The following is an outline of Periodontal Maintenance Recall procedures that you should complete when treating patients in the Periodontology clinic. (written by Georgia M.)

**If your patient is a transfer from graduating senior**

1. Pull your patient’s chart a couple of days before the appointment and review medical history. Determine if your patient needs premedication or special needs during the appointment. If premeds are required you need to call the patient and see if they have an Rx and if they don’t have any find out where an Rx can be called in for them. If an Rx is needed then take the chart to Dr. Carlson in the perio clinic on 9th floor and have him call it in. This call will also establish a connection and reminder of their upcoming appointment.

2. In 9 North Clinic you will treat your perio patients. Collect your supplies in 9 north dispensing.
   a) perio kit
   b) cavitron handle
   c) prophy angle, polishing paste, and rubber cut
   d) forms for charting if needed
   e) you generally will not need a syringe for local unless you will be doing root planning

3. Before your patient is seated you will have an initial chart review with your faculty. Review the chart and be able to answer these question.
   a) What is your patient’s med history (allergies, meds, etc)?
   b) Why is the patient coming in today? If it is a perio recall how do you know it is a perio recall? Just because someone wrote that in the chart doesn’t mean that is what he or she needs. You need to look at the current x-rays and also past charting and determine what their periodontal status has been in the past. What treatment have they had and when?
   c) Should x-rays be updated? When was the last perio charting, head and neck exam, etc?
   d) What have been some dental issues or chief complaints of the patient?
   e) From this data in the chart you and faculty will formulate a preliminary treatment plan for today.

4. Greet and seat your patient.

5. Review medical history with the patient and have them sign and date it.

6. Identify if the patient is having any dental problems or concerns. Document everything patient tells you under S in progress notes.

8. Inform faculty of any of patient’s current medical status and ask if you may start on your perio examination.

9. Complete head and neck exam document on blue form if last one was completed a year or more ago. If it has been documented on the blue for less than a year you will document your findings today under the O which is usually “no significant finding on head and neck exam”. If you do find a significant finding then you will need to check what has been documented previously. Don’t just look at the last one go back several years just to make sure.

10. You must probe all patients and document. You may record only 4mm and greater, bleeding sites, recession, furcations, and mobility if the status is stable. Refer to previous chartings to see if patient has been stable over a period of time. If you start probing and there are deeper pockets, more recession, heavy plaque and calculus etc., then you must document all pockets (6 per tooth) and clinical attachment loss (6 per tooth). Patient’s perio status is getting worse and you need to a complete database to determine what type of therapy is needed. You probably will need to update x-rays also. Faculty will help you identify patient needs. Just remember you must have a complete database to determine what treatment you will be providing.

11. After all data is collected faculty may want to check your diagnosis before you start treatment. Need to document all you findings under the O in your progress notes to determine diagnosis. Color, contour, consistency gingival tissues, localized or generalized, level of bleeding, amount of calculus (supra and sub)

12. If you have determined that all your patients needs is a periodontal maintenance recall (teeth cleaning for patients that have had scaling and root planning previously and now are maintaining) you will start with the Cavitron. If there is heavy deposits (can see build up lower ant. And max. buc.) start with the orange tip and knock the build up off and then switch to the black thin tip so you can access the subgingival and interproximal areas better. Remember light touch and thoroughly sweep all tooth surfaces. Do not rush!!

13. After Cavitroning all area you pick up your 11/12 explorer and assess all tooth surfaces thoroughly. When you feel calculus or roughness you should pick up a hand instrument that will access that area the best and smooth the tooth surface. Use a light exploratory stroke again to assess deposit removal. If it is smooth pick up your explorer and recheck and if smooth move on the next area of the dentition. If you are finding a lot of deposit then you did not use the ultrasonic properly (too heavy of pressure or did not spend enough time going over the tooth surface). Be sure and use air to dry tooth surfaces to check for supra gingival calculus. Once you have self evaluated your deposit removal, put your red light on and start polishing with the appropriate polishing paste and
floss. Faculty will come and check your deposit removal. Remember if you are having trouble accessing areas, positioning, etc ask for help. That is the faculty’s job! Your are here to learn.

14. During instrumentation be sure to think about what you are feeling. This is a good time to also be thinking about restorative needs the patient may need. If you find restorative needs you will need to get an operative consult.

15. If you find restorative needs then you must also have a preventive plan. Fluoride discussion with the patient on toothpaste, fluoridated drinking water, maybe fluoride rinses. What are you going to do to prevent them from getting new carious lesions?

16. Remember that if you identify disease in you assessment process you need to have a plan to treat it. If you find caries then have an operative consult and schedule operative appointments. If a lot of inflammation, bleeding, plaque and calculus deposit then you will need to complete a perio maintenance recall to remove the etiological factors and then give oral care instructions to control the plaque and calculus.

17. Document everything you have done during the appointment in the P of your progress notes. Also need to determine when their next periodontal appointment should be scheduled. It will be based on your clinical findings at this appointment. Most periodontal maintenance recalls are 3-4 months; only if they have very good home care and have been stable for a few years will they have a 6 month recall.

18. Dismiss the patient and set up appropriate appointments. Document all findings and procedures on appropriate forms. Document clinical procedure codes and fees for services. Student and faculty must sign dental charts before returning the chart to reception or records.