



Rancho Los Amigos National Rehabilitation Center

DEPARTMENT OF DENTISTRY POLICY AND PROCEDURE

SUBJECT: Patient Treatment Guidelines

Policy No.: 3.2
Supersedes:
Revision Date: 11/19/09
Page: 1 of 4

POLICY:

The Department of Dentistry shall use the philosophy of "Comprehensive Patient Care" (CPC), treating the WHOLE patient, as the basis for evaluation and treatment of patients. This philosophy acknowledges that there are many factors in addition to the dental diagnosis or needs that must be considered in determining a plan of treatment for a particular patient. These factors include the patient's chief complaint, medical, physical, and developmental disabilities as well as psychosocial issues (eg. finances, social support, and ability to follow through with care). These factors must be thoroughly evaluated and understood as well as orofacial diagnostic data prior to formulation of the treatment or patient care plan. The following procedure shall be used when evaluating and treating dental patients.

PROCEDURE:

1. DENTAL EMERGENCIES OR URGENT PATIENT CHIEF COMPLAINTS
 - a. determination and assessment of the patient's chief complaint
 - b. review and evaluation of the patient's medical history
 - c. documentation of current medications
 - d. documentation all allergies
 - e. patient's vital signs as appropriate
 - every emergency visit with CC: of pain, swelling, fever
 - EVERY visit of patients with hypertension or other risk factor
 - EVERY invasive procedure: periodontal surgery, oral surgery, endodontics
 - f. clinical laboratory assessment as appropriate
 - fingerstick glucose
 - fingerstick PT
 - other as needed
 - g. physician consultation/clearance as needed psychosocial assessment
 - h. risk assessment for dental care
 - i. dental/orofacial history
 - j. oral and head and neck exam as needed to address chief complaint appropriate
 - intraoral exam
 - radiographic exam
 - periodontal exam appropriate
 - head and neck exam
 - radiographic exam

EFFECTIVE DATE: 08/2002

COUNTY OF LOS ANGELES • DEPARTMENT OF HEALTH SERVICES

APPROVED BY: Terrie DeBord, DDS

- evaluation of occlusion (study models and bite)
- k. specialist consultation if needed
- l. diagnosis of chief complaint determination of planned treatment
- m. case presentation/consent
 - * explanation of plan, alternative and consequences of no care
- * documentation that patient or surrogate understands and accepts plan
- n. treatment of chief complaint
- o. arrangement for appropriate follow-up

2. **COMPREHENSIVE PATIENT CARE**

- a. determination and assessment of the patient's chief complaint
- b. review and evaluation of the patient's medical history
- c. documentation of current medications
- d. documentation all allergies
- e. patient's vital signs as appropriate
 - * first visit
 - * first visit of new year
 - * EVERY visit of patients with hypertension or other risk factor
 - * EVERY invasive procedure: perio surgery, oral surgery, endodontics
 - * every emergency visit with CC: of pain, swelling, fever
- f. clinical laboratory assessment as appropriate
 - * fingerstick glucose
 - * fingerstick PT
 - * other
- g. physician consultation/clearance
- h. psychosocial/financial assessment risk
- i. assessment for dental care
- j. dental/orofacial history
- k. comprehensive oral and head and neck exam
 - * intraoral exam
 - * radiographic exam
 - * periodontal exam
 - * head and neck exam
 - * evaluation of occlusion (study models and bite)

l. **DENTAL SPECIALIST CONSULTATION AS NEEDED**

The following are to be done in advance and available at the time of specialist Consultation:

Periodontist

- * full-mouth x-rays
- * phase I therapy complete
- * periodontal probing/perio form
- * clear statement of request

Prosthodontist

- * prosthodontic/implant form

- * perio evaluation
- * study models and bite
- * clear statement of proposed treatment
- Oral and Maxillofacial Surgeon*
- * medical history and appropriate physical evaluation
- * x-rays including head and neck x-rays, CT, or MRI
- * clear statement of proposed treatment
- Endodontist*
- * diagnostic x-rays
- * comprehensive treatment plan (perio, prosth plans) prognosis
- * clear statement of proposed treatment
- * endo skills card
- Pediatric Dentistry*
- * diagnostic information
- * clear statement of proposed treatment
- m. diagnosis of dental problems
 - * periodontitis/gingivitis
 - * caries
 - * missing teeth
 - * list all other diagnoses
- n. sequential treatment plan
 - * diagnostic data
 - * urgent/emergent
 - * periodontal and preventive
 - * prosthodontic plan
 - * oral surgery
 - * endodontics
 - * restorative
 - * recall/maintenance plan
- o. case presentation/risk note
 - * The *CONSENT/RISK NOTE* must include: explanation of plan, alternatives and consequences of no care
 - * documentation that patient or surrogate understands and accepts plan
- p. initiation of dental treatment according to treatment plan
- q. schedule for subsequent dental appointments

3. REASSESSMENT/DENTAL MAINTENANCE

- a. determination and assessment of the patient's chief complaint, if other than routine check-up
- b. review and evaluation of the patient's medical history
- c. documentation of current medications documentation all allergies
- d. patient's vital signs as appropriate
 - * first visit of new year
 - * EVERY visit of patients with hypertension of other risk factor
 - * EVERY visit for procedure:perio surgery, oral surgery, endodontics

- * every emergency visit with CC: of pain, swelling, fever
- e. clinical laboratory assessment as appropriate
 - * fingerstick glucose
 - * fingerstick PT
 - * other
- f. physician consultation! clearance psychosocial/financial assessment g. risk assessment for dental care dental/orofacial history
- h. comprehensive oral and head and neck exam
 - * intraoral exam
 - * radiographic exam
 - * periodontal exam
 - * head and neck exam
 - * evaluation of occlusion (study models and bite)
- i. update treatment plan
- j. initiate and complete appropriate treatment