a tooth. A papillary change may be localized or generalized.
  5. **Diffuse**



When the attached gingiva is involved as well as the free gingiva, it is referred to as a diffuse change. A diffuse condition is most frequently localized, rarely generalized.

6. **Chronic**

Comes on slowly, long duration, painless unless complicated by acute or sub-acute exacerbations.

7. **Acute**

Painful condition that comes on suddenly and is of short duration.

C. Evaluation

1. **Color**

Described as light, regular or dark pink, (normal), red (erythema), bluish red (magenta), coral-pink or other color variations. May include normal pigmentation considering the patient.

2. **Form**

Contour (both marginal and papillary), knife-edge (normal), rounded, blunted, cratered, flattened, bulbous, clefting, festoon.

3. **Density**

Described as stippled (normal), fibrotic, spongy, smooth (shiny edematous).

4. **Attachment**

Note generalized pocket depth and any localized deep pockets.

5. **Bleeding**

Note any upon probing and describe it as slight, moderate, or severe.

### CRITERIA FOR DH CASE SELECTION

*The conditions considered in classifying the difficulty of a case treated in the Dental Hygiene Clinic include:*

- A. The presence and amount of disease of the periodontium.  
The descriptions in the chart in this section are to be used as guidelines when classifying the periodontal status of the patient.
- B. The presence and amount of calcified and non-calcified deposits.  
The descriptions in this section are to be used as guidelines when determining the calculus case classification of the patient.

### CALCULUS CLASSIFICATION

The classification of the patient is determined by the amount and location of calculus. The difficulty of the case may also be a determining factor, (i.e. tenacity of the calculus and periodontal involvement). These are general descriptions of calculus types and variations may exist within each classification.

The classifications are as follows:

- Class 0** No calculus present.
- Class I** Light or small sized calculus present. Supra and/or sub gingival calculus tends to be localized to the mandibular anterior teeth and buccal of maxillary molars. A quadrant may also have localized light granular calculus found interproximally on a molar or a premolar, not multiple surfaces.
- Class II** Moderate sized calculus present. Varying distributions of supra and/or sub gingival calculus present in the quadrant, may include max anterior teeth.
- Class III** Moderately heavy, binding calculus present. Generalized supra and/or sub gingival calculus located

throughout the quadrant, typically involving 2 or 3 surfaces of each tooth including max anterior teeth. Calculus may bind, with a distinct click, and is located in most areas of the quadrant. Calculus may be visible on radiographs.

**Class IV** Very heavy, hard, excessive, binding calculus present. Supra and sub gingival calculus is generalized and may form continuous rings around all surfaces in the quadrant. Calculus is usually visible on radiographs.

**Class V** (Pre-surgical) Very heavy calculus is generalized in the quadrant with generalized pockets of 6mm or more. Marked mobility to horizontal and vertical forces and tooth migration are present. This classification has been established for cases which are complicated by extreme sensitivity, multiple severely decayed teeth, periapical abscesses, advanced periodontitis or any other condition which, in the clinical judgment of the instructor, increases the difficulty of the case. Those patients will receive a pre-surgical scaling for a limited number of appointments, and the student will receive appropriate credit for a Class III requirement.

### AGE CRITERIA

Child	6-11
Adolescent	12-17
Adult	18-49
Geriatric	50+

**NOTE:** We only see children 6 and above in the clinic

### SPECIAL NEEDS PATIENT

Patients with special needs are defined as those patients whose medical, physical, psychological, or social situations make it necessary to **modify treatment or provide appointment accommodations** in order to deliver dental treatment for them. These individuals include, but are not limited to, people with mental or physical disabilities, complex medical problems, and/or significant physical limitations. A form should be completed in the EHR designating this modification of treatment.

### The University of Texas School of Dentistry at Houston Diagnosis, Classification, and Treatment Chart for the Most Common Periodontal Diseases Guidelines

**TABLE 2** Outcomes of periodontal health :

	Periodontitis (reduced periodontium)	
	Periodontal disease stability	Periodontal disease remission/control
Bleeding on probing	No/Minimal	Significantly reduced
Normal gingival sulcus depth	No	No
Normal bone heights	No	No
Modifying factors	Controlled	Not fully controlled
Predisposing factors	Controlled	Not fully controlled

Source: Lang & Bartold 2018

**TABLE 7** Case definition of gingivitis in a reduced periodontium without history of periodontitis

	Localized gingivitis	Generalized gingivitis
Probing attachment loss	Yes	Yes
Radiographic bone loss	Possible	Possible
Probing depth (all sites)	≤3 mm	≤3 mm
BOP score	≥10%, ≤30%	>30%

Source: Trombelli et al 2018

Periodontitis stage		Stage I	Stage II	Stage III	Stage IV
Severity	Interdental CAL at site of greatest loss	1 to 2 mm	3 to 4 mm	≥5 mm	≥5 mm
	Radiographic bone loss	Coronal third (<15%)	Coronal third (15% to 33%)	Extending to mid-third of root and beyond	Extending to mid-third of root and beyond
	Tooth loss	No tooth loss due to periodontitis		Tooth loss due to periodontitis of ≤4 teeth	Tooth loss due to periodontitis of ≥5 teeth
Complexity	Local	Maximum probing depth ≤4 mm Mostly horizontal bone loss	Maximum probing depth ≤5 mm Mostly horizontal bone loss	In addition to stage II complexity: Probing depth ≥6 mm Vertical bone loss ≥3 mm Furcation involvement Class II or III Moderate ridge defect	In addition to stage III complexity: Need for complex rehabilitation due to: Masticatory dysfunction Secondary occlusal trauma (tooth mobility degree ≥2) Severe ridge defect Bite collapse, drifting, flaring Less than 20 remaining teeth (10 opposing pairs)
		Extent and distribution			
Add to stage as descriptor		For each stage, describe extent as localized (<30% of teeth involved), generalized, or molar/incisor pattern			

The initial stage should be determined using CAL; if not available then RBL should be used. Information on tooth loss that can be attributed primarily to periodontitis – if available – may modify stage definition. This is the case even in the absence of complexity factors. Complexity factors may shift the stage to a higher level, for example furcation II or III would shift to either stage III or IV irrespective of CAL. The distinction between stage III and stage IV is primarily based on complexity factors. For example, a high level of tooth mobility and/or posterior bite collapse would indicate a stage IV diagnosis. For any given case only some, not all, complexity factors may be present, however, in general it only takes one complexity factor to shift the diagnosis to a higher stage. It should be emphasized that these case definitions are guidelines that should be applied using sound clinical judgment to arrive at the most appropriate clinical diagnosis.

For post-treatment patients CAL and RBL are still the primary stage determinants. If a stage-shifting complexity factor(s) is eliminated by treatment, the stage should not regress to a lower stage since the original stage complexity factor should always be considered in maintenance phase management.

CAL = clinical attachment loss; RBL = radiographic bone loss.

Source: Papapanou 2018

Periodontitis grade		Grade A: Slow rate of progression	Grade B: Moderate rate of progression	Grade C: Rapid rate of progression	
Primary criteria	Direct evidence of progression	Longitudinal data (radiographic bone loss or CAL)	Evidence of 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 expectation given biofilm deposits; specific clinical patterns suggestive of periods of rapid progression and/or early onset disease (e.g., molar/incisor pattern; lack of expected response to standard bacterial control therapies)
Grade modifiers	Risk factors	Smoking	Non-smoker	Smoker <10 cigarettes/day	Smoker ≥ 10 cigarettes/day
		Diabetes	Normoglycemic/ no diagnosis of diabetes	HbA1c <7.0% in patients with diabetes	HbA1c ≥7.0% in patients with diabetes

Source: Papapanou 2018

Please remember the following:

- Please refer to the American Academy of Periodontology for the latest information on periodontal disease classifications.
- Full mouth charting is the minimum expected for all cases seen in our clinics, independent of the periodontal diagnosis.
- **The treatment guideline offered in this table is suggestive but not definitive.** Faculty members will offer the main guidance on a case-by-case decision based on individual patient risk factors.

## CLASSIFICATIONS OF PERIODONTAL DISEASES

### Periodontitis

An infectious disease resulting in inflammation within the supporting tissues of the teeth, progressive attachment, and bone loss. It is characterized by bone loss, clinical attachment loss and the presence of periodontal pockets. It is recognized as the most frequently occurring form of periodontitis. Its onset may be at any age, but is most commonly detected in adults. The prevalence and severity of the disease increases with age.

It may affect a variable number of teeth and it has variable rates of progression. Periodontitis is initiated and sustained by bacterial plaque, but host defense mechanisms play an integral role in its pathogenesis. The progressive nature of the disease can only be confirmed by repeated examinations. It is reasonable to assume that the disease will progress further if treatment is not provided.

Periodontitis is now classified in stages—I, II, III, and IV. The classification should also include its extent (localized vs. generalized) and grade level—A, B or C. See charts above for more detail.

## PERIODONTAL CHART

1. **BASELINE** - A baseline reading is completed on each new patient 18 years of age or older. A full periodontal charting is done according to patient need. For example, radiographic evidence of aggressive periodontitis in a 15-year-old.
  - a. Using the EHR, probe the entire mouth and record all probing depths in the boxes corresponding to the tooth probed in the row marked PD (probe depths) ... total 6 sites per tooth (3 on Facial and 3 on Lingual).
  - b. Mark all bleeding upon probing sites in the row marked BOP (bleeding on probing). Use Y for yes and N for no.
  - c. Measure the free gingival margin for each tooth and put numerical value for each tooth in boxes in the row marked FGM-CEJ. Total of 6 sites per tooth (3 on facial and 3 on lingual—these should correspond to the sites where PD is noted). NOTE: *EHR will calculate the CAL (Clinical Attachment Level) and automatically place in the CAL row.*
  - d. **Tooth mobility** should be recorded in the row of boxes marked MOB using the following classification system (one number per tooth):

Class 0 (0)	No mobility.
Class I (1)	Horizontal movement less than 1mm.
Class II (2)	Horizontal movement greater than 1mm.
Class III (3)	Horizontal movement greater than 1mm and depressible.
  - e. **Glickman (1953) classifications for furcations.**

Using a Nabers Probe, furcation involvement is usually classified by the amount of a furcation that has been exposed by periodontal bone destruction and is recorded in the FURC row of boxes.

Class I	Early, beginning involvement. A probe can enter the furcation area and the anatomy of the roots on either side can be felt by moving the probe from side to side.
Class II	Moderate involvement. Bone has been destroyed to an extent that permits a probe to enter the furcation area but not to pass through between the roots.
Class III	Severe involvement. A probe can be passed between the roots through the entire furcation.
Class IV	Severe involvement. A probe can be passed between the roots through the entire furcation. The furcation is clearly visible upon clinical examination.
2. **PERIO RE-EVAL**- A periodontal re-evaluation must be completed 4-6 weeks after the last quadrant of SRP is completed on a patient. During this appointment, a new periodontal chart must be completed (including pocket depths, FGM, bleeding points, mobility, and furcations). Periodontal chart at a re-evaluation appointment should be compared with the baseline measurements recorded in the periodontal chart noted during the comprehensive exam; changes between the two periodontal charts and gingival description should be noted in the DHOTEN.

3. **RECARE/PERIODONTAL MAINTENANCE** - A new periodontal chart must be completed with each new set of appointments (including pocket depths, FGM, CAL, bleeding points, mobility, and furcations). Measurements should be compared with baseline measurements to track periodic changes in periodontal health.

### CARIES DIAGNOSTIC CRITERIA

Caries detection is not something that is always definite and easily decided. Carious lesions differ greatly. At one end of the spectrum there is the grossly decayed tooth which is easily determined to be carious. At the other end of the spectrum there is the area in an occlusal pit which may or may not show obvious signs of caries. It is at this end of the spectrum where a judgment must be made based on the International Caries Detection and Assessment System (ICDAS) criteria:

The ICDAS concept is that the use of a standardized system, based on best available evidence for detecting early and later stage caries severity, should lead to the acquisition of better-quality information which could then be used to inform decisions about appropriate diagnosis, prognosis, and clinical management of dental caries at both the individual and public health levels.

As well as ICDAS being a coding classification there are simple, standard examination processes employed as part of the system. An important element of the examination is the cleaning of teeth to aid detection since caries forms where there has been plaque stagnation. In addition, the use of compressed air is necessary to reveal the earliest visual signs of caries.

**NOTE: An explorer should NOT be used for caries detection. Pressure exerted by the explorer could facilitate further breakdown of enamel that may be able to be remineralized.**

To facilitate the use of ICDAS in different settings there is a range of validated tools to select from. The resource, "Guidelines for Caries Detection" is located under the "Links" tab in the EHR toolbar. Follow the guidelines for assessing your patient and chart the caries accordingly.

*A few general considerations also should be listed relative to these written criteria:*

1. Stain or pigmentation alone should not be regarded as evidence of decay as either can occur on sound teeth. Ask yourself: is the lesion soft and light brownish, or hard and dark pigmented?
2. Each subject should be examined in the same manner. An examiner, for example, should avoid the temptation to examine a subject more carefully that appears highly susceptible to dental caries and a person less thoroughly who is relatively free of apparent decay.

**NOTE: These areas should be diagnosed as sound when there is apparent evidence of demineralization, but no evidence of softness.**

Any written definitions of diagnostic criteria are bound to be interpreted and applied differently by different examiners. Some variation in observational procedures, however, may add strength to one's total knowledge about an agent or a procedure, particularly when the results of different clinical investigators agree.

## OCCLUSION–PATIENT EVALUATION

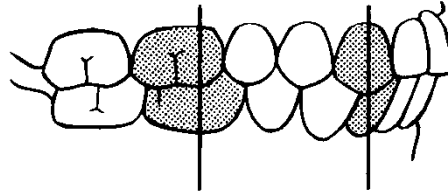
### Normal (Ideal) Occlusion

Molar relationship: mesiobuccal cusp of maxillary first permanent molar occludes with the buccal groove of the mandibular first permanent molar.

### Malocclusion

#### Class I: Neutroclusion

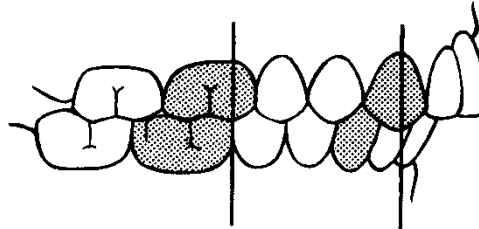
Molar relationship: same as Normal, with malposition of individual teeth or groups of teeth.



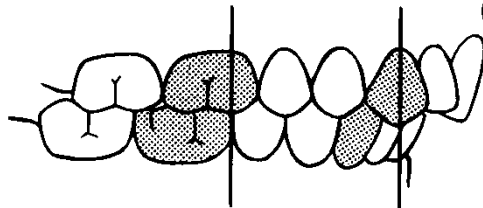
#### Class II: Distocclusion

Molar relationship: buccal groove of the mandibular first permanent molar is distal to the mesiobuccal cusp of the maxillary first permanent molar by at least the width of a premolar.

Division 1: mandible is retruded and maxillary incisors are protruded.

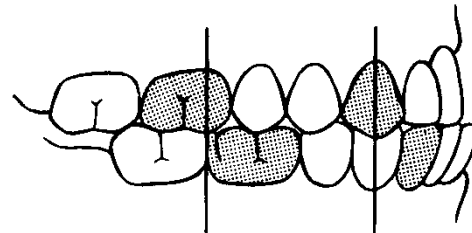


Division 2: mandible is retruded and one or more maxillary incisors are retruded.



#### Class III: Mesioclusion

Molar relationship: buccal groove of the mandibular first permanent molar is mesial to the mesiobuccal cusp of the maxillary first permanent molar by at least the width of a premolar.



**Note tendencies and classify both right and left sides of the mouth.**

### Other types of malocclusion should be noted as well:

- Open Bite: Note teeth that lack contact with teeth in the opposing arch.
- Cross Bite: Note teeth in the mandibular arch that extend facial/buccal to the maxillary arch
- Edge-to-Edge: Note teeth that occlude on the incisal edge to incisal edge or cusp to cusp.
- Mid-line deviations: Note the direction of the deviation
- Excessive Overjet: Measure with a periodontal probe the amount of horizontal distance between the labial surface of the mandibular incisors and the incisal edge of the maxillary teeth.
- Underjet: Measure the distance between the lingual of the mandibular incisors and the labial of the maxillary incisors when they are lingual to the mandibular teeth.
- Overbite: Note abnormal overbite if the incisal edges of the maxillary anteriors extend beyond the middle third of the mandibular anteriors.

## Electronic Health Record (EHR)

These are samples of notes for treatment. Students must modify them to represent the treatment provided for that day.

**D: diagnosis**

**H: health and dental history**

**O: oral hygiene instructions**

**T: treatment provided**

**E: evaluation- how did the patient do**

**N: next visit**

### SAMPLE EHR TREATMENT NOTES FOR VARIOUS DH CODES

These are samples only. The student will modify according to what items were completed in the clinic for that day.

#### D0141 Limited Dental Hygiene Oral Evaluation (initial appointment)

D: DHDx: Clinical findings are consistent with a preliminary DH diagnosis of (pick one: gingivitis/periodontitis) pending radiographic interpretation

H: Medical history reviewed with patient. No contraindications to treatment. Monkeypox screening/ COVID 19 screening; negative. Vitals: BP: P: R: T:

O: O'Leary score \_\_\_\_%. BOP \_\_\_\_%. Patient brushes \_\_\_\_ per day, patient uses \_\_\_\_ for interdental hygiene with frequency of \_\_\_\_\_. OHI performed: Plaque located on \_\_\_\_\_. Supra/Subgingival calculus present on \_\_\_\_\_. Described the etiology of biofilm, gingivitis, perio disease. Showed pt. areas of healthy vs. unhealthy tissue (bleeding and inflammation). Taught \_\_\_\_\_ technique of brushing and flossing. Patient needs to improve on \_\_\_\_\_. Patient is \_\_\_\_ (highly, moderately, not) motivated. Gingival Description: \_\_\_\_\_.

T: Performed extra and intra oral exam. EO/IO findings. Completed dental and periodontal charts. ORA completed. The treatment and alternative options were discussed with patient, and informed consent signed on \_\_\_\_\_. Goals of treatment and expected outcomes were discussed. The diagnosis will be finalized and recorded in the patient record when radiographs are available. (If consents not signed, remove this section)

E: Patient tolerated procedures well (or enter other reactions),

N: Start scaling.

#### D1110 Adult Prophylaxis

D: (Generalized or Localized) plaque-induced gingivitis

H: Medical history reviewed with patient. \_\_\_\_\_ (changes noted). No contraindications to treatment. Monkeypox screening/ COVID 19 screening; negative. Vitals: BP: P: R: T:

O: Disclose and OHI performed: Plaque located on \_\_\_\_\_. Supra/Subgingival calculus present on \_\_\_\_\_. \_\_\_\_%. Patient brushes \_\_\_\_ per day, patient uses \_\_\_\_ for interdental hygiene with frequency of \_\_\_\_\_. (Described or Reviewed) the etiology of (biofilm, gingivitis, perio disease). Showed pt. areas of healthy vs. unhealthy tissue (bleeding and inflammation). Taught \_\_\_\_\_ technique of brushing and flossing. Patient needs to improve on \_\_\_\_\_. Patient is \_\_\_\_ motivated (highly, moderately, not motivated). Patient's home care: (improved, stayed the same). Gingival Description: \_\_\_\_\_.

T: Performed extra and intra oral exam. (Changes noted). Scaled \_\_\_\_\_ (UL, UR, LL, LR) with \_\_\_\_\_ (hand instruments or blended instrumentation) to completion. Started scaling \_\_\_\_\_ (UL, UR, LL, LR) with \_\_\_\_\_ (hand instruments or blended instrumentation).



E: Patient tolerated procedures well (or enter other reactions). Post-Op instructions: Rx non-aspirin analgesic PRN for discomfort and warm salt water rinses due to \_\_\_\_\_ (slight or moderate) bleeding.

N: Re-evaluate quadrant started (UL, UR, LL, or LR) for residual calculus. Start scaling (UL, UR, LL, LR)

### **D1110 Adult Prophylaxis (last appointment)**

D: (Generalized or Localized) plaque-induced gingivitis

H: Medical history reviewed with patient. \_\_\_\_\_ (changes noted). No contraindications to treatment. Monkeypox screening/ COVID 19 screening; negative. Vitals: BP: P: R: T:

O: O'Leary score \_\_%. OHI performed: Plaque located on \_\_\_\_\_. Supra/Subgingival calculus present on \_\_\_\_\_. Patient brushes \_\_\_ per day, patient uses \_\_\_\_\_ for interdental hygiene with frequency of \_\_\_\_\_. OHI performed: Plaque located on \_\_\_\_\_. (Described or Reviewed) the etiology of (biofilm, gingivitis, perio disease). Showed pt. areas of healthy vs. unhealthy tissue (bleeding and inflammation). Taught \_\_\_\_\_ technique of brushing and flossing. Patient needs to improve on \_\_\_\_\_. Patient is \_\_\_ motivated (highly, moderately, not motivated). Patient's home care (improved, stayed the same). Gingival Description: \_\_\_\_\_.

T: Performed extra and intra oral exam. (Changes noted). Re-evaluated (UL, UR, LL, or LR) and completed scaling with (hand instruments/blended instrumentation). Scaled \_\_\_\_\_ (UL, UR, LL, or LR) with \_\_\_\_\_ (hand instruments/blended instrumentation) to completion. Polished and flossed. Administered fluoride varnish (if treatment is planned). Post Op instructions given to the patient regarding restrictions in diet and brushing.

E: Patient tolerated procedures well (or enter other reactions). Post-Op instructions: Rx non-aspirin analgesic PRN for discomfort and warm salt water rinses due to \_\_\_\_\_ (slight or moderate) bleeding.

Patient goals were met by the following: \_\_\_\_\_.

Expected outcomes were met or not met by the following \_\_\_\_\_.

N: \_\_\_\_\_recare. Referral to \_\_\_\_\_ (private DDS, Red, Green, Blue, Yellow, Orange,) practice for restorative needs.

### **D4341 Scaling and Root Planing Four or More Teeth/Quadrant or D4342 Scaling and Root Planing One to Three Teeth/Quadrant**

D: Generalized/Localized Stage: (pick one I, II, or III): Grade (Pick one: A, B, or C) Periodontitis

H: Medical history reviewed with patient. \_\_\_\_\_ (changes noted). No contraindications to treatment. Monkeypox screening/ COVID 19 screening; negative. Vitals: BP: P: R: T:

O: O'Leary score \_\_\_\_\_% (**recorded at initial and final appointments only**). OHI performed: Plaque located on \_\_\_\_\_. Supra/Subgingival calculus present on \_\_\_\_\_. BOP % \_\_\_\_\_. Patient brushes \_\_\_ per day, patient uses \_\_\_\_\_ for interdental hygiene with frequency of \_\_\_\_\_. (Described or Reviewed) the etiology of (plaque, gingivitis, perio disease). Showed pt. areas of healthy vs. unhealthy tissue (bleeding and inflammation). Taught \_\_\_\_\_ technique of brushing and flossing. Patient needs to improve on \_\_\_\_\_. Pt. given \_\_\_\_\_ OHI aids. Patient is \_\_\_ motivated (highly, moderately, not motivated). Patient's home care (improved, stayed the same). (Gingival Description: \_\_\_\_\_(recorded for comparison at reevaluation app).

T: Performed extra and intra oral exam, (WNL or Changes noted). The treatment and alternative options were discussed with patient and final consent signed on \_\_\_\_\_. Goals of treatment and expected outcomes were discussed. Re-evaluated (UL, UR, LL, or LR) and completed SRP with (hand instruments/blended instrumentation). SRP \_\_\_\_ (UR, UL, LL, LR) with blended instrumentation to completion. Local anesthesia administered by \_\_\_\_\_; \_\_\_ml ( \_ carpule(s) of \_\_\_ % 1:\_\_\_ epi.

E: Patient tolerated procedures well (or enter other reactions). Post Op instructions: Rx non-aspirin analgesic for discomfort and warm salt water rinses PRN for bleeding.

N: Continue SRP in remaining quads (or Re-evaluation in 4-6 weeks).

### **D4132 Periodontal Re-evaluation (4-6 week re-eval)**

D: Generalized/Localized Stage: (pick one I, II, or III): Grade (Pick one: A, B, or C) Periodontitis

H: Medical history reviewed with patient. \_\_\_\_\_ (changes noted). No contraindications to treatment. Monkeypox screening/ COVID 19 screening; negative. Vitals: BP: P: R: T:

O: Initial O'Leary score \_\_\_\_%. Final O'Leary score \_\_\_\_%. OHI performed: Plaque located on \_\_\_\_\_. Supra/Subgingival calculus present on \_\_\_\_\_. Patient brushes \_\_\_\_ per day, patient uses \_\_\_\_\_ for interdental hygiene with frequency of \_\_\_\_\_. Gingival Description: \_\_\_\_\_.

Home Care Comparisons: (Improvement or No improvement) from initial visit. Patient brushes \_\_\_\_ per day, patient uses \_\_\_\_\_ for interdental hygiene with frequency of \_\_\_\_\_. Patient needs to improve on \_\_\_\_\_.

Reviewed the etiology of plaque, gingivitis, perio disease. Showed pt. areas of healthy vs. unhealthy tissue (bleeding and inflammation). Reviewed \_\_\_\_\_ technique of brushing and flossing. Pt. given \_\_\_\_\_ OHI aids. Patient is \_\_\_\_ motivated (highly, moderately, not motivated).

T: Performed extra and intra oral exam. Re-evaluation perio chart completed. Re-evaluated all quadrants and completed removal of calculus with (hand instruments/blended instrumentation). Deplaqued. Administered fluoride varnish (if treatment planned). Post Op instructions given to the patient regarding restrictions in diet and brushing.

Generalized \_\_\_\_\_ improvement (no improvement) in overall PPD. General PPD of \_\_\_\_\_ mm, localized \_\_\_\_\_ in area of # \_\_\_\_\_. Residual deep PPD still present on # \_\_\_\_\_ (\_\_\_\_mm).

Attachment Level Comparisons: Interproximal attachment levels range from \_\_\_\_ to \_\_\_\_ mm. Attachment level (with or without) significant changes.

Recession Comparisons: Recession is in range from \_\_\_\_ to \_\_\_\_\_. Recession levels (with or without) significant changes

Bleeding Scores: Initial BOP: \_\_\_\_%; Final BOP: \_\_\_\_%; Bleeding Index: (reduction in BOP or little improvement).

Mobility Changes: (improvement or no improvement) in mobility. Teeth# \_\_\_\_\_ with class (I, II, III) mobility

Plan for follow up of the patient: Grad perio referral (needed or not needed) for # \_\_\_\_\_ (deep residual pocket). [Graduate periodontics referral form was completed; periodontal faculty signed the form.] Situation explained to the patient, patient accepts and is willing to proceed with the (Grad Perio Referral or Perio maintenance schedule).

E: Patient tolerated procedures well (or enter other reactions).

Patient goals were (met or not met) by the following: \_\_\_\_\_.

Expected outcomes were (met or not met) by the following \_\_\_\_\_.

N: Patient informed of need for \_\_\_\_ (2, 3, 4) month periodontal maintenance (or Perio referral). Referral to \_\_\_\_\_ (Private DDS, Red, Green, Blue, Yellow, Orange,) practice for restorative needs.

## **D4910 Periodontal Maintenance**

D: Generalized/Localized Stage: (pick one I, II, or III): Grade (Pick one: A, B, or C) Periodontitis

H: Medical history reviewed with patient. \_\_\_\_\_ (changes noted). No contraindications to treatment. Monkeypox screening/ COVID 19 screening; negative. Vitals: BP: P: R: T:

O: O'Leary score \_\_\_\_%. BOP \_\_\_\_%. OHI performed: Plaque located on \_\_\_\_\_. Supra/Subgingival calculus present on \_\_\_\_\_. Patient brushes \_\_\_\_ per day, patient uses \_\_\_\_\_ for interdental hygiene with frequency of \_\_\_\_\_. OHI performed: Plaque located primarily \_\_\_\_\_. Described the etiology of biofilm, gingivitis, perio disease. Showed pt. areas of healthy vs. unhealthy tissue (bleeding and inflammation). Taught \_\_\_\_\_ technique of brushing and flossing. Patient needs to improve on \_\_\_\_\_. Pt. given \_\_\_\_\_ OHI aids. Patient is \_\_\_\_ motivated (highly, moderately, not motivated). Gingival Description: \_\_\_\_\_.

T: Performed extra and intra oral exam (New form), WNL or Changes noted. The treatment and alternative options were discussed with patient and (partial) informed consent signed on \_\_\_\_\_. Goals of treatment and expected outcomes were discussed. Scaled all quadrants with blended instrumentation to completion. Local anesthesia administered by \_\_\_\_\_; \_\_\_\_ml (\_\_\_\_carpule(s) of \_\_\_\_% 1:\_\_\_\_ epi. Deplaqued. Administered fluoride varnish (if treatment planned). Post Op instructions given to the patient regarding restrictions in diet and brushing.

E: Patient tolerated procedures well (or enter other reactions).

Patient goals were (met or not met) by the following: \_\_\_\_\_.

Expected outcomes were met or not met by the following \_\_\_\_\_.

N: Patient informed of need for \_\_\_\_ (2, 3, 4) month periodontal maintenance Referral to \_\_\_\_\_ (private DDS, Red, Green, Blue, Yellow, Orange,) practice for restorative needs.

## **D4346 Prophylaxis in the Presence of Generalized Moderate/Severe Gingivitis**

D: Moderate/severe generalized plaque-induced gingivitis

H: Medical history reviewed with patient. \_\_\_\_\_ (changes noted). No contraindications to treatment. Monkeypox screening/ COVID 19 screening; negative. Vitals: BP: P: R: T:

O: O'Leary score \_\_\_\_%. BOP \_\_\_\_%. OHI performed: Plaque located on \_\_\_\_\_. Supra/Subgingival calculus present on \_\_\_\_\_. Patient brushes \_\_\_\_ per day, patient uses \_\_\_\_\_ for interdental hygiene with frequency of \_\_\_\_\_.

OHI performed: (Described or Reviewed) the etiology of (biofilm, gingivitis, perio disease). Showed pt. areas of healthy vs. unhealthy tissue. Taught \_\_\_\_\_ technique of brushing and flossing. Patient needs to improve on \_\_\_\_\_. Patient is \_\_\_\_ motivated (highly, moderately, not motivated). Gingival Description: \_\_\_\_\_.

T: Performed extra and intra oral exam. (Changes noted) ORA completed. The treatment and alternative options were discussed with the patient and (final) informed consent signed on \_\_\_\_\_. Goals of treatment and expected outcomes were discussed. Scaled \_\_\_\_\_ (UL, UR, LL, LR) with (hand or blended) instrumentation to completion. Deplaqued. Administered fluoride varnish (if treatment planned). Post Op instructions given to the patient regarding restrictions in diet and brushing.

E: Patient tolerated procedures well (or enter other reactions). Post Op instructions: Rx non-aspirin analgesic for discomfort and warm salt water rinses PRN for bleeding.

Patient goals were (met or not met) by the following: \_\_\_\_\_

Expected outcomes were met or not met by the following \_\_\_\_\_.

N: Recare needed in \_\_\_\_ months. Refer to \_\_\_\_\_ (private DDS, Red, Green, Blue, Yellow, Orange,) practice for restorative needs.

### **SUPPLEMENTAL FLUORIDE**

The most common use of a supplemental fluoride product is for caries prevention. Below are listed special cases and their optimum usage:

**Orthodontic patients** - once a day, preferably at night before going to bed.

**Radiation therapy patients (head and neck area)** - once a day, preferably at night before going to bed to prevent caries due to decreased salivary flow. Custom trays may be used for application.

**Rampant caries** - once a day to twice a day, preferably at night before going to bed, depending upon the patient.

**Preventive** - (child >6 or adult) once a day for best results preferably at night before going to bed.

**Cementum hypersensitivity** - use of fluoride gel or varnish for controlling root hypersensitivity. Some of the causes of tooth sensitivity result from recession or periodontal surgery exposing cementum.

If you feel supplemental fluoride would be beneficial, consult your instructor. Over-The-Counter products are available through the UTSD Bookstore. Prescription products require a dentist's signature and can be prescribed through the EHR. Documentation must be made in the DHOTEN stating the product and usage instructions given to the patient.

## RECALL SYSTEM

The recall system is a source of patients for the students in both the first year and second year classes. Specific information is required on the Patient Number Form. Please be sure that the patient information is correct so that the patient can be contacted at the time of the next recall, although this cannot be guaranteed.

### Purpose for a Recall System

1. Students are given an opportunity to observe any changes in the patient's oral health and to determine if they have been able to motivate the patient to make changes in oral health habits.
2. The procedure will simulate the use of recall systems in a dental practice.
3. The Patient Number Form will be turned in to the Clinic Coordinator at the end of the second year.

### Procedure for Placing Patients in the Recall System

1. An entry will be made on the Patient Number Form after every patient is completed in our clinic.
2. The student will keep the Patient Number Form for his/her own use during the school year. Patients may be recalled during the months noted on the form. If the patient is seeing a dental student, the dental hygiene student would contact the dental student to see if the dental hygiene student can complete the recall appointment.
3. At the end of the year, the Patient Number Form will be turned in to the Clinic Coordinator.
4. Patients must be made aware that the School of Dentistry should not replace their private practice dentist for their basic dental needs.

## APPOINTMENT PROCEDURE

### **Before initial check-in the student is expected to:**

- Open digital radiographs and reduce the window.
- Review previous treatment notes.
- Keep the EHR minimized to follow HIPAA guidelines.
- Do not bring a patient back into the clinic until a dental hygiene faculty is on the floor.
- **First visit with patient:**
  - Before checking in with faculty, the student will enter the following treatment codes: limited DH exam, case complete, and OHI code, if the facilitator has not added the codes prior to appointment.

### **At the beginning of clinic, the student will:**

- Proceed to the reception room to meet the patient and introduce themselves. Be cognizant of HIPAA guidelines.
- Bring the patient into the cubicle; offer to hang coat and/or hat.
- Seat the patient comfortably. Check the patient in on the EHR.
- Verify the patient has completed and signed the HIPAA forms.
- Review with the patient the following:
  - Name, home address, telephone numbers, emergency contact.
  - If any information has changed, go to patient services to update information

### **Initial Appointment**

*Note: Discuss consent to initial treatment, and have the patient sign the consent prior to initiating medical/dental history and taking vitals.*

- Open Medical/Dental History (Full) form in EHR.

- Take and record blood pressure, pulse, and respiration, and temperature in the medical history form as baseline.
- Interview the patient and make comments on all “yes” responses in the **Full Medical/Dental History** form.
- **Fill out the accommodation and sleep tabs, if applicable.**
- Have the patient sign Medical /Dental History when complete.
- Add a DHOTEN note: record the diagnosis and all vitals in EHR.
- The Instructor will approve medical history; dental history forms and the treatment codes using ID badge.

*Note: the consent for initial treatment and medical and dental histories must be signed by the patient, and approved by an instructor.*

**Subsequent Appointments MEDICAL/DENTAL HISTORY CHECK-IN WITH INSTRUCTOR:**

- Interview the patient regarding changes to the medical/dental history since last visit.
- Add a DHOTEN note indicating vitals and changes to medical history. Do not make changes in the Medical History form.
- Changes to medications will be made under the Medications tab in EHR. Even if there are no changes to the medications, you will need to REVIEW the medications tab.
- Notify the instructor when you are ready for a Medical/Dental History Check-In.
- Have EHR **Full Medical/Dental History** form open.
- Introduce the patient to the instructor and review pertinent findings and medications with the instructor.

**CONTINUATION OF INITIAL VISIT:**

- Offer gauze squares to patients to remove lipstick or lip balm.
- Place a patient napkin.
- Ask the patient to remove any removable dental prosthetic; place the prosthetic in a plastic zip bag.
- Ask the patient to rinse with mouthwash.
- Complete Extra and Intra-oral exam using the **DH Extraoral/Intraoral Exam** form.
- Evaluate prophy classification and fill out the prophy class on the DH Clinical Form.
- Faculty will evaluate prophy classification and approve the tab on the DH Clinical Form.

*Note: instructor must approve these forms on the day they are completed using ID badge*

- Lubricate the patient's lips with cocoa butter.
- Check in with faculty before proceeding.
- Disclose the patient, take O’Leary score (1<sup>st</sup> and last visit) and perform OH education.
- Dental chart and periodontal chart may be started before the next check-in (*with instructor’s permission*) or after check-in and at subsequent appointments when the student is waiting for dental hygiene instructors.

**BEGIN TREATMENT CHECK-IN PROCESS:**

**EO/IO Examination**

- Open EHR to **DH Extraoral/Intraoral Exam** form, and radiographs, if available.
- Have a clean mirror and clean gauze on the bracket tray.
- Introduce the patient to the instructor, stand beside the patient, opposite the instructor; adjust operating light.
- Reviewing patient’s x-rays, if available, faculty will verify EO/IO examinations. Faculty will clarify relevant information.
- Faculty will examine calcified deposits and perio conditions and classify the patient.
- The student should ask any pertinent questions and edit notes in the **Extraoral/Intraoral Exam** form as directed by the instructor.

- Faculty will approve the DH Extraoral/*Intraoral Exam* form and the DH Clinical Form.
- The faculty will instruct the student to complete O'Leary plaque score, patient education, dental chart, periodontal chart, Oral Risk Assessment, as indicated.

### **Patient Education**

- Disclosing is required at every clinic session.
- O'Leary score is to be taken at the first and last appointment with the patient.
- Patient education must be completed after disclosing.
- The instructor will approve O'Leary plaque score at the first and final appointments.

### **Dental Chart, Periodontal Chart, Oral Risk Assessment**

- The student will complete the Dental Chart indicating existing items and clinically seen items only.
- The instructor will review and the student will edit, as appropriate.
- The faculty will approve dental findings seen clinically.
- The student will complete the Periodontal Chart.
- The instructor will review the Periodontal chart and the student will edit, as appropriate.
- The student will enter the periodontal diagnosis into DH Clinical Form- Periodontal Classification tab.
- The instructor will approve Periodontal chart & DH Clinical Form- Periodontal Classification
- The students will complete the Oral Risk Assessment (ORA), formulate and enter the proposed treatment plan into EHR.
- The students will discuss the dental hygiene treatment plan with faculty
- The instructor will approve the ORA and the treatment plan
- The student will request a Needs Assessment Exam or initiation of the Comprehensive Exam as indicated.

### **COMPREHENSIVE ORAL EXAMINATION & NEEDS ASSESSMENT EXAMINATION:**

Dental Hygiene treatment cannot continue until the following requirements are met:

- If the patient is assigned to a dental student
  - Radiographic interpretation is completed by the assigned dental student.
  - The Comprehensive Oral Exam (COE) is initiated by the assigned student.
- If the patient is not assigned to a dental student
  - Radiographic interpretation completed by a dental student from group color practice.
  - The Needs Assessment Exam is completed by group color practice dental faculty.

Note: The Dental Hygiene instructor may now approve the treatment plan.

### **TEMPORARY CHECK-OUT:**

- Straighten tray table. Have a clean mirror and clean gauze on the bracket tray. Ask the instructor for a Stop Check
- The instructor will examine the hard and soft deposits for errors and then allow dismissal of the patient.
- The student will then re-appoint the patient, return personal items to the patient and escort the patient to the waiting area.
- The student will complete the treatment notes in EHR and convert the codes of all procedures performed in clinic during the appointment.

Note: An OHI code must be planned and completed for each appointment

- The instructor will approve the DHOTEN and codes as completed or in progress.
- The instructor will assign a daily grade in EHR and grade the patient care in the Google Spreadsheets.

*By this point, the following EHR forms should be approved by faculty:*

1. Medical History
2. Dental History

3. DH Extraoral/Intraoral Exam
4. Oral Risk Assessment
5. DH Clinical Form - DH Classification and Periodontal Diagnosis
6. Dental Chart - clinical findings only
7. Treatment plan – if COE is initiated, or Needs Assessment is completed.
8. Perio Chart/Plaque Index - initial appointment
9. Daily Clinic grade and codes for the day
10. EHR Notes/DHOTEN

For subsequent appointments, the following EHR forms should be approved by faculty:

1. Perio Chart/Plaque Index- final appointment
2. Daily Clinic grade/approval of codes for the day. Daily Clinic grade/approval of codes for the day
3. EHR Notes/DHOTEN

**SUBSEQUENT APPT. CHECK-IN:**

INSTRUCTOR will:	STUDENT will:
	Question patient regarding changes in medical history since last appointment. Record changes or lack of changes in EHR Notes/DHOTEN
	Take and record vitals and record in EHR Notes/DHOTEN
Review medical history Assure that planned procedures are entered in the student's schedule and a signed consent form is attached... if codes are not scheduled instructor will not be able to grade for the day.	Have medical history window opened and be ready to review patient's medical history status with instructor  <b>If any changes were made to the Medical History form, students will obtain a new signature from the patient.</b>  <b>If any changes were made to the treatment plan, students will obtain a new signature of consent.</b>
	Perform abbreviated oral examination. Record changes in EHR Notes/DHOTEN.
	Go to Instructor and request instructor check-in. Introducing the patient to the instructor.
Radiographs taken upon radiology room availability...	
<b>NOTE: STUDENTS MUST HAVE RADIOGRAPHS PRIOR TO BEGINNING SRP TREATMENT</b>	
	<b>Have EHR opened to radiographs</b> Have clean mirror and clean gauze on bracket tray Stand beside patient opposite of pt. from instructor, adjusts operating light
INSTRUCTOR will:	STUDENT will:
Examine hard and soft tissues.	

Review planned procedures with students.	Review planned procedures with the instructor.
Approve Perio/charting/plaque index etc. using ID badge	Compute plaque index using the Plaque/Bleeding Index unless a perio charting will also be done. In that case, put the plaque index on the perio chart.
	Instruct the patient in oral hygiene. Begin treatment discussed with and approved by the instructor.

**BEFORE FINAL CHECK-OUT:**

<b>INSTRUCTOR will:</b>	<b>STUDENT will:</b>
	Complete all scaling or re-evaluation of previously scaled quadrants.
	Complete dental charting. Use radiographs if available. Must have been completed prior to D.D.S. exam if applicable.
	Complete periodontal charting if needed for re-evaluation.
	Complete de-plaquing (after final scale check or re-evaluation of previously scaled quadrants).
	Complete EHR Notes/DHOTEN
	Discuss recare/ maintenance with patient as well as any post op instruction

**FINAL CHECK-OUT:**

**72 hours prior to final appointment, send EHR message to PCC asking to have the record audited.**

<b>INSTRUCTOR will:</b>	<b>STUDENT will:</b>
	Go to the Instructor and request a scaling check or polishing check.  Have clean mirror and clean gauze on bracket tray  Moves to the opposite side of patient from the instructor with evaluation form to observe
<b>Scale check:</b> Call off any remaining calculus. Check charting.	Observe instructor; record remaining deposits as instructor indicates (may use sticky notes)
	Correct errors on charting and remove remaining deposits.



Verify the student's removal of remaining deposits.	
<b>Polish check:</b> Check for removal of soft deposits, stain and any remaining deposits recorded during the scale check. Check partials and dentures.	Observe instructor; record remaining plaque as instructor indicates (may use sticky notes)
If patient is deemed to be plaque free: Approve perio/plaque/bleeding index. Instructor will do final approval of completed procedures using an ID badge. Instructor will approve the case complete <b>code only</b> using the ID badge. Instructor will give a clinical grade in EHR and make written comments on all grades less than a three. Instructor will approve the DHOTEN/ note.	<b>Complete DH Case Complete Form; Complete DH Limited Care Form (if patient is not referred to a dental student for restorative treatment).</b> After chart audit, send an EHR message to your facilitator regarding the case complete.
	Remove remaining plaque
Rechecks plaque removal. If patient is deemed to be plaque free: Approve perio/plaque/bleeding index. Instructor will do final approval of completed procedures using an ID badge. Instructor will approve the case complete <b>code only</b> using the ID badge. Instructor will give a clinical grade in EHR and make written comments on all grades less than a three. Instructor will approve the DHOTEN note.	<b>Complete DH Case Complete Form; Complete DH Limited Care Form (if patient is not referred to a dental student for restorative treatment).</b> After a record audit, send an EHR message to your facilitator regarding the case complete.
	Explain fluoride application to the patient. Apply fluoride. Stay with pt. Return a clean removable prosthetic to the patient. Remove the patient napkin, return the patient's belongings, and/or coat. Escort the patient to the waiting room.

At the completion of the final appointment, the following forms should be approved by faculty:

1. Perio Chart/Plaque Index
2. Daily Clinic grade/approval of codes for the day
3. EHR Notes/DHOTEN
4. ALL codes planned by the DH STUDENT SHOULD BE TO "C" STATUS (including the case complete code)
5. CASE COMPLETE CODE ONLY (not the form)

NOTE: The Case Complete Form is left as "UNAPPROVED" so the patient number icon will remain aqua.

### PROTOCOL FOR ORAQIX® USE IN THE DENTAL HYGIENE CLINIC

1. Check medical history for information contradicting the procedure or requiring further investigation and act accordingly (Oraqix® should not be used in patients with history of congenital or idiopathic methemoglobinemia, allergy or sensitivity to lidocaine and prilocaine and severe hepatic disease).
2. Dental Hygiene faculty will sign a Requisition Form for Oraqix® use. Obtain Oraqix® dispenser, blunt-tip applicator and cartridge of Oraqix® from dispensary. (1 cartridge will be sufficient for most full mouth applications)
3. Remove the blunt-tip applicator from the plastic blister tray, break the seal and remove plastic cover from the cartridge-penetrating end of the cannula. Keep hands away from the exposed cannula during mounting and removal to prevent accidental injuries.
4. Attach the blunt-tip applicator to the tip of the Dispenser.
5. Reset the internal ratchet mechanism before loading the first cartridge. This is accomplished by pressing the mechanism-reset button towards the back end of the body.
6. The air bubble present in the Oraqix® cartridge allows the user to determine if the product is in a liquid or gel form. If the bubble is fixed or moves very slowly, cool the cartridge before use to bring the product back to a liquid form. The cartridge may be loaded into the tip or body of the Dispenser
7. Carefully assemble the body and tip of the Dispenser with the cartridge in place holding the Dispenser in front of you with the tip facing right, rotate the tip sleeve section away from you until locked in place.
8. The applicator tip may be bent to improve access to the periodontal pockets, using the cap. If a greater bend than 45° is desired, a double-bend technique is recommended Note: Do not bend the applicator tip more than once in the same location. Breakage may be more likely if bent at the hub.
9. Hold the Dispenser vertically and observe the transparent portion. The air bubble in the cartridge will be visible and can be removed by depressing the paddle. This will provide more consistent flow of Oraqix®.
10. Dispense Oraqix® by depressing the paddle. The volume of Oraqix® used per tooth is dependent on the periodontal pocket space. Consult the Oraqix® (2.5%/2.5% lidocaine and prilocaine periodontal gel) package insert for specific dose information.
11. Oraqix® is a viscous liquid. Dispensing slowly and evenly works best.
12. When the cartridge is nearly empty, the rubber plunger will be visible in the transparent section of the Dispenser.
13. To reload the Dispenser, first depress the reset button. You will hear the ratchet "click" back into the reset position.
14. Holding the Dispenser in front of you with the tip facing right, rotate the tip sleeve section toward you to unlock the Dispenser tip.
15. Remove the empty cartridge.
16. Insert a new Oraqix® cartridge. A new blunt tip applicator may be used if needed.
17. Reposition the cartridge and tip assembly and lock in place as before.

#### At the End of Use

1. Carefully remove the blunt tip applicator. Re-capping makes this easier. Although the tip is blunt, use a one-handed technique to prevent accidental exposure to the contaminated cannula. Dispose of in the same manner as a contaminated dental injection needle. Place in the Sharps container in your cubicle
2. Remove the empty cartridge as described above, place empty or partially used cartridge in the Sharps container in your cubicle.

3. If necessary, wash the surface of the Dispenser to remove any debris, blood or saliva that may be present. Return dispenser in 2 parts to dispensary for sterilization
4. Make complete, accurate, dated entry in EHR DHOTEN stating the amount of Oraquix® used and areas of application.

## PROTOCOL FOR ARESTIN® USE IN THE DENTAL HYGIENE CLINIC

When indicated by the following criteria, Arestin® may be put into the treatment plan after being approved by attending DDS faculty. The DDS will make a note in the EHR that Arestin® was ordered, including the site where the Arestin® is to be placed. The DDS will also need to approve the planned procedure in the treatment plan. The code for Arestin® is 4381 (Chemotherapy per tooth) and the description in the EHR is chemotherapy per tooth. There is a \$0.00 fee for DH students to dispense Arestin®. The DDS must sign a dispensary requisition form for the Arestin® and applicators may be obtained from the first-floor dispensary with the signed requisition.

Indications for use of Arestin®

### Scaling and Root Planing Appointments

- Arestin® may be placed at the periodontal re-evaluation or periodontal maintenance appointment if the patient exhibits good oral self-care and if there are localized (1-2) sites per quadrant that have probing depths of 5-6 mm with bleeding with no signs of local contributing factors (residual calculus, active caries, etc.). If there are more than 1-2 sites per quadrant, these areas should be assessed for possible referral to graduate Periodontics.

### Periodontal Re-evaluation

- After completing a full periodontal charting, probing depths should be compared with baseline measurements taken during the initial exam. All areas with remaining periodontal pockets (4+ mm) should be evaluated for residual calculus and local or systemic factors. Areas with residual calculus need further instrumentation. Arestin® can be placed in localized pockets that range between 5-6 mm after debridement is complete either during the re-evaluation or during the periodontal maintenance appointment.
- If there are more than 1-2 sites per quadrant that still present with ≥5mm pockets with bleeding, a periodontal consultation should be obtained for referral to a periodontist.

### Periodontal maintenance

- Isolated areas that present at the maintenance appointment with 5-6 mm and bleeding may be treated with Arestin following a thorough debridement in patients that exhibit good home care.
- Isolated areas at any subsequent periodontal maintenance appointments may also be treated with Arestin® following a thorough debridement, in patients with good home care.
- **If there are numerous new or refractory sites, a periodontal consult should be obtained.**

## PROTOCOL FOR LOCAL ANESTHETIC

- A. Determine the need for local anesthesia.
- B. Check medical/dental history for contraindications to local anesthesia, such as allergies (i.e. amides, ester, PABA, oxymetazoline, any components of drug, etc.) pregnancy, malignant hyperthermia, methemoglobinemia, impaired liver allergy to local/topical anesthetics, or information requiring further investigation, such as syncope or adverse reaction to local/topical anesthetic.
- C. Check medical history for contraindications to epinephrine, such as allergy, cardiac problems, high blood pressure, idiosyncratic reaction(s) to epinephrine, or other conditions requiring clearance from patient's physician.
- D. Ask patient if they are taking any medications, prescription or non-prescription and check for possible drug interaction with medication(s) they are taking. Non-prescription cold remedies containing an antihistamine can elevate the patient's blood pressure.

At this point, you should have determined:

1. Are there any contraindications to local anesthesia for this patient?
2. Is epinephrine contraindicated for this patient?

E. Take vital signs:

A. If blood pressure is >140/90 in an otherwise healthy appearing patient, repeat the blood pressure in 10 minutes. If still elevated, consult with your instructor. It may be necessary to send a medical consult to the patient's physician.

B. If blood pressure is 140/90 or lower:

- a. Consult with attending D.D.S. and request a syringe, needle and carpule(s). The anesthesia ordered must be signed by a dentist on a requisition form Request "2% Lidocaine with 1: 100,000 epi" or "2% Lidocaine with 1:200,000 epi". \*IF EPINEPHRINE IS CONTRAINDICATED, REQUEST "Carbocaine 3% Plain" or "Citanest 4% Plain.

**\*Rule of thumb:** request one carpule per quadrant.  
(You may want to check with the dental faculty member about the type of anesthesia.)

- b. Go to the dispensary; get topical anesthetic (if you are working on multiple quadrants remember to get enough for each injection), a syringe, a needle, and carpule(s).

**\*Rule of thumb:**

If you are working in the maxillary arch only, request a short needle.  
If you are working in the mandibular arch only, request a long needle.  
If you are working in both maxillary and mandibular arches, request a long needle.

- c. Consult with the dental faculty member assigned to the dental hygiene clinic. Be ready for review of the chart with the dental faculty before ordering the anesthesia.

F. Explain procedure to patient and provide appropriate individualized patient education. (Encourage the patient not to swallow, as this may numb the throat area).

- G. If requested by D.D.S assemble syringe and select site for application of topical anesthetic.  
To assemble syringe:
- a. Retract the piston fully

- b. Insert the cartridge – rubber stopper first
- c. Engage the harpoon on aspirating syringes (check before proceeding)
- d. Remove the protective plastic cap from the needle and attach the needle to the syringe
- e. Position the bevel
- f. Remove the colored plastic protective cap and expel a few drops to test for proper flow

H. Dry and isolate the area of injection. Apply a limited amount of topical anesthetic with a cotton pellet or swab. **Note:** Topical anesthetics have higher incidence of allergic reactions and toxicity due to higher drug concentration.

I. After anesthesia is provided by D.S or D.D.S begin your work. **Do not discard the needle and carpules** until the end of the appointment. The syringe should be capped using one-hand scoop technique when not in use. If more anesthesia is needed:

- a. If you have at least one full carpule of local anesthetic remaining, find the dental faculty member and tell him/her that your patient needs more anesthesia.
- b. If you do not have enough local anesthesia remaining from the first injection, repeat the above procedure and then find the dental faculty member.
- c. Make complete, accurate, dated entry in EHR DHOTEN as to type and amount of anesthetic delivered and by whom.
- d. The Dental student or DDS giving the anesthetic must make his or her own chart note for the anesthetic given.

J. Disassemble the local anesthesia syringe by first removing the carpule by pulling back on the thumb ring and disengaging the carpule from the needle. Next, carefully loosen the needle from the syringe by hand and then use cotton forceps to finish twisting the needle off from the syringe before discarding. Discard needle and carpules in a sharps' container.

## CLINIC ASSISTANT ROTATION

STUDENT \_\_\_\_\_

Faculty Signature \_\_\_\_\_

DATE \_\_\_\_\_ AM PM

**Faculty (opening clinic), please circle one:**  
Satisfactory Unsatisfactory

The following are duties to be performed by the clinic assistants. The supervising faculty member that opened the clinic session will follow up on these procedures to ensure the clinic assistant has completed these tasks before signing this rotation sheet.

- \_\_\_1. Report to DH clinic at **8:00** am if assigned to AM rotation or 12:50 PM if assigned to PM rotation and remain on duty until dismissed by the instructor that opened the clinic.
- \_\_\_2. Replenish paper towels and gloves as needed for DH cubicles.
- \_\_\_3. Restock patient education supplies and clean the countertops as needed.
- \_\_\_4. Assist dental hygiene students with dispensary items, charting etc.
- \_\_\_5. Clean dentures and partials for patients. Supplies and ultrasonic bath DH Room (2422). Empty water out of the ultrasonic bath on Thursday PM and wipe down with a paper towel. Refill with water on Monday AM.
- \_\_\_6. Follow-up on checked out equipment from the equipment clipboards and help disinfect/ disassemble and return to the proper storage area.
- \_\_\_7. Mark "NA" next to the duties that do not apply. Have this rotation sheet signed by the instructor that opened the clinic and he/she will return it to the clinic coordinator.

## PEER EVALUATION ROTATION

STUDENT \_\_\_\_\_

DATE \_\_\_\_\_

This rotation is designed to provide feedback to students and during performance of various clinical procedures. The Peer Evaluator must be in the clinic on time and stay until dismissed by the assigned faculty.

### Instructions:

Peer review consists of observing a classmate perform a procedure and providing immediate feedback on her/his performance. **You must observe 5 procedures each with different students.** Use Section D in your DH Handbook to check how well the procedure is performed. Please be tactful when giving constructive criticism. Place the completed sheet in the clinic coordinator's box in the DH Alcove.

When evaluating your peers consider the following:

- The procedure was performed with complete accuracy (no errors).
- Suggestions for improvement.

Student Observed \_\_\_\_\_

Procedure Observed \_\_\_\_\_

Feedback \_\_\_\_\_

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Student Observed \_\_\_\_\_

Procedure Observed \_\_\_\_\_

Feedback \_\_\_\_\_

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Student Observed \_\_\_\_\_

Procedure Observed \_\_\_\_\_

Feedback \_\_\_\_\_

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## **SECTION D**

# **CLINICAL PROCEDURES**



## **Comprehensive Patient Care**

Every clinical course has competencies and requirements to meet the course objectives. Along with each clinical course requirements, Comprehensive Patient Care competencies are established to meet CODA standards. They can be completed in clinics I, II, III, or IV with every patient treated. Students are considered competent in providing treatment to patients of all ages, needs, levels of periodontal disease [PVV1], and calculus classifications by successfully completing all Comprehensive Patient Care competencies by the end of spring semester of the senior year. *Prior to graduation* each student will complete at least one Comprehensive Patient Care for the classifications of special needs, adult, adolescent, geriatric, and child; along with, at least a gingivitis, Stage 1, Stage 2, and Stage 3 periodontal disease level.

- Each Comprehensive Patient Care Competency must be completed with a 75 or above to be deemed competent.
- The Comprehensive Patient Care portion of the course grade will be the average of all patients completed during Clinical Practice III.
- These patients must be completed in the UT School of Dentistry, Dental Hygiene clinic. The patient can be a new, re-care patient, or a periodontal maintenance patient.
- Patients completed at outside rotations, dental bay, OMP, and while providing dental hygiene care to dental students' patients will offer *supplemental experiences* with these diverse patient types.
- The successfully passed patient will be counted as a completed patient. This patient may qualify for a personal recall patient.
- Patients completed at outside rotations, dental bay, OMP, and while providing dental hygiene care to dental students' patients will offer *supplemental experiences* with these diverse patient types.

## **COMPETENCY EVALUATION**

Competency evaluations are specific to each course. The competency rubrics will be located in Canvas specific to the clinic level, and updated based on Clinical changes. The grading scale will be dependent on which Clinic level the evaluations are demonstrated. The competency difficulty level increases throughout the curriculum. The competency forms will be at a beginning, developing, and competent level. A 75% or higher pass rate per competency.

**YOU MUST SUCCESSFULLY DEMONSTRATE COMPETENCE IN TREATMENT PROCEDURES DESIGNATED AS "COMPETENCY DEMONSTRATIONS" FOR CLINICAL PRACTICE AND CONTINUE TO PERFORM THE PROCEDURES AT A LEVEL OF COMPETENCE IN ORDER TO BE ELIGIBLE FOR GRADUATION.**

Competencies that require verbal communication on English speaking patients, unless prior instructor approval has been given for the competency to be attempted on a non-English speaking patient.

## **ASEPTIC TECHNIQUE /INFECTION CONTROL**

Please visit the updated school guidelines on disinfecting the unit, barriers, donning and doffing of PPE, and unit clean up. Social distancing must be maintained whenever possible. Masks are highly recommended in times of pandemic. Guidelines are frequently updated, please refer to the most recent UTSD protocols on the school's Intranet at <https://inside.uth.edu/dentistry/>.

The student is expected to:

### **Unit Preparation**

1. Turn on the PC and log in to the EHR patient record.
2. Remove extraneous items from the floor and field of contamination.
3. Remove jewelry, 20 second hand wash, put on purple utility gloves, and safety glasses.

### **Prior to appointment**

1. Flush dental water lines for 30 seconds
  - Three hand pieces- hold up purge level for 30 seconds.
  - Hold the button on the Air Water Syringe for 30 seconds.
  - Flush the suction lines with water for 30 seconds - saliva ejector and high-volume evacuator.
2. Remove 2 germicidal wipes from the canister of EPA-approved hospital disinfectant. Carefully wipe the dental unit, hand piece cords and adapter, chair and counter top, PC keyboard to remove blood and debris. Clean from the cleanest area to the dirtiest. **DO NOT TOUCH OR CLEAN MONITOR SCREEN.**
  - saliva ejector and high-volume evacuator (including controls and cord)
  - light handles, switch and arm
  - tray table
  - air/water syringe and cord
  - hand piece adaptors and cords
  - dental chair, headrest control and arm release button
  - operator chair
  - counter tops and drawer pulls
  - Computer, keyboard, mouse, and tray
3. With a new germicidal wipe, repeat the previous cleaning. Wipe the following from the cleanest area to the dirtiest, and allow to dry.
4. Wash and dry purple utility gloves and store in the plastic container with the lid under 12 O'clock station. Wash hands for one – 20 second washings.
5. Apply barriers to the following (option: clean bare hands or wear gloves):
  - headrest
  - light handles and switch
  - tray table
  - air/water syringe
  - high volume evacuator and saliva ejector
  - PC keyboard – only if computer does not have a white keyboard
  - Backrest of operator stool and lever to raise/lower the stool
6. Place a patient napkin on the rear counter area. Place the following on the napkin.
  - Cocoa butter and leave inside the 2x2 gauze square with a cotton applicator for lubricating the patient's lips.
  - Blue sponge square for cleaning instrument tips during the appointment (remove debris as you work to avoid it from drying. Dried debris is hard to remove during sterilization procedures).
  - Disclosing solution swab
  - Cup with mouth rinse (Patient is to rinse 30 seconds prior to treatment.)
7. Retrieve the instrument cassette from the 2<sup>nd</sup> floor dispensary. Place an unopened cassette (to be opened when the patient is seated) on the cabinet that is covered with plastic (not where the napkin is placed).
8. Assemble other needed items such as patient education supplies; place them in the appropriate areas.
9. Put on appropriate PPE such as gown, safety glasses, and mask before seeing patients.

### **Unit Clean-up**

1. Perform hand hygiene.
2. Place a paper towel on a horizontal surface countertop. Doff face shield. Clean with a paper towel with soap and water. Place in a clean area to dry.
3. Get a plastic container from the 12 O'clock cabinet, place it on the dental chair, and don purple utility gloves.

4. Place properly recapped used needles or other sharps in the nearest Sharps container.
5. Carefully remove gross debris from instrument tips with blue sponge (should be minimal if removing debris as you scale).
6. Place instruments properly into the instrument cassette, close the cassette, and place the cassette into the plastic container. Put the lid on the container and carry to the dirty side of the dispensary.
7. Remember to bring the small bag containing hazardous waste from the operatory and place it into the Biohazard red receptacle at the dispensary.
8. Still wearing disposable gown, protective eyewear and utility gloves, carry the plastic container to the dirty side of the dispensary. Do not touch anything until you reach a contaminated area, drop your items, return with the container.
9. Return to your cubicle with the plastic container. Place the container on the clean side of the left or right side of the cabinet, wash and dry your heavy-duty gloves, pull-out a sani-wipe and clean the container by cleaning the outside first and then the inside. Wait 3 minutes, repeat the process of disinfecting the container. After 3 minutes, place the container in the 12:00 cabinet with the lid loosely so it can dry.
10. Using purple utility gloves, remove barriers and dispose of non-medical waste in trash can.
11. Remove 2 wipes from the canister of EPA-approved hospital disinfectant. Using one wipe in each hand, thoroughly wipe:
  - light handles, top of light, switch, and arm of the light handle
  - computer keyboard, mouse, shelf, and wires [do NOT wipe touchscreen monitor]
  - chair, headrest, and armrests
  - all horizontal surfaces, including countertops and work surfaces, within 6 feet of patient care
  - all cabinet pulls, knobs, and high-touch areas
  - dental unit and delivery unit tray, including all hoses, holders, arms, control buttons, and switches
  - the operator and assistant chairs and levers and any other items that were within 6 feet of patient treatment (e.g. endodontic microscope, external evacuation system, etc.)
  - if a lead apron was used, wipe both sides carefully; touching only the loops only, place apron back to its correct location
  - the outside of the canister of wipes and the spray bottle
12. Flush water lines for 30 seconds (with air/water syringe tip and handpiece attachments). Using a plastic cup, flush the low and high-volume evacuation suction.
13. With utility gloves on, wash safety glasses with antimicrobial soap, rinse and dry.
14. Wash utility gloves and disinfect. Place them in the plastic bag.
15. Place the chair in an upright position, place foot controls at the back of the chair, and place the operator's chair in a minimally disruptive position.
16. Turn off the dental unit.

### **DOFFING CHECKLIST**

1. Perform hand hygiene with sanitizer.
2. Untie the gown at the neck and the back. Grasp the gown from the neck area in the back, being careful to touch the inside of the gown with bare hands, and being careful not to touch the contaminated side of the gown to one's clothes. Sleeves will be turned inside out, and the gown will be rolled. Place the gown in the proper disposal bins. Perform hand hygiene.
3. Remove hair cover and discard. Perform hand hygiene.
4. Remove N-95 by pulling away from the face without touching the front of the mask. Touch only the mask straps while removing the mask.
5. Put loupes in carrier
6. Remove shoe covers, if worn
7. Perform hand hygiene with sanitizer

8. Retrieve belongings from cabinet or storage area **Infection Control**
1. Practice standard precautions
  2. Follow good principles of personal hygiene on a daily basis.
  3. Follow proper hand washing guidelines, 20 seconds with soap and water.
  4. Keep fingernails short.
  5. Wear approved clinic attire (scrubs and gowns, do not wear shirt/sweater over scrubs in clinic area).
  6. Do not wear jewelry except a watch when in the clinic.
  7. Keep hair securely pinned up and pulled back away from face. Wear a bonnet or scrub cap when using ultrasonic and prophylaxis. No messy buns, and no loose hair.
  8. Practice proper disinfecting protocol. Do not wear headbands or head coverings that cannot be washed or wiped down. No tied bands.
  9. Cover visible tattoos.
  10. Wear a face shield and ear plugs when using ultrasonic and air polisher.
  11. Verify instruments are sterile.
  12. Use appropriate barrier techniques, i.e. gloves, mask, protective eyewear, gown.
  13. Remove gloves when leaving the cubicle.
  14. Wear purple utility gloves when cleaning and disinfecting the cubicle.
  15. Follow environmental surface asepsis, i.e. wipe clean/wipe again.
  16. Provide a needle cap holder when a needle and syringe are present.
  17. Manage and dispose of hazardous waste properly (red biohazard bag), in a biohazard bin located at the check-in area of the dispensary.
  18. **Keep forms and documents on the side counter area and covered with plastic** (this is not considered a “contaminated” area).
  19. Professionalism- be mindful of what you say, where you say, and who you say to in the clinic area.

**COMPLIANCE WITH ALL STANDARDS IN THE INFECTION CONTROL SECTION OF THE SCHOOL OF DENTISTRY CLINIC MANUAL AND COMPLETION OF ANNUAL COMPLIANCE TRAINING IS MANDATORY.**

**Please follow the most updated CDC and UT guidelines for clinic and infection control.**

### **AIR POLISHING**

The student is expected to:

1. Student must sign-in on the check-out sheet (sheets are in a clipboard in the DH Alcove) to use the Cavi-jet or Airflow polishing unit and inform the instructor. Add the unit number on the sign-in sheet.
2. Thoroughly review medical/dental history for information that contraindicates proceeding or will otherwise influence the procedure. (Do not use on patients who have a severe respiratory illness including patients with COVID-19). Other contraindications include: patients with acute necrotizing ulcerative gingivitis or patients known or suspected of having coronavirus, Hepatitis B, AIDS, tuberculosis, or an HIV positive diagnosis, renal disease, metabolic disorders, patients on diuretics and known infectious diseases).
3. Explain procedure and rationale to the patient, providing individualized patient education. Follow the proper Aseptic technique including the proper PPE for this procedure.

4. Assemble armamentarium:
  - a. air polisher unit/Air Flow polishing unit
  - b. air polishing nozzle
  - c. plastic drape for patient
  - d. protective eye glasses for patient and operator
  - e. paper towels for patient
  - f. face mask and shield for operator
  - g. mouth mirror
  - h. sodium bicarbonate, aluminum trihydroxide powder used on patients with sodium restricted diets or glycine powder
  - i. saliva ejector
  - j. HVE
  - k. pre-procedural rinse (essential oil or chlorhexidine-based antimicrobial)
  - l. lubricant for patient's lips with a non-petroleum product (i.e., cocoa butter)
5. Wrap hand piece, unit, and bar grips.
6. Connect the **BLUE** water line to the water outlet. Make sure to turn on the water connector knob at the attachment port.
7. Connect the **YELLOW** air line to the air outlet.
8. Fill the powder chamber with either sodium bicarbonate or aluminum trihydroxide **BEFORE the unit** is turned on. Glycine Powder should only be used in the Air Flow air polishing unit (If the need for more powder is desired during treatment, turn the unit off to relieve pressure in the powder chamber.)
9. Plug in the unit and turn it on.
10. Flush lines for two (2) minutes prior to nozzle attachment. (Push the **PURGE** button on the Cavijet unit to perform this function.)
11. Make sure HVE and saliva ejectors are suction ready to use.
12. Have the patient use a pre-procedural rinse before using the air polisher.
13. Drape the patient with a plastic apron and provide with paper towels and safety glasses.
14. Put on a proper PPE: gown, mask, eyeglasses, face shield, and gloves, and protective gown and use appropriate aseptic technique.
15. Adjust patient position to the proper angle.
16. Utilize the foot pedal in first position for delivery of water for rinsing the teeth and tongue.
17. Utilize the foot pedal in the second position for delivery of water and air polishing powder for the prophylaxis of the teeth. (When the foot is removed from the pedal, a continuous bleeding of air flows through the hand piece.)
18. Change powder flow rate by rotating the adjustable pointer to **H** for heavy stain, and **L** for light stain (clockwise or counterclockwise) respectively.
19. Lubricate the patient's lips with a non-petroleum lubricant.
20. Check cleaning spray. This spray can be contained by "cupping" rather than retracting the patient's lips.
21. Place 2 X 2 gauze squares on the patient's lip near the working area.
22. Direct tip of the handpiece nozzle approximately 3 – 4 mm from the tooth surface being cleaned; use direct vision and external fulcrums where possible, use a mirror for illumination as needed.
23. Center the spray on the middle one-third of the tooth and use a constant circular motion.
24. Aim nozzle toward the enamel area but not in the sulcus.
25. Direct handpiece nozzle at an angulation of 60 degrees on anteriors and 80 degrees for posteriors.
26. The handpiece nozzle is held at 90 degrees when used on occlusal surfaces.
27. Polish 1-2 teeth for 1-2 seconds with the spray (second position on foot switch) and then rinse the area with water only (first position on foot switch).
28. Use your hand to cup the patient's cheek to contain the aerosol spray.
29. Use quick, constant sweeping motions of the hand piece in areas of soft tissue.
30. Avoid use of air polisher on amalgam, porcelain, composite or highly polished metal restorations.
31. Avoid use of air polishing on cementum, dentin, or soft tissue.
32. Use HVE suction continuously.
33. Check for patient comfort both verbally and visually.
34. Evaluate the patient to determine that all enamel surfaces are stain and plaque free.

35. Assess procedures and outcomes and determine ways to improve performance.
36. At the conclusion of the procedure use the **Purge** button to flush lines for two (2) minutes.
37. Clean and disinfect cubicle and air polishing unit. Follow the proper aseptic technique to clean and disinfect the unit. Wrap the foot pedal in a plastic bag.
38. Make sure all parts of the unit are in the bin before returning.
39. Return the air polishing unit neatly into the storage container and return to Room 2412 (DH Storage Room). Sign out on the check-out sheet
40. Make complete, accurate, dated chart entries in EHR.

### CALCULUS DETECTION

The student is expected to detect and accurately record in the EHR:

1. Areas of granular calculus and detectable areas of moderate to large pieces of calculus with no tissue trauma.

### CARIES RISK AND RECOMMENDED THERAPIES For patients 6 years or older

LOW CARIES RISK	MODERATE CARIES RISK	HIGH CARIES RISK
<p><b>No Caries in last 3 years</b></p> <ul style="list-style-type: none"> <li>● No Xerostomia</li> <li>● Low consumption of between meal snacking</li> <li>● Has Good Plaque Control</li> <li>● Has Optimal Fluoride exposure</li> </ul>	<p><b>1-2 Caries in last 3 years</b></p> <p><b>Has at least 1 of these risk factors:</b></p> <ul style="list-style-type: none"> <li>● Moderate between meal snacking, including sugar beverages 2-3/day</li> <li>● Poor Plaque control, BCR 11-30%</li> <li>● Sub optimal Fluoride exposure</li> <li>● 1 incipient caries/root exposure</li> </ul>	<p><b>3 or more Caries in last 3 years</b></p> <p><b>Has 1 or more of these risk factors:</b></p> <ul style="list-style-type: none"> <li>● Xerostomia</li> <li>● High Cariogenic diet, &gt;3 between meal snacking, including sugar beverages</li> <li>● Poor Plaque Control, BCR &gt;30%</li> <li>● No Fluoride exposure</li> <li>● Has 2+ incipient lesions</li> <li>● Low Socioeconomic status</li> </ul>
RECOMMENDED THERAPIES	RECOMMENDED THERAPIES	RECOMMENDED THERAPIES
<p><b>NONE</b></p>	<ul style="list-style-type: none"> <li>● OTC Fluoride products               <ul style="list-style-type: none"> <li>○ ACT</li> <li>○ GelKam</li> <li>○ Listerine Total Care</li> </ul> </li> <li>● FL varnish</li> <li>● Sealants</li> <li>● Xylitol gum</li> <li>● Nutritional counseling</li> </ul>	<ul style="list-style-type: none"> <li>● Rx Fluoride (approve by DDS)</li> <li>● FI varnish</li> <li>● Sealants</li> <li>● Xylitol gum</li> <li>● MI+ Paste</li> <li>● Nutritional Counseling</li> <li>● Powered Toothbrush</li> </ul>
<b>6 month recall</b>	<b>4-6 month recall</b>	<b>3 month recall</b>

## CHEMOTHERAPEUTIC AGENTS

### Arestin® Procedure

1. Review medical history for any contraindications for the use of a chemotherapeutic agent.
  - a. Arestin® should not be used in a patient who has a known sensitivity to minocycline or tetracyclines.
  - b. Arestin® should also not be used in pregnant or nursing patients.
2. Explain the rationale to the patient.
3. Have requisition signed by DDS for Arestin® in axiUm. One (1) cartridge is needed for each site to be treated.
4. Arestin will be placed after completion of SRP, at perio re-eval, or at periodontal maintenance as advised by your instructor.
5. Insert the Arestin® cartridge into the handle while exerting slight pressure.
  - a. Twist until you feel and hear the cartridge “lock” into place.
6. Should you need to manipulate the cartridge tip to reach difficult areas, gently bend the tip, leaving the blue cap on.
7. Place the cartridge tip into the periodontal pocket, parallel to the long axis of the tooth. Be sure not to force the tip into the base of the pocket.
8. Gently press the thumb ring to express Arestin® powder while withdrawing the cartridge tip away from the base of the pocket.
9. Once delivery is complete, retract the ring and remove the Arestin® cartridge and discard.
10. Patients should be given the following post-op instructions:
  - a. Delay brushing the treated area for 12 hours after treatment with Arestin®.
  - b. Abstain from using interproximal cleaning devices around the treated area for 10 days.
  - c. Avoid foods that could traumatize the gingiva.
11. Indicate in DHOTEN notes areas Arestin was placed and how many cartridges were used.

## CLEANING REMOVABLE PROSTHESES

The student is expected to:

1. Assemble the armamentarium. Gloves should be worn when handling prostheses.
2. Explain procedure to the patient and provide appropriate individualized patient education.
3. Have the patient remove their prosthesis
  - a. Give the patient a paper towel.
  - b. Provide a private environment for removal.
  - c. Respect the patient's wishes not to talk or be seen without prosthesis.
4. Examine the patient's mouth and the prosthesis.
  - a. Seek consultation regarding ill-fitting prosthesis, ulcerations, inflammation, and cracked or broken prostheses.
5. Take partials/denture(s) to the DH alcove for cleaning.
  - a. Put the patient's name on the outside of the baggie with a Sharpie pen.
  - b. Place the prosthesis in a zip-lock bag and add enough of the cleaning agent to completely cover the prostheses. Close the zip-lock bag.
  - c. Place the baggie into the ultrasonic bath for a length of time that removes the stain and/or calculus.
  - d. Repeat the procedure until all debris is removed.
6. Use a denture brush and water to remove any remaining debris from the prosthesis.
  - a. Brush over a sink lined with paper towels or filled with water to prevent breakage.
  - b. Be careful not to bend clasps.
7. Evaluate prosthesis

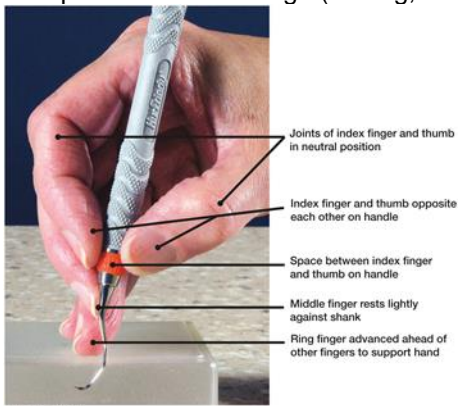
- a. No calculus or stain visible
  - b. Outer surfaces smooth in appearance and to patient's tongue
  - c. Absence of all polishing and cleaning agents
8. Rinse the prosthesis and keep it stored in water in a secure place until the end of the appointment.
  9. Give the denture brush to the patient for home use.

## CURETS

The student is expected to:

1. Grasp
  - a. Hold the instrument handle with index finger and thumb pads
  - b. Stabilize with pad of middle finger on the instrument shank
  - c. Maintain contacts between index, middle, and third fingers
  - d. Place index finger and thumb pads at junction of handle and shank
  - e. Maintain handle between second knuckle and "V" of thumb and forefinger
  - f. Rotate instrument handle when adapting to tooth surface
  - g. Use light pressure for exploratory stroke
2. Fulcrum
  - a. Establish on stable tooth, finger, or prescribed extra oral
  - b. Establish on embrasure area, occlusal or incisal surface
  - c. Position as close to the working area as possible
  - d. Use constant, equal pressure
  - e. Pivot on finger pad for adaptation
  - f. Move hand (up down, side-side) when pivoting

Grasp and Fulcrum Image (Gehrig, J. Periodontal Instrumentation)



3. Stroke
  - a. Select correct working end
  - b. Insert the toe with the blade closed
  - c. Open the blade to 60°-80° for working strokes
  - d. Move in direction toe faces
  - e. Hold side of toe and cutting edge against tooth during: exploratory stroke, and working stroke
  - f. Use short, overlapping strokes
  - g. Roll instrument between thumb and forefinger on line angle to adapt side of toe to tooth



4. Student actions
  - a. Maintain terminal shank handle as close to parallel with long axis of tooth as possible.
  - b. Use oblique, vertical and/or horizontal strokes.
  - c. Have no independent finger motion.
  - d. Apply pressure to remove calculus.
5. Technique
  - a. Use systematic sequence for scaling individual teeth or quadrants.
  - b. Adapt instrument appropriately:
    - anterior instruments from midline to proximal surface
    - posterior instruments from distal line angle to proximal surface
  - c. Position patient for efficient access to areas.
  - d. Assume operator position as needed for field of operation.

## DENTAL CHARTING

The student is expected to complete the dental charting procedure without the assistance of any other student:

1. Open EHR to patient record
2. Open "Chart Add" folder icon
3. Open MiPACS for radiographs
4. Use "Guidelines for Caries Detection" link and radiographs in the EHR
5. Place patient and operator in correct position
6. Use light, mirror, compressed air and radiographs to aid examination
7. Use a cotton tipped applicator as stylus for recording on the monitor screen  
**NOTE: DO NOT touch the monitor with your gloved hands.**
8. Indicate missing teeth on the odontogram
  - a. Right click on missing tooth # and make selection
9. Identify existing conditions
  - a. Click "Findings"
  - b. Choose "Existing Rest/Pro..."
  - c. Select tooth on odontogram
  - d. Click icon on right with 2 teeth to add to odontogram
10. Identify suspicious carious areas and other conditions
  - a. click "Findings"
  - b. Choose "Conditions",
  - c. Select tooth on odontogram
  - d. Click icon on right with 2 teeth to add to odontogram
11. Make a tooth note, (ex. attrition) as appropriate, if description is not available
12. Record findings on proper teeth

## DESENSITIZING

The student is expected to:

1. Check medical/dental history for contraindications to the procedure or items requiring further investigation, and act accordingly.
2. Select the appropriate agent and assemble the armamentarium

Topical Fluoride Varnish	Colgate Desensitizing Agent
cotton rolls	cotton rolls
gauze square	gauze square
bend-a-brush	bend-a-brush
saliva ejector	saliva ejector

3. Explain procedure to patient and provide individualized patient education:
  - Patient plaque control is the most important issue to convey to help improve hypersensitivity.
  - Discuss trigger foods.
4. Make notes in the DHOTEN of the location of sensitivity and what product/procedure was used.

### **DISCLOSING PROCEDURE**

The student is expected to:

1. Check medical/dental history for contraindications to the procedure or items requiring further investigation, and act accordingly.
2. Discuss the purpose and procedure of disclosing.
3. Assemble the armamentarium:
  - Disclosing solution swab
  - Mouth mirror
  - Hand mirror
4. Remove excess saliva with a saliva ejector.
5. Remove the swab from the wrapper
6. Hold a swab with a color ring up.
7. Place fingers near the ring.
8. Snap the color ring gently to the side. The liquid will flow to the bottom end of the cotton tip.
9. Apply disclosing solution to the clinical crowns of teeth and gum line.
10. Gently rinse with water and advise patients to expectorate or use suction.
11. Guide the patient in discovering the deposits. Patient education should be completed at this point prior to the removal of deposits. Explain the terms plaque, biofilm, material alba, and food debris.
12. Utilize the phase-contrast microscope, if indicated.
13. Record the plaque index in the patient's dental record.

### **ETHICS / PROFESSIONALISM / CORE VALUES**

The following are some factors that will be considered under ethics and professionalism. The student is expected to demonstrate ethical and professional conduct and judgment when representing UTHealth both within the school setting (clinic and classroom) as well as outside of the school. Examples of expected professional conduct are given but will not necessarily be limited to these examples. There are degrees of unprofessionalism within some of the examples given that may result in a failure for the clinic daily grade at the discretion of the faculty.

Examples of positive professional conduct include:

1. Maintain patient confidentiality.

2. Place the patient's welfare, safety and comfort before oneself when planning and implementing patient care.
3. Concern for the patient's welfare, safety and comfort is prioritized over a quest for achieving a certain grade.
4. Provide treatment in accordance with the treatment plan **after** checking in with supervising faculty.
5. Discuss and review medical history with faculty at the start of each appointment prior to completing any aspect of patient care.
6. Acknowledge and adhere to all medical history alerts.
7. Be prepared with all necessary supplies, instruments and equipment at the beginning of an appointment/procedure.
8. Abide by UTSD clinic policies and regulations.
9. Being open and accepting of feedback provided by faculty to improve individual skills.
10. Maintain physical, mental and emotional composure/attitude in all situations-especially in the presence of patients.
11. Maintain respect, concern and be cooperative toward all students, staff, faculty, and administration.
12. Demonstrate sound clinical judgment by integrating knowledge and skills into patient care commensurate with level of experience.
13. Maintain honesty with faculty members, patients, staff and colleagues.
14. Demonstrate adequate and appropriate communication (Verbal, non-verbal, attitudinal).
15. Provides treatment only when faculty is present and has approved the student to proceed with treatment.
16. Complete all patient records and forms comprehensively and objectively, in a timely manner.
17. Coordinate patient care to assure patient needs are met.
18. Fulfill professional commitments made to community partners and/or service events.

## EXPLORERS

The student is expected to:

1. Grasp (use modified pen grasp).
  - a. Hold the instrument handle with index finger and thumb pads.
  - b. Stabilize with pad of middle finger on the instrument shank.
  - c. Maintain contacts between index, middle, and third fingers.
  - d. Place index finger and thumb pads at junction of handle and shank.
  - e. Maintain handle between second knuckle and "V" of thumb and forefinger.
  - f. Rotate tip between thumb and forefinger when adapting to keep flush side of tip on tooth surface.
  - g. Use light pressure.
2. Fulcrum
  - a. Establish on stable tooth, finger, and vestibule on gauze or prescribed extra oral.
  - b. Establish on embrasure area, occlusal, or incisal surface.
  - c. Position close to work area, if possible.
  - d. Use constant, equal pressure.
  - e. Pivot on fingertip for adaptation.
  - f. Move hand (up-down, side-side) when pivoting.
3. Stroke
  - a. Make no independent finger motion.
  - b. Select correct working end.
  - c. Insert smallest portion of tip.

- d. Insert tip at oblique angle to epithelial attachment.
  - e. Insert with tip contacting tooth.
  - f. Maintain side of tip on tooth.
  - g. Keep terminal shank parallel with long axis of tooth.
  - h. Maintain maximum contact of working end with tooth (1-2 mm).
  - i. Move tip obliquely or vertically to epithelial attachment.
  - j. Move explorer in direction tip is pointed.
  - k. Use short, overlapping strokes
  - l. Use overlapping strokes.
  - m. Cover area from epithelial attachment to margin of gingiva (circumferentially).
4. Technique
- a. Use systematic sequence.
  - b. Use correct explorer tip for each surface.
  - c. Choose the explorer type recommended for specific area or needs.
  - d. Use mouth mirror for tissue retraction as needed.
  - e. Use mouth mirror for indirect vision.
5. Patient-operator positioning
- a. Assume operator position required for field of operation.
  - b. Position patient for efficient access to field of operation.

### **EXTRA / INTRAORAL EXAMINATION**

The student is expected to put on gown, mask, glasses, and wash hands for 20 seconds before starting the procedure:

1. Apply methods and materials
  - a. Assemble gauze squares, mirror, and Listerine rinse.
  - b. Explain the purpose and routine order of the examination to the patient.
  - c. Ask the patient to rinse with mouth rinse for 30 seconds. Pour remaining contents of cum into sink.
  - d. Open cassette- do not touch the cassette, slide the cassette out of bag, use hand sanitizer, and put on gloves (if not opened already).
2. Ask patient to remove corrective glasses if wearing them. Ask patient to indicate if there is any discomfort when palpating.
3. Complete Extra oral Exam - Note NSF if there is No Significant Findings.
  - a. Observe from front, noting symmetry of face and neck.
  - b. Have patient move head from side to side to detect masses or restricted mobility.
  - c. Inspect color and texture of skin on face.
  - d. Inspect eyes and eyelids (opened and closed).
  - e. Palpate occipital nodes bilaterally. Inspect neck for color and texture of skin.
  - f. Palpate pre- & post-auricular nodes bilaterally. Check behind your ears.
  - g. Palpate parotid gland bilaterally.
  - h. Palpate bimanually the sub mental and submandibular nodes along the angle of mandible and under chin.
  - i. Palpate bi-digitally along sternocleidomastoid muscles for cervical lymph nodes. Turn head to side and down.
  - j. Palpate thyroid gland with index finger and thumb. Ask the patient to swallow while palpating.
  - k. Palpate TMJ bilaterally from front. Ask the patient if opening mouth causes discomfort.
  - l. Remove gloves and discard.
4. Complete intra-oral exam

- a. Ask the patient to wear corrective glasses or safety glasses.
  - b. Put on fresh gloves
  - c. Observe lips opened and closed. Dry lips and labial mucosa. Recheck.
  - d. Palpate lips bi-digitally.
  - e. Observe and palpate maxillary and mandibular mucobuccal fold.
  - f. Palpate gingiva bi-digitally.
  - g. Retract cheeks to observe buccal mucosa. Dry and recheck.
  - h. Manipulate duct opening of parotid gland, noting saliva.
  - i. Palpate each cheek bi-digitally or bimanually.
  - j. Observe tongue: Wrap with gauze to inspect.
    - Dorsal surface. Use mouth mirror to observe
    - Lateral surface. Use mouth mirror to observe
  - k. Palpate the entire tongue bi-digitally.
  - l. Observe ventral surface of tongue, floor of mouth and lingual frenum. Dry and check salivary flow from the submandibular gland.
  - m. Palpate floor of mouth bimanually.
  - n. Observe and palpate hard and soft palates.
  - o. Inspect oral pharynx and tonsillar region. Depress tongue with mouth mirror.
  - p. Ask the patient to close together on posterior teeth and check occlusion.
5. Observe deviations from normal and record accurately on the clinical exam (Grad) form in EHR
  6. Follow routine order of inspection.

## FLOSSING

The student is expected to:

1. Select appropriate type of floss (wax, unwaxed, tape, etc) and the length of material (12-18 inches).
2. Wind material around the middle or fore fingers of each hand. OR Wind most of the floss around the finger of the least dominant hand. The finger of the other hand will serve as a take-up reel for the used floss. \* (Variations are acceptable)
3. Secure floss/tape with the index finger and thumb of each hand, with a length of  $\frac{3}{4}$  to 1 inch between each hand.
4. Introduce 1 inch of floss interproximally through the contact point with a see-saw motion.
5. Wrap the floss around the tooth in a "C" shape.
6. Slide the floss up and down the tooth surface, while holding the material firmly against the proximal surface.
7. Carry the floss below the gingival margin.
8. Perform the procedure on the adjacent tooth in the interproximal space by moving from the sulcus to the contact, avoiding the papillary tissue.
9. Remove the floss by holding the material against one tooth and using a see-saw motion through the contact.
  - a. On the maxilla, the floss is stretched over the thumbs, which guide the floss. Place one thumb on the lingual, and one thumb on the facial side with approximately 1-inch of floss between the thumbs.
  - b. On the mandible, the floss is stretched over the index fingers which guide the floss. Place one thumb or index finger on the buccal, and one thumb or index finger on the lingual side with approximately 1-inch between the fingers.
10. Reposition and repeat motions, winding used floss around the take-up finger to permit access to a fresh span.
11. Follow a definite sequence.
12. Adapt to a patient's ability and preferences, if not harmful.
  - a. Recommend flossing aids as appropriate such as holders, super – floss, etc.

## FLUORIDE APPLICATION

The student is expected to:

1. Explain the benefits of fluoride
2. Describe the application procedure, and obtain the consent of the patient or parent if minor.
  - a. The need for fluoride is based on the patient's risk factors for caries and this should be explained to the patient as part of this process.
  - b. Make notations in the EHR if the patient refuses fluoride.
3. Assemble all necessary supplies.
4. Dry teeth with air. (Gauze may be used to dry teeth by quadrant or sextant.)
5. Mix the varnish with the applicator brush until it is uniform in color.
6. Apply a very thin coat of varnish with a bend-a-brush or cotton tip applicator.
7. Rinse immediately to set the varnish.
8. Suction or have patient expectorate for 30 seconds.
9. Advise the patient not to eat crunchy foods, drink hot liquids, or brush their teeth for 4-12 hours.
10. Make notations in the EHR for fluoride application and post-op instructions given.

### CONTRAINDICATIONS TO FLUORIDE VARNISH

- Allergies to Colophonium or other active ingredients in the product being used.
- Do not apply on bleeding gingiva.

## IMPLANT PATIENTS

The student is expected to:

1. Review patient assessment data to determine contraindications to treatment or other factors that will influence the procedure.
  2. Assemble the appropriate armamentarium:
    - mirror - metal mouth mirror is fine; just avoid hitting or scraping implant(s).
    - plastic probe\*
    - titanium scaler\*
    - super floss
    - dental floss
    - auxiliary aids – whatever is appropriate “nylon coated” proxbrush, end tuft brush
    - gauze – helps to “shoeshine” implant(s)
    - tin oxide or fine (pink) proxyt paste– to polish implant(s)
- \*Check out plastic probe and titanium implant instruments from the dispensary.**
3. Use correct patient and operator positioning.
  4. Explain the procedure to patient and present appropriate patient education and psychological support (i.e., home care instructions, why procedure is being done, post-operative instructions, etc.).
  5. Review the patient assessment data and treatment plan assessment procedures to decide which area to scale, and consider the following variables:
    - ability to complete the area
    - patient comfort and acceptance
    - need for tissue conditioning
    - patient needs
    - location
  6. Use appropriate type of instruments according to the nature and location of the deposits. (Metal instruments can be used on natural teeth, and titanium instruments must be used on implants.)

7. Correctly grasp instrument, establish fulcrum, position cutting edge and activate instrument according to the basic principles of instrumentation. \*\*
8. Completely scale each tooth and/or implant(s) so that:
  - all surfaces are calculus free
  - gingiva is not bleeding profusely or lacerated
9. De-plaque teeth and/or implants with appropriate agents to remove plaque. (Implants may be polished with tin oxide or fine (pink) proxy.)
10. Use appropriate auxiliary aids for complete plaque removal.
11. Allow patient to rinse thoroughly with water.
12. Observe the patient for signs of discomfort and use pain-control techniques as needed to ensure comfort.
13. Evaluate the procedure and final product to determine that criteria were met and identify ways in which performance could be improved.
14. Make complete, accurate, dated chart entry in EHR.
15. Clean up the treatment area and armamentarium.

Refer to *Periodontal Instrumentation* by Gehrig.

### **INSTRUMENT SHARPENING** (Sharpening Horse Technique)

Why use the sharpening horse

- Sharp cutting edge without wire edges
- Increased safety
- Instrument longevity
- Maintain original instrument design
- Stabilized fulcrum

Advantages Of Sharpening


- Easier calculus removal
- Improved stroke control
- Reduced number of strokes
- Increased patient comfort and satisfaction
- Reduced clinician fatigue
- Preserve and conserve the original shape of the blade

The student is expected to:

1. Assemble armamentarium to include: 2x2 gauze, sharpening stone, Sharpening Horse tool, water or oil depending on the stone used, test stick, safety glasses or loops with light attached.
2. Evaluate sharpness continually while using instruments in the clinical situation; if necessary, obtain another sharp instrument or sharpen the instruments during the procedure.
3. Explain the procedure and provide pertinent, individual education to patient when sharpening instruments in the clinical situation.
4. Sharpen instrument utilizing basic sharpening procedures (refer to Canvas Faculty Calibration Course "Sharpening Horse Video") and remove any debris from the instrument.
  - establish the correct angle between stone and cutting edge according to the method being used.
  - maintain the correct angle between stone and cutting edge.
  - utilize proper grasp and stroke.
  - work on a stable work surface with maximum illumination.

- evaluate the instrument before sharpening to determine if proper contour is present.
5. Test for sharpness before determining if the procedure is complete.
  6. Evaluate instrument before the end of sharpening procedure for changes in contour or design features.
  7. Use procedures to ensure patient safety and comfort and maximize operator efficiency and effectiveness.
  8. Evaluate the procedure and final product to determine ways to improve performance.

## PROTOCOL FOR SOPROLIFE INTRAORAL CAMERA

1. A Soprolife intraoral camera may be obtained from the second-floor dispensary with a signed requisition form on Axium by an instructor. Make sure all information is filled out including the patient number.
2. The Soprolife kit will contain a hand-piece, intra-oral tip, and dental barrier.
3. Remove Soprolife intraoral camera from kit. The camera is assembled by the dispensary with the dental barrier and intra-oral tip attached to the hand-piece. Connect the camera cord to the Sopro hand-piece. "Camera" will be displayed on the unit screen when the connection is made.
4. Soprolife operates in three modes. The "daylight mode" will allow the clinician to use the white light for intra-oral images. The "diagnosis mode" aids in detection of caries. The "treatment mode" is used during treatment.
5. Select appropriate mode by using the two buttons on the body of the Soprolife. Button I: pressing on button "I" makes it possible to switch from daylight mode to diagnosis aid mode and inversely. Button II: Pressing on the button "II" makes it possible to switch from daylight mode to treatment aid mode and inversely.
6. Adjust focusing modes. On the hand-piece, there is a rotating ring used to focus in four different modes.
  - Extra-oral (Portrait).
  - Intra-Oral (1 to 5 teeth).
  - I LIFE (cavities and pulp chamber observation)
  - Macro (details that cannot be seen with naked eye).
7. If the image is blurry check the dental barrier to see if it is correctly positioned on the camera head.  
Note: The camera head should be placed face down when inserting it into the Sopro dental barrier.
8. Create a photography folder in the X-Ray (MiPACS) EHR. Click the "Capture" icon which will turn green when activated.
9. Slightly touch SoproTouch  or briefly press the footswitch as soon as the desired image appears on the monitor. If an assistant is available, the images may also be captured using the "Capture Image" tab located on the monitor screen. The image is automatically stored, and displayed on the screen.
10. Click "End Session" and delete unwanted images prior to saving captured images. Captured images must be approved by faculty to save images in the EHR.
11. Rename the pictures to match tooth numbers
12. Captured images must be approved by faculty to save images in the EHR.
13. Make notes in the DHOTEN.

### Diagnostic Mode

1. The Soprolife diagnosis mode is an aid in the detection of caries. The auto fluorescence technology allows the clinician to detect occlusal or interproximal decay. Soprolife has not been proven to detect incipient caries.
2. When the camera is in diagnosis mode it will display a blue light. The blue light will cause healthy dentin to fluoresce with a green color.
3. Any other color than acid green, light green or blue (according to thickness of enamel) displayed in the image are alert signals.
4. Green/black, bright red, black/red, or gray areas are alert signals. Suspicious areas should be checked for calculus, plaque, and preventative materials that can interfere with caries detection.



## At the End of Use

1. Disinfect the Sopro camera with a Caviwipe. Remove the dental barrier from the hand-piece. Re-attach the intra-oral tip prior to returning the camera. Dispose of the blue sterilization wrap.
2. Return the Soprolife camera back to the second-floor dispensary.

## MEDICAL AND DENTAL HISTORY

The student will complete a medical/dental history on all patients. A full medical history form is filled on all new patients. Review and update of complete medical history is on all new assessment patients, transferred patients and every 6 months of patient's visit using control R on every question. The type of data collected will dictate proper clinical procedure. The medical history will be reviewed, and updated if necessary, at the beginning of each consecutive appointment.

1. The clinician needs to be in proper PPE (gown, protective eyewear, N95, and gloves) for taking Medical History.
2. Assemble armamentarium prior to seating the patient.
3. Review with the patient the Patient Information, needed for record keeping:
  - a. name, home address, telephone numbers, emergency contact
  - b. If any information has changed, send an EHR message stating changes to your PCC
  - c. Observe the patient to confirm there are no symptoms of cold sore
4. Ask the COVID questions to ensure that the patient had not traveled in the past 14 days and has not been near someone who tested positive. Take blood pressure, pulse, respiration and temperature before starting the competency. Make "D" and "H" notes (of the DHOTEN) in the Treatment History tab of the EHR. Document vital signs in the EHR before reviewing medical history with the instructor.
5. **For the DH1 competency (process):** Review the following categories with the patient (ask questions) in front of the instructor: *Baseline Data, General, HEENT, Cardiovascular, and medication information.*
6. Review/question each category of medical conditions listed. Make notations for affirmative answers in "comments" at the end of each category; double click and use text box and date when the condition was diagnosed, what happened, medications, etc. Add N/A in the text box for those categories where all answers are negative by double clicking.
7. Place medications in the medication tab, not in the form. Note in the Treatment History if previously taken medication has been discontinued. Delete medications from the medication tab and add the new medication in the medication tab, not into the Medical History. Look up all medications (OTC and herbal included) in Lexi-Comp found in the EHR link and be knowledgeable about pharmacological category, indications for use and contraindications; warnings, precautions and adverse reactions to treatments; drug interactions and dental considerations.
8. Assess need for medical consultation and /or antibiotic premedication or any medical alert (right click on medical alert and highlight) Note...some medications won't automatically be posted as an alert even if listed on the medical history.
9. Place N/A in spaces that have no answer
10. Determine the ASA classification
11. Review the Dental History page (paying particular attention to any affirmative answers).
12. Make appropriate notations in Treatment History DHOTEN not included under the "H" section.
13. Have the instructor review medical and dental history.

## NUTRITIONAL COUNSELING

The student is expected to:

1. Review medical/dental history and Oral Risk Assessment form for information to determine if a caries risk and/or periodontal risk dietary survey is indicated.
2. Explain to the patient all the procedures and rationale for 24-hour dietary recall. Obtain patient permission to proceed.
3. Add Nutritional Counseling code D1310. Receive faculty approval and obtain patient consent.
4. Complete 24-hour food diary with patient using form in Canvas after Oral Risk Assessment form in EHR has been completed.
5. Analyze the 24-hour food diary and assess the patients' exposures to fermentable carbohydrates. Calculate acid exposure times. Review food diary for any nutritional deficiencies that may put the patient at risk for periodontal disease.
6. Discuss the results with the patient.
7. Counsel the patient using motivational interviewing and open-ended questioning. Assist the patient in setting nutritional goals to decrease their caries and /or periodontal disease risk.
8. Refer the patient to <http://www.choosemyplate.gov> for additional guidance.
9. Make complete and accurate entry in the DHOTEN notes including all nutritional recommendations.
10. Turn D1310 code to "I" in process if not completed at the same appointment.
11. Turn D1310 code to "C" complete if counseling was completed.
12. Continue to counsel the patient at subsequent appointments as needed, making appropriate notes in DHOTEN.

## PATIENT EDUCATION

The student is expected to:

1. Include patient education in every clinical appointment.
2. Perform a salivary flow rate assessment on each new patient appointment (prior to the pre-procedural rinse). Check the salivary pH. Record the results in the EHR
3. Complete the Limited Exam and analyze the findings relative to disease risk.
4. Disclose and record the O'Leary Plaque Index and discuss results with the patient showing them areas of biofilm.
5. Teach the appropriate toothbrushing technique and interdental plaque control and allow the patient to remove the existing biofilm (repeat this at each appointment). Record information in the EHR.
6. Complete the Oral Risk Assessment form and identify disease risks specific to the patient.
7. Recommend other preventive therapies relative to the risks identified and discuss these with the patient. Record in the EHR.
8. Explain disease processes to the patient in lay terms they can understand. Use illustrations, teaching aids and/or the microscope to enhance learning.
9. Demonstrate in the patient's mouth any OPT aids recommended and allow them to practice with feedback. Use communication and teaching principles and techniques such as modeling, prompting, cueing and feedback.
10. Select an appropriate treatment plan and explain it to the patient.

## PERIODONTAL CHARTING

The student is expected to follow aseptic technique:

1. Assemble mirror, Hu-Friedy PCPUNC probe, and Naber's probe
2. Place patient and operator in correct position
3. Use light and mirror to aid in examination
4. Chart periodontal conditions of patients 18 years or older unless indicated by patient's condition.
5. Document in EHR the following:
  - a. Probe depths (PD measuring from base of the sulcus to the gingival margin)
  - b. Record six number readings per tooth. The measurement must be within 1mm of instructor's measurement
  - c. Bleeding on probing (BOP)
  - d. Free Gingival Margin (FGM measuring from gingival margin to CEJ). Areas of recessions are marked with negative numbers
  - e. Tooth mobility
  - f. Furcation involvement (using the Naber's probe)
  - g. Note areas where there is inadequate attached gingiva (make a tooth note in the EHR)

## PERIODONTAL PROBE

The student will be able to:

1. Grasp (modified pen grasp)
  - a. Hold the instrument handle with index finger and thumb pads.
  - b. Stabilize with the pad of the middle finger on the instrument shank.
  - c. Maintain contacts between index, middle, and third fingers.
  - d. Place index finger and thumb pads at the junction of handle and shank.
  - e. Maintain handle between second knuckle and "V" of thumb and forefinger.
  - f. Rotate instrument handle between thumb and forefinger when adapting to tooth surface, keeping tip parallel and in contact with tooth surface.
  - g. Use light pressure.
2. Fulcrum
  - a. Establish a stable tooth, finger, prescribed extra oral, or vestibule on gauze.
  - b. Establish on an embrasure area, occlusal, or incisal surface.
  - c. Position close to the work area.
  - d. Use constant, equal pressure.
  - e. Pivot on finger pad for adaptation.
  - f. Move hand (up-down, side-side) when pivoting.
3. Stroke
  - a. Make minimal independent finger motion.
  - b. Maintain the side of the tip on the tooth and slide the tip gently under the gingival margin.
  - c. Place the working end parallel (or as parallel as possible) to the surface being probed.
  - d. Cover the entire col area.
  - e. Use a 1 mm walking stroke.

- f. Walk around the entire sulcus.
  - g. Remain in sulcus during consecutive strokes.
  - h. Overlap strokes on reinsertion.
  - i. Insert to epithelial attachment with light pressure.
4. Technique
    - a. Use systematic sequence.
    - b. Use a mouth mirror for indirect vision.
    - c. Maintain correct patient/operator position.
    - d. Read probe markings correctly and mark all 6 areas.

## **PHASE-CONTRAST MICROSCOPE**

The student is expected to:

### **Prepare the Equipment (if not already prepared)**

1. Remove the dust cover.
2. Turn on the computer.
3. Click the “ok” button in the dialog box. Push button. Double click on the “Motic Images Plus 2.0” icon. Go to the “file” tab, select “capture window”. Expand it.
4. Turn on the microscope.
5. Move the light intensity control to the brightness position.

### **Prepare the slide (Chair-side)**

1. Explain the procedure to the patient and obtain consent.
2. Assemble the armamentarium:
  - a. glass slide
  - b. cover slip
  - c. sterile water in dropper dispensing bottle
  - d. scalers/curettes
3. Place one drop of water on the slide for each site to be examined.
4. Obtain the Sample:
  - a. Make a clinical assessment of the mouth to determine the most advanced and severely diseased sites: deep crevices, adjacent to crowns, areas of malalignment.
  - b. Use a sterile instrument to obtain a sample from the most apical portion of the gingival crevice selected. (Avoid including any calculus).
  - c. Use a second instrument to dislodge the sample into the drop of water. (Do not break up the sample).
5. Place a single cover slip over the sample. Use an instrument to gently compress the cover slip.
6. Evaluate the sample. A thin sample free of calculus is essential.
7. Blot excess water with a tissue or paper towel.

### **View the Slide**

1. Place the prepared slide, cover slip up, onto the microscope stage.
2. Center the specimen over the light

3. Use the knobs under the stage to move the field. The larger upper knob moves the slide front-to-back; smaller lower knob moves the slide left-to-right.
4. Select the Objective: rotate the lens turret until the 40X objective clicks into place above the specimen.
5. Set the Condenser by rotating the condenser wheel (in front, under the stage) until 40 appears in the window.
6. Raise the stage: observe the distance between the objective and the cover slip of the slide.
7. Use the large outer knobs on either side of the microscope stand to raise the stage until the lens of the objective appears about to touch the cover slip.
8. Use the small fine focus knob (located outside of the knob to raise the stage) to bring the specimen into sharp focus.

### **Identify the Organisms Visible**

#### State of Health

- Some cocci
- Some filamentous organisms
- WBC's, 6/field or fewer
- Low count vibrios

#### Microorganisms of marginal gingivitis

- Cocci (TMC)
- Filamentous organisms
- WBC's 0 – 12/field
- Spirochetes
- Spinning and/or gliding rods
- Amoeba
- Trichomonads

#### Microorganisms of destructive periodontitis:

- Cocci (TNC)
- Filamentous organisms
- WBC's, few to TMC and vibrios.
- Vibrios
- Spirochetal pumps
- Spirochetal brush forms
- Gliding, palisading rods
- Amoeba
- Trichomonads

### **Patient Education**

1. Bring the patient to the microscope at this point.
2. Communicate information to the patient regarding the microorganisms present relative to their oral health.

### **End of Clinic**

1. Turn off computer, camera, and microscope (end of clinic) or power down the light (during clinic)
2. Replace dust cover on the unit at the end of the clinic.
3. Place the slide in the biohazard sharp container.
4. Make the notation in EHR regarding the findings and information given the patient.

## PIT AND FISSURE SEALANT APPLICATION

The student is expected to:

1. Review medical/dental history, general assessment, and oral inspection prior to treatment for information contraindicating treatment. Confirm treatment is planned and approved by a dental faculty.
2. Explain procedure to patient and/or parent and get consent.
3. Assemble armamentarium:
  - mouth mirror
  - explorer
  - air/water syringe
  - articulating paper
  - articulating paper holder
  - cotton pellets or small sponges
  - cotton pliers
  - etching material with tip
  - prime material (if applicable)
  - sealant material with application tip
  - cotton rolls and Dri-angles and buccal shields
  - cotton tip applicator
  - pumice (moist)
  - microbrush
  - toothbrush or contra-angle brush
  - slow handpiece
  - UV curing light with shield (from 3<sup>rd</sup> floor dispensary)
  - protective eyeglasses for operator and patient
  - floss
  - finishing burs or stones and high-speed handpiece
  - fluoride varnish
  - high speed suction
  - gauze
  - mouth prop (optional)
4. Position patient comfortably. Utilize proper operator positioning.
5. Place protective eyeglasses on the patient.
6. Evaluate teeth scheduled for sealants with mirror and explorer.
7. Mechanically cleanse the enamel with toothbrush, or contra-angle brush and pumice.
8. Thoroughly rinse the tooth surface with water.
9. Isolate the tooth surface using cotton rolls and cotton roll holder and protect from any contamination.
10. Dry the tooth surface with compressed air from 10-20 seconds.
11. Follow the instructions of the desired sealant material.
12. Maintain field:
  - a. Position light for maximum illumination.

- b. Remove saliva and debris routinely to provide adequate vision and patient comfort.
- c. Replace “wet cotton rolls”.

## SEALANT APPLICATION

1. Etching procedure:
  - a. Apply etchant for 30 – 60 seconds for permanent or deciduous teeth (see manufacturers’ instructions for recommended etching time as it could differ depending on brand).
  - b. Apply etchant with a continuous, gentle dabbing motion.
  - c. Cover the grooves and pits with the etchant.
  - d. At least 2 – 3 mm of surrounding enamel around grooves and pits should be etched
  - e. Rinse the tooth surface thoroughly with water for 60 seconds.
  - f. Dry the tooth surface with compressed air for 10 – 20 seconds.
  - g. The surface of the tooth should have a chalky white appearance, indicating complete etching.
  - h. The tooth should be isolated from the tongue, saliva, and tissue fluids using cotton rolls and/or dri-angles. Re-isolate with new cotton rolls or dri-angles.
2. Priming procedure (if applicable):
  - a. Apply PrimaDry and leave 5 seconds.
  - b. Dry by gently blowing the area with moisture-free and oil-free air.
  - c. Do not rinse.
3. Sealant application:
  - a. Apply sealant to the etched surface. Be sure to use a yellow/orange light filter to prevent sealant material from curing too quickly.
  - b. Confine the sealant to the grooves and pits of applicable teeth by removing excess sealant material with a microbrush or placing the cotton tipped applicator distal to the tooth.
  - c. Have the patient close their eyes while visible light is on.
  - d. Place the end of the curing light tip (wand) 1-2 mm above the tooth surface.
  - e. Cure for the desired amount of time for sealant material (according to manufacturers’ instructions).
  - f. Check retention of sealant with explorer.
  - g. Rinse with water or rub with a wet cotton roll to remove unpolymerized resin.
  - h. Check occlusion with articulating paper. If sealant material is too high, it can be adjusted using DH instruments, or a dentist can be notified to adjust the occlusion with a handpiece and bur. Occlusion must be rechecked with articulating paper. It is recommended that occlusion is checked when the patient is in supine and also sitting up to ensure an optimal and comfortable bite.
  - i. Floss between teeth after sealant placement.
4. Have a supervising instructor check placement of sealant. If there is adjustment needed for the sealant, a dental faculty needs to be informed to correct sealant and the occlusion.
5. Give fluoride treatment.  
Make complete, accurate, dated chart entries in EHR.

## POLISH/DEPLAQUE AND FLOSS

The student is expected to:

1. Assemble the armamentarium.
  - a. check odontogram for types of restorations
  - b. select correct abrasive agents
  - c. Use aseptic technique
2. Check the medical/dental history for information contraindicating the procedure.
3. Seat and position the patient comfortably. Utilize correct operator positioning.
4. Explain the procedure to the patient.
5. Discuss technique to be used with the instructor.
6. Place eyeglasses on the patient.
7. Inspect teeth for contraindications to polishing and select teeth to be polished.
8. Disclose the patient's mouth and discuss areas of plaque with the patient.
9. Use abrasive agents in order of most abrasive to least abrasive changing cups between abrasives.
10. Establish a fulcrum.
11. Use intermediate pressure & maintain slow, constant speed with the prophylaxis angle.
12. Flare the cup into the crevicular and proximal areas.
13. Adapt edge of cup to tooth contour.
14. Adapt occlusal brushes to pits and fissures.
15. Use auxiliary polishing aids as needed.
16. Use caution in retracting corners of the mouth or other soft tissue areas.
17. Wipe the cup clear of saliva and debris as needed to avoid splatter.
18. Floss all interproximal areas. (Refer to flossing procedure checklist).
19. Re-disclose and check with a mirror and air. Remove plaque as necessary.
20. Clean removable dentures or other removable appliances and return to the patient.
21. Evaluate the procedure and final product to determine ways to improve performance.
22. Clean up the treatment area and armamentarium.

### POLISHING – SEATING POSITIONS

Operator Position	Area
FRONT	Max. Right Facial to Midline Max. Left Lingual to Canine
BEHIND	Max. Left Facial to Midline



	Max. Anterior Lingual
	Max. Right Lingual-Posterior
BEHIND	Mand. Left Facial to Midline
	Mand. Anterior Lingual- (Behind and Front)
FRONT	Mand. Right Facial to Midline
	Mand. Left Lingual-Posterior
	Mand. Right Lingual-Posterior

### SCALING AND ROOT PLANING

The student is expected to:

1. Review patient assessment data to determine contraindications to treatment or other factors that will influence the procedure.
2. Assemble the appropriate armamentarium.
3. Use an aseptic technique.
4. Use correct patient and operator positioning.
5. Explain the procedure to the patient and present appropriate patient education and psychological support (i.e., homecare instructions, why the procedure is being done, postoperative instructions, etc.).
6. Evaluate the patient's pain and anxiety levels.
  - a. You may use Corah's Dental Anxiety scale to aid in this evaluation.
  - b. Use appropriate pain management techniques (topical Oraqix, and/or local anesthesia supervising DDS will administer).
7. Review the patient assessment data and treatment plan assessment procedures to decide which area to scale, and consider the following variables:
  - a. Ability to complete the area within time available or required: Since partial calculus removal on a tooth is undesirable, select an area of the mouth that can be scaled and root planed to completion in the time available at this appointment.
  - b. Patient comfort and acceptance: To make the first scaling appointment less complicated and to help orient the patient to treatment, you may want to select either the sextant with the fewest teeth or the sextant with the least severe periodontal disease.
  - c. Need for tissue conditioning: Tissue conditioning is accomplished by initiating a daily program of plaque removal and warm salt water rinsing. The goals of such a program are:
    - 1) Gingival healing
    - 2) Lowered bacterial accumulation
    - 3) Establishing plaque control behaviors by the patient.
  - d. Patient needs: When the patient indicates an area of discomfort, that area may be completed first.
  - e. Location: When two quadrants are to be treated at the same appointment, select a maxillary and mandibular quadrant on the same side of the mouth.
8. Formulate a plan as to the sequence of instruments to be used.
9. Use appropriate type, sharp, correctly contoured instruments according to the nature and location of the deposits.
10. Correctly grasp the instrument, establish fulcrum, position cutting edge and activate instrument according to the basic principles of instrumentation.

11. Completely scale each tooth so that:
  - a. all surfaces are calculus free
  - b. there is no undue tissue trauma.
12. Allow the patient to rinse thoroughly with water.
13. Evaluate the procedure and final product to determine that criteria were met and identify ways in which performance could be improved.
14. Make complete, accurate, dated chart entry into the EHR record.
15. Clean up the treatment area and armamentarium.

## **SICKLE SCALERS**

The student is expected to:

1. Grasp (modified pen grasp)
  - a. Hold the instrument handle with index finger and thumb pads.
  - b. Stabilize with the pad of the middle finger on the instrument shank.
  - c. Maintain contacts between index, middle, and third fingers.
  - d. Place index finger and thumb pads at the junction of handle and shank.
  - e. Maintain handle between second knuckle and "V" of thumb and forefinger.
  - f. Rotate handle when adapting to tooth surface.
  - g. Use light pressure for exploratory strokes.
2. Fulcrum
  - a. Establish on a stable tooth, finger, vestibule on gauze, or prescribed extra oral.
  - b. Establish on an embrasure area, occlusal or incisal surface.
  - c. Position as close to the working area as possible.
  - d. Use constant, equal pressure.
  - e. Pivot on finger pad for adaptation.
  - f. Move hand (up-down, side-side) when pivoting.
3. Stroke
  - a. Select the correct working end.
  - b. Insert tip with blade closed.
  - c. Move in the direction tip faces.
  - d. Maintain tip and cutting edge flush with tooth during: insertion; exploratory stroke; and working stroke.
  - e. Use short, overlapping strokes
  - f. Roll instrument between thumb and forefinger on line angle to adapt tip to tooth.
  - g. Apply moderate to heavy pressure to remove calculus.
  - h. Use light pressure for exploratory strokes.
4. Student actions
  - a. Hold the handle as close to parallel with a long axis of tooth as possible.
  - b. Use with oblique or vertical strokes.
  - c. Have no independent finger motion
5. Technique
  - a. Use systematic sequence for scaling individual teeth or quadrants.
  - b. Adapt instruments:
    - 1) Adapt anterior instruments from midline to proximal surface.
    - 2) Adapt posterior instruments from line angle to proximal surface.

- c. Position patient for efficient access to areas.
- d. Assume operator position as needed for field of operation.

## TOBACCO CESSATION COUNSELING & REFERRAL FOR ADDICTIONS

The student is expected to:

1. **Ask** every patient about tobacco use to identify all tobacco users. Determine if they have contemplated quitting.
2. **Advise** the tobacco user to quit by personalizing the message while utilizing active listening, sensitivity and empathy. Give information in a clear unambiguous way advising the patient to quit using tobacco. Make the message relevant to their periodontal disease, any identified pathology (tobacco melanosis, keratinization, nicotinic stomatitis, etc.), disease or medical history information (HBP, cardiovascular disease, diabetes, etc.).
3. **Assess** the patient's willingness to quit and level of addiction (if they are smokeless tobacco or cigarette users) by administering the Tobacco History Form in the EHR. Assess the type, amount and frequency of use.

0-2 Very low dependence	6-7 High dependence
3-4 Low dependence	8-10 Very high dependence
5 Medium dependence	

4. Identify the stage of change and note this in the DHOTEN. Use Motivational Interviewing skills while going through the 5Rs by asking open ended questions, active listening, reflecting and summarizing (OARS).
5. **Assist** the patient with a quit plan, set a quit date (at least two weeks out) and make a note in the EHR. Discuss nicotine replacement and/or pharmacological therapies as appropriate for the patient's medical history and level of dependence. Refer to a Tobacco Dependence counselor or MD if more assistance or a prescription is needed.
6. **Follow-up** with a phone call in one week and document in the EHR. Follow-up at the next appointment with either encouragement or praise for quitting and follow the 5As and 5Rs.
7. **Add** D1320-Tobacco Counseling to the treatment plan selecting appropriate diagnostic code from the Harmful Oral Habits category. **Document** all activities performed in the treatment (T) and next appointment (N) sections of the DHOTEN note(s).
8. Demonstrate Professionalism

**Examples of treatment notes from tobacco cessation counseling (should reflect activities performed and/or planned):**

**For Tobacco Cessation completed in one appointment with a pre-contemplative patient:**

T: Assessed tobacco use and readiness: Moderately addicted and in the Precontemplation Stage.  
 Advised regarding personal risks and recommended patient quit.  
 N: 6 month recall. Revisit tobacco cessation readiness.

**For tobacco cessation done in multiple appointments:**

Appt #1:

T: Assessed tobacco use and readiness: Severely addicted and in the planning stage. Advised regarding personal risks and recommended patient quit.  
 N: Discuss NRT and pharmacotherapy and set quit date

Appt #2:

T: Discussed Chantix and high dose nicotine patch. Pt. referred to MD. Quit date set for August 29<sup>th</sup> will begin Chantix 2 weeks prior.

N: Perio Re-eval. Follow-up on tobacco cessation.

**Referral to Quitlines (a free service provided by the Department of State Health Services):**

1. Patients can receive up to 5 counseling sessions and a 2-week supply of over-the-counter NRT. Following the referral, the Quitline proactively calls the patient within approximately 48 hours to schedule the counseling sessions; once the patient enrolls in the service, the NRT is mailed to their home (TX, USA address)
  - a. Patient who are 18 or older receive the full range of services
  - b. Patients who are 13-17 can receive counseling only
2. Quitline services are available 24/7 and counseling is provided in the patient's language of choice
3. Referral tools:
  - EMR referral: with the eTobacco Protocol is integrated in the EMR, there can be an added button located near the question regarding the "tobacco use" status that creates an electronic referral to the Quitline with the patient's approval.
  - Referral by apps: Help to Quit and Texas Quitline apps are available for Apple and Android devices (community health worker outreach, health fairs for schools, school-based clinics).
  - Fax: referral by fax with a printable form available here: [www.yesquit.org](http://www.yesquit.org)

**For suspected alcohol and drug abusers refer to:**

Alcoholics Anonymous (AA) <https://www.aa.org/> multiple locations in Houston area

Narcotics Anonymous (NA) <https://www.na.org/meetingsearch/> multiple locations in Houston area

**For suspected marijuana users:**

Resources for providers <https://www.cdc.gov/marijuana/index.htm>

National Institute on Drug Abuse <http://www.drugabuse.gov/drugs-abuse/marijuana>

National Council on Alcoholism and Drug Dependence <https://ncadd.org/>

American Academy of Family Physicians <http://www.aafp.org/about/policies/all/marijuana.html>

MedlinePlus <https://www.nlm.nih.gov/medlineplus/marijuana.html>

National Cancer Institute <http://www.cancer.gov/about-cancer/treatment/cam/hp/cannabis-pdq>

## TOOTHBRUSHING AND DENTIFRICE

The student is expected to:

1. Assess patient needs: medical history, oral exam, gingival description, case classification.
2. Determine oral hygiene regimen and nutritional habits.
3. Question as to when dental home care procedures were last performed.
4. Disclose the patient.
5. Complete and record the plaque index.
6. Provide brushing instructions:
  - a. Allow the patient to brush in the usual way.
  - b. Request patient to identify remaining plaque deposits. The patient should be seated upright in the dental chair with the light and hand mirror angled to aid their visualization.
  - c. Suggest alteration in brushing technique, if appropriate.
  - d. Demonstrate brushing in the patient's mouth. Make modifications, as necessary, and incorporate aspects of other techniques, as appropriate.

- e. Request the patient to perform in their own mouth. Give constructive feedback and reinforcement.
7. Demonstrate tongue brushing. Have patient:
  - a. Extend the tongue
  - b. Place the brush as far posteriorly as possible
  - c. Sweep the brush anteriorly, displacing the tongue as little as possible.

#### **Facial and Lingual Surfaces\*\***

1. Grasp the toothbrush in order to maintain control during all movements.
2. Point the bristles apically at a 45° angle to the long axis of the tooth.
3. Place the bristles at the gingival margin. The first row of bristles will be close to the crevice. The adjacent row will touch the gingival margin.
4. Press lightly. The bristles will contour themselves into the crevice and interproximal area.
5. Apply 10 short back-and-forth vibratory or circular strokes. Do not lift the brush or use a scrubbing motion.
6. Relax the bristle pressure and move the brush to the next segment, overlapping at least one tooth.

#### **Anterior Lingual Surfaces\*\***

1. Insert the brush vertically.
2. Place the bristles of the toe of the brush at the crevicular area and vibrate.
3. Pull the bristles over the tooth surface toward the incisal edge.

#### **Occlusal Surfaces\*\***

1. Scrub by moving the bristles back and forth

\*\*\*Follow a definite sequence

## **TREATMENT PLAN**

The student is expected to:

1. Complete all patient records and diagnostic aids, assessing all information which will influence dental hygiene treatment. Forms and procedures include medical and dental history, extra/intraoral exam, gingival description, dental charting, periodontal charting, and oral risk assessment.
2. Using all patient assessment data, determine a dental hygiene diagnosis. In periodontally involved cases, the dental hygiene diagnosis should include type, extent, and severity of periodontal disease.
3. Based on dental hygiene diagnosis and other assessment data, prepare a comprehensive treatment plan for patient care, including dental hygiene therapeutic services and other preventive services as determined from assessment data.
4. Enter a sequential treatment plan into the EHR.
5. Discuss the comprehensive treatment plan with the instructor and have him/her approve it.
6. Discuss the comprehensive treatment plan with the patient, have the patient sign the treatment plan consent and make entry in progress notes that the treatment plan has been discussed with the patient, approved and consent form signed.
7. Make complete, accurate, chart entry in the EHR.
8. Demonstrate Professionalism

## ULTRASONIC SCALERS

The student is expected to:

1. Review medical/dental history, vital signs, chart, and patient assessment form for data that contraindicates proceeding with treatment or will otherwise influence the procedure. Patients with a pacemaker should have the Piezo used, not the magnetostrictive Cavitron.
2. Explain the procedure and rationale to the patient, providing individualized patient education.
3. Have the patient use a pre-procedural rinse before using the ultrasonic scaler.
4. Assemble armamentarium:
  - a. ultrasonic scaling unit
  - b. plastic ultrasonic drape for patient
  - c. pre-procedural rinse
  - d. glasses for patient
  - e. paper towels
  - f. face mask & shield
  - g. surgical cap/bonnet
  - h. earplugs
  - i. mouth mirror
  - j. saliva ejector and HVE
  - k. ultrasonic scaler inserts
5. Connect the BLUE water line to the water outlet. Make sure to turn on the water connector knob at the attachment port.
6. Make sure that the ultrasonic unit is securely plugged in and turn on the unit (Cavitron only).
7. Make sure HVE suction is ready to use.
8. "Bleed" ultrasonic water line for two minutes.
9. Check ultrasonic insert for damage.
10. Fill the ultrasonic handpiece with water and insert appropriate insert. If using the Piezo, attach the appropriate Piezo tip to the unit handpiece.
11. Drape the patient with a plastic apron and provide tissues and safety glasses.
12. Make sure to have a mask, protective eyewear, face shield, earplugs, surgical cap/bonnet, and gloves on. Follow aseptic technique and infection control protocol.
13. Use the appropriate insert for the calculus and/or plaque that is present in the patient's mouth.
14. Adjust the ultrasonic unit to the correct power setting and water flow for the tip that you are using.
15. Use correct handpiece cord management.
16. Adjust patient position to the proper angle.
17. Using a modified grasp, with light touch and appropriate fulcrum
18. Apply the instrument to the teeth using correct angulations.
  - a. Piezo tip- utilizes lateral surfaces and lower 2 mm of tip
  - b. Ultrasonic- utilizes lower 2 mm of tip
19. Keep the working end in constant motion, controlled, and short overlapping strokes.
20. Maintain visibility by keeping the correct patient/operator position.
21. Scale the teeth utilizing a system that minimizes trauma to both teeth and gingival tissue, changing to appropriate ultrasonic inserts as necessary in order to adapt to changing tooth topology, and filling the handpiece with water before inserting another ultrasonic insert.
22. Use HVE suction continuously.
23. Check for patient comfort both verbally and visually.
24. Give pre-and post-operative instructions.
25. Assess procedures and outcomes and determine ways to improve performance.
26. Clean and disinfect cubicle and ultrasonic unit.
27. Rinse and dry ultrasonic insert/s, place in sterilization cassette and place on cart for sterilization.
28. Make complete, accurate, dated chart entries in EHR

## VITAL SIGNS

The student is expected to:

1. Explain the procedure and rationale to the patient.

### Take Blood Pressure

2. Have the patient sit upright, roll up sleeve, flex arm slightly and rest on the arm of the chair at heart level and legs uncrossed.
3. Disinfect ear pieces to the stethoscope.
4. Put a sphygmomanometer cuff one inch above the elbow with a compression bag over the brachial artery.
5. Place a manometer where it can be easily read.
6. Palpate the radial artery and inflate the cuff until the pulse disappears, continue to inflate another 20-30 mmHg. The cuff should be deflated slowly at 2-3 mm HG per second until the radial pulse reappears. The point at which the pulse disappears and then reappears on deflation is called palpatory systolic pressure. Release all pressure in the cuff.
7. Place the stethoscope over the brachial artery slightly below the cuff and inflate the cuff to 20-30 mmHg. above the previously determined palpatory systolic pressure.
8. Release the pressure at a rate of 2-3 mmHg/second.
9. Listen for systolic and note the number. Listen for diastolic and note the number.
10. Record the systolic over diastolic pressure, e.g. 120/80 in progress notes.
11. Recognize abnormally high readings.
12. Repeat procedure if reading is not within the normal range. (**Located on the UTSD intranet <https://inside.uth.edu/dentistry/docs/mgmtofthehypertensivepatientpolicy.pdf>** ).
13. Tactfully advise the patient about the reading.
14. Note: For a patient with blood pressure significantly above normal ( $\geq 180^*$  or  $\geq 120^*$ ) advise the faculty and have the Dispensary RN recheck the readings.

### Take the Pulse

15. Palpate for 60 seconds a readily available artery –usually either the radial or brachial artery. Press the fleshy portion of the index and middle fingers onto the patient's skin gently enough to feel the pulsation but not so firmly that the pressure occludes the artery. Use the carotid artery, if the radial pulse is not able to be detected.
16. Evaluate and record the rate, e.g. 60/min. in progress notes of the patient's chart.
17. Advise the faculty if reading exceeds 80 beats per minute.

### Measure Respiration

18. Observe the patient's chest unobtrusively by keeping the fingers on the patient's pulse as if continuing to take the pulse.
19. Observe the rise and fall of the chest for a minimum of 30 seconds (ideally for one minute).
20. Measure the rate of respiration and record it accurately, e.g. 14/min. in progress notes.
21. Advise the faculty if readings diminish to 12 per minute or exceed 28 per minute.

### Take Temperature

22. Using a Temp-a-Dot found at the dispensary, peel back the wrapper to expose the handle end of the thermometer.
23. Remove the thermometer taking care not to touch that part which is placed in the patient's mouth. Place the thermometer under the tongue as far back as possible into either heat pocket.
24. Have the patient press tongue down on the thermometer, keeping mouth closed.
25. Keep the thermometer in the patient's mouth for one minute.
26. After removal, allow ten seconds before reading the temperature. The last blue dot indicates temperature.
27. Record temperature in progress notes of patient chart under H in the DHOTEN.
28. Evaluate the patient's vital signs and correlate them with other physical and medical history findings to determine the treatment plan.