PD190: Case Presentation

Ammera Kaing Sonia Soto September 6, 2016

# Subjective

**9yr old female presents for PRRs #14-OL, #J-OL due to incipient caries**

MedHx: Non-contributory Dental Hx: history of caries

Dietary: unable to obtain, but likely consists of refined carbohydrates Allergies: NKDA

Social: NSF

Developmental: NSF

# Assessment/Diagnosis

CRA: High

* Active lesions present clinically
* Poor oral hygiene

Diagnosis based on clinical exam: incipient caries

* Staining in pits sticky with explorer, not present on radiographs
* Student provider calculated maximum LA based on patient’s weight

# Preps

Superficial preps did not require local anesthetic. Cotton rolls and dri angles for isolation

# Final Restorations



Guidance & Management

Anticipatory Guidance - Middle Childhood

* Injury Prevention/Trauma
* Oral Hygiene Improvement (encourage independent brushing)
* Possible ortho referral for evaluation Management Strategy
* Exams every 3mo
* Fluoride varnish applied every 3-4mo
* Reduce intake of sugar
* Improve OHI

# Follow-up Plan

Continue with more frequent (3mo) dental exams, apply F varnish 3-4x a year Medical Significance: none

Nursing Significance: none Main Issues:

* Improving oral hygiene, diet

Good case for interdisciplinary approach: No, this is a straightforward case Advice to parent:

Reduce sugar intake

Help child brush until improvement in hygiene is seen Potential Barriers:

Lack of role model for oral hygiene? Geographic? Economic?

# Fluoride Prescription

12) Write a fluoride prescription for this child assuming there is no water fluoridation in the community.

**Name:** Sally Patient

**Address:** 123 19th Ave, San Francisco, CA

**Age:** 9 years

**Date:** 9/6/16

**Rx** 1 mg F- in chewable tablet form (2.2 mg NaF), 120 mg F- total, for the prevention of tooth decay

**Direction:** chew one tablet for one minute, and swish around the mouth, before swallowing, before bed each night.

**Warning:** Keep bottle out of reach of children. Do not exceed recommended dose.

**Refill:** x 1

**Doctor's signature:** ..............

**Doctor's license #:** ...................