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Thank you for attending Dr. Moorhead's course at the Kentucky Dental Association 2018 meeting. Attached in your requested handout, with every slide in full color.

For any questions, you can contact Dr. Moorhead at Dr.M@StreamDent.com.

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Relax, This Is Going to Be Easy:

Efficiently Treating the Anxious Dental Patient



The
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Practice

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Today's Game Plan:

Understanding Dental Fear

- Recognize degrees of dental anxiety
- Recognize triggers for dental fear

Techniques to Best Manage Fear Patients

- Better control the difficult situations presented by anxious patients

Improve Clinical Protocols for Complex Cases

- Safe techniques for treating dental anxiety
- Managing difficult cases/debilitated dentitions

Part 1:

UNDERSTANDING DENTAL



Format: Abstract ▾

Send to ▾

[Eur J Oral Sci](#). 2009 Apr;117(2):135-43. doi: 10.1111/j.1600-0722.2008.00602.x.

Prevalence of dental fear and phobia relative to other fear and phobia subtypes.

[Oosterink FM](#)¹, [de Jongh A](#), [Hoogstraten J](#).

Author information

Abstract

The purpose of the present study was to estimate the point prevalence of dental fear and dental phobia relative to 10 other common fears and Diagnostic and Statistical Manual of Mental Disorders (DSM)-IV-TR subtypes of specific phobia. Data were also analysed to examine differences with regard to severity, presence of distressing recollections of fear-related events, gender, and prevalence across age. Data were obtained by means of a survey of 1,959 Dutch adults, 18-93 yr of age. Phobias were assessed based on DSM-IV-TR criteria, whereas severity of present fears was assessed using visual analogue scales. The prevalence of dental fear was 24.3%, which is lower than for fear of snakes (34.8%), heights (30.8%), and physical injuries (27.2%). Among phobias, dental phobia was the most common (3.7%), followed by height phobia (3.1%) and spider phobia (2.7%). Fear of dental treatment was associated with female gender, rated as more severe than any other fear, and was most strongly associated with intrusive re-experiencing (49.4%). The findings suggest that dental fear is a remarkably severe and stable condition with a long duration. The high prevalence of dental phobia in the Netherlands is intriguing and warrants investigation in other countries.

Continuum of Dental Anxiety

Mild
Anxiety





Mild
Anxiety

Moderate
Fear



Mild
Anxiety

Moderate
Fear

Severe
Dental
Phobia

Triggers



Triggers



Triggers



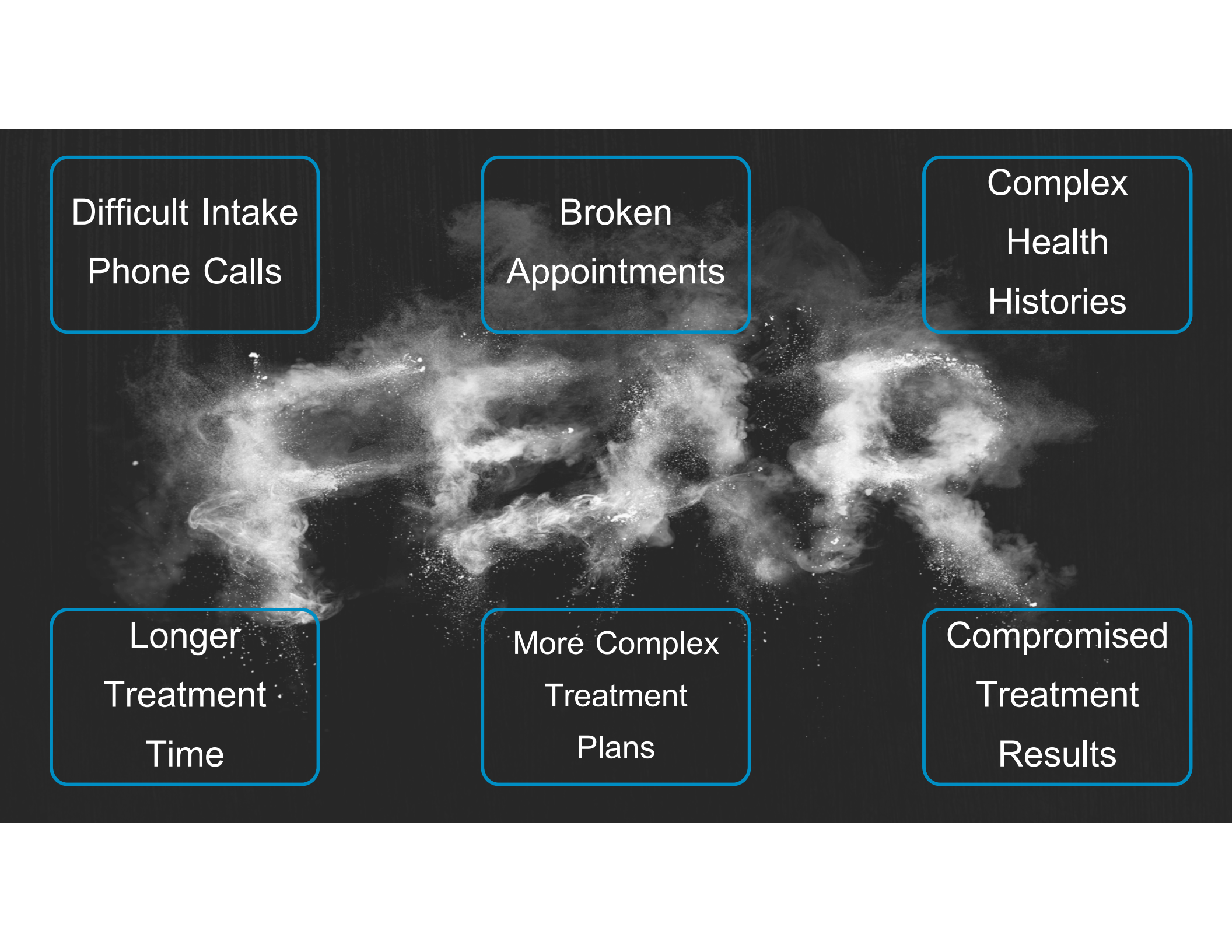
Triggers



Triggers

- Anatomic Variations
- Infection
- Dental Fear (1-2%)





Difficult Intake
Phone Calls

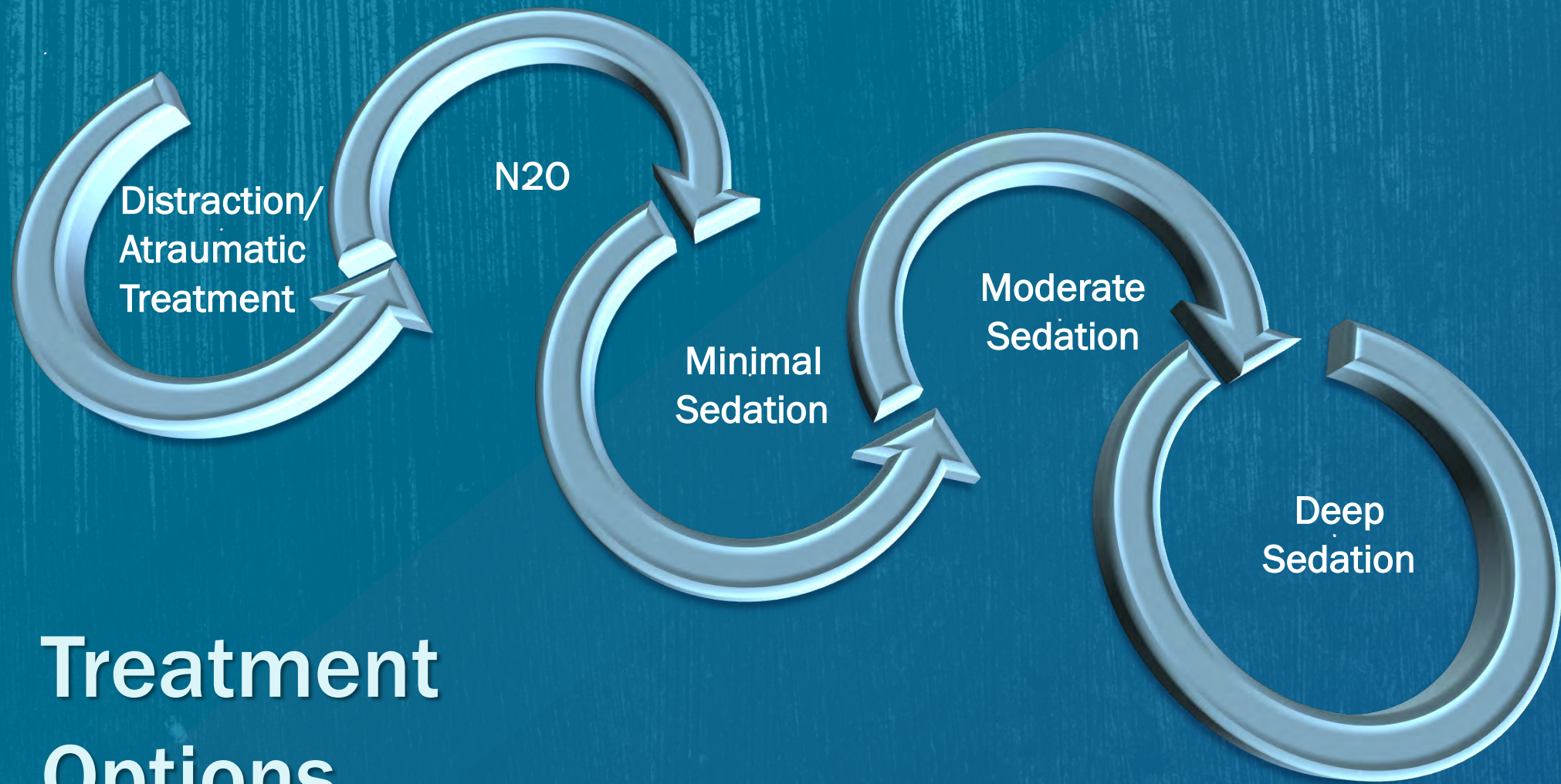
Broken
Appointments

Complex
Health
Histories

Longer
Treatment
Time

More Complex
Treatment
Plans

Compromised
Treatment
Results



Treatment Options

Part 2:

TECHNIQUES TO BEST MANAGE DENTAL





The Phone Call



New Patient Phone Call

1. Greeting

- Thank you for calling Dr. _____'s office, this is _____, how can I make you smile?

2. Demographics

- If they ask a question, say, "I'd be happy to help you with that, may I have your name please?"
 - Check the name in Dentrix immediately to see if the caller is a patient of record
 - If caller's name is not found in Dentrix, ask "And when did you last see Dr. _____?"
 - For new patients, enter patient's name, address, phone and email in Dentrix's Family File
- "May I get your phone number, in case we get cut off?"
 - Enter this information in "Appt Notes" field

Notes: (Copy into the Dentrix appt note)

Emergency Appointments - Extra Information Required

Chief Complaint - "What would you like us to do for you?"

If Caller Declines to Schedule:

- _____, since you're not ready to make an appointment today, I'd like to send you free patient newsletter about _____. Let me jot down your mailing address and I'll get you last month's issue out to you right away.
- or:
 - _____, since you're not ready to make an appointment today, I'd like to send you some information about our practice. Let me jot down your mailing address and I'll mail that to you right away.
- Get caller's address, email address and phone if not obtained earlier

3. Reason for Call

- Fantastic _____, let me be the first to welcome to Dr. _____'s office. What prompted you to call today?
- If patient had a question, answer it.
- If patient has several questions, transition after 2nd question to **STEP 4**.
- Use the name of the caller frequently during the call
 - ***If patient wants to schedule for a New Patient Propy (a "cleaning"), use the following script. I'll be glad to schedule you for a cleaning appointment. Your cleaning appointment will include about 10 minutes for Dr. _____ to meet you and perform a brief exam. If you have any dental needs where you know you'll want Dr. _____ to take more time, you may want to have us schedule you for a thorough exam your first visit, rather than a cleaning. If our hygienist finds there are more problems present that you expected, we'll get you back the following appointment to allow time for you to spend with Dr. _____.
- Tell me about yourself. How did you hear about the practice?
 - If it is a coupon patient, they require more time. If they are a referral patient, less time needed Goal at the end of this call - this new patient has a relationship with this staff person. Like anything in marketing, you have to risk the time of this staff person to increase case average
 - If they are a referral patient, less time needed
 - Goal at the end of this call - this new patient has a relationship with this staff person.
 - Like anything in marketing, you have to risk your time to increase case average
- "Tell me about your past experience at the dentist."
 - Sedation patients can require 45 minutes! Take your time! They are often large cases.

New Patient Phone Call

Schedule Next Appointment in Treatment Plan

Schedule Recare/Perio Maintenance

Schedule Emergency Visit - Patient of Record

FAQ

Handling Special Circumstances

Office Address & Directions

4. Take Control of the Conversation by Asking Questions

- It sounds like you're looking for a great dentist, am I right? How long has it been since you've been to a dentist?
 - It sounds like we need to get you in soon, am I right?
- Guide the patient:
 - Would you prefer to come in (1st half day available) or (2nd half day available)?
 - Would early or late in the (morning/afternoon) be better for you?
 - Which would be better for you? How would ____ work? Which would be better for you?
 - How would ____ work?
- Is there any insurance we'll be helping you file?
 - If so, enter the insurance information and employer in Dentrix (Appointment Book notes or Family File)

5. Closing the Call

- _____, would you like to fill out your forms online before your appointment?
- Do you know where we are located?
- Do you take any prescription medications? IF YES: Please bring a list of all current medications with you to your appointment. OR, if it's easier for you, just bring the bottles and we will write them down for you.
- What questions do you have for me?
- Thanks for calling today, _____. I look forward to meeting you and you're going to love Dr. _____. If anything comes up between now and your appointment, would you please call me at (phone number) and let me know? We're reserving this time just for you. Dr. _____ looks forward to meeting you.
- Listen for opportunities and share information with the team.

New Patient **Welcome** Call

- Hi, this is Dr. Moorhead at Flemingsburg Dental Care.
- I just wanted to call and welcome you to the practice and let you know we're looking forward to meeting you.
- We really appreciate (*referring patient*) recommending us.
- Is there anything you would like me to know before your first visit?

Postop Call

- *“Hi, this is Dr. Moorhead. I’m calling to see how you are doing after your appointment today.”*
- *“Are you staying comfortable?”*
- Surgery: *“Has all of the bleeding stopped?”*
- Restoration: *“Does your bite feel okay?”*
- *“Do you have any questions for me?”*
- *“Is there anything we could have done better today?”*

Time Wasters



Handoffs

This page provides a summary of the handoffs included in your StreamDent system sheets. You should find this page helpful for training purposes to help increase case acceptance and decrease broken appointments.

For **EVERY** appointment:

Handoff Script: Clinical to Business Assistant (ALL Appointments)

Handoff Script - Doctor to Dental Assistant (Before Dismissal) - EVERY Appointment

Comprehensive exam:

Beginning of Exam:

Handoff - Business Assistant to Dental Assistant

Dental Assistant to Doctor

Handoff - Doctor to Financial Coordinator

Hygiene Visit (Recare and Periodontal Maintenance):

Handoff Sample Script: Hygienist to Doctor

Handoff - Doctor to Financial Coordinator

- Summarize patient's
 - Chief complaint
 - Their most important value(s): *(Most frequent ones listed below)*
 - *Avoid pain*
 - *Avoid tooth loss/dentures*
 - *Health*
 - *Cost/affordability*
 - *Function*
 - List any concerns the patient has expressed:
 - *Time*
 - *Budget*
 - *Fear/Trust*
 - *Lack of urgency*
- Repeat to the financial coordinator (the patient should have already heard the information earlier) why the treatment is important and the consequences of not proceeding.
- Doctor asks the patient if they have any further questions before he/she leaves the room.

Hygiene Visit (Review and Periodontal Maintenance):

Handoff Sample Script: Hygienist to Doctor

YOUR DENTAL PRACTICE

Handoff - Doctor to Financial Coordinator

- Summarize patient's
 - Chief complaint
 - Their most important value(s): *(Most frequent ones listed below)*

Handoff Script - Doctor to Dental Assistant (Before Dismissal) - EVERY Appointment

"Please let (receptionist's name) know that I have recommended we get (patient's name) scheduled within (time span) to address (problem) before (bad consequence if delayed.)"

Summary of covered information:

- Next appointment recommendation
- Reason for urgency - to motivate patient
- Time interval recommended

- *Lack of urgency*

- Repeat to the financial coordinator (the patient should have already heard the information earlier) why the treatment is important and the consequences of not proceeding.
- Doctor asks the patient if they have any further questions before he/she leaves the room.

Hygiene Visit (Recare and Periodontal maintenance):

Handoff Sample Script: Hygienist to Doctor

Handoff - Doctor to Financial Coordinator

Handoff Script: Clinical to Business Assistant (ALL Appointments)

With the patient seated at checkout, the dental assistant or hygienist uses this script. *This script is essential so that the patient once again hears what has been done today and the important of their next appointment.*

1. (Patient's name)'s treatment is all complete today as planned (or indicate otherwise)
 2. We completed: *(summarize procedures performed today).*
 3. Next time, Dr. _____ has recommended we: *(summarize recommended/planned procedure(s)).*
 4. **Next make a statement about why the planned procedure is important, ideally in terms of what the patient has told us about their values. Examples:**
 - *We want to get this crown started as soon as possible because Linda's embarrassed about her smile.*
 - *Want to get the deep periodontal cleaning started right away because Jim's concerned about his bleeding gums.*
 - *We want to get this filling done as soon as possible hoping that we've caught it in time to avoid a root canal.*
 5. (Patient's name), did you have any other questions for me?
- Repeat to the financial coordinator (the patient should have already heard the information earlier) why the treatment is important and the consequences of not proceeding.
- Doctor asks the patient if they have any further questions before he/she leaves the room.

Handoff Sample Script: Hygienist to Doctor

Minimizing Broken Appointments

Regain control of our schedule - make it tough for patients to cancel!!

1. Emphasize the VALUE of every visit:
 - Review at least two areas of concern before walking patient out and at handoff.
2. Make them DOUBLE check their schedule
 - Is there anything you can see that would prevent you from keeping this appointment?
 - If something does come up, do you think you could reschedule it so that you can be HERE?
3. Confirm them at time of scheduling.
 - You are confirmed for your next visit on ____ at ____.
 - When calling day before: We are looking forward to seeing you tomorrow

Handling Cancellations

Broken Appointment Tracking Minimizing Broken Appointments

Verbal skills for handling cancellations, whether during confirming or if they have called us:

- Oh, no! What's wrong? (Sound concerned and a little alarmed - as if no one ever cancels his or her appointment.) Mr. Smith, Dr. _____ had really wanted to get this done today/tomorrow, because he was concerned that (list consequence.)
Option: Can you move your other appointment so that you can proceed with your planned treatment today?
Option: Please hold for a minute and I'll get Dr. _____. I know he/she will want to know about this.
- Obviously, use common sense. If you know the patient has a legitimate excuse or situation, work with them. Keep in mind who the patient is - do they always cancel? - is he or she a top 20?, etc.
- Try to have as much information ahead of time as possible or, as always, research the chart/family file.

General Policy on Broken Appointments:

First use the scripts below to try to save the appointment. If the appointment cannot be saved, whether the patient is rescheduling or not, apply these three steps:

- 1st time: *Get out of jail free card:* "Normally, we have a rule about broken appointments that involves either a charge for your failed appointment or a non-refundable deposit to hold your next appointment, **but I can make an exception to the rule this one time.**"
- 2nd time: Address the problem politely and respectfully, but discuss the consequences of the failed appointment:
 - Your work is being delayed, your procedure could become more costly as your problem gets worse
 - When you fail your appointment without notice, you deprive yourself and someone else that also needed your appointment time
 - If you should fail again, I regret that I'll have to require a non-refundable deposit to hold the appointment. Then if you failed to keep the appointment, you understand there would be a charge for the broken appointment in the amount of your non-refundable deposit
- 3rd time:
 - Option 1: Require the patient to pay a non-refundable deposit to schedule the next visit. (Your office policy must determine the amount of the deposit. The amount should reflect the length of the appointment.)
 - Option 2: Ask the patient to call back on a day they are "absolutely certain they can make it" and tell them you will do your best to work them into the schedule that day.
 - Option 3: Verbally give the patient a choice of option 1 or 2. "Well, we could do one of two things...which would work better for you?"

Rescheduling?

Day of cancellation:

- If they have had several broken appointments, do not offer to reschedule immediately.

Options:

- Tell the patient to phone us on a day they know they will be free, we will do our best to get them in that day.
- Plate the patient on a call list for filling same day appointments
- Offer to take a deposit to reschedule the appointment. Explain the deposit would be forfeited if appointment is failed. *Deposit amount can vary according to the length of the appt and number of times patient has failed.*

Patient calling back to reschedule:

Options:

- Offer same day only appointment, place name on quick-call list
- Ask patient to call back on a day they know they are available, you'll do your best to work them in
- Offer to take a deposit to reschedule the appointment. Explain deposit is forfeited if appointment is failed.

Frequent Cancellations

Business Coordinator:

- "([Patient's Name], I am so sorry to hear that you cannot make your appointment. This is the (#) time you have changed the scheduled visit. It seems that we cannot find a time that works for your schedule. The doctor does not schedule (his/her) appointments more than two weeks in advance. I will need to make a special note to call you if an appointment time becomes available sooner.
- "Is this treatment something that you really want to get taken care of?"
- "It looks like we just can't find a good time to take care of you. Do you have any suggestions?"
- "Do you have a problem with our office? If so, please let us know so that we can try to correct it."
- "It is unusual for a patient to miss (#) appointments and we are concerned about you and would like to find out if there is a problem. What can we do to help you keep your appointments with us?"

Preventing Cancellations

Confirm Call - Sedation Appointment

Handling cancellations

Broken Appointment Tracking

New Patient Welcome Call Script

Confirm Call by Phone

- Hi, this is ____ from Dr. ____ office. Dr. ____ asked me to give you a call to say he/she is looking forward to seeing you on ____.
- (Discuss why it is important; tell patient doctor's concerns to help motivate them).
- We look forward to seeing you.

If no answer:

- Hi, this is ____ from Dr. ____ office. Dr. ____ asked me to give you a call to say he/she is looking forward to seeing you on ____.
- (Discuss why it is important; tell patient doctor's concerns to help motivate them).
- Your confirmation is really important to Dr. _____, so if you could give us a call back today, I know he/she would really appreciate it.

Confirm Call by SMS Text Message

- Hi, (patient first name), this is (your first name) at Dr. _____'s office. We are looking fwd to seeing you (example-tomorrow) at (time). Pls text back to confirm. Thx!

Phone Call Regarding Broken Appointment

- I was just calling to see if you got our message confirming your appointment.
- *If patient says it was too late to call us back when they got our message, say:* We always have an answering machine, so you can call us back any time to confirm.
- *If leaving a message on an answering machine, say* And we look forward to hearing back from you today.

Technique for Frequent Broken Appointments

- Ask what days and times the patient has available. Get a list of 3-4.
- Even if you have the appointment time available, tell the patient none of those times are available right now.
- Tell the patient you will make a special note so that when one of those times become available, you will call him/her
- Add notes to your ASAP list for each day

Broken Appointment Tracking

To properly control broken appointments, they must be tracked. Statistics and documentation give your office the advantage:

Each time a broken appointment occurs, do the following:

In the patient's Chart:

- Type a clinical note with details about the failed appointment
- Post a procedure code using one of the codes listed in the table below.

Code	Description
D9986	Failed Appointment - No Show, No Call Received
D9986.CN	Failed Appointment - Consult
D9986.E	Failed Appointment - Emergency
D9986.I	Failed Appointment - Initial Exam
D9986.P	Failed Appointment - Prime Time**
D9986.S	Failed Appointment - Sedation
D9986.R	Failed Appointment - Recare
D9987	Cancelled Appointment - Short Notice Cancellation
D9987.CN	Cancelled Appointment - Consult
D9987.E	Cancelled Appointment - Emergency
D9987.I	Cancelled Appointment - Initial Exam
D9987.P	Cancelled Appointment - Prime Time**
D9987.S	Cancelled Appointment - Sedation
D9987.R	Cancelled Appointment - Recare
	**Prime Time - 7-9AM, 4-6 PM

The ADA's CDT codes have only two codes for broken appointments. We recommend you add codes, such as those listed below, to assist with statistical analysis so you can react properly when broken appointments occur. When adding these codes, we recommend you type the description in ALL CAPS so it stands out in your account ledger.

- In Appointment Book, right click to BREAK the appointment
- Is the patient wanting to reschedule? Click below for scripts:

[Handling cancellations](#)

May we try without sedation?

Efficiently Treating the
Anxious Dental Patient

Entry Points to the Practice

Problem Focused Exam





Keys:

Tell-Show-Do

Never Lecture

Same Day Dentistry?

Positive First Visit

Options



Same Day Efficiencies

Use checklists for
efficient setup



Efficiently Treating the
Anxious Dental Patient

Entry Points to the Practice



Comprehensive Exam

Comprehensive Exam

- Develop a Relationship



Comprehensive Exam

Handoff - Business Assistant to Dental Assistant

Front office employee introduces patient by name, then shares:

- Patient's background
- Referral source
- Primary interest
- Primary concern (chief complaint)

- Develop a Relationship

Comprehensive Exam

- Develop a Relationship
- Patient Centered



What are your biggest concerns you want to make sure we address during your visit?*

Overall (excluding any specific problems), what is most important to you concerning your teeth?

- Avoid pain
- I want to keep my teeth
- Cosmetics/Appearance
- Health
- Cost
- Function

As you are considering having your treatment done, is there anything that gets in the way?

- Time
- Budget
- Fear/Trust
- No urgency

Have you come today for the relief of pain? Are you experiencing sensitivity?

- ☐ Pain - Yes ☐ Pain - No ☐ Sensitivity - Yes ☐ Sensitivity - No

If yes to either of the above, in what area of your mouth is the pain/sensitivity?

Comprehensive Exam

- Develop a Relationship
- Patient Centered
- Open ended questions

Self Discovery: Co-Diagnosis

Digital Photography

Photos:

- Take face photo first, have fun
- Take mirror shots last, explain to patient how they will help in advance
- Note any teeth in bad shape, get PA x-rays of those teeth

Taken	Proofed	
<input type="checkbox"/>	<input type="checkbox"/>	Full face with smile
<input type="checkbox"/>	<input type="checkbox"/>	Smile closeup
<input type="checkbox"/>	<input type="checkbox"/>	Anterior retracted - open
<input type="checkbox"/>	<input type="checkbox"/>	Anterior retracted - closed
<input type="checkbox"/>	<input type="checkbox"/>	Maxillary occlusal - with mirror
<input type="checkbox"/>	<input type="checkbox"/>	Mandibular occlusal - with mirror

Take digital camera card to front office to download and crop photos

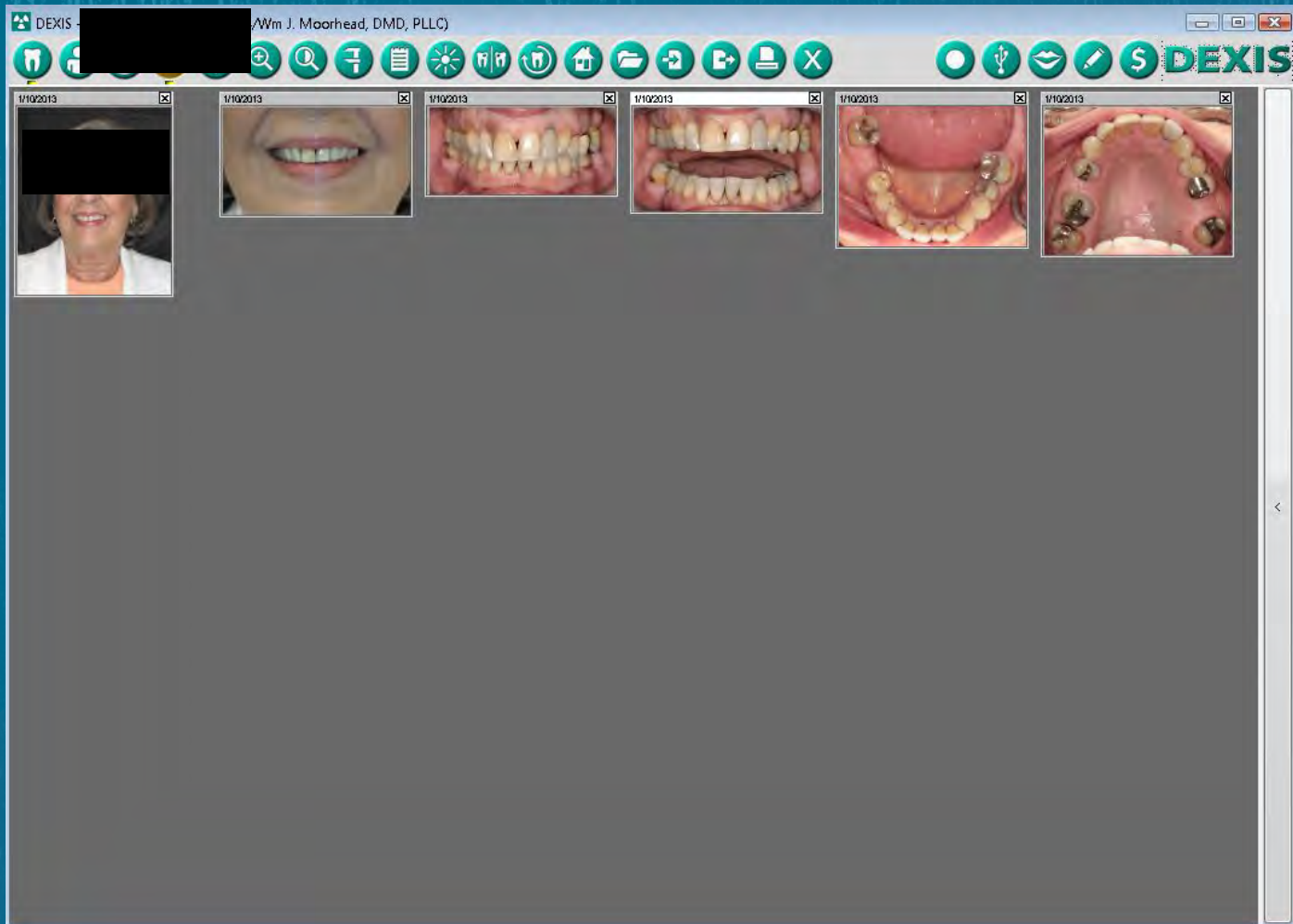
Digital Photography

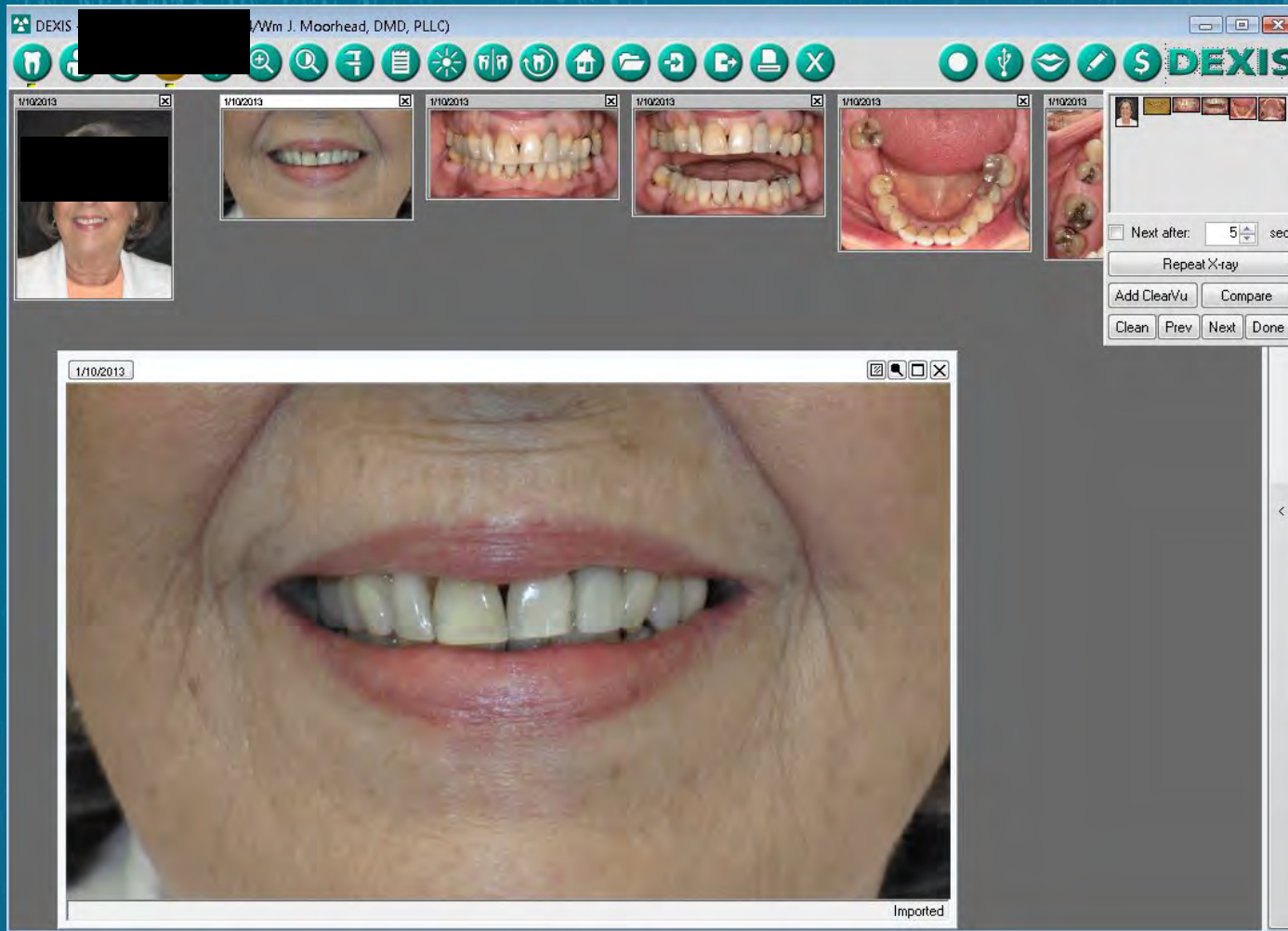
Intra-oral:

- Quick
- Limited field of vision

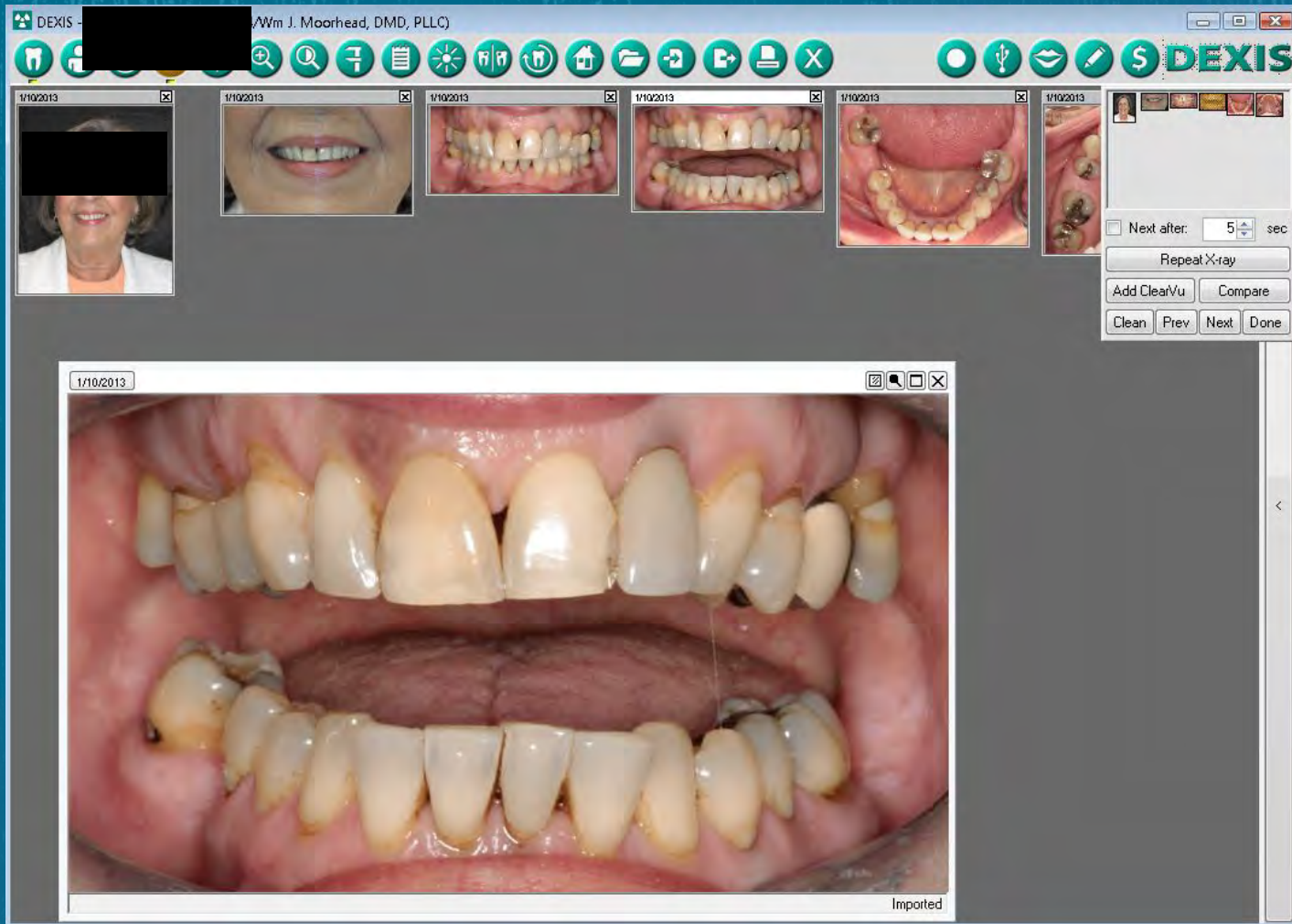
Digital camera:

- Image size – disk storage space, speed of loading

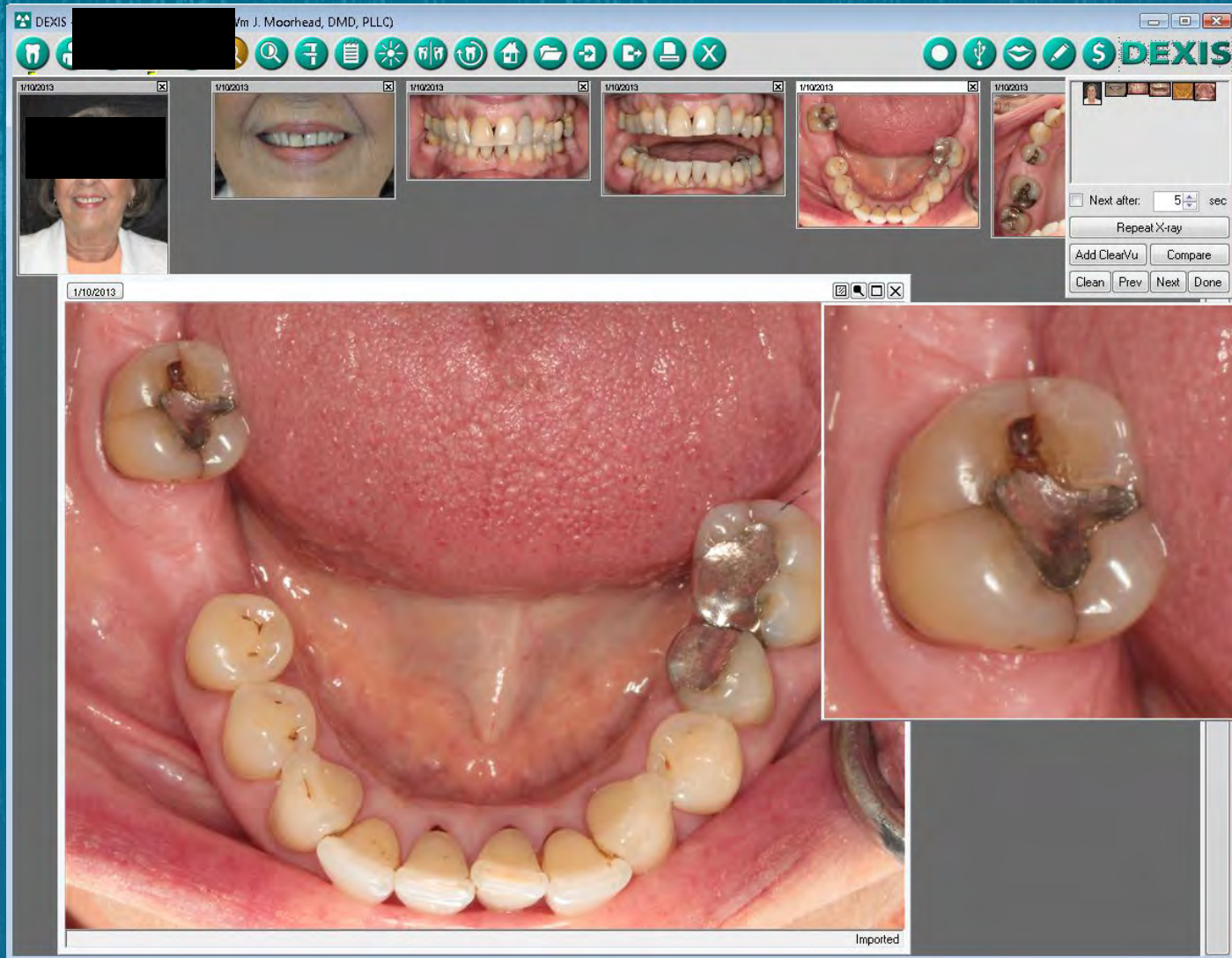


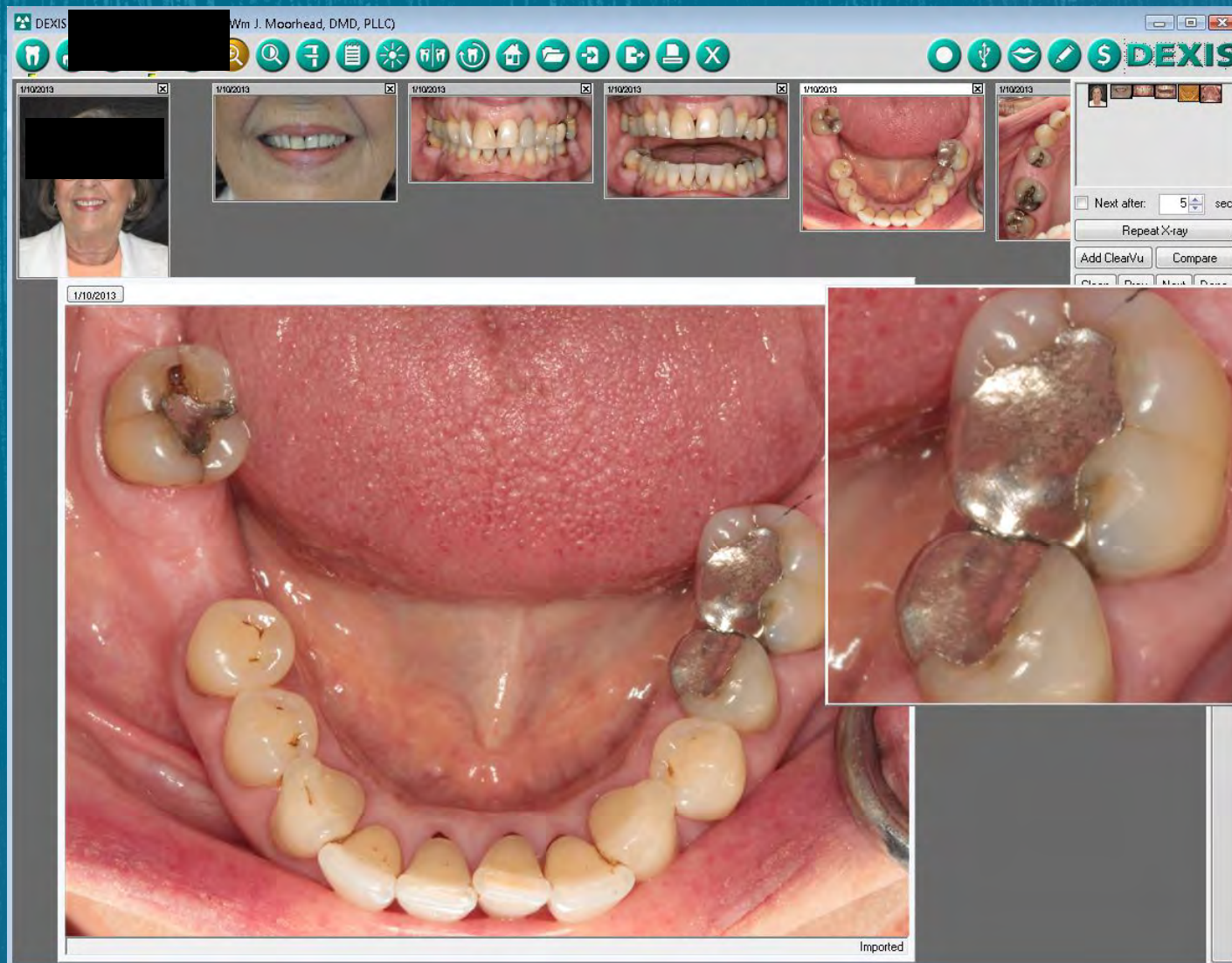














“Overhear” Psychology

- People BELIEVE what they overhear more than they believe what is told directly to them.

Handoff Script:

Intro:	Doctor, this is (name).
Chief Complaint:	(Name) is here because (list chief complaint). (Give details)
Severity:	We've reviewed (name's) photos and x-rays with (him/her). Overall, he/she: <ul style="list-style-type: none">- was surprised at the amount of problems he/she has seen today.- kind of expected to see the amount of problems we've seen today.
Motivation:	(Name) has told me that he/she most wants to (list DBM, such as keep their teeth, have a nicer smile, be out of pain.)
Med Hx:	As we reviewed (name's) medical history, (list significant findings)
HTE:	As we've used the Diagnodent and looked at x-rays, we're seeing what looks like: <ul style="list-style-type: none">- only a little decay- a moderate amount of cavities- several cavities that look quite deep- evidence of ___ teeth that may be abscessed
Perio:	When our hygienist probed to check the health of the gums, she found _____ and she has recommended _____ to treat _____ (example – gingivitis, the gums disease, the receding gums) (Name) was/was not aware of any gum symptoms before. (He/she) had told me about (example - gums bleeding when brushing).
Smile/Whitening:	Since (name) had told me he/she would like whiter teeth, we talked about our special Lifetime Whitening offer for new patients, <ul style="list-style-type: none">- and he/she is interested.

Treatment Planning:

Prioritizing

- Immediate needs
- 6-24 months
- Ideal

Treatment Planning: Prioritizing

- Immediate needs
- 6-24 months
- Ideal

Tooth	Diagnosis	Tx Plan	Phase
1			
2			
3			
4			
5			
6			
7			
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32			

Soft Tissue Exam

Neck-Lymph Nodes

Gum

Lips

Labial Mucosa

Buccal Mucosa

Mucobuccal Fold

Palate

Gingiva

Tongue

Floor of Mouth

Anterior/Dorsal Floor

Oral Pharynx

Tonsils

Notes, including

☐ Update Quest

☐ Mark best way

Patient Name: _____

Date: _____

☐ Prophyl

☐ Complete

☐ Complete

☐ Tx Kit

☐ Rance

☐ Guard

☐ LL ☐ T

Tr

Progress Notes

Date	Tooth	Surface	Code	Provider	Description	N	R	D	M	Status
02/10/2018			D1330	DR01	Oral hygiene instruction					TP
02/10/2018			D1110	DR01	Prophy (Scale & Polish)					TP
02/10/2018	12	DO	D2392	DR01	Resin-Permanant,2 Surface-Post					TP
02/10/2018	17		D7210	DR01	Surgical Removal-Erupted Tooth					TP
02/10/2018	18	MO	D2392	DR01	Resin-Permanant,2 Surface-Post					TP
02/10/2018	19		D7210	DR01	Surgical Removal-Erupted Tooth					TP
02/10/2018	20	MOD	D2393	DR01	Resin-Permanent,3 Surf Poster					TP
02/10/2018	29		D3320	DR01	Root Canal Therapy-Prem: Instr					TP
02/10/2018	29	DOL	D2954	DR01	Post&Core buildup for crown-4+					TP
02/10/2018	29		D2740	DR01	Crown - All Ceramic-Prep/Impr					TP
02/10/2018	29		D2740	DR01	All Ceramic Crown: Cement					TP

Immediate Needs
Created: 1/11/2007

- 1 D9230: Nitrous Oxide Sedation
- 1 D7210: Surgical Removal-Erupted Tooth [#17]
- 1 D7210: Surgical Removal-Erupted Tooth [#19]
- 2 D1110: Prophy (Scale & Polish)
- 2 D1330: Oral hygiene instruction
- 3 D9230: Nitrous Oxide Sedation
- 3 D2740: Crown - All Ceramic-Prep/Impr [#29]
- 3 D2954: Post&Core buildup for crown-4+ [#29 DOL]
- 3 D3320: Root Canal Therapy-Prem: Instr [#29]
- 4 D9230: Nitrous Oxide Sedation
- 4 D2392: Resin-Permanant,2 Surface-Post [#12 DO]
- 4 D2392: Resin-Permanant,2 Surface-Post [#18 MO]
- 4 D2393: Resin-Permanent,3 Surf Poster [#20 MOD]
- 5 D2740: All Ceramic Crown: Cement [#29]

Tr

Date	Tooth	Surface	Code	Provider	Description	N	R	D	M	Status
02/10/2018			D1330	DR01	Oral hygiene instruction					TP
02/10/2018			D1110	DR01	Prophy (Scale & Polish)					TP
02/10/2018	12	DO	D2392	DR01	Resin-Permanant,2 Surface-Post					TP
02/10/2018	13	MODLB	D2950	DR01	Core buildup for crown					TP
02/10/2018	13		D2740	DR01	Crown - All Ceramic-Prep/Impr					TP
02/10/2018	13		D2740	DR01	All Ceramic Crown: Cement					TP
02/10/2018	14	MOLB	D2950	DR01	Core buildup for crown					TP
02/10/2018	14		D2740	DR01	Crown - All Ceramic-Prep/Impr					TP
02/10/2018	14		D2740	DR01	All Ceramic Crown: Cement					TP
02/10/2018	17		D7210	DR01	Surgical Removal-Erupted Tooth					TP
02/10/2018	18	MO	D2392	DR01	Resin-Permanant,2 Surface-Post					TP
02/10/2018	19		D7210	DR01	Surgical Removal-Erupted Tooth					TP
02/10/2018	20	MOD	D2393	DR01	Resin-Permanent,3 Surf Poster					TP
02/10/2018	29		D3320	DR01	Root Canal Therapy-Prem: Instr					TP
02/10/2018	29	DOL	D2954	DR01	Post&Core buildup for crown-4+					TP
02/10/2018	29		D2740	DR01	Crown - All Ceramic-Prep/Impr					TP
02/10/2018	29		D2740	DR01	All Ceramic Crown: Cement					TP

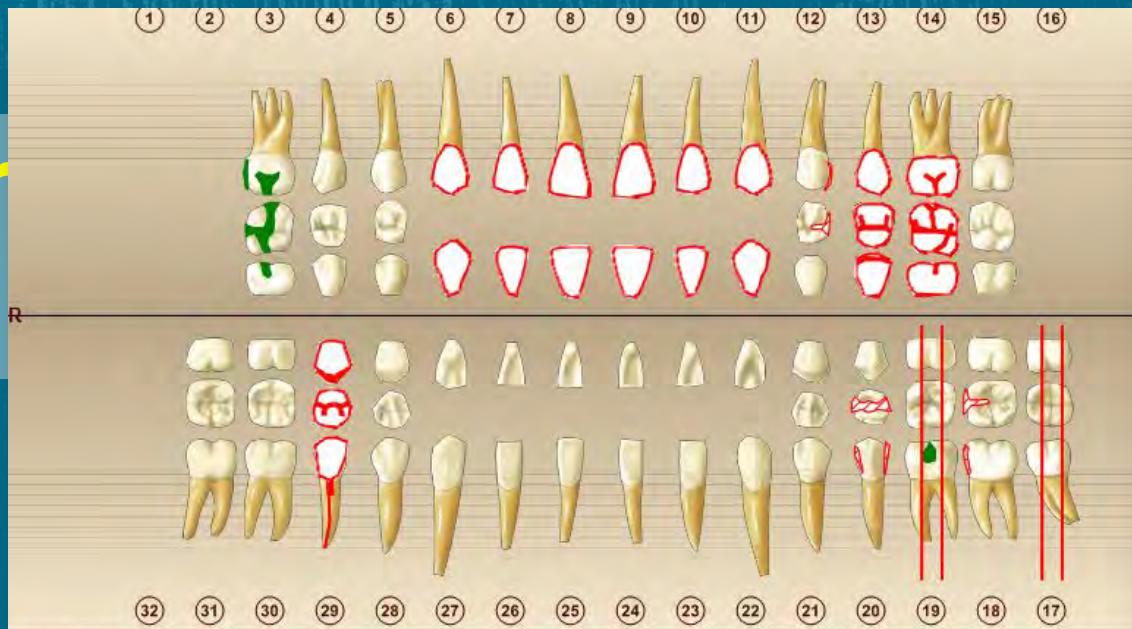
Immediate Needs
 Created: 1/11/2007

- 1 D9230: Nitrous Oxide Sedation
- 1 D7210: Surgical Removal-Erupted Tooth [#17]
- 1 D7210: Surgical Removal-Erupted Tooth [#19]
- 2 D1110: Prophy (Scale & Polish)
- 2 D1330: Oral hygiene instruction
- 3 D9230: Nitrous Oxide Sedation
- 3 D2740: Crown - All Ceramic-Prep/Impr [#29]
- 3 D2954: Post&Core buildup for crown-4+ [#29 DOL]
- 3 D3320: Root Canal Therapy-Prem: Instr [#29]
- 4 D9230: Nitrous Oxide Sedation
- 4 D2392: Resin-Permanant,2 Surface-Post [#12 DO]
- 4 D2392: Resin-Permanant,2 Surface-Post [#18 MO]
- 4 D2393: Resin-Permanent,3 Surf Poster [#20 MOD]
- 5 D2740: All Ceramic Crown: Cement [#29]

6-24 Months
 Created: 2/10/2018

- 1 **D9230: Nitrous Oxide Sedation**
- 1 D2740: Crown - All Ceramic-Prep/Impr [#13]
- 1 D2950: Core buildup for crown [#13 MODLB]
- 1 D2740: Crown - All Ceramic-Prep/Impr [#14]
- 1 D2950: Core buildup for crown [#14 MOLB]
- 2 D2740: All Ceramic Crown: Cement [#13]
- 2 D2740: All Ceramic Crown: Cement [#14]

Tr



Progress Notes

Date	Tooth	Surface	Code	Provider	Description	N	R	D	M	Status
02/10/2018			D9940	DR01	Occlusal Guard-bruxism: Insert					TP
02/10/2018			D9940	DR01	Occlusal Guard-bruxism: Impress					TP
02/10/2018			D9230	DR01	Nitrous Oxide Sedation					TP
02/10/2018	6		D2740	DR01	Crown - All Ceramic-Prep/Impr					TP
02/10/2018	6		D2740	DR01	All Ceramic Crown: Cement					TP
02/10/2018	7		D2740	DR01	Crown - All Ceramic-Prep/Impr					TP
02/10/2018	7		D2740	DR01	All Ceramic Crown: Cement					TP
02/10/2018	8		D2740	DR01	Crown - All Ceramic-Prep/Impr					TP
02/10/2018	8		D2740	DR01	All Ceramic Crown: Cement					TP
02/10/2018	9		D2740	DR01	Crown - All Ceramic-Prep/Impr					TP
02/10/2018	9		D2740	DR01	All Ceramic Crown: Cement					TP
02/10/2018	10		D2740	DR01	Crown - All Ceramic-Prep/Impr					TP
02/10/2018	10		D2740	DR01	All Ceramic Crown: Cement					TP
02/10/2018	11		D2740	DR01	Crown - All Ceramic-Prep/Impr					TP
02/10/2018	11		D2740	DR01	All Ceramic Crown: Cement					TP

Immediate Needs
 Created: 1/11/2007

6-24 Months
 Created: 2/10/2018

Ideal
 Created: 2/10/2018

- D0470: Diagnostic casts
- D7880: Occlusal orthotic - Kois Deprog
- D9950: Occlusal analysis-mounted case
- D7880: Insert Kois Deprogrammer
- D7880: Kois Equil - Questionnaire/Bite
- D9952: Occl Adjustment-Complete (Kois)
- D9230: Nitrous Oxide Sedation
- D2740: Crown - All Ceramic-Prep/Impr [#6]
- D2740: Crown - All Ceramic-Prep/Impr [#7]
- D2740: Crown - All Ceramic-Prep/Impr [#8]
- D2740: Crown - All Ceramic-Prep/Impr [#9]
- D2740: Crown - All Ceramic-Prep/Impr [#10]
- D2740: Crown - All Ceramic-Prep/Impr [#11]
- D9940: Occlusal Guard-bruxism: Impress
- D2740: All Ceramic Crown: Cement [#6]
- D2740: All Ceramic Crown: Cement [#7]
- D2740: All Ceramic Crown: Cement [#8]
- D2740: All Ceramic Crown: Cement [#9]
- D2740: All Ceramic Crown: Cement [#10]
- D2740: All Ceramic Crown: Cement [#11]
- D9940: Occlusal Guard-bruxism: Insert

Treatment Planning: Avoiding Problems

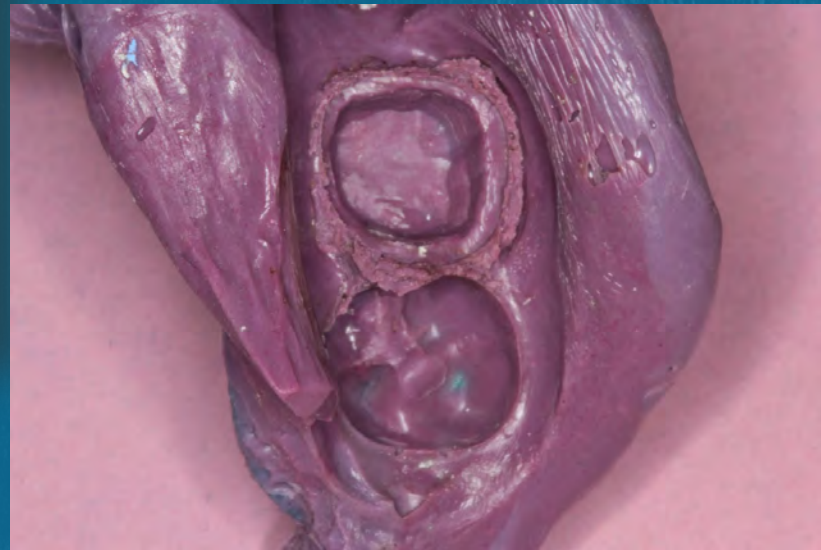


Treatment Planning: Avoiding Problems



Treatment Planning:

Custom C&B Trays



Treatment Planning:

Custom C&B Trays



Tr

Date	Tooth	Surface	Code	Provider	Description	N	R	D	M	Status
02/10/2018			D1330	DR01	Oral hygiene instruction					TP
02/10/2018			D1110	DR01	Prophy (Scale & Polish)					TP
02/10/2018	12	DO	D2392	DR01	Resin-Permanant,2 Surface-Post					TP
02/10/2018	13	MODLB	D2950	DR01	Core buildup for crown					TP
02/10/2018	13		D2740	DR01	Crown - All Ceramic-Prep/Impr					TP
02/10/2018	13		D2740	DR01	All Ceramic Crown: Cement					TP
02/10/2018	14	MOLB	D2950	DR01	Core buildup for crown					TP
02/10/2018	14		D2740	DR01	Crown - All Ceramic-Prep/Impr					TP
02/10/2018	14		D2740	DR01	All Ceramic Crown: Cement					TP
02/10/2018	17		D7210	DR01	Surgical Removal-Erupted Tooth					TP
02/10/2018	18	MO	D2392	DR01	Resin-Permanant,2 Surface-Post					TP
02/10/2018	19		D7210	DR01	Surgical Removal-Erupted Tooth					TP
02/10/2018	20	MOD	D2393	DR01	Resin-Permanent,3 Surf Poster					TP
02/10/2018	29		D3320	DR01	Root Canal Therapy-Prem: Instr					TP
02/10/2018	29	DOL	D2954	DR01	Post&Core buildup for crown-4+					TP
02/10/2018	29		D2740	DR01	Crown - All Ceramic-Prep/Impr					TP
02/10/2018	29		D2740	DR01	All Ceramic Crown: Cement					TP

Immediate Needs
 Created: 1/11/2007

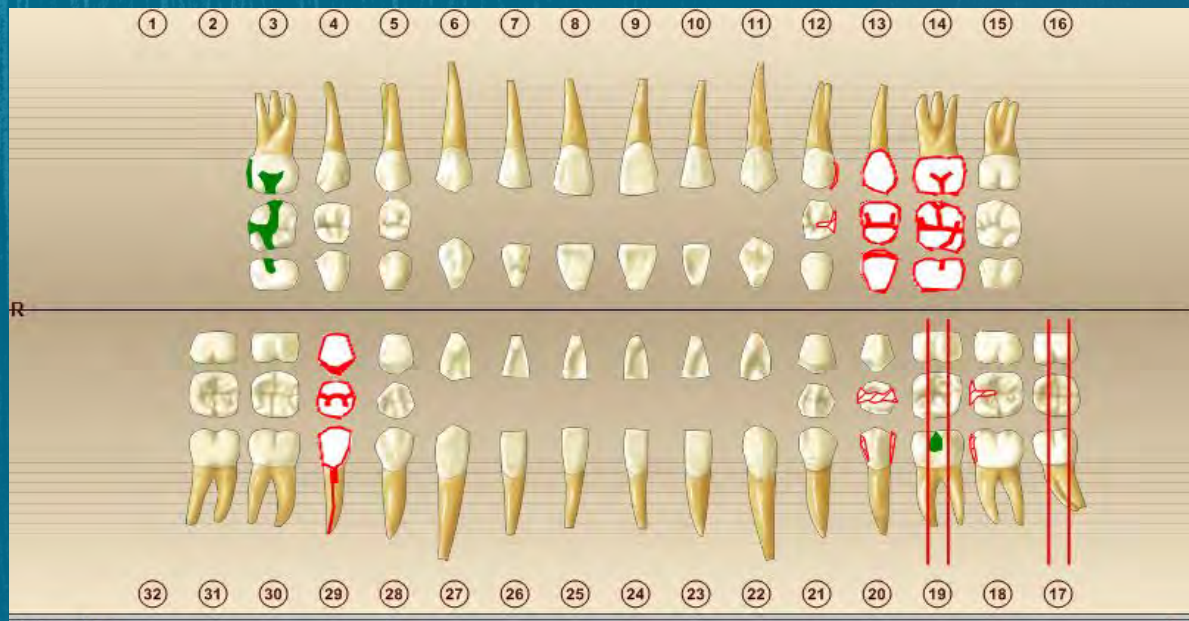
- 1 D9230: Nitrous Oxide Sedation
- 1 D7210: Surgical Removal-Erupted Tooth [#17]
- 1 D7210: Surgical Removal-Erupted Tooth [#19]
- 2 D1110: Prophy (Scale & Polish)
- 2 D1330: Oral hygiene instruction
- 3 D9230: Nitrous Oxide Sedation
- 3 D2740: Crown - All Ceramic-Prep/Impr [#29]
- 3 D2954: Post&Core buildup for crown-4+ [#29 DOL]
- 3 D3320: Root Canal Therapy-Prem: Instr [#29]
- 4 D9230: Nitrous Oxide Sedation
- 4 D2392: Resin-Permanant,2 Surface-Post [#12 DO]
- 4 D2392: Resin-Permanant,2 Surface-Post [#18 MO]
- 4 D2393: Resin-Permanent,3 Surf Poster [#20 MOD]
- 5 D2740: All Ceramic Crown: Cement [#29]

6-24 Months
 Created: 2/10/2018

- 1 D9230: Nitrous Oxide Sedation
- 1 D2740: Crown - All Ceramic-Prep/Impr [#13]
- 1 D2950: Core buildup for crown [#13 MODLB]
- 1 D2740: Crown - All Ceramic-Prep/Impr [#14]
- 1 D2950: Core buildup for crown [#14 MOLB]
- 2 D2740: All Ceramic Crown: Cement [#13]
- 2 D2740: All Ceramic Crown: Cement [#14]

Treatment Planning:

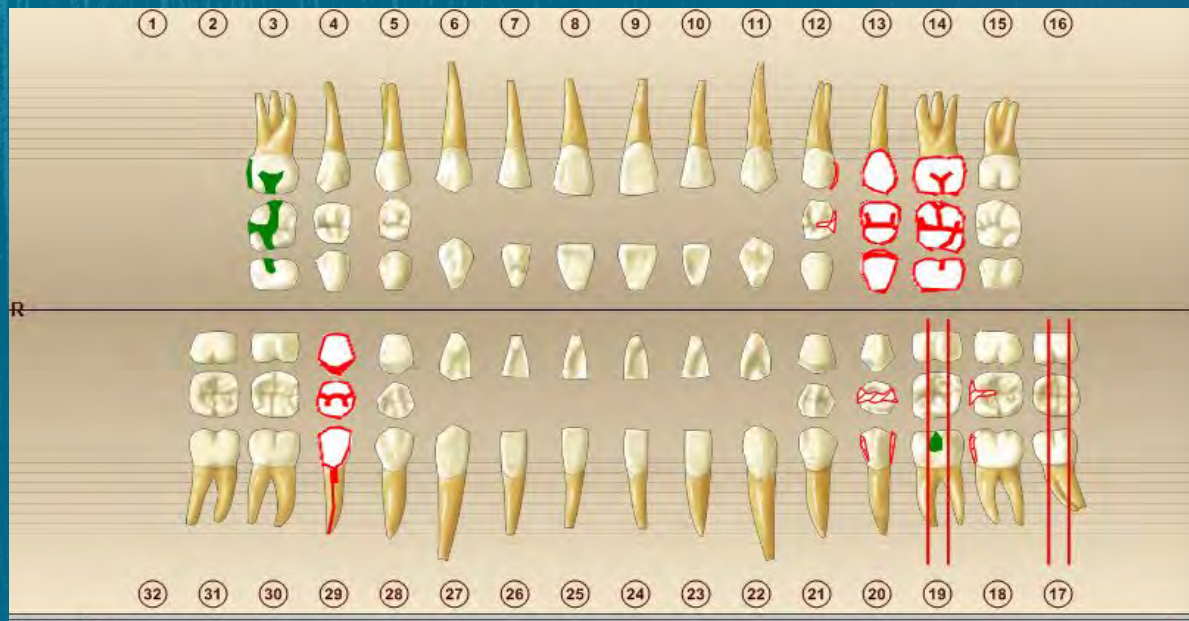
What if we used sedation?



Immediate Needs Created: 1/11/2007	
1	D9230: Nitrous Oxide Sedation
1	D7210: Surgical Removal-Erupted Tooth [#17]
1	D7210: Surgical Removal-Erupted Tooth [#19]
2	D1110: Prophy (Scale & Polish)
2	D1330: Oral hygiene instruction
3	D9230: Nitrous Oxide Sedation
3	D2740: Crown - All Ceramic-Prep/Impr [#29]
3	D2954: Post&Core buildup for crown-4+ [#29 DOL]
3	D3320: Root Canal Therapy-Prem: Instr [#29]
4	D9230: Nitrous Oxide Sedation
4	D2392: Resin-Permanant,2 Surface-Post [#12 DO]
4	D2392: Resin-Permanant,2 Surface-Post [#18 MO]
4	D2393: Resin-Permanent,3 Surf Poster [#20 MOD]
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6-24 Months Created: 2/10/2018	
1	D9230: Nitrous Oxide Sedation
1	D2740: Crown - All Ceramic-Prep/Impr [#13]
1	D2950: Core buildup for crown [#13 MODLB]
1	D2740: Crown - All Ceramic-Prep/Impr [#14]
1	D2950: Core buildup for crown [#14 MOLB]
2	D2740: All Ceramic Crown: Cement [#13]
2	D2740: All Ceramic Crown: Cement [#14]

Treatment Planning:

What if we used sedation?



Treatment plan with Sedation Created: 2/10/2018	
1	D0011: Review sedation consent forms
1	D1110: Prophyl (Scale & Polish)
1	D1330: Oral hygiene instruction
2	D9240: Intravenous sedation
2	D2392: Resin-Permanent,2 Surface-Post [#12 DO]
2	D2740: Crown - All Ceramic-Prep/Impr [#13]
2	D2950: Core buildup for crown [#13 MODLB]
2	D2740: Crown - All Ceramic-Prep/Impr [#14]
2	D2950: Core buildup for crown [#14 MOLB]
2	D7210: Surgical Removal-Erupted Tooth [#17]
2	D7210: Surgical Removal-Erupted Tooth [#19]
2	D2740: Crown - All Ceramic-Prep/Impr [#29]
2	D2954: Post&Core buildup for crown-4+ [#29 DOL]
2	D3320: Root Canal Therapy-Prem: Instr [#29]
3	D9248: Follow Up from Sedation Appoint
4	D9240: Intravenous sedation
4	D2740: All Ceramic Crown: Cement [#13]
4	D2740: All Ceramic Crown: Cement [#14]
4	D2392: Resin-Permanent,2 Surface-Post [#18 MO]
4	D2393: Resin-Permanent,3 Surf Poster [#20 MOD]
4	D2740: All Ceramic Crown: Cement [#29]

Treatment Planning:

How much time

Allow extra time
when needed

[Home](#) » [Business Office](#) » Procedure Time Codes

[Clinical](#) | [Business Office](#) | [Emergencies](#) | [Video Tutorials](#)

Procedure Time Codes

Operative

	w/EDDA	No EDDA
Posterior - occlusals only, 1-2 teeth same quad	2/-1x-2/	1/-2x-0
Posterior - occlusals only, 3-4 teeth	2/-2x-3/	1/-3x-0
Posterior - MO, DO, MOD, 1-2 teeth	2/-3x-4/	1/-4x-0
Posterior - MO, DO, MOD, 3-4 teeth	2/-3x-6/	1/-6x-0
Class 5 lesions, 1-2 teeth	1/-1x-2/	1/-2x-0
Class 5 lesions, 3-4 teeth	1/-2x-3/	1/-4x-0
Anterior - 1 tooth (MFL, DFL)	1/-1x-3x	1/-3x-0
Anterior - 2 teeth (MFL, DFL)	1/-2x-4x	1x-5x-0
Anterior - 3 teeth (MFL, DFL)	1/-3x-6/	1/-8x-0

Crown and Bridge

	w/EDDA	No EDDA
Core & Crown prep - 1 tooth	1/-5x-4/	1/-8x-0
Core & Crown prep - 2 teeth	1/-6x-6/	1x-10x-0
Core & Crown prep - 3 teeth	1/-8x-7/	1/-12x-0
Core & FPD preps (one bridge)	1/-10x-6/	1/-10x-0
Crown prep (no core) - 1 tooth	1/-4x-4/	1/-7x-0
Crown prep (no core) - 2 teeth same area	1/-5x-6/	1/-9x-0
Crown prep (no core) - 2 teeth different areas	1/-7x-6/	1/-11x-0
Crown prep (no core) - 3 teeth same area	1/-7x-7/	1/-12x-0
Onlay prep - 1 tooth	1/-3x-2/	1/-5x-0
Onlay prep - 2 teeth same	1/-5x-3/	1/-7x-0

Treatment Plan

How much time

Allow extra time
when needed

StreamDent™ Considering Stress in the Dental Practice		Prep Time Units Total	Dr. Time Units Total	EDDA Time Units Total	Asst Time Units Total	Hyg Time Units Total	
Time Code Builder®							
Total Time Needed		0	0	0	0	0	H
Exams/Periodontal Procedures			0	0	0	0	
	Comprehensive exam	0	0	0	0	0	
	Adult Prophyl		0	0	0	0	
	Initial Perio Scale		0	0	0	0	
	Initial Perio Scale - one arch only		0	0	0	0	
	1 Quad RDT						0
	4 Quads RDT - KMAP						0
Resins/Operative:			0	0	0	0	
	Posterior Resin - Class I & V resins (O, B, L)		0	0			
	Posterior Resin - Class II (MO, DO, MOD)		0	0			
	Posterior Resin - 4+ surf. (ex. MODB)		0	0			
	Posterior Amalgam - Class I & V resins (O, B, L)		0	0			
	Posterior Amalgam - Class II (MO, DO, MOD)		0	0			
	Posterior Amalgam - 4+surf. (ex. MODB)		0	0			
	Anterior - Class III & IV (M & D = 2 preps)		0	0			
	Icon Infiltrant - per tooth		0	0			
	SSC		0	0			
Crown & Bridge Preps							
	Assistant time pre-op if no models (enter "1")	0					
	Per tooth - no core buildup		0	0	0		
	Per tooth - including core buildup		0	0	0		
Crown & Bridge Seat							
	Per tooth, excluding pontics	0	0	0	0		
Implants:							
	Surgical placement of standard implant		0	0			
	Impression for implant abutment		0	0			
	Seat implant abutment, impr & temp for crown		0	0			

Efficiently Treating the
Anxious Dental Patient



Continuing Care

Will They Follow Through?

Streamlining:

Treating the Anxious Patient More Efficiently

Medical Histories

Asthma

Diabetes

Lung Problems/COPD

- Do you have emphysema (“barrel chested,” “pink puffers”)?
- Do you have severe asthma? (Are there any signs of cyanosis – “blue puffers”?)
- What medications do you take?
- Is your COPD stable (i.e. no shortness of breath, no productive cough, $\text{SaO}_2 > 91\%$)?

Streamlining:

Treating the Anxious Patient More Efficiently

Lexi-Comp Drug Database

Escitalopram (Dental Lexi-Drugs)

Navigation Tree


- Pronunciation
- Special Alerts
- ALERT: U.S. Boxed Warning
- Related Information
- Allergy Considerations
- Brand Names: U.S.
- Brand Names: Canada
- Generic Availability (U.S.)
- Index Terms
- Pharmacologic Category
- Use
- Unlabeled Use
- Local
- Anesthetic/Vasoconstrictor Precautions
- Effects on Dental Treatment
- Effects on Bleeding
- Significant Adverse Effects
- Medication Guide
- Dosage
- Mechanism of Action
- Contraindications
- Warnings/Precautions

Monograph Images Adult Patient Education Pediatric Patient Education

Jump to Section Print Help

Escitalopram (Dental Lexi-Drugs)

Pronunciation

 (es sye TAL oh pram)

Special Alerts

- ▶ Canadian Product Labeling Updated in Regards to Risk of Cardiac Arrhythmias May 2012
- ▶ SSRI Use During Pregnancy and Potential Risk of Persistent Pulmonary Hypertension of the Newborn (PPHN) December 2011

ALERT: U.S. Boxed Warning The FDA-approved labeling includes a boxed warning. See Warnings/Precautions section for a concise summary of this information. For verbatim wording of the boxed warning, consult the product labeling or www.fda.gov.

Local Anesthetic/Vasoconstrictor Precautions Although caution should be used in patients taking tricyclic antidepressants, no interactions have been reported with vasoconstrictors and escitalopram, a nontricyclic antidepressant which acts to increase serotonin; no precautions appear to be needed.

Effects on Dental Treatment Key adverse event(s) related to dental treatment: Xerostomia (normal salivary flow resumes upon discontinuation) and toothache. See Effects on Bleeding.

Effects on Bleeding Selective serotonin reuptake inhibitors such as escitalopram may impair platelet aggregation due to platelet serotonin depletion, possibly increasing the risk of a bleeding complication. The risk of a bleeding complication can be increased by coadministration of other antiplatelet agents such as NSAIDs and aspirin.

Streamlining:

Treating the Anxious Patient More Efficiently

Lexi-Comp Drug Interactions

The screenshot displays the Lexi-Comp web application interface for drug interactions. At the top, there is a search bar with the placeholder text "Enter drug, disease, or other keyword" and a "Search" button. To the right of the search bar are links for "Feedback", "Corporate", "User Guide", and "Logout". Below the search bar is a navigation menu with tabs for "Alerts / Interactions", "Drug I.D.", "Calculators", "Patient Education", "Patient aRx", "VisualDx", and "More Clinical Tools".

The main section is titled "Interactions" and contains several sub-sections:

- Selected Items:** A list of drugs and allergies with checkboxes. Under "Drugs", "Diloxin", "Glucophage", and "Lexapro" are listed. Under "Allergies", "Penicillin" is listed. Under "Medication Categories", "Antibiotics, General" is selected, and "Duplicate Drug Therapy" is checked.
- Search and Filters:** A "Search" button, a "Jump to Section" dropdown, a "Filter Item" dropdown, a "Filter Risk Rating" dropdown, and a "Reset Filters" button.
- Lexi-Comp Interaction Analysis:** A legend box showing the meaning of the risk ratings: A = No known interaction, B = No action needed, C = Monitor therapy, D = Consider therapy modification, and X = Avoid combination.
- Drug-Allergy Interactions:** A list of interactions, all marked with a red "X" indicating they should be avoided. The interactions are: Amoxicillin (Penicillins) [Antibiotics, General] - Penicillin (Penicillins), Augmentin (Penicillins) [Antibiotics, General] - Penicillin (Penicillins), CeFAZolin (Penicillins) [Antibiotics, General] - Penicillin (Penicillins), Cefactor (Penicillins) [Antibiotics, General] - Penicillin (Penicillins), Dicloxacinil (Penicillins) [Antibiotics, General] - Penicillin (Penicillins), Keflex (Penicillins) [Antibiotics, General] - Penicillin (Penicillins), Penicillin V Potassium (Penicillins) [Antibiotics, General] - Penicillin (Penicillins), and Spectracel (Penicillins) [Antibiotics, General] - Penicillin (Penicillins).

At the bottom of the interface, there are buttons for "Alerts", "Analyze", and "Clear".

Streamlining:

Treating the Anxious Patient More Efficiently

Lexi-Comp Drug Interactions

The screenshot displays the Lexi-Comp web application interface for drug interactions. At the top, there is a search bar with the placeholder text "Enter drug, disease, or other keyword" and a "Search" button. To the right of the search bar are links for "Feedback", "Corporate", "User Guide", and "Logout". Below the search bar is a navigation menu with tabs for "Alerts / Interactions", "Drug I.D.", "Calculators", "Patient Education", "Patient aRx", "VisualDx", and "More Clinical Tools".

The main content area is titled "Interactions" and features a sidebar on the left with sections for "Selected Items", "Drugs", "Allergies", and "Medication Categories". Under "Drugs", there are checkboxes for "Diloxin", "Glucophage", and "Lexapro". Under "Allergies", there is a checkbox for "Penicillin". Under "Medication Categories", there is a checkbox for "Antibiotics, General" and a checked checkbox for "Duplicate Drug Therapy". At the bottom of the sidebar are buttons for "Alerts", "Analyze", and "Clear".

The main content area has tabs for "Search", "Medication Categories", "Interaction Analysis", and "Medication Safety Check". Below these tabs are filters for "Jump to Section", "Filter Item", and "Filter Risk Rating", along with a "Reset Filters" button. A legend for the interaction analysis results is provided: a green "A" for "No known interaction", a yellow "C" for "Monitor therapy", a red "X" for "Avoid combination", a blue "B" for "No action needed", and an orange "D" for "Consider therapy modification".

Below the legend, there is a section titled "Drug-Allergy Interactions" which lists several drug-allergy combinations, each marked with a red "X" indicating a contraindication. The combinations listed are: Amoxicillin (Penicillins) [Antibiotics, General] - Penicillin (Penicillins), Augmentin (Penicillins) [Antibiotics, General] - Penicillin (Penicillins), CeFAZolin (Penicillins) [Antibiotics, General] - Penicillin (Penicillins), Cefactor (Penicillins) [Antibiotics, General] - Penicillin (Penicillins), Dicloxacinil (Penicillins) [Antibiotics, General] - Penicillin (Penicillins), Keflex (Penicillins) [Antibiotics, General] - Penicillin (Penicillins), Penicillin V Potassium (Penicillins) [Antibiotics, General] - Penicillin (Penicillins), and Spectracel (Penicillins) [Antibiotics, General] - Penicillin (Penicillins).

Streamlining:

Treating the Anxious Patient More Efficiently

Lexi-Comp Drug Interactions

Interactions

Selected Items Search Office Regimens Interaction Analysis

Selected Items

- ☒ Digoxin
- ☒ Garlic
- ☒ Lexapro®

Selected Regimens

- ☒ Antibiotics, General

Alerts **Analyze** **Clear**

(Interactions between drugs in this regimen are not being displayed)

Amoxicillin (Amoxicillin)

No interactions of Risk Level D or greater identified.

Augmentin (Amoxicillin and Clavulanate)

No interactions of Risk Level D or greater identified.

Biaxin (Clarithromycin)

☒ Lexapro (Highest Risk QTc-Prolonging Agents)

Cefaclor (Cefaclor)

No interactions of Risk Level D or greater identified.



Safe



Safe



AVOID

Streamlining:

Treating the Anxious Patient More Efficiently

Room
Setup



Streamlining: Treating the An

Room Setup



Streamlining:

Treating the Anxious Patient More Efficiently

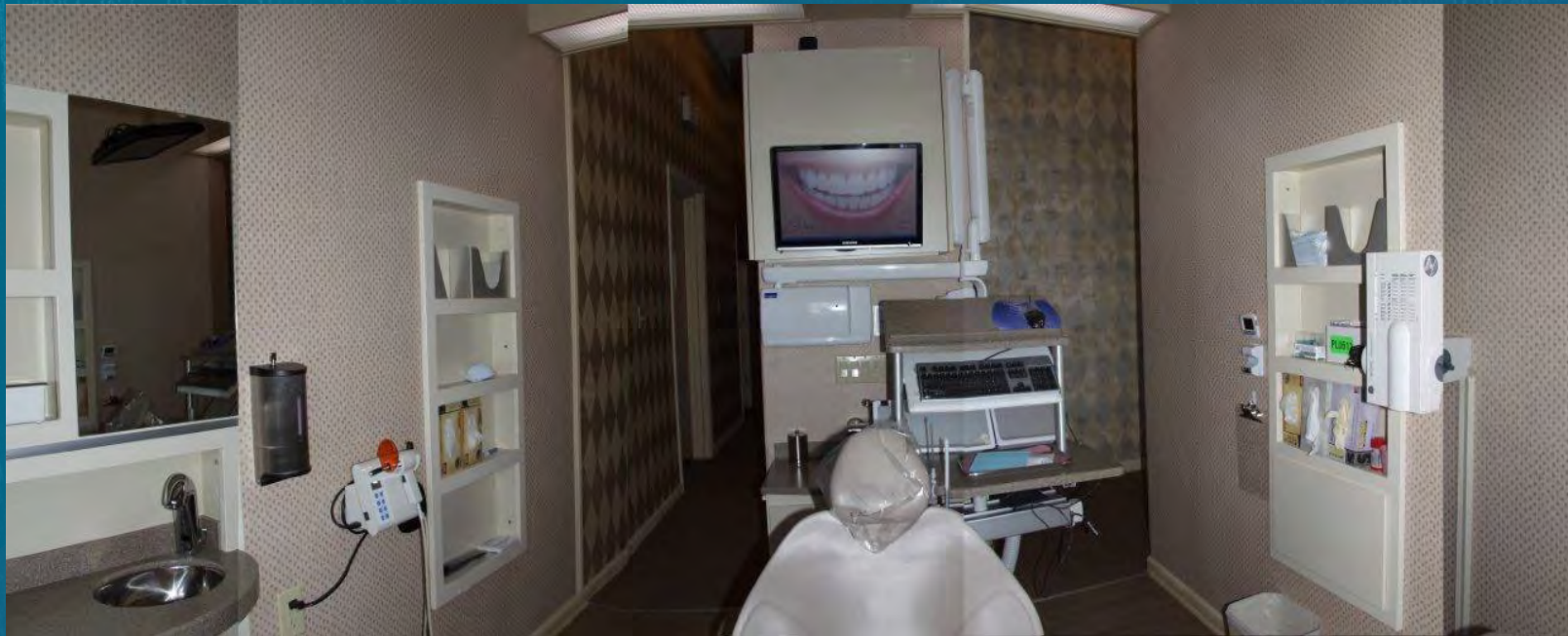
Room Organization



Streamlining:

Treating the Anxious Patient More Efficiently

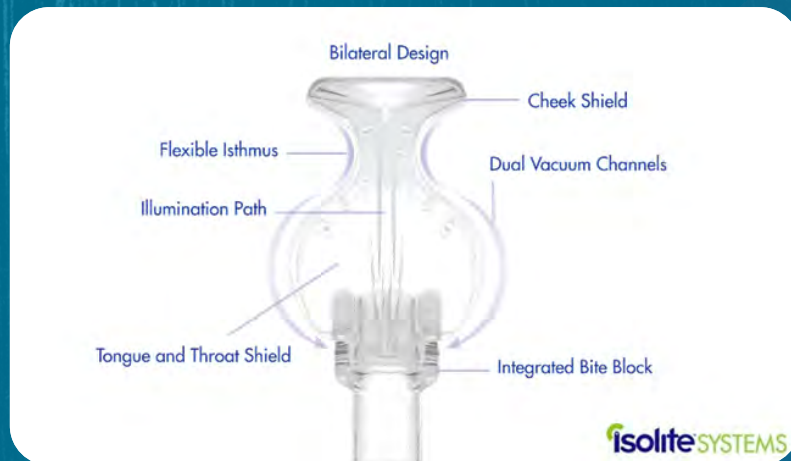
Room Organization



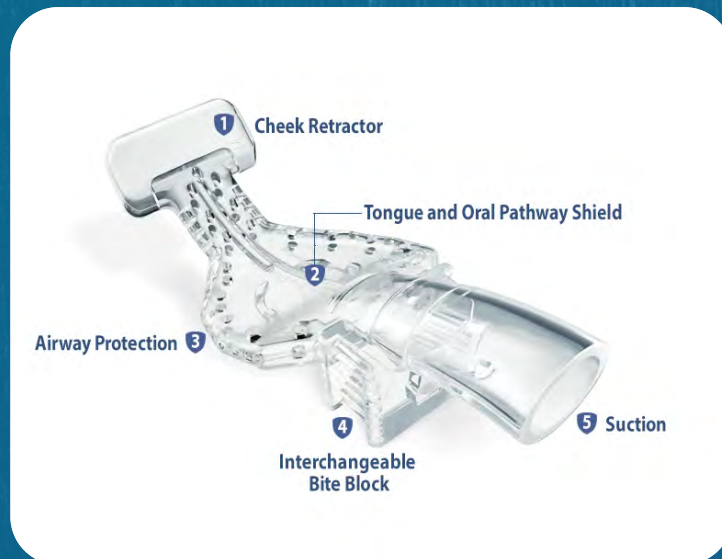
Streamlining:

Treating the Anxious Patient More Efficiently

Isolite®



DryShield®



Streamlining:

Treating the Anxious Patient

Results. The authors performed a two-way analysis of variance. Both the Isolite device and the dental dam with HVE exhibited a significant decrease in the number of contaminated squares ($P < .001$) compared with that for the nonisolated control. In addition, overall, the results showed no statistically significant difference between the Isolite system and the dental dam with HVE ($P = .126$).

Conclusions. The study results showed that use of a dental dam with HVE or the Isolite system significantly reduced spatter overall compared with use of HVE alone.

Clinical Implications. Isolation with a dental dam and HVE or with the Isolite system appears to aid in the reduction of spatter during operative dental procedures, potentially reducing exposure to oral pathogens.

Isolation

Evaluation of the spatter-reduction effectiveness of two dry-field isolation techniques

Michael R. Cottam, DMD, MS; Matthew C. Herring, BS;
Nicola M. Dittmyer, PhD; Richard S. Walker, DDS, MEd

ABSTRACT

Background. The authors conducted a study to compare the effectiveness of two dry-field isolation techniques with that of a control technique (no isolation) in reducing spatter from a dental operative site.

Methods. The authors designed a benchtop experiment to evaluate spatter patterns after performing simulated occlusal surface preparations on three typodont teeth in a dental manikin. Fluorescein dye served as the marker to enable visualization of the spatter distribution. The authors compared the effectiveness of a nonisolated control consisting of high-volume evacuation (HVE) alone with that of two dry-field isolation techniques: a dental dam with HVE and the Isolite system (Isolite Systems, Santa Barbara, Calif.).

Results. The authors performed a two-way analysis of variance. Both the Isolite device and the dental dam with HVE exhibited a significant decrease in the number of contaminated squares ($P < .001$) compared with that for the nonisolated control. In addition, overall, the results showed no statistically significant difference between the Isolite system and the dental dam with HVE ($P = .126$).

Conclusions. The study results showed that use of a dental dam with HVE or the Isolite system significantly reduced spatter overall compared with use of HVE alone.

Clinical Implications. Isolation with a dental dam and HVE or with the Isolite system appears to aid in the reduction of spatter during operative dental procedures, potentially reducing exposure to oral pathogens.

Key Words. Dental dam; spatter; aerosol; fluorescence; isolation; high-volume evacuation.

JADA 2012;143(11):1199-1204.

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Streamlining:

Treating the Anxious Patient More Efficiently



Isolite



Dry Shield

Streamlining:

Treating the Anxious Patient More Efficiently



Isolite



Dry Shield

Emer



All Emergencies - Basic life support principles:

1. Maintain an airway
2. Assess breathing
3. Monitor circulation

Monitor and *record* all vital signs.

Respiratory Distress/Acute Asthmatic Attack

Respiratory Distress: a conscious patient having difficulty breathing. May be caused by bronchospasm (asthma), hyperventilation or acute pulmonary edema. Bronchospasm is the most common. While bronchospasm is easily managed, it can progress to status asthmaticus, which is life-threatening.

Request patients with a history of asthma bring their own bronchodilator aerosol medication to every dental appointment.

Preferred bronchodilator for the emergency kit is albuterol. Unlike epinephrine, albuterol does not stimulate the cardiovascular system.

Signs & Symptoms:

1. Patient has difficulty breathing
2. Patient is conscious

Management:

1. Terminate dental treatment.
2. Place patient in upright position.
3. A-B-C Airway, Breathing, Circulation - Basic life support, as indicated.
4. Monitor BP, heart rate & rhythm every 5 minutes.
5. Differential diagnosis:
 - **Hyperventilation** - negative health history, rapid breathing, light-headed, acute anxiety, tingling fingers, toes.
 - Acute Asthma attack - wheezing, anxious, sweating, face flush (See below)
 - Heart failure - feels like they are suffocating, may be cyanotic, may cough up frothy, blood tinged sputum

Acute Asthmatic Attack

Management of bronchospasm:

1. Position the patient comfortably - usually the patient will prefer to sit up.
2. A wheezing patient is maintaining their own airway, albeit partially obstructed. Blood pressure is usually elevated, while pulse is at base line or slightly elevated.
3. If available, administer a **bronchodilator** - pt's first; if no help, use one from emerg. kit.
4. EMS should be called if bronchodilator is not available, or if no history of asthma, or if patient requests it, or if the episode continues after one or two doses of the bronchodilator (= status asthmaticus).
5. Oxygen may be administered, but is not as critical as the bronchodilator.
If the episode continues or if the patient's lips or nail beds become cyanotic, oxygen must be administered.
6. Administer 0.3 mg epinephrine sub-cutaneous, IM or IV, except in cardiac patients
7. Once the acute episode is over, treatment can resume if the patient and dentist are comfortable. **Modify future treatment to prevent a recurrence.**
8. Patient may leave the dental office on their own if the dentist feels that recovery is complete.

Medications for Asthma/Respiratory Distress:

Bronchodilator spray

I.V. Epinephrine or Aminophylline

Albuterol

Epinephrine

Aminophylline

Respiratory Depression - [click here](#)

ation

sedation

edation

tion

algesics

Hypnotic Drugs

on

Emergency Preparedness

Ten Minutes Saves Life!

- Case sold at cost
- Practitioner choose the drugs to place in the emergency case and orders from distributor of their choice



Emergency Preparedness

Ten Minutes Saves A Life!

- Case sold at cost
- Practitioner choose the drugs to place in the emergency case and orders from distributor of their choice

Oxygenation, Ventilation, Airway Emergency Equipment
Adult Management
Office Team with BLS HP Training
Ten Minutes Saves A Life!®

Oxygen E tank (alloy) with regulator (integral or detachable with key), pressure gauge, and flow meter (1–15L/minute)

Yankauer suction handle with bulb tip and HVE adapter

Nasal cannula adult

Face mask non-rebreather adult

Resuscitation bag adult 1900 mL with pressure manometer, face mask, oxygen reservoir bag, and oxygen tubing

Nasopharyngeal airways (polyvinyl chloride): 24 Fr / 6.0 mm I.D., 26 Fr / 6.5 mm I.D., 28 Fr / 7.0 mm I.D., and 30 Fr / 7.5 mm I.D.

Oropharyngeal airways (Guedel): 80 mm, 90 mm, and 100 mm

Laryngeal Supraglottic Airways – gastric venting

Size 3 (30-60 kg)

Size 4 (50-90 kg)

Size 5 (90 kg+)

Stethoscope

Manual blood pressure sphygmomanometer with appropriate cuff sizes

Magill forceps

Equipment checklist suggested for all dentists with certification in American Heart Association (AHA) Basic Life Support for Healthcare Providers (BLS HP) and their office teams where local anesthesia, minimal sedation, and/or moderate sedation are administered to adult patients. For use by practitioners with training in office emergency airway/ventilation/oxygenation rescue, administration of inhalation and/or intramuscular (IM) emergency management medications, and cardiopulmonary resuscitation (CPR).

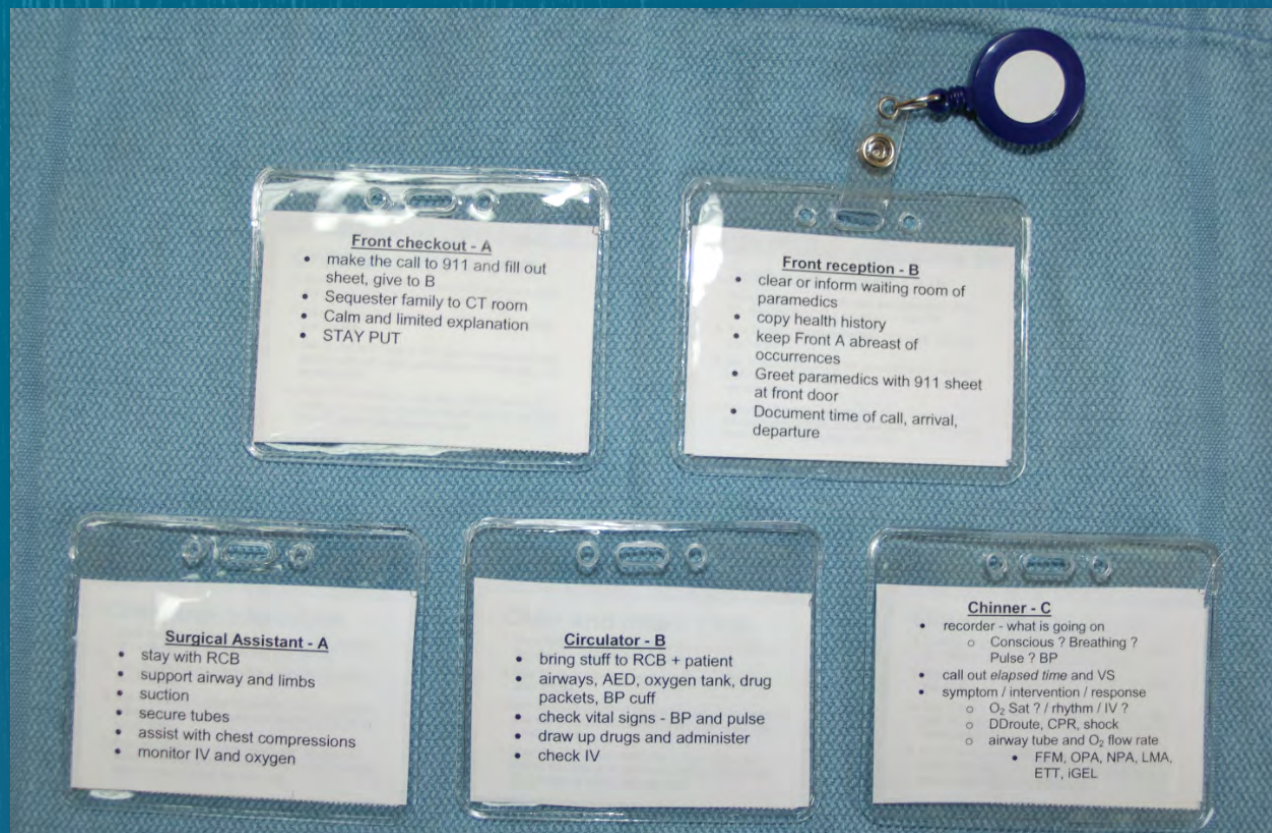
Emergency Preparedness

Ten Minutes Saves Life!

- Cost \$68
- Order from:
 - Rosie Mays
 - Rosie.Mays@uc.edu
 - 513-584-2401



Organize your system pre-assigned role assignments



Emergency 911 Call Instructions

Make sure all cars are cleared from the front of the building. Hello, my name is _____.

I am the receptionist for Flemingsburg Dental Care.

We have a medical emergency and the Dr. asks that you send an ambulance. I do not know what the situation is as I am not currently with the doctor.

Our office is set up in such a way that I cannot relay nor ask questions concerning the patient's status.

Our address is 303 South Main Cross.

We are next to "Save A Lot" grocery.

The nearest cross street is Pumphrey Avenue.

Our call back # is 845-2273.

Please instruct them to come to the front of the building. Someone on our team will meet the ambulance and guide them in.

I have to get off the phone now to assist with the emergency. Is there anything else that you need?

I have to get off the phone now to assist with the emergency. Is there anything else that you need?

Please instruct them to come to the front of the building. Someone on our team will meet the ambulance and guide them in.

Our call back # is 845-2273.

Sedation Safety:

Nitrous Oxide

NO absolute contraindications

Relative contraindications:

- Pregnancy:
 - No sedation technique is truly indicated during 1st trimester.
 - If necessary during 2nd or 3rd trimesters, inhalation sedation is the most indicated, following MD consultation

Source: Dr. Stanley F. Malamed,

Nitrous Oxide

- (B) **Benefits:** Nitrous Oxide *provides relaxation*. You will be awake, fully conscious, aware of my surroundings, and able to respond rationally to inquires and directions
- (R) **Risks:** Temporary complications may include
 - Tingling in the fingers, toes, cheeks, lips, tongue, head or check area;
 - Heaviness in the thighs and/or legs, followed by a lighter floating feeling;
 - Resonation in the voice or carry a hypernasal tone; warm feeling throughout body, with flush cheeks;
 - Periods of uncontrollable laughter or giddiness;
 - Detachment or disassociation from environment may occur;
 - Intense and uncomfortable warm and/or hot feeling throughout body;
 - Lightweight or floating sensation with an accompanying “out of body” sensation;
 - Sluggishness in motion and slurring and/or repetition of words;
 - Feling of nausea; vomiting; agitation; and/or hallucination.
 - *All of these complications are temporary.*
- (A) **Alternatives:**
 - No Nitrous Oxide
 - Anxiolysis
 - Oral Conscious Sedation
 - Intravenous (IV) Sedation/General Anesthetic
- (N) Risks of NO treatment: None

Source: Dr. Stanley F. Malamed,

Nitrous Oxide

- (B) **Benefits:** Nitrous Oxide *provides relaxation. You will be awake, fully conscious, aware of my surroundings, and able to respond rationally to inquires and directions*
- (C) **Risks:** Temporary complications may include:
 - Heaviness in arms and/or legs, followed by a lighter floating feeling;
 - Periods of uncontrollable laughter or giddiness;
 - Detachment or disassociation from environment may occur;
 - Intense and uncomfortable warm and/or hot feeling throughout body;
 - Lightweight or floating sensation with an accompanying “out of body” sensation;
 - Sluggishness in motion and slurring and/or repetition of words;
 - Feeling of nausea; vomiting; agitation; and/or hallucination.
 - *All of these complications are temporary.*
- (A) **Alternatives:**
 - No Nitrous Oxide
 - Anxiolysis
 - Oral Conscious Sedation
 - Intravenous (IV) Sedation/General Anesthetic
- (N) **Risks of NO treatment:** None

Source: Dr. Stanley F. Malamed,

Nitrous Oxide

• (R) Risks: Temporary complications may include

- Tingling in the fingers, toes, cheeks, lips, tongue, head or cheek area;
- Heaviness in the thighs and/or legs, followed by a lighter floating feeling;
- Resonation in the voice or carry a hypernasal tone; warm feeling throughout body, with flush cheeks;
- Periods of uncontrollable laughter or giddiness;
- Detachment or disassociation from environment may occur;
- Intense and uncomfortable warm and/or hot feeling throughout body;
- Lightweight or floating sensation with an accompanying “out of body” sensation;
- Sluggishness in motion and slurring and/or repetition of words;
- Feeling of nausea; vomiting; agitation; and/or hallucination.
- All of these complications are temporary.

• (N) Risks of NO treatment: None

Nitrous Oxide

A) Alternatives:

No Nitrous Oxide

- (R) Risks of nitrous oxide complications may include

- Anxiolysis (fingers, toes, cheeks, lips, tongue, head or cheek area;

- Oral Conscious Sedation (by a lighter floating feeling;

- Intravenous (IV) Sedation/General Anesthetic (warm feeling throughout body, with flush cheeks

- Intense and uncomfortable warm and/or hot feeling throughout body;

- Lightweight or floating sensation with an accompanying “out of body” sensation;

- Sluggishness in motion and slurring and/or repetition of words;

- Feeling of nausea; vomiting; agitation; and/or hallucination.

- *All of these complications are temporary.*

- (A) Alternatives:

- No Nitrous Oxide

- Anxiolysis

- Oral Conscious Sedation

- Intravenous (IV) Sedation/General Anesthetic

- (N) Risks of NO treatment: None

Source: Dr. Stanley F. Malamed,

Nitrous Oxide

Pre-op Instructions:

- Rule out stuffy nose
- Verify there is a driver or patient can stay 20 minutes afterward

Post-op Instructions:

- Don't drive for 20 minutes

Nitrous Oxide

Monitoring standard of care:

- Pre & Post-op Vital Signs
- Maximum concentration used
- Time started & stopped

Nitrous Oxide	PreOp	PostOp
Blood Pressure	145/95	125/87
Heart Rate	110	85
Start/Stop	2:15P	3:00P
N2O/O2 %	45	

Nitrous oxide used to alleviate patient's anxiety.
Postop instructions given, including instructions to
avoid driving for 20 minutes.

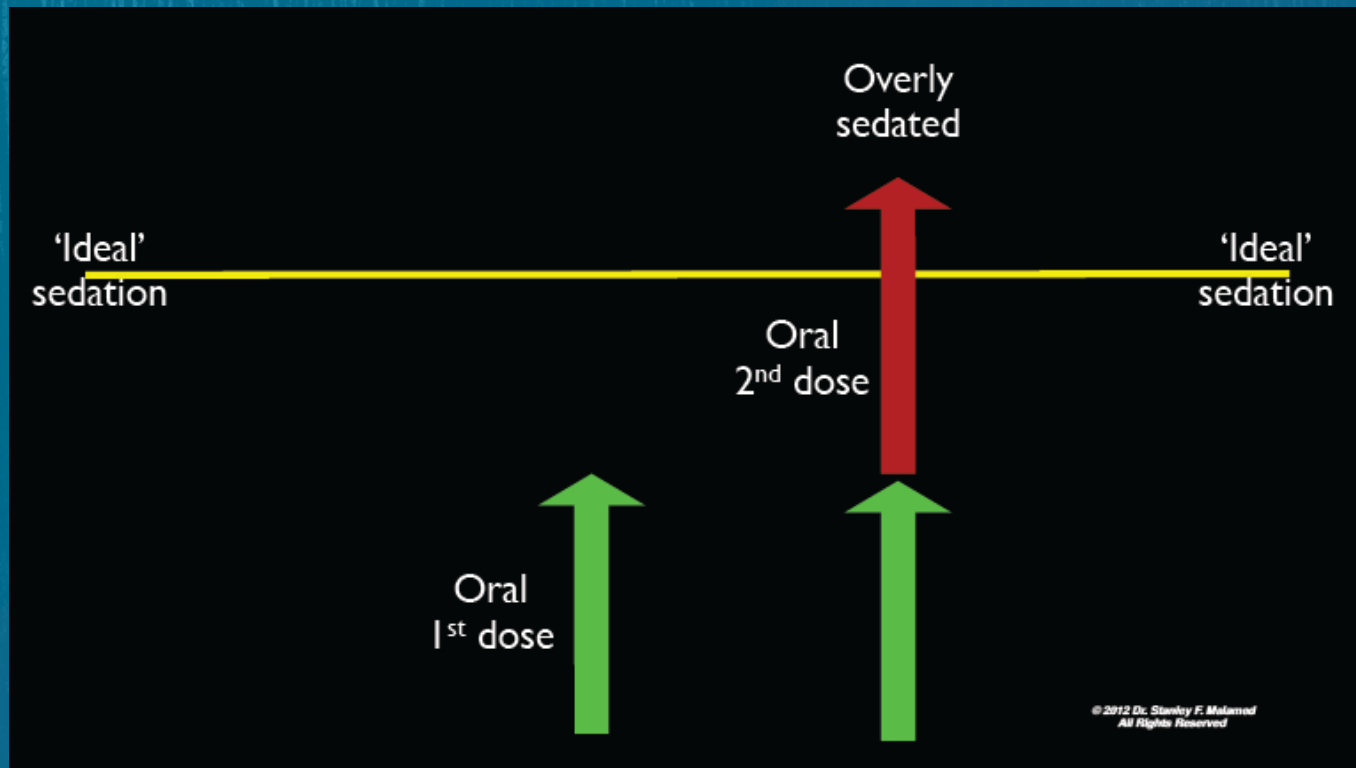
Inhalation Sedation

Nitrous Oxide

- Oral Sedation can be made more effective with the addition of nitrous oxide carefully titrated to the desired level of moderate sedation.

Inhalation Sedation

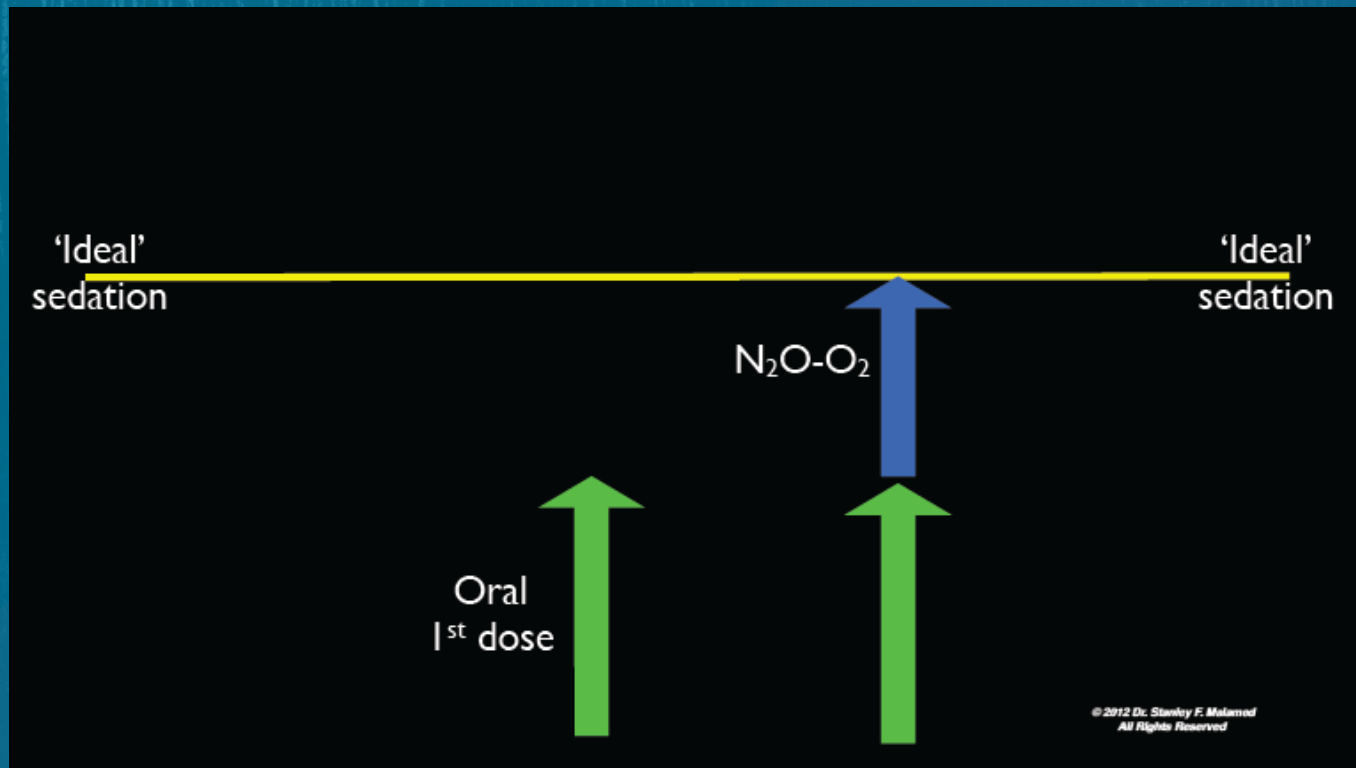
Nitrous Oxide



Source: © 2012 Dr. Stanley F. Malamed, used with permission

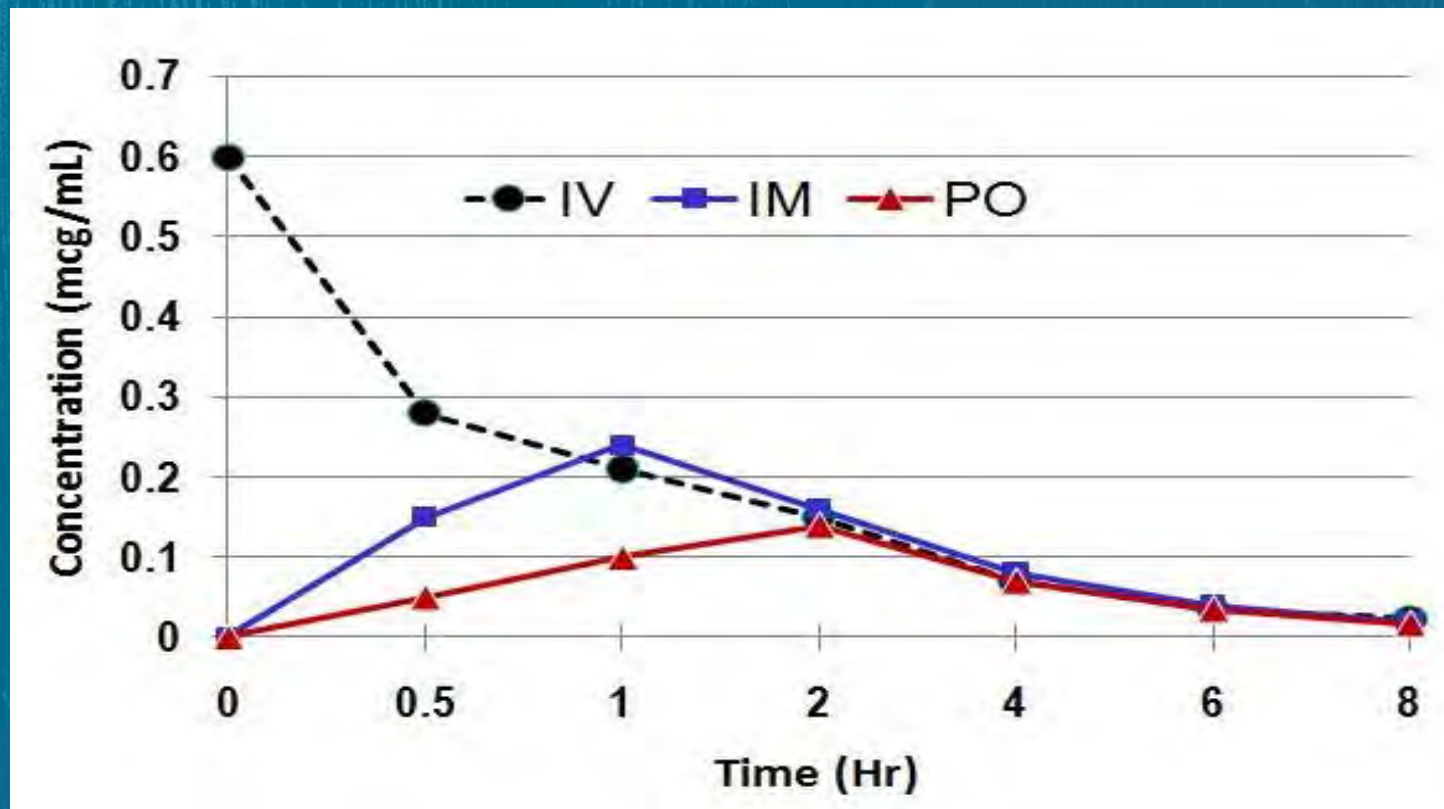
Inhalation Sedation

Nitrous Oxide



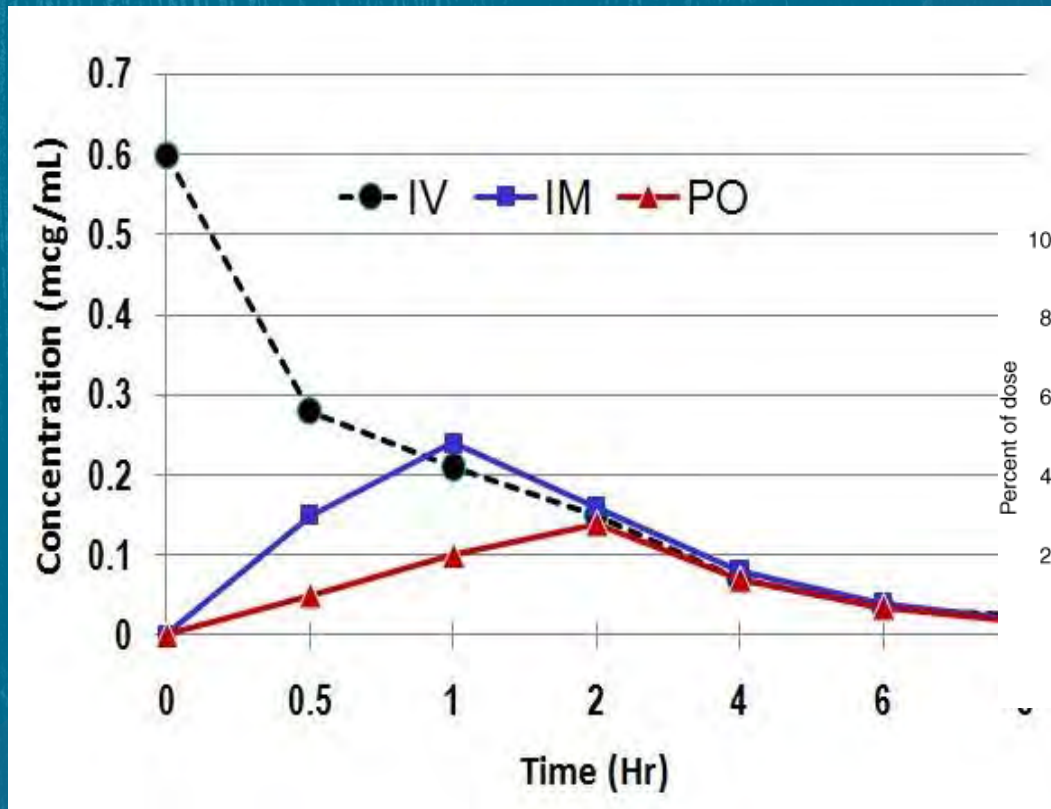
Source: © 2012 Dr. Stanley F. Malamed, used with permission

What happens to a drug when it is administered?



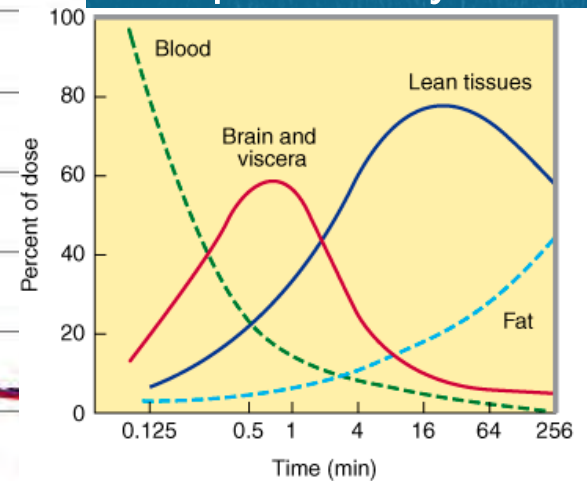
Adapted from: Stambaugh JE, et al. J Clin Pharmacol 1976;16:245-56

What happens to a drug when it is administered?



Rate of Distribution

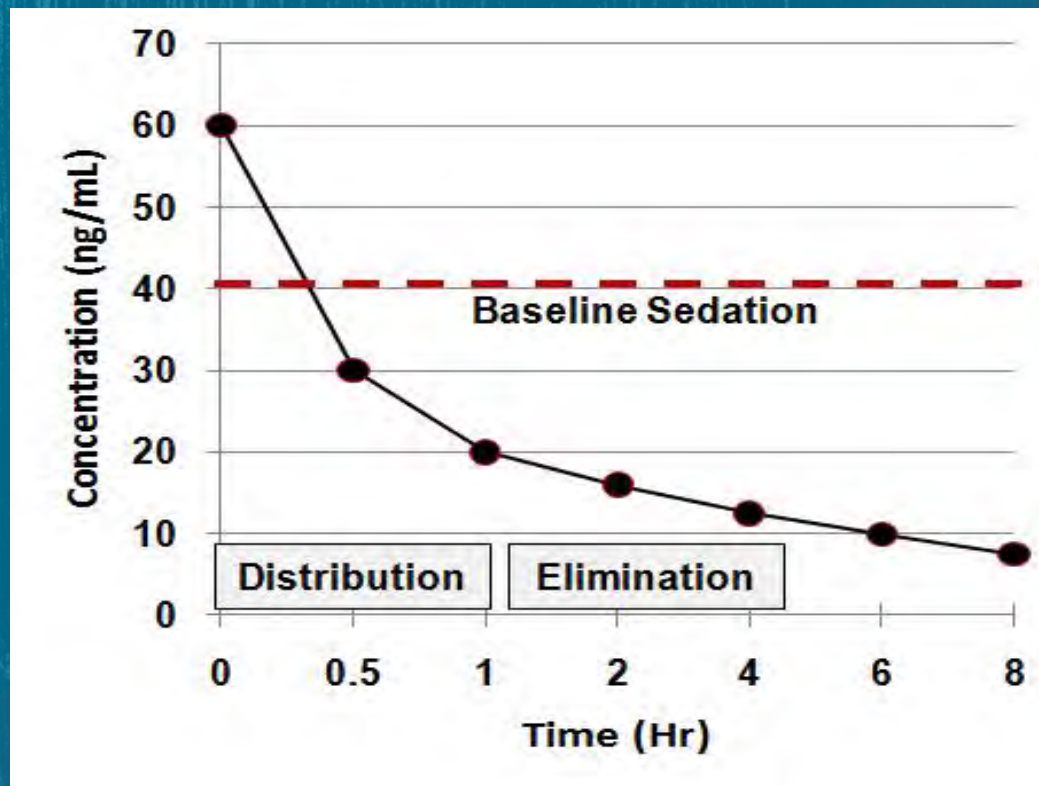
- ✓Tissue Perfusion
- ✓Lipid Solubility



Adapted from: Stambaugh JE, et al. J Clin Pharmacol 1976;16:245-56

Duration of Sedation

[40 ng/mL for adequate sedation.]



Distribution $T_{1/2\alpha}$ - 30 min

Elimination $T_{1/2\beta}$ - 5 hr

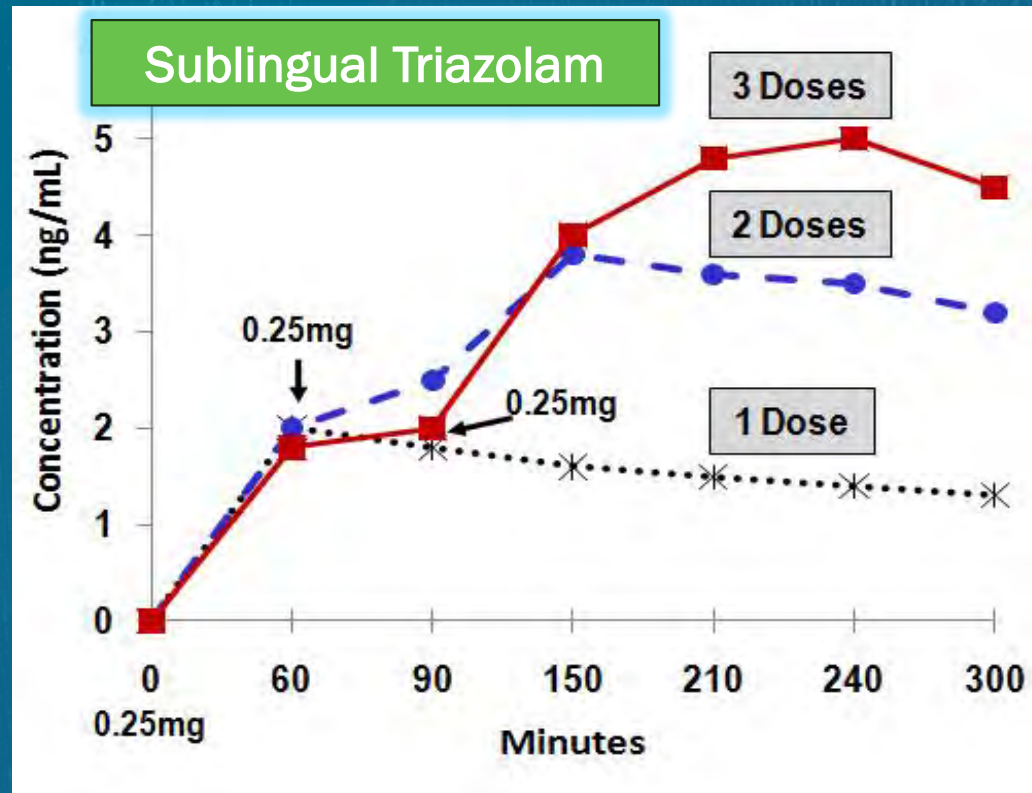
To Maintain Sedation Can Doses Be Repeated?

When does peak serum level occur ?

Recovery following discharge ?

4 half Lives

"When can you start counting?"



Adapted from: Pickrell JE, et.al. J Clin Psychopharmacol 2009; 29(5):426-31.

Baseline Vital Signs	Baseline	Pre-op	Dismiss
Blood Pressure	132/65	131/71	148/75
Pulse	71	69	72
SaO2	93%	95%	98%

Team members involved with procedure:

- ☐ Susan Gilbert RDH ☒ Robin Ehrenberger ☐ Katie Teegarden
☒ Kathy Bradley ☐ Christine Jones
☒ Sarah Cropper ☒ Jennifer Hildebrand

IV Sedation Notes:

IV Start:	
IV Size:	
IV Site:	
IV Out:	
Sed Start:	8:20am
Proc Start:	9:03am
Proc End:	12:30 PM
Pt. Released:	2:00 PM

Fluid volume used:

Fluid type used: ☐ D5W
☐ Saline

Oral Sedation Notes:

Meds returned to patient: ☒
 Number: 5

Time Given:	7:00 AM	8:25 AM	9:02am	9:10am	10:08am	10:59 AM	11:14 AM	11:40 AM	12:16pm	12:25pm	1:07 PM					TOTALS
Systolic BP		114	115	135	146	144	146	162	148	152	138					
Diastolic BP		59	59	62	95	76	74	70	72	77	64					
Pulse		72	68	76	79	75	70	75	78	75	77					
SaO2		96	96	97	98	96	96	98	96	98	96					
Level of Consciousness		2	3	4	3	3	3	3	3	2	2					
Midazolam (mg)																0
Fentanyl (mg)																0
Triazolam (tabs)	1	1														2
Lorazepam (tabs)																0
Hydroxyzine (mg)																0
2% Lidocaine (carps)			0.4				2.8	0.5								3.7
4% Articaine (carps)			2													2
3% Mepivacaine (carps)																0
0.5% Bupivacaine (carps)																0
Ensure/other oral intake						X					X					
Romazicon (ml)				1					3							4

Inhalation Sedation

Nitrous Oxide

- Safe Sedate



Inhalation Sedation **Nitrous Oxide**

- Safe Sedate



Med-Dent Safety & Supply Co.
877-336-8233



Timer

Minimal Sedation

Indications	Contraindications
1. Fearful patients	1. Medically unstable patient (eg, angina, diabetes)
2. Anxious patients	2. Medically complex patient (eg, ASA III to IV).
3. May be a helpful adjunct to achieving profound local anesthesia	3. Patient who has had an adverse reaction to medications
4. Can be useful for longer appointments	4. Pregnant patients
5. Can be helpful during invasive procedures (eg, endodontic therapy, 3rd molar extraction)	5. Elderly patients
6. Patients with pronounced gag reflex	

Source: DentistryToday.com

Minimal Sedation

(B) **Benefits:** Relieves anxiety and tension

Minimal Sedation

(R) Risks: Adverse Reactions

Cardiovascular: Hypotension, localized phlebitis, vasodilatation

Central nervous system: Amnesia, ataxia, confusion, depression, drowsiness, dysarthria, fatigue, headache, slurred speech, vertigo

Dermatologic: Skin rash

Endocrine & metabolic: Change in libido

Gastrointestinal: Xerostomia or hypersalivation, constipation, diarrhea, nausea

Genitourinary: Urinary incontinence, urinary retention

Hepatic: Jaundice

Local: Pain at injection site

Neuromuscular & skeletal: Tremor, weakness

Ophthalmic: Blurred vision, diplopia

Respiratory: Apnea, asthma, bradypnea

Miscellaneous: Paradoxical reaction (eg, aggressiveness, agitation, anxiety, delusions, hallucinations, inappropriate behavior, increased muscle spasms, insomnia, irritability, psychoses, rage, restlessness, sleep disturbances, stimulation)

Minimal Sedation

A) Alternatives:

Nitrous Oxide

Oral Conscious Sedation

Intravenous (IV) Sedation/General Anesthetic

Minimal Sedation

Sample Rxs

Hydroxyzine 50 mg

Disp: #1 (one)

Sig: Bring to dental office
at time of appointment

Lorazepam 2 mg

Disp: #1 (one)

Sig: Bring to dental office
at time of appointment

Sonata 10 mg

Disp: #1 (one)

Sig: Bring to dental office
at time of appointment

Diazepam 5 mg

Disp: #1 (one)

Sig: Bring to dental office
at time of appointment

Minimal Sedation

Monitoring & Emergency Equipment

Monitoring needed	Emergency Equipment
1. Pulse oximeter	1. Oxygen delivery system
2. Sphygmomanometer	2. Appropriate reversal agents
3. Pulse	3. Basic emergency kit
4. Respiration rate	

Minimal Sedation

Instructions

Pre-op

1. Take regular medications unless specified by physician or dentist.
2. NPO: Do not eat or drink for 8 hours prior to the dental appointment.
3. Patient must be driven to the office by a responsible companion.
4. No smoking or drinking alcohol for 8 hours prior to the dental appointment.
5. Sedative medications must be taken according to dentist's instructions.

Post-op

1. Take all regular or prescribed medications as outlined by physician or dentist.
2. No alcohol for 12 hours post-surgery.
3. No driving for 12 hours post-surgery.
4. Do not operate machinery for 12 hours post-surgery.
5. Must have a responsible companion drive patient home and observe recovery.
6. Phone number where dentist can be reached must be provided.

Minimal Sedation

Emergency Management

Assessment	Check monitors for malfunction Manually check patient vitals Activate EMS / Call 911
Maintenance	ABCs (Airway, Breathing, Circulation)
Definitive Care	Defibrillator (AED) Reversal Agents Emergency Medications
Discharge	Release patient to companion Send to hospital

Moderate Sedation

Enteral

Less Training

Better accepted by patients (no needle)

Long Latent Period

Unreliable Absorption

Parenteral

Fast

Predictable

More Invasive

Added Training

Moderate Sedation

Consent forms

- **(B)enefits:** Perform your work while you are sedated. Little or no memory of the procedure. Makes it practical to perform several lengthy procedures all at the same time. Can be very helpful for patients with a high gag reflex. For moderate sedation, you will keep your protective reflexes and be in somewhat of a twilight state, where you can sleep if you choose to.
- **(R)isks:**
 - Allergies to the sedation medications, which can result in issues from idiosyncracies to death.
 - Blurred vision, memory loss, rebound insomnia for a few days.
 - Complications with IV can cause localized discomfort; rare - phlebitis, infection.
 - Patient's medical history can cause the procedure to be ruled out, though generally patients with medical problems are safer under sedation since there is less stress.
 - Cannot be used on pregnant patients. Patients that are breast feeding must pump and discard milk.
 - Rare: Agitation, behavioral changes, convulsions, hypotention, skin rash or itching, sore throat, fever, chills, unusual tiredness, increased heart rate, hyperactivitiy or weakness.
- **(A)lternatives:** Nitrous oxide, oral sedation, general anesthesia in an operating room.
- If **(N)o treatment** is performed: Delayed dental treatment, with the consequences of the delay, including increased problems with decay(cavities), periodontal (gum and bone) disease, jaw (TMJ) problems.

Moderate Sedation

Pre- &

Checklist to use
Before your Sedation Appointment

Things to do/remember 2 or more days before your appointment:

• Fill prescriptions for these medications:

Diazepam
Celebrex
Zithromax

• You must continue to take these prescription medications normally, without skipping any doses:

Prevacid
Lisinopril
Plavix
Aspirin

• Start these medicines (list when):

When:	Medicine name:
Today	Zithromax

• Avoid:

• Avoid drinking any grapefruit juice until 24 hours after your sedation appointment.

• Verify your caregiver will:

- Drive you to the office
- Bring you into the office
- Remain at the office until check-in is complete
- Return to the office 30 minutes before the end of your appointment
- Drive you directly home without any stops
- Available to stay with you until bedtime

Things to do/remember 24 hours before your appointment:

- No alcohol**
- No narcotics, except maintenance medications for chronic pain.**
- No recreational drugs**
We cannot safely sedate you if you have had alcohol, narcotic pain medications (including Vicodin/Hydrocodone) or any street or recreational drugs**
- No caffeine
- Avoid foods very high in fat, such as pizza
- Remember to remove any nail polish and pack an extra set of clothing
- Double check the name of each prescribed medication on the bottle with the names listed on this sheet.

☒ Take Diazepam or Restoril at bedtime the night before your appointment.

☒ Take Celebrex or Lodine XL (if prescribed) with dinner the night before your appointment. If prescribed, do not take Advil, Ibuprofen, Aleve or any other NSAID medications for arthritis the entire time you are taking Celebrex/Lodine

☒ Nothing to eat 6 hours before your appointment

☒ Nothing to drink 2 hours before your appointment

☐ Diabetic patients with oral premed should have light breakfast such as dry toast at least two hours before your appointment. **No cream or milk.**

☐ Nothing to eat or drink before your appointment for _____ hours before your appt.

☒ To make it easier to start your IV, please drink clear liquids up to 2 hours before your appointment so that you are adequately hydrated.

Avoid taking these prescription medications the day before your appointment:

Prevacid	

Take these medications at the times listed the day before your appointment:

Time:	Medication:	Time:	Medication:
7:00 AM	Plavix		
7:00 AM	Aspirin		
8:00 AM	1 tablet Triazolam		
8:00 AM	1 - 50 mg. tablet Hydroxyzine		

The morning of your appointment:

- If Triazolam, Lorazepam or Hydroxyzine are prescribed, take the pill(s) exactly one hour before your appointment. Bring the rest of this medicine with you to your appointment.*
- Please leave jewelry and watches at home.
- No contact lenses.

- Wear short sleeves and comfortable clothing.
- Wear comfortable shoes that are easy to remove
- No jeans, please
- For your safety, ladies do not wear foundation makeup
- For your safety, men, please respect our request to sit while going to the bathroom when you are sedated.

Avoid taking these prescription medications the morning of your appointment:

Prevacid	

Take these medications at the times listed the morning of your appointment:

Time:	Medication:	Time:	Medication:
7:00 AM	Plavix		
7:00 AM	Aspirin		
8:00 AM	1 tablet Triazolam		
8:00 AM	1 - 50 mg. tablet Hydroxyzine		

Note: Never skip medications for blood pressure or depression!

It is absolutely essential that you have your escort drive you to your appointment. We will not be able to proceed with your appointment if you drive yourself, and this will result in forfeiting your pre-paid fee for the appointment. Your escort may not leave the office unless they can be reached at all times during your appointment**

****Regrettably, failure to comply with the items marked with an asterisk could cause a life-threatening situation. In most cases, we will not be able to proceed with your treatment and this would result in forfeiture of the pre-paid fee for your appointment.**

(Form signed digitally)
Patient, Parent or Guardian

(Form signed digitally)
Witness

Date

Date

Your Practice Name Here
Street Name, Suite #
AnyCity, ST, 00000

Phone: Enter your phone number here

After Hours: Enter your after hours number here. If none, leave blank.

Moderate Sedation

Pre- & Post-operative Instructions

Checklist to use

Before your Sedation Appointment

Things to do/remember 24 hours before your appointment:

- Fill prescriptions
- No alcohol**
- No narcotics, except maintenance medications for chronic pain.**
- No recreational drugs**

We cannot safely sedate you if you have had alcohol

(including

street

- No car

- Avoid

- You must

medicate

any day

Prevacid

Lisinopril

Plavix

Aspirin

- Remember

pack a

• Double

medicate

listed on

- ☒ Take Diazepam or Restoril at bedtime the night before your appointment.
- ☒ Take Celebrex or Lodine XL (if prescribed) with dinner the night before your appointment. If prescribed, do not take Advil, Ibuprofen, Aleve

Avoid taking these prescription medications the day before your appointment:

Prevacid		

Take these medications at the times listed the day before your appointment:

Time:	Medication:		Time:	Medication:
7:00 AM	Plavix			
7:00 AM	Aspirin			
5:00 PM	Celebrex			
10:00 PM	Diazepam			

Note: Never skip medications for blood pressure or depression!

Moderate Sedation

Pre- & Post-op Instructions

The morning of your appointment:

- If Triazolam, Lorazepam or Hydroxyzine are prescribed, take the pill(s) exactly one hour before your appointment. Bring the rest of this medicine with you to your appointment.*
- Please leave jewelry and watches at home.
- No contact lenses.
- Wear short sleeves and comfortable clothing.
- Wear comfortable shoes that are easy to remove
- No jeans, please
- For your safety, ladies do not wear foundation makeup
- For your safety, men, please respect our request to sit while going to the bathroom when you are sedated.

Avoid taking these prescription medications the morning of your appointment:

Prevacid		

Take t

Time:

7:00 A

7:00 A

8:00 A

8:00 A

Note:

It is absolutely essential that you have your escort drive you to your appointment. We will not be able to proceed with your appointment if you drive yourself, and this will result in forfeiting your pre-paid fee for the appointment. Your escort may not leave the office unless they can be reached at all times during your appointment**

****Regrettably, failure to comply with the items marked with an asterisk could cause a life-threatening situation. In most cases, we will not be able to proceed with your treatment and this would result in forfeiture of the pre-paid fee for your appointment.**

(Form signed digitally)
Patient, Parent or Guardian Date

(Form signed digitally)
Witness Date

Moderate Sedation

Pre- & Post-op Instructions

1. **VERY IMPORTANT:** Patient must be re-hydrated immediately and continuously following his/her sedation appointment.
 - If you start by 1-2 PM: Patient should
6. **Pain control:** Following most surgical procedures there may or may not be pain, depending on your threshold for pain. You will be provided with medication for discomfort that is appropriate for you.
7.
 - In most cases, a non-narcotic pain regimen will be given consisting of *acetaminophen* (Tylenol) plus either Celebrex® or an NSAID medication. These two medications **taken together**, will be as effective as a narcotic without any of the side affects associated with narcotics.
8.
 - If a narcotic has been prescribed, follow the directions carefully. If you have any questions about these medications interacting with other medications you are presently taking, please call our office first, your physician and/or your pharmacist.
- 9.
- 10.
- 11.

AFTER SEDATION INSTRUCTIONS for Patient & Escort

1. **VERY IMPORTANT:** Patient must be re-hydrated immediately and continuously following his/her sedation appointment.
 - If you start by 1-2 PM: Patient should drink at least 8 ounces of fluid every 60 minutes for the next 4-5 hours.
 - If you don't start until 5-6 PM: Patient should drink at least 8 ounces of fluid every 30 minutes for the rest of the evening.
 - **Absolutely no alcohol!**
 2. Patient cannot drive for 24 hours after sedation.
 3. Do not operate any hazardous devices for 24 hours.
 4. Patient may seem alert when they leave. This may be misleading, so do not leave the patient alone.
 5. A responsible person should be with the patient until he/she has fully recovered from the effects of the sedation.
 6. Patient should not go up and down stairs unattended. Let the patient stay on the ground floor until recovered.
 7. Patient may sleep for a long time or may be alert when he/she leaves. Attend to both alert or sleepy patient in the same manner, don't trust him/her alone.
 8. Always hold patient's arm when walking.
 9. Patient can eat whenever and whatever he/she wants.
 10. Patient should not carry, sleep next to or be left alone with young children for no less than 24 hours after last dosage of medication.
 11. **REMEMBER:** Awaken the patient to have him/her drink and/or eat something. Getting the patient re-hydrated is imperative to his/her recovery.
- Call us if you have any questions or difficulties. If you feel that your symptoms warrant a physician and you are unable to reach us, go to the closest emergency room immediately.
- Pain control:** Following most surgical procedures there may or may not be pain, depending on your threshold for pain. You will be provided with medication for discomfort that is appropriate for you.
- In most cases, a non-narcotic pain regimen will be given consisting of *acetaminophen* (Tylenol) plus either Celebrex® or an NSAID medication. These two medications **taken together**, will be as effective as a narcotic without any of the side affects associated with narcotics.
 - If a narcotic has been prescribed, follow the directions carefully. If you have any questions about these medications interacting with other medications you are presently taking, please call our office first, your physician and/or your pharmacist.

We must have a phone number that will be answered all evening where the patient will be staying. Please provide us with that phone number before you leave.

I agree to drive the patient directly home, avoid making any stops where I will be out of the car, and to phone the office upon arrival. I also agree to follow all of the above instructions, including staying with the patient full time until bedtime, or arranging for another responsible adult to do so following the same instructions.

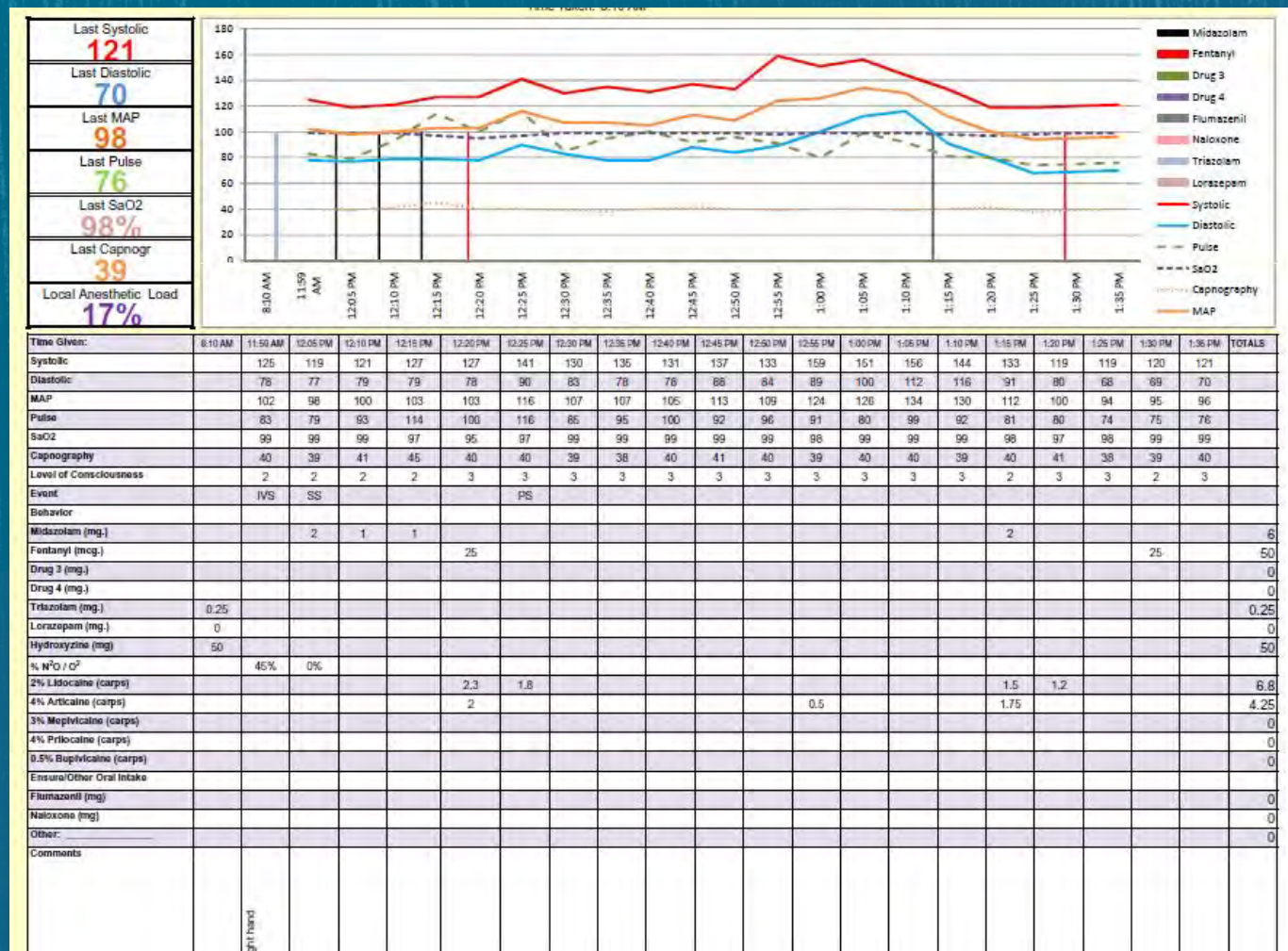
Escort's Signature/Date: _____ Date: _____

MEDICATIONS: Take only when checked
☐ Antibiotic - _____ - Fill prescription and take as directed
☐ Tylenol (acetaminophen) - Take two tablets every ____ hours
☐ Advil (ibuprofen) - Take ____ tablets every ____ hours
☐ Celebrex - _____
☐ Other: _____

Phone numbers:
Office: (606) 845-CARE 1-888-917-CARE
After hours: 606.845.4431 or 606.748.0950

Anesthesia Record

- Time Based
- Tracks:
 - Vital signs
 - All medications delivered





SpO2



ECG
RESP



135 / 95 (115)
SYS DIA MAP mmHg

Adult

ECG BPM
60

20 Br/m

ST
II -1.5 mm
I -2.0 mm
V 1.0 mm
PVC Rate 2 /min

98%

Low SpO2 Alarm 90%

CYCLE OFF
AGE 10:23 min

96.4 °F

FEB-13-06 14:55:59

1)	Patient's name:	Perry Apical
	Date:	12/16/2010

2) Baseline Readings Today:	
Age:	40
Height:	5'8"
Weight (must use scales):	280.0 lbs
BP:	156/93
MAP:	126
Pulse:	33
SaO2:	97%

3) Enter patient's significant health history. If the history was taken before today, review all items with patient to verify everything is current.

[illegible]Summary of Health History **Reflux, Hypertension, Heart Disease**

for Sedation Record:

4) Do you have any drug allergies?

☐ Yes ☒ No

List: NSF

5) Have you had any changes in your health history since your last sedation appointment?

☐ Yes ☒ No

Notes:

6) Please briefly list occupation & hobbies:

Notes: Accountant, hobbies - church youth

7) Please mark any of the following to indicate YES in response to the question:

Benzo diazepam tolerance

☐ Have you ever had a negative reaction when taking Valium or Xanax?

Instructions

ASA Type:

ASA I - no organic disease

ASA II - mild or moderate systemic disease w/o functional impairment

ASA III - organic disease with definite functional impairment

ASA IV - severe systemic disease that is a constant threat to life

Mallampati Iade **II**

Class I - Uvula, Faucial pillars &

Class II - faucial pillars, soft palate visible

Class III - soft palate visible

Class IV - hard palate visible

Class IV - hard palate visible



Class 1	Class 2	Class 3	Class 4
1	1	1	1
2	2	2	2
3	3	3	3
4	4	4	4
5	5	5	5
6	6	6	6
7	7	7	7
8	8	8	8
9	9	9	9
10	10	10	10
11	11	11	11
12	12	12	12
13	13	13	13
14	14	14	14
15	15	15	15
16	16	16	16
17	17	17	17
18	18	18	18
19	19	19	19
20	20	20	20
21	21	21	21
22	22	22	22
23	23	23	23
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25	25	25	25
26	26	26	26
27	27	27	27
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44	44	44	44
45	45	45	45
46	46	46	46
47	47	47	47
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49	49	49	49
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51	51	51	51
52	52	52	52
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86	86	86	86
87	87	87	87
88	88	88	88
89	89	89	89
90	90	90	90
91	91	91	91
92	92	92	92
93	93	93	93
94	94	94	94
95	95	95	95
96	96	96	96
97	97	97	97
98	98	98	98
99	99	99	99
100	100	100	100

- Pati



Sedation Procedure - Pre-op Check In

Your Practice Name Here

AnyCity, ST, 00000

Instructions

- 1) Patient's name: Perry Apical
Today's Date: 12/26/2010
- 2) Verify patient has been NPO. Ask "did you have a good breakfast?"
☒ Verified patient is NPO NPO guidelines:
or complied with modified No solid food past 6 hours no liquids past 2 hours; GERD/Obese patients 8 hours
NPO guidelines Diabetic patients – dry toast, very little water.
- 3) Verify patient has avoided antacids, grapefruit juice, alcohol or narcotics within the last 24 hours. Verify patient avoided medications as specified on pre-op sheet.
☒ Patient avoided listed items OR there are no items to avoid
- 4) Have patient leave any jewelry, rings, watches, cell phones with their escort - **no exceptions**.
☒ Patient's property given to escort
- 5) Record escort's name, relationship and contact information.
☒ Escort present
- | | |
|--------------------------|--------------|
| Escort name: | Anna Apical |
| Relationship to patient: | wife |
| Escort cell phone #1: | 606-555-4320 |
| Escort cell phone #2: | |
| Postop call number: | 606-555-2235 |

- 6) Record the last time patient took their pre-op medications. If not done, notify doctor before seating patient in treatment room.

	Time	Pre-op dose	
Last night:			
Celebrex/NSAID:	7:00 PM	200 mg.	Celebrex tablets are 200 mg. each; NSAIDs vary by brand
Diazepam	11:30 PM	5 mg.	Diazepam tablets are 2, 5 or 10 mg. each
Restoril		mg.	Restoril tablets are 7.5, 15.0, 22.5 & 30.0 mg. each
This morning:	8:10 AM		
Triazolam		0.25 mg.	Triazolam tablets are 0.125 mg. or 0.25 mg each
Lorazepam		mg.	Lorazepam tablets 1 or 2 mg each
Hydroxyzine		50 mg.	Hydroxyzine tablets are 25 or 50 mg. each
Summary of pre-op meds this morning for Sedation record			
		Triazolam & Hydroxyzine	

- 7) Review all of patients prescribed medications. Mark when they last took the medication. Do **not** include the pre-op sedation medications that were already covered in #4 above.

[illegible]

Patient was told to avoid these medications:

Yesterday:

Prevacid

This Morning:

Prevacid

Notes from when appointment was scheduled:

- ☒ Triazolam pre-op dose prescribed
- ☐ Lorazepam pre-op dose prescribed
- ☐ Hydroxyzine pre-op dose prescribed
- ☒ Diazepam pre-op dose prescribed
- ☐ Restoril pre-op dose prescribed
- ☒ Celebrex or NSAID prescribed

Sedation Appointment Flow

- Seating the patient
 - Allow 20 minutes assistant time
 - Patient comfort
 - Cell phone, watch, glasses
 - Vital signs – recorded on sedation record

Sedation Appointment Flow

Doctor Assessment: Time Out

- Chart open with health history
- Review sedation record
- Review radiographs
- If IV route:
 - Turn on nitrous
 - Assess veins

Immediate Pre-Procedure Reassessment:

- | | |
|--|---|
| <input checked="" type="checkbox"/> Medical information reviewed - current physical exam, any physician orders or any additions to the problem list since pre-assessment | |
| <input checked="" type="checkbox"/> Sedation history including after care provided reviewed | <input checked="" type="checkbox"/> If patient is a tobacco user, how much in the last 24 hours? 1/2 pack |
| <input checked="" type="checkbox"/> NPO as ordered | <input checked="" type="checkbox"/> Escort Present: Perry Apical |
| <input checked="" type="checkbox"/> Allergies reviewed | |
| <input checked="" type="checkbox"/> Pre-op medication: Triaz & Hydro: | Time Taken: 7:00AM |

Sedation Appointment Flow

- Dental Assistant Responsibilities (IV Example)
 - Assists with tubing during venipuncture
 - Places Veniguard while doctor stabilizes catheter
 - Makes entries on sedation record
 - When IV is placed
 - When first sedation meds are started
 - **Every time any drug or local anesthetic is administered**
 - Adjusts the drip when adequate bolus has been administered
 - Begins entering notes in the clinical record while sedation meds are taking effect

Sedation Appointment Flow

- End of Procedure - Dental Assistant (IV Example)
 - Open the IV bag
 - When patient is alert, assistant initially completes assessments, records post-op vital signs, calls doctor
 - After patient is dismissed, sedation record is copied/pasted to clinical notes and clinical notes are completed
 - Doctor and assistant witness wasted IV meds. Initials are entered on sedation record, digital clinical record is filled out and signed/locked. **Account for all milligrams.**
 - Unopened meds are returned to the drug cabinet, drug log is completed

Sample of Clinical Notes

- Health history
(routine meds, with
time of last dose
- Pre-op meds, with
time administered
- Vital signs:
 - Baseline
 - Pre-op
 - Postop
- IV meds administered
- Dismissal notes

Clinical Notes

Notes:

1/30/2011 12:08 PM

IV Sedation appointment:

Health history: Reflux, Hypertension, Heart Disease

Condition	Medication	Date/Time Last Taken
Reflux	Prevacid	12/13 6PM
Hypertension	Lisinopril	12/15 7AM
Heart Disease	Plavix	12/15 7AM
Heart disease	Aspirin	12/15 7AM
Dislipidemia	Zocor	12/15 7AM
Asthma	Singulair	12/15 7AM
Asthma	Qvar Inhaler	12/15 7AM

Allergies: NSF

Pre-op medications:

Medication	Dose	mg.	at	Time
Diazepam	5	mg.	at	11:30 PM
Celebrex	200	mg.	at	7:00 PM
Triazolam	0.25	mg.	at	8:10 AM
Lorazepam	0	mg.	at	8:10 AM
Hydroxyzine	50	mg.	at	8:10 AM

ASA Type: III. IV started in: RA, No complications. Slight infiltration at first IV placement resolved quickly. Patient was maintained at moderate sedation at all times.

Vital signs monitoring:

	B.L.	Pre-op	Dismiss
Blood Pressure:	156/93	125/78	121/70
Map:	126	102	98
Pulse:	93	83	76
SaO2:	97%	99%	98%

IV fluids used: 500 ml. D5W

IV start time: 11:59 AM

Procedure start time: 12:25 PM

Procedure completed: 4:50 PM 4:25 hours

IV removal time: 4:55 PM 4:56 hours

Patient dismissal: 5:01 PM 5:02 hours

Midazolam administered: 11 mg.

Fentanyl administered: 75 mcg.

Lidocaine 2% w/1:100,000 epi: 6.8 carp. 231.2 mg.

Articaine 4% w/1:100,000 epi: 4.25 carp. 289 mg.

Total epinephrine administered: 188 mcg.

Patient tolerated procedure well and was ambulatory and oriented X3. All property returned to patient as they left. Postop instructions were given to Anna Apical (wife), mobile phone 606-555-4320. Patient escorted to car and seat belted in passenger seat. For future sedation appointments:

Will premedicate with one 0.25 mg tab Triazolam and 50 mg Hydroxyzine 1h before.

Patient was easy to sedate and easy to maintain at safe levels. He was an excellent patient.

Maximum recommended length of sedation appointment: 4 hours. WJM

Drug Logs

[illegible]

Sng/Vial		Midazolam Inventory Sheet					Midazolam Inventory Control Sheet # <u>1M</u>			
Keep scanned copies of all purchases!										
Date	Patient	Vials Dispensed	Actual mg. Midazolam administered (5 mg/vial)	mg. Waste	Signature #1 - Waste	Doctor's Initials - Waste	Total Vials Used	Unused Vials Returned to Inventory	# Vials Purchased - Added to Inventory	Total Vials still in inventory
8/15/09	Balance Forward from previous sheet								10	10
8/11/09		3	9	1	Robin Ehrenberger	am	2	1		8
8/11/09		3	8	2	Jeff Hill	am	2	1		6
8/11/09									20	26
8/12/09		3	7	3	Susan Hill	am	2	1		24
8/15/09		2	7	3	Robin Ehrenberger	am	2	0		22
8/21/09		24	15	0	Sarah Cropper	am	3	1		19
8/24/09		3	6	4	Joseph Hill	am	2	1		17
8/25/09		3	2	3	Jeff Hill	am	1	2		16
9/9/09		1	5	0	Robin Ehrenberger	am	1	2		15
9/11/09		3	2.5 mg	30	Robin Ehrenberger	am	1	2		14
9/15/09		3	10	0	Christine Jones	am	2	1		12
9/16/09		3	12	3	Sarah Cropper	am	3	0		9
9/16/09									30	39
9/18/09		3	0	0			0	3		39
10/12/09		3	1	4	Kathley Bralkey	am	1	2		38
10/13/09		3	5	0	Robin Ehrenberger	am	1	2		37
10/13/09		3	1	4	Robin Ehrenberger	am	1	2		36
10/14/09		3	6	4	Amanda Krup	am	2	1		34
10/19/09		3	9	1	Robin Ehrenberger	am	2	1		32
10/20/09		3	5	0	Robin Ehrenberger	am	1	2		31
10/26/09		3	10	0	Christine Jones	am	2	1		29
10/27/09		3	15	0	Robin Ehrenberger	am	3	0		26
10/28/09		3	6	4	Robin Ehrenberger	am	2	1		24
10/28/09		3	11	4	Robin Ehrenberger	am	3	0		21
10/28/09		3	4	1	Robin Ehrenberger	am	1	2		19
11/2/09		34	15	0	Robin Ehrenberger	am	3	1		17

Emergency Cart Weekly Checklist

Date	AED	Emergency O2	Check Expired Items	Battery-Flashlight	Battery-Laryngoscope
6-24-09 JH	✓	✓	✓	✓	✓
7-2-09 JH	✓	✓	Epinephrine (EPM)	✓	✓
7-10-09 JH	✓	✓	Epm Epinephrine	✓	✓
7-16-09 JH	✓	✓	" "	✓	✓
8-4-09 JH	✓	✓	ordered	✓	✓
8-14-09 JH	✓	✓	✓	✓	✓
8-20-09 JH	✓	✓	Epi-pen 9-1	✓	✓
8-28-09 JH	✓	✓	✓	✓	✓
9-4-09 JH	✓	✓	✓	✓	✓
9-17-09 JH	✓	✓	Phenergan 9-30 See notes	✓	✓
10-7-09 JH	✓	✓	Aminophylline Atropine Sulfate	✓	✓
10-15-09 JH	✓	✓	Aminophylline Atropine Sulfate	✓	✓

7-11-09 ok

Complete All Checklists, Then Leave Completed List On Doctor's Desk

Emergency Cart - Drug Vial Check

Instructions: For each drug listed in left column, make a checkmark after verifying the drug vial is present

Drug	Week 1	Week 2	Week 3	Week 4	Week 5
List date checked:	9-10-11	9/16/11	9/23/11	9/30/11	10/7/11
Flumazenil (Romazicon)	✓	✓	✓	✓	✓
Epi-Pens	✓	✓	✓	✓	✓
Epinephrine 1:1000	✓	✓	✓	✓	✓
Epinephrine 1:10,000	✓	✓	✓	✓	✓
Aspirin	Expires this month	✓	✓	✓	✓
Afrin Nasal Spray	✓	✓	✓	✓	✓
Albuterol	✓	✓	✓	✓	✓
Aminophylline	✓	✓	✓	✓	✓
Ammonia Inhalants	✓	✓	✓	✓	✓
Amyl Nitrate	✓	✓	✓	✓	✓
Atropine	✓	✓	✓	✓	✓
Dextrose	✓	✓	✓	✓	✓
Diphenhydramine	✓	✓	✓	✓	✓
Ephedrine	✓	✓	✓	✓	✓
Insta-Glucose	✓	✓	✓	✓	✓
Lidocaine	✓	✓	✓	✓	✓
Lorazepam	✓	✓	✓	✓	✓
Naloxone (Narcan)	✓	✓	✓	✓	✓
Nitroglycerin Tablets	✓	✓	✓	✓	✓
Nitroglycerin Spray	Expires this month	✓	✓	✓	✓
Phenargan	✓	✓	✓	✓	✓
Solu-Medrol	✓	✓	✓	✓	✓
Vasopressin	✓	✓	✓	✓	✓
Your Initials	KJB	JH	JH	JH	KJB

Evaluation for Expired Items

	Item Name	Expiration D	Date last	Qty last D	Supplier:	Manufacturer:	1/18/2010 Price Each
1459	Insta-Glucose 31 gm Tube	01/30/10	11/20/2004	1	Fleming Co. Hospital		\$3.43
	Notes						
1689	Vasopressin (Emer)	01/30/10	2/27/2009		Fleming Co. Hospital		\$5.40
	Notes						
1766	Aspirin	02/28/10	2/27/2009	2			
	Notes						
1601	2% Lidocaine HCl	03/01/10	10/24/2006		Fleming Co Hospital		
	Notes						
1006	Romazicon - Triazolam reversal age	03/31/10	1/14/2009	4	Southern Anesthesia		\$29.00
	Notes						
542	Benadryl (Diphenhydramine)	04/01/10	8/27/2008	2	Fleming County Hosp		
	Notes						
474	Phenargan (Promethazine) - to com	04/30/10	10/12/2009	2	Fleming Co. Hospital		\$1.35
	Notes						
1081	Naloxone Narcotic Reversal Agent	05/01/10	3/3/2009	2	Fleming Co. Hospital		\$39.33
	Notes <i>Stock two 10 ml vials.</i>						
473	Lorazepam 2 mg/ml, 10ml vial - Em	06/30/10	4/14/2009	2	Fleming Co Hospital		\$1.15
	Notes <i>ONE VIAL EXP 6/2010 ONE VIAL EXP 08/2010. JH</i>						
408	Ammonia Inhalants (Emerg Kit) - n	08/20/10	11/21/2002	1	Patterson Dental	Lorvic	\$5.75
	Notes <i>These do not expire.</i>						
470	Solu-Medrol (Emerg Kit)	09/30/10	10/31/2002		Fleming Co. Hospital		\$3.79
	Notes						
476	Aminophylline (Emerg Kit)	10/01/10	10/12/2009		Fleming Co. Hospital		\$1.08
	Notes						

CDT Codes

D9240	Intravenous moderate sedation/analgesia, per appointment (OLD code, cannot bill to insurance)
D9239	Intravenous moderate sedation/analgesia – first 15 minutes
D9243	Intravenous moderate sedation/analgesia – each addtl 15 minutes
D9248	Oral moderate sedation

Managing Difficult Cases/Debilitated Dentition

- Resources:
 - Panckey Institute
 - Dawson Institute
 - Spear Study Club
 - Seattle Study Club

Out of patients who get regular dental care,
82% have some level of anxiety.



But, it's **not** your patient's fault!

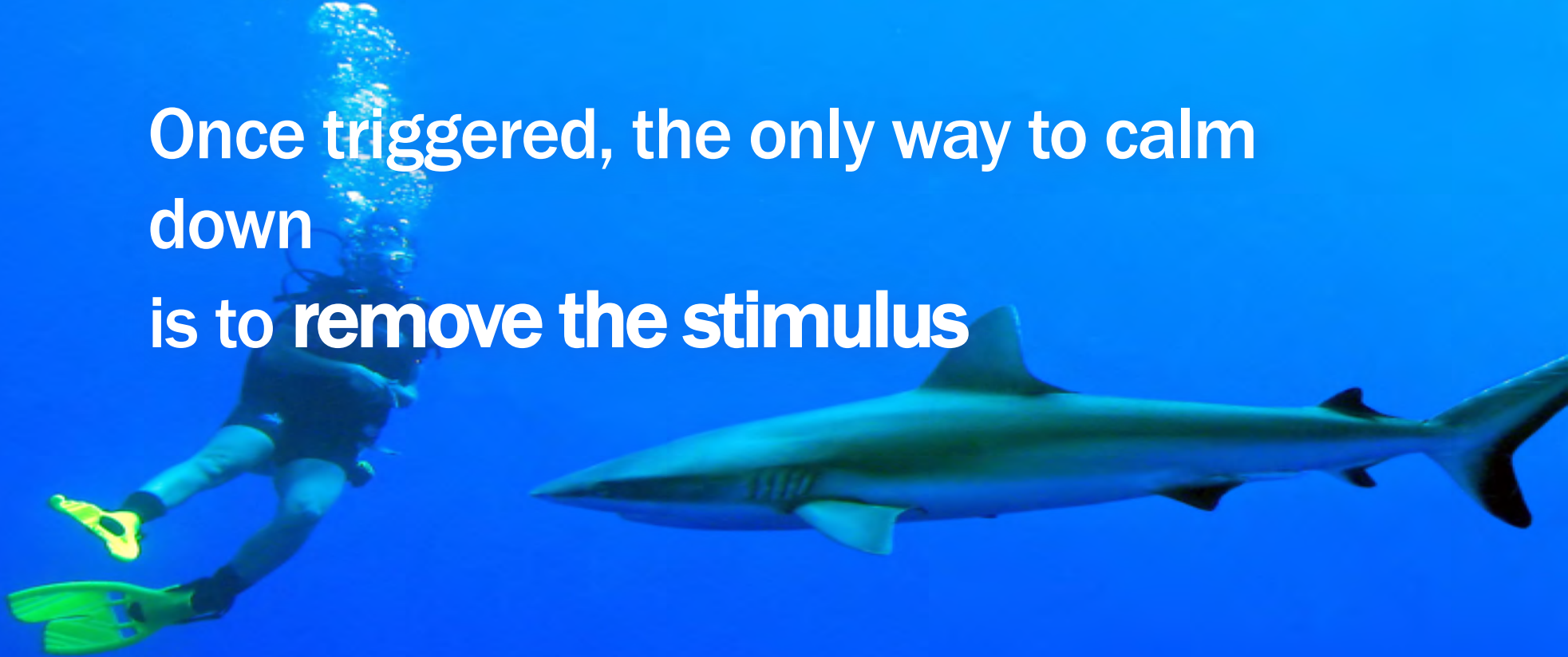
It's a response that's built into our DNA



An anxious response is triggered whether a threat is
real or it's perceived



Once triggered, the only way to calm
down
is to **remove the stimulus**



When you're in the fight-or-flight response, it's impossible to **cognitively process information**



NuCalm®



Certifications and approvals

- The only patent in the world for **“systems and methods for maintaining and balancing the health of the human autonomic nervous system”**
- FDA Cleared Class III Medical Device
- U.S. Patent Registration No.: 9,070,030; Issued July 14, 2015
- Approved by Health Canada
- Approved by the U.S. military

Autonomic Nervous System

Sympathetic

Functions to defend the body against attacks - FIGHT OR FLIGHT elevates blood pressure, blood sugar and body heat

Regulates brain, muscles, the thyroid and adrenal glands insulin, cortisol and thyroid hormones

Associated emotions: anger, aggression, fear, guilt, sorrow

Parasympathetic

Functions to heal, regenerates and nourishes the body - REST AND RECOVERY activates digestion, elimination and immune function

Regulates liver, kidneys, pancreas, spleen, stomach, small intestines and colon, parathyroid hormones and bile, pancreatic and digestive enzymes

Associated emotions: contentment, gratitude, calm, relaxation

An **all-natural**, patented, proven, clinical solution

- **Safe** – no side effects, no recuperative time and no supervision needed
- **Predictable** – quickly neutralizes the stress response at the midbrain
- **Reliable** – improves pain management, patient comfort, and patient healing
- **Simple** – easy to administer



1. Use NuCalm supplement | 2. Apply CES patches and use microcurrent to facilitate relaxation | 3. Fit headphones, turn on tablet & NuCalm app, adjust volume | 4. Put on eye mask

Within 3-4 minutes your body is in the healing zone and recovering at the cellular level.



Neurophysiological impact

Rapid induction of parasympathetic
hypnogogic dissociative state



Neurophysiological impact

Sustained, steady parasympathetic dominance throughout the experience



Neurophysiological impact

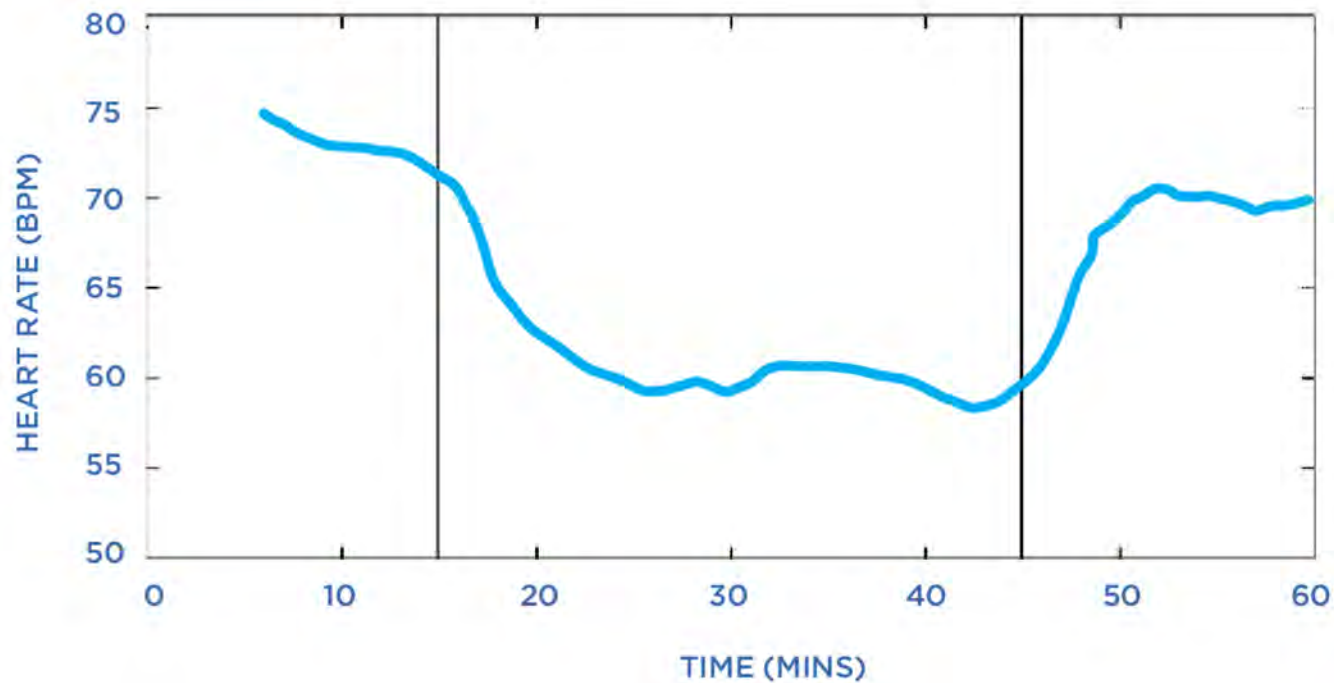
Rapid return to a functional state (motor skills, attention, and full cognition) with no lingering negative post-relaxation effects

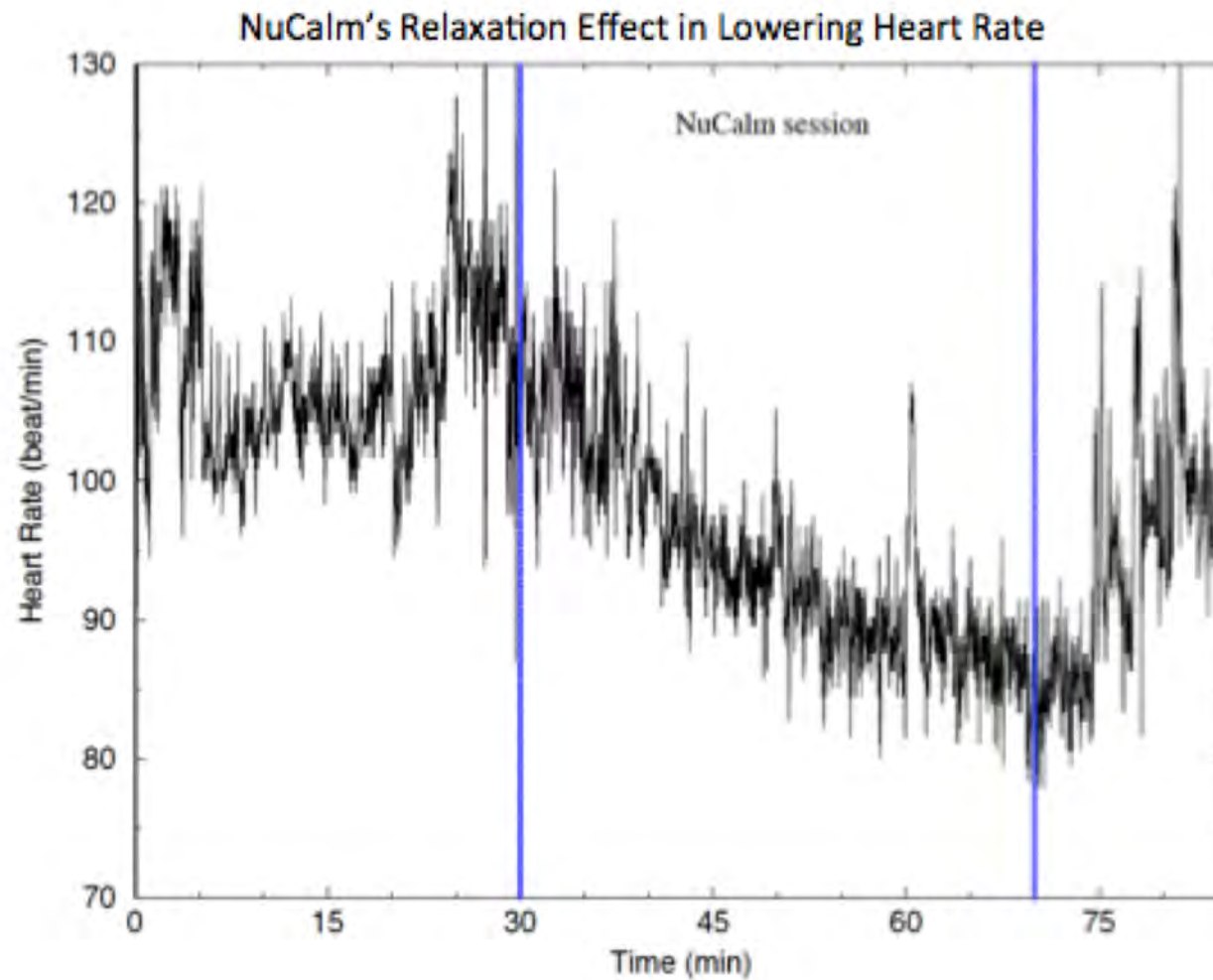


Chung-Kang Peng, Ph.D., Co-Director,
Margret and H.A. Rey Institute for Nonlinear
Dynamics in Medicine, Beth Israel Deaconess
Medical Center, Harvard Medical School



Figure 1: Heart Rate





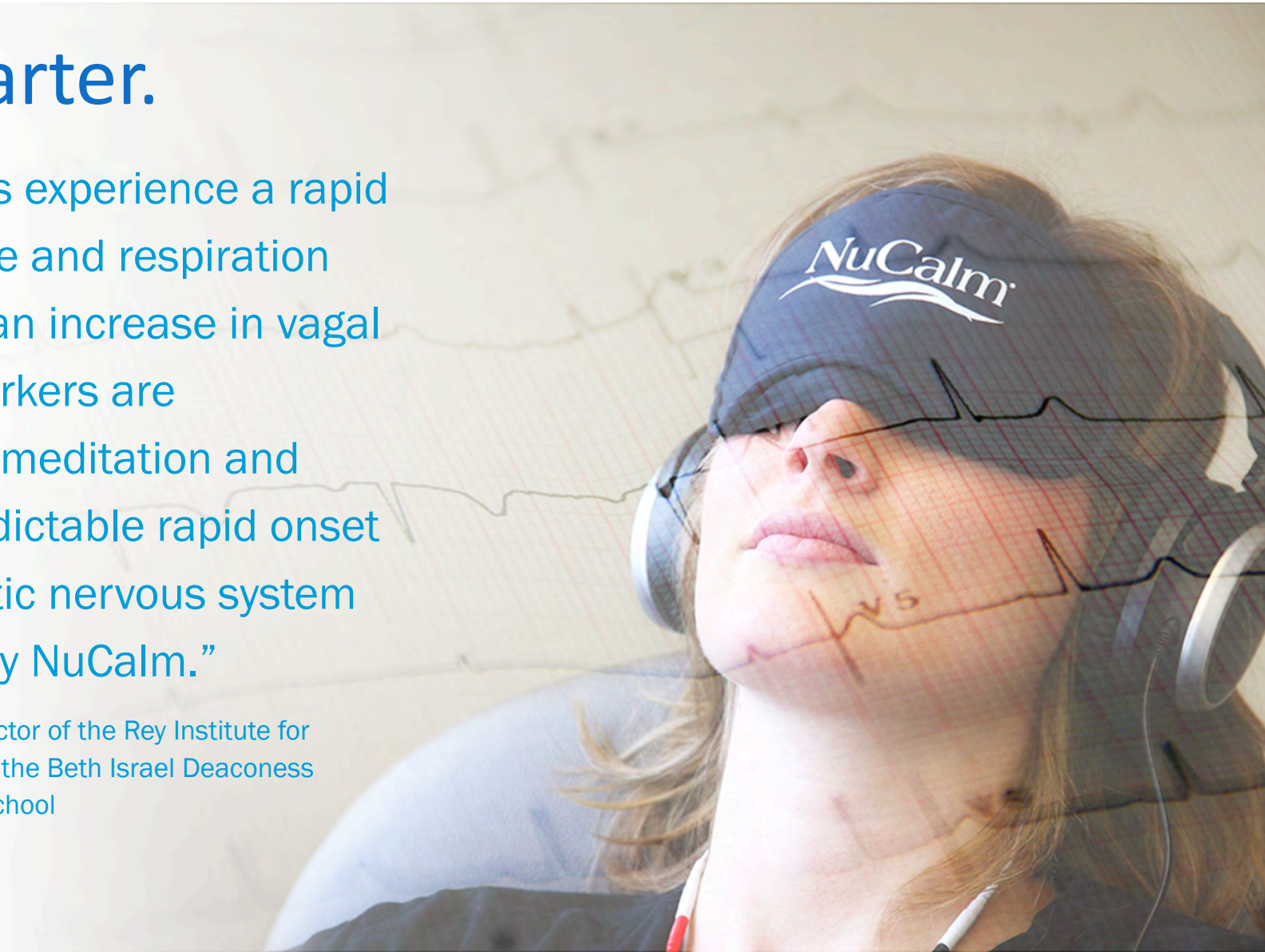
CK Peng, Ph.D., Harvard Medical School and the Rey Institute for Nonlinear Dynamics in Medicine
“After years of researching dynamics that lead to better diagnostics, especially with sleep stability and disorders, its exciting to work with a powerful intervention such as NuCalm”

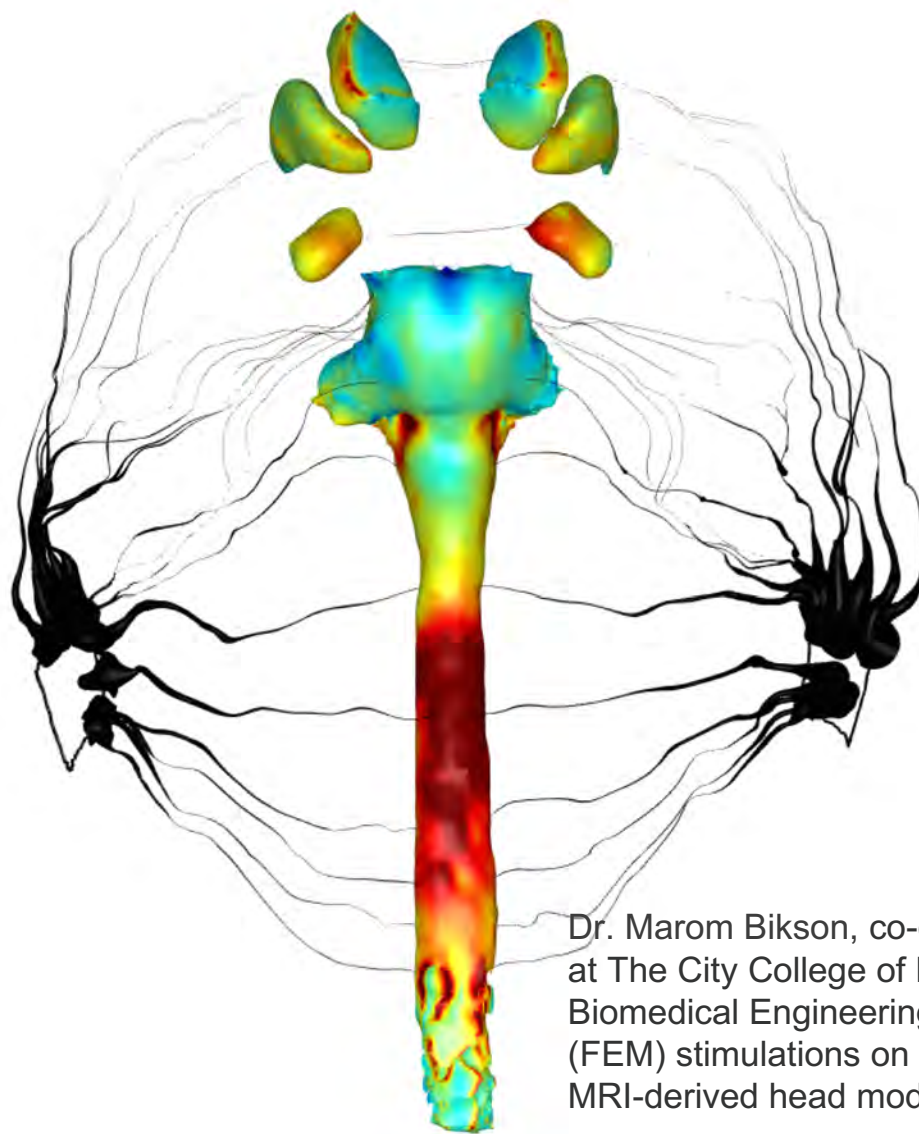


Recover smarter.

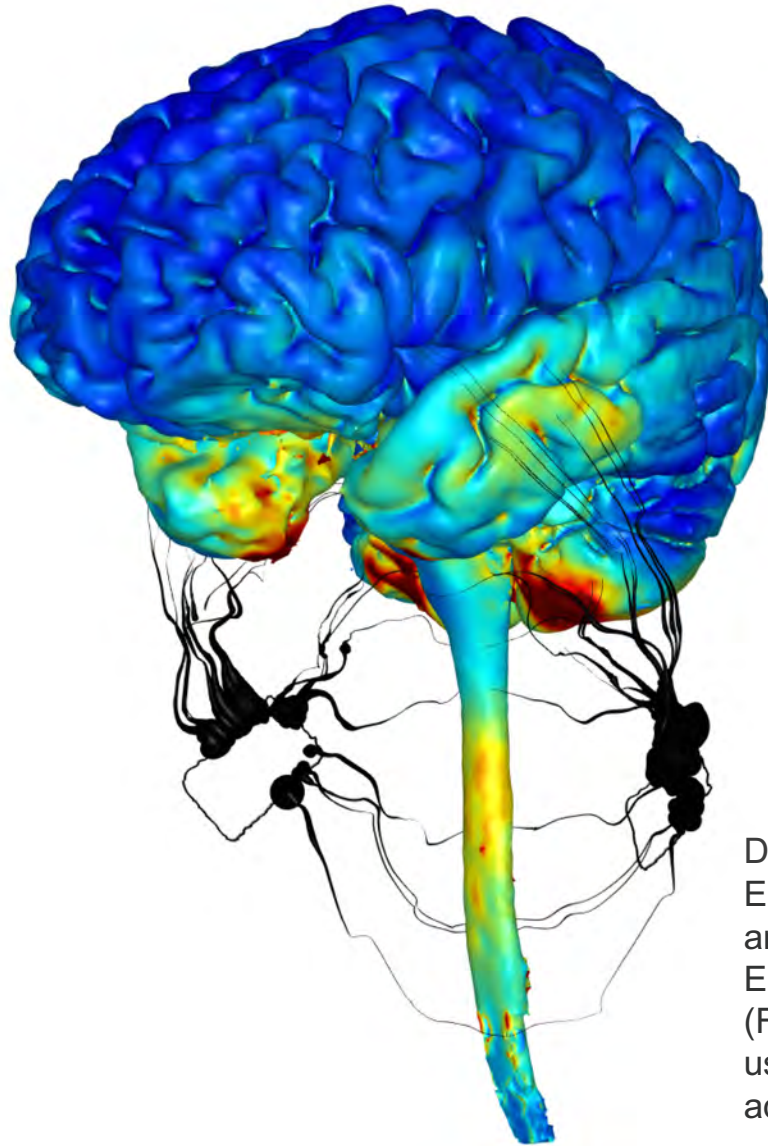
“On NuCalm, subjects experience a rapid decrease in heart rate and respiration rate while exhibiting an increase in vagal tonality. These biomarkers are consistent with deep meditation and illustrative of the predictable rapid onset of the parasympathetic nervous system dominance created by NuCalm.”

— Chung-Kang Peng, Ph.D., Co-Director of the Rey Institute for Nonlinear Dynamics in Medicine at the Beth Israel Deaconess Medical Center/Harvard Medical School





Dr. Marom Bikson, co-director of Neural Engineering at The City College of NY and the NY Center for Biomedical Engineering using Finite Element Method (FEM) stimulations on a NuCalm subject using an MRI-derived head model of an adult male



Dr. Marom Bikson, co-director of Neural Engineering at The City College of NY and the NY Center for Biomedical Engineering using Finite Element Method (FEM) stimulations on a NuCalm subject using an MRI-derived head model of an adult male

NuCalm allows dentists to perform **dentistry without compromise**

- Deep relaxation is maintained for the entire procedure
- Significantly reduces gag reflex, tongue movement, excessive swallowing, muscle tension, defensive postures, stalling tactics, and startle responses
- Reduces the amount of local anesthesia needed
- Improves healing & pain management



Components of the NuCalm system

1. All-Natural NuCalm Cream

- Inhibitory neurotransmitters
- Interrupts adrenaline the same way your body does
- Manufactured in our brains
- Safe - Generally Recognized As Safe (GRAS) by the FDA



Apply the NuCalm **cream**



Components of the **NuCalm** system

2. Cranial Electrotherapy Stimulation (CES)

CES creates a mild, sub-sensory electrical impulse that improves the effectiveness of the all-natural NuCalm cream to prepare the body for relaxation.



Apply the **CES**

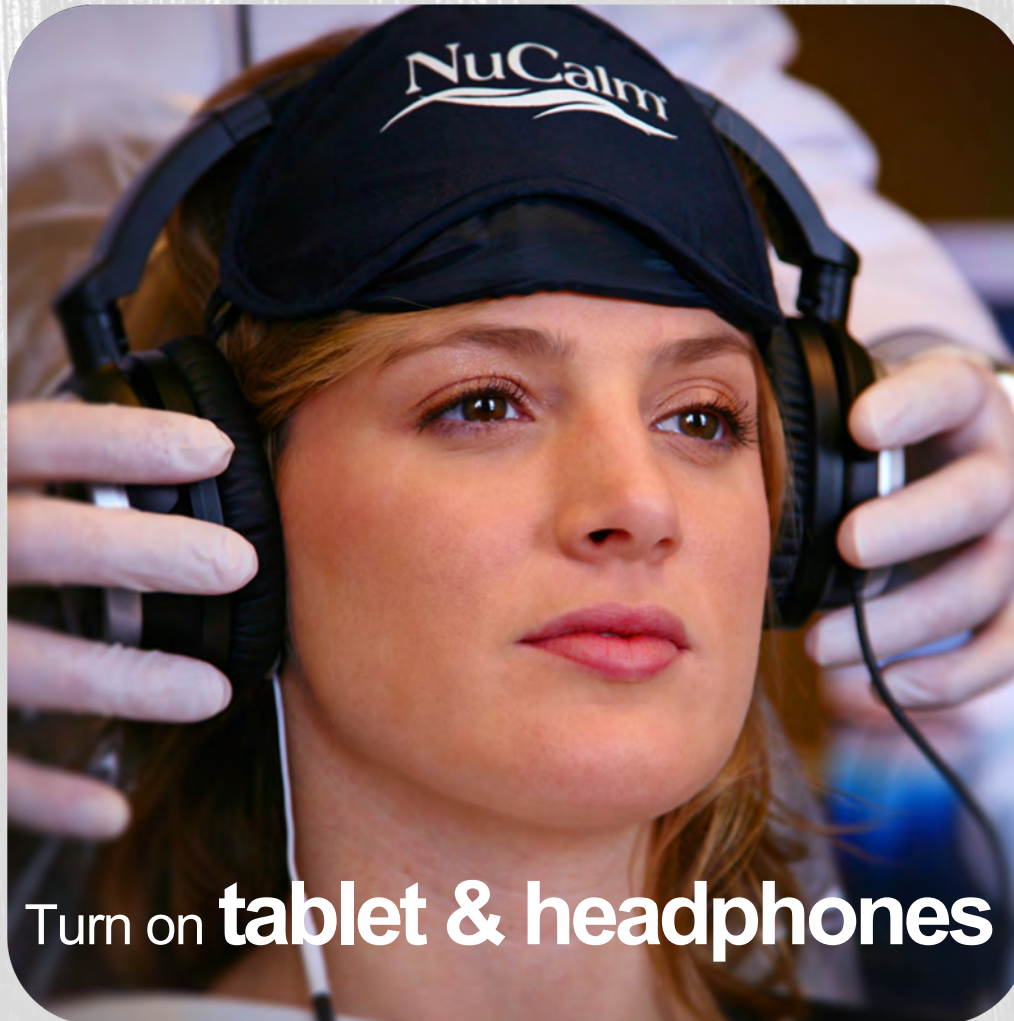


Components of the **NuCalm** system

3. Neuroacoustic Software

The world's most sophisticated proprietary neuroacoustic software that presents the mind with a pattern it recognizes and follows into deep relaxation (Alpha / Theta states characterized by brainwave frequencies between (4 - 12 Hz).





Turn on **tablet & headphones**

Components of the **NuCalm** system

4. Light-blocking eye mask

Blocking light negates visual stimuli resulting in up to a 30% increase of Alpha brain wave production.

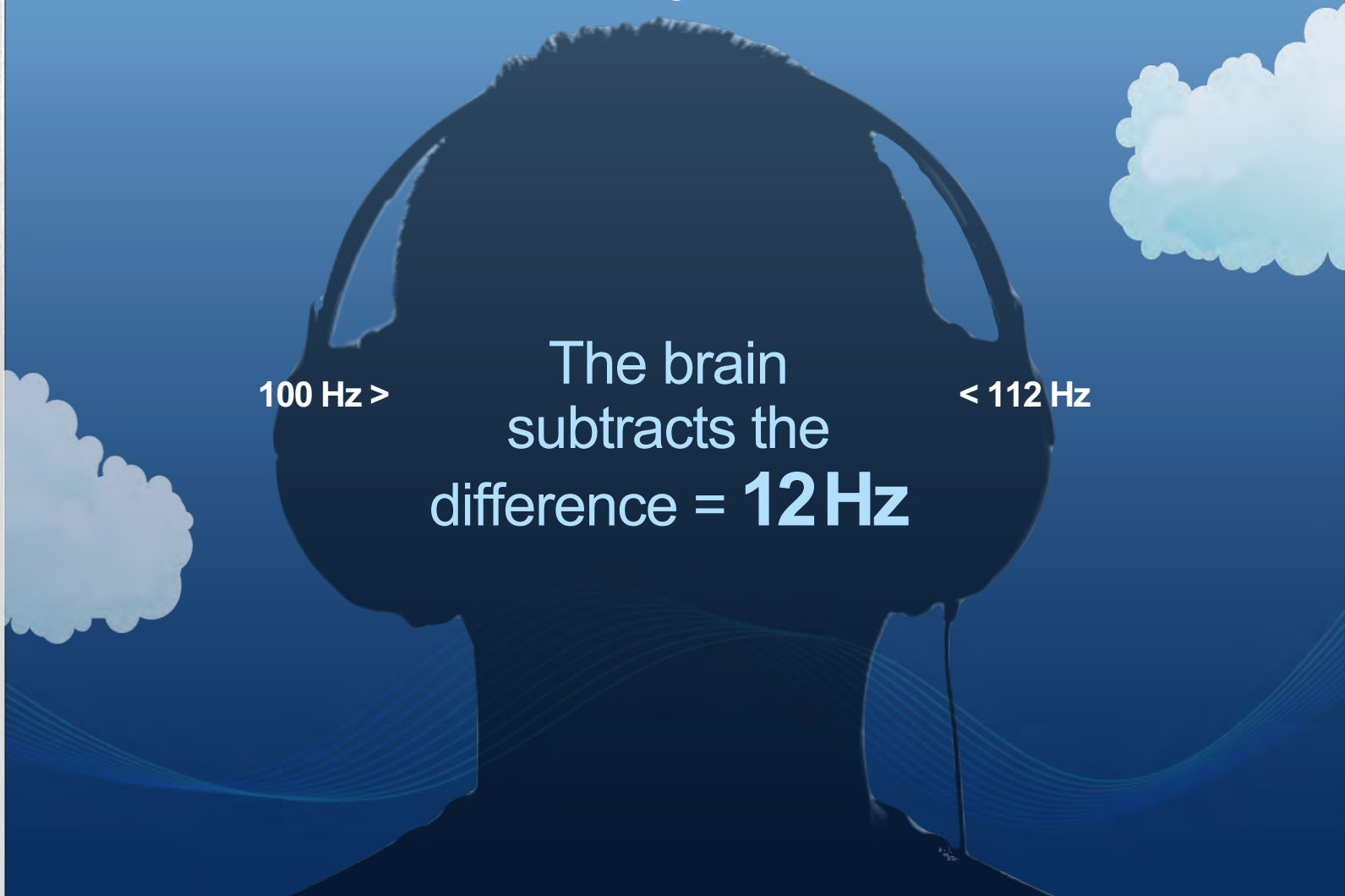


Neuroacoustic and biophysics entrainment

100 Hz >

The brain
subtracts the
difference = **12Hz**

< 112 Hz

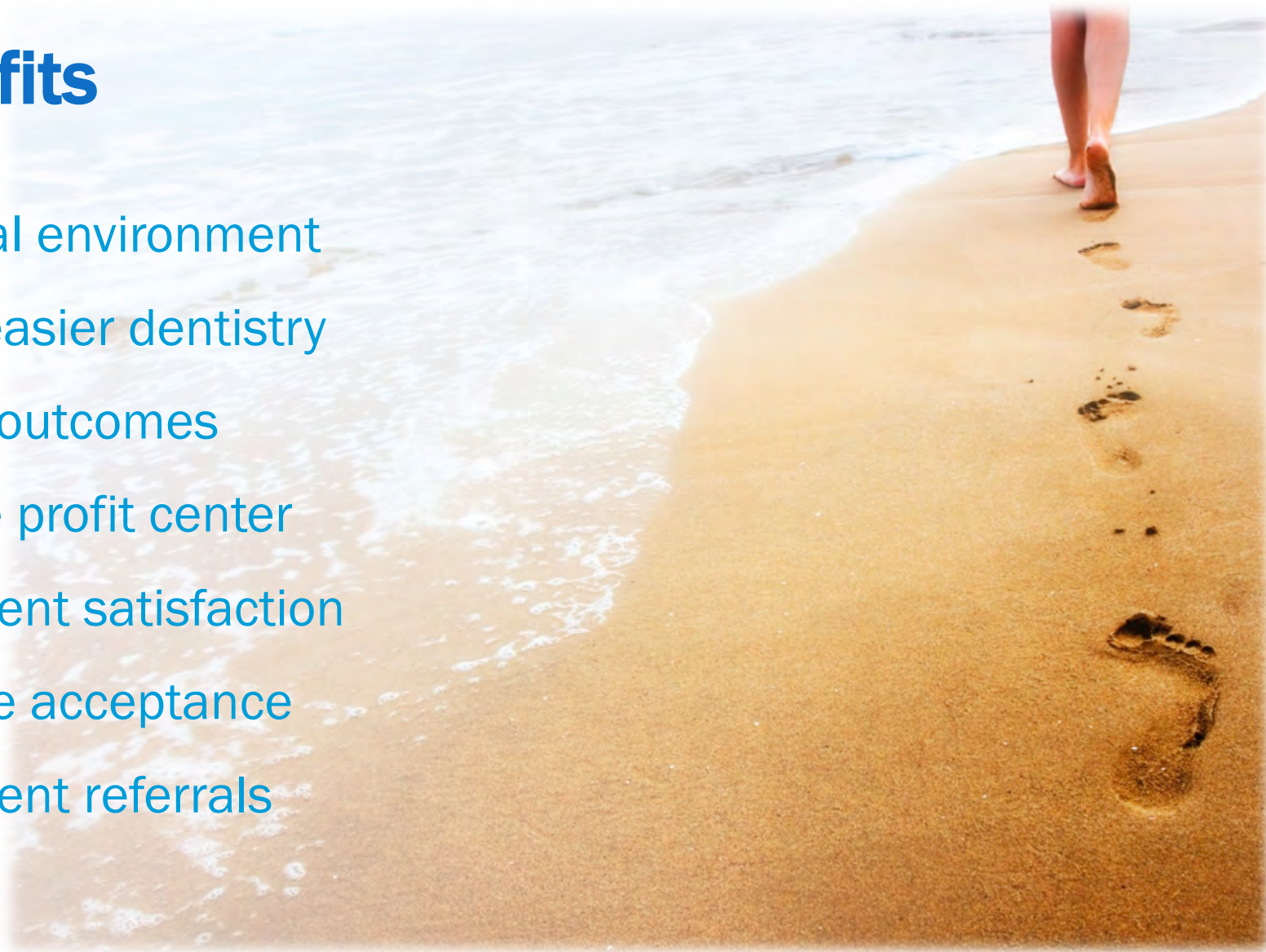




NuCalmed
state of mind

NuCalm Benefits

- Relaxed clinical environment
- Faster, safer, easier dentistry
- Better clinical outcomes
- Fee-for-service profit center
- Increased patient satisfaction
- Increased case acceptance
- Increased patient referrals



Pain Control for the Anxious Patient

Courtesy: Kenneth L. Reed, DMD
NYU, USC, UNLV, U of Alberta

NNT

Number Needed to Treat

Definition: Calculated for the **proportion of patients with at least 50% pain relief** over 4-6 hours, compared with placebo.

- Study must be:
 - Randomized
 - Double-blind
 - Single dose
 - Patients in moderate to severe pain

NNT

Tylenol#

- Acetaminophen (APAP) – 300 mg.
- Codeine
 - #1 – 7.5 mg
 - #2 – 15 mg
 - #3 – 30 mg
 - #4 – 60 mg

NNT

Tylenol#

Tylenol #3 (300 mg APAP, 30 mg codeine)

Tylenol #3 tablets		NNT
1		5.7
2		4.2

NNT

Acetaminophen (APAP) ONLY

APAP only - Dose	NNT
325 mg x 2	4.6
500 mg x 2	3.8

Tylenol #3 tablets	NNT
1	5.7
2	4.2

NNT

Codeine *alone*

Drug		NNT
Codeine 60 mg		16.7
Placebo only		18.0

NNT

Hydrocodone

- USA consumes 99% of the world's hydrocodone
- 2011: US doctors – more than 131 million Rxs
- DEA: Hydrocodone ranks among the most abused meds

NNT

Hydrocodone

TOP DEFINITION



Norco

A perscription, schedule III, narcotic analgesic (pain killer)containing **hydrocodone** and acetaminophen (Tylenol). Hydrocodone is actually an **opiate**, like **heroin**, that gives an amazing euphoric body high but it's also very addictive (although not nearly as addictive as heroin). Norco is basically the same (better) as **Vicodin** and **Lortab** except that the ratio between hydrocodone:acetaminophen is much lower, making it much better for recreational use. Norco contains 7.5 mg or 10 mg of hydrocodone and 325 mg of acetaminophen. Acetaminophen, when taken in high doses (2,000+ mg) is very harmful to the liver. Normal vicodin pills contain 5 mg of hydrocodone and 500 mg of acetaminophen. Norco is perscribed for severe pain. So norco contains more of the good stuff and less of the bad stuff making it better and much more expensive on the streets. Norco pills are yellow in color, oval shaped with straight rounded sides, almost like an oval cylinder (not sure if it has a real name), there's also a cursive-looking "V" on one side and some numbers engraved on the other side with a line splitting the pill vertically.

Two or three pills of Norco 10/325 will fuck you up.

by **Jimmy2551** July 14, 2006

NNT

Zohydro ER

- 10, 15, 20, 30, 40 & 50 mg capsules
- Twice daily dosing
- Approved for up to 100 mg bid !!

NNT

Oxycodone

Percocets (325)

- 325 mg APAP + Oxycodone
 - 2.5 mg
 - 5.0 mg
 - 7.5 mg
 - 10 mg

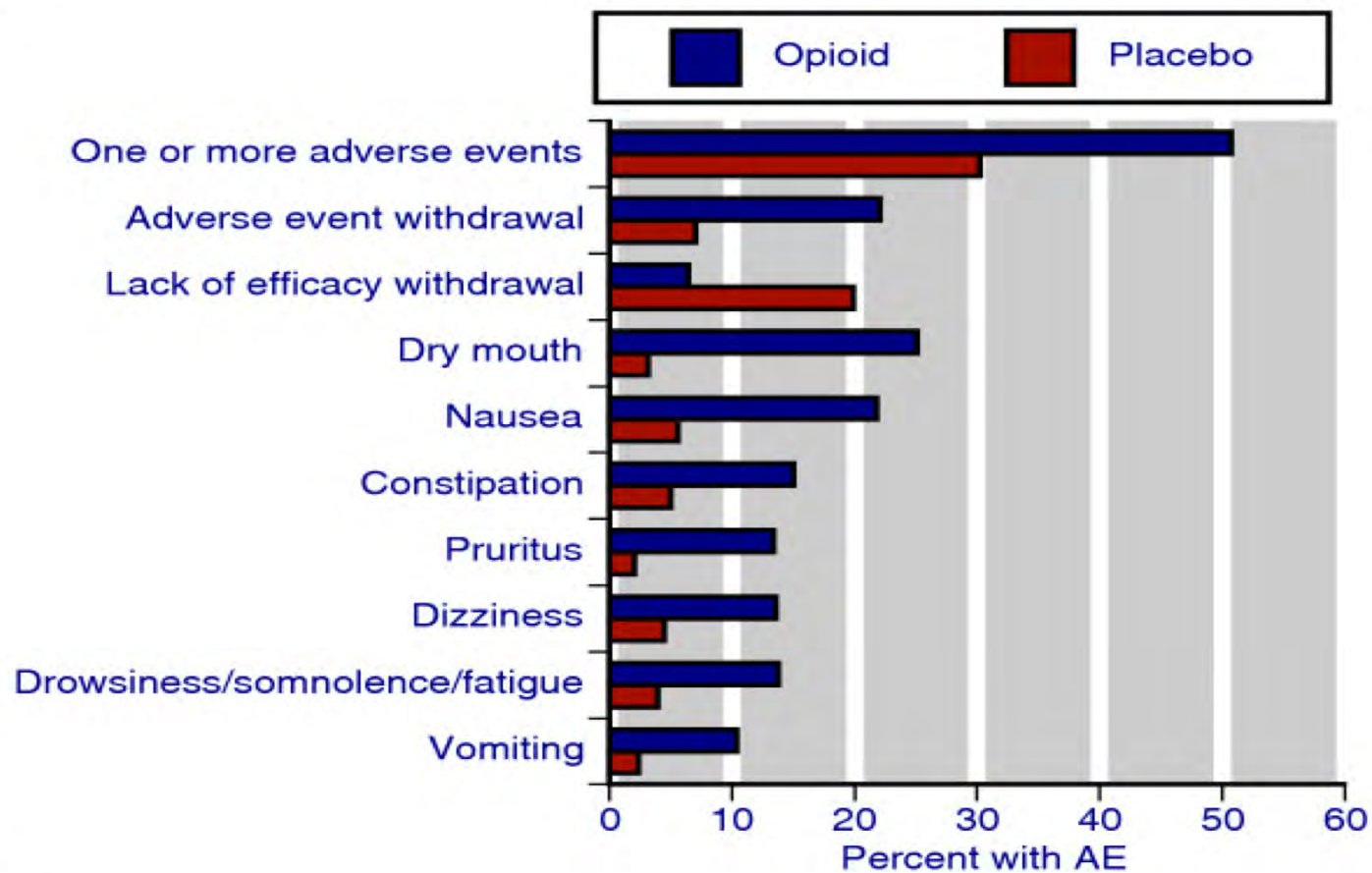
Percocet	NNT
325/5.0 – 1 tab	5.5
325/5.0 – 2 tabs	2.6

NNT

Comparison of Narcotics

Drug	NNT
Codeine 60 mg	16.7
Percocet 5 – 2 tabs	2.6
Meperidine (Demerol) 100 mg IM	2.9
Morphine 10 mg IM	2.9

Narcotic Side Effects



NNT

NSAIDs

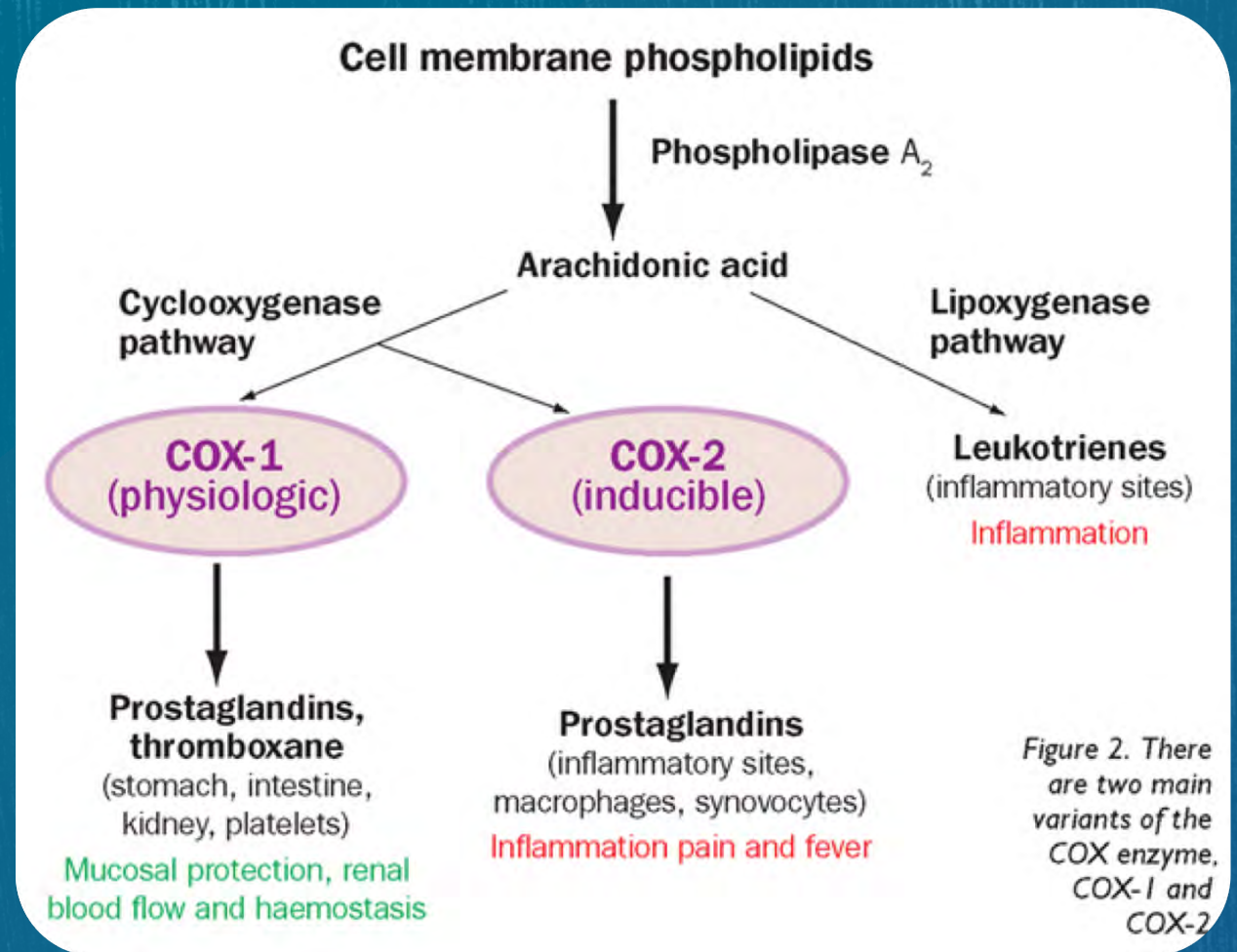


Figure 2. There are two main variants of the COX enzyme, COX-1 and COX-2

NNT

Naproxen Sodium

- Rx brand: Anaprox
- OTC Brand: Aleve
- Maximum daily dose: 1650 mg
- Rx dose: Anaprox DS, **TID**

Drug	NNT
Naproxen 220 mg	3.4
Naproxen 440 mg	2.3
Percocet 325/5.0 – 2 tabs	2.6

NNT

Ibuprofen

- Rx brand: Motrin
- OTC Brand: Advil
- Maximum daily dose: 3200 mg (acute); 2400 mg (chronic)
- Rx dose: 600 mg qid

NNT

Ibuprofen

Ibuprofen	NNT
200 mg	2.7
400 mg	2.4
600 mg	2.4
800 mg	1.6*

NNT

OTC Combinations

Ibuprofen 200 mg + APA 500 mg

NNT 1.6

Ibuprofen 600 mg + APA 1000 mg

NNT <1.6

My Celebrex Protocols

Use only if NO Sulfa Allergy

Minor Procedure

- Disp: 5 tabs
- Sig: 1 tab with supper on the night before your appointment, then 1 tab q.d. with supper until all are taken

Major Procedure (e.g. Several Extractions)

- Disp: 10 tabs
- Sig: 2 tabs with supper on the night before your appointment, then 1 tab b.i.d. until all are taken.
Do NOT take morning of sedation appointment

Patient w/Pre-op Pain (Must avoid narcotics 24h Pre-op)

- Disp: 12 tabs
- Sig: 2 tabs with supper TWO nights before your appointment, then 1 tab b.i.d until all are taken.
Do NOT take morning of sedation appointment.

Celebrex Premed

9-30-08

My husband is retired military so we have traveled a lot. I have had several different dentists and so much pain with my mouth when I went to them.

I won the lottery when we retired here and I found Dr. Moorhead. First time I have had no pain at the dentist.

Unfortunately, I needed a denture. I was very nervous but, Dr. Moorhead and his team were wonderful!!! I can not emphasize enough that it was pain free. My denture feels great!

I have seen many people suffer with their dentures, NOT ME!! The whole process was painless. Dr. Moorhead even took time to call me at home after hours to check on how I was feeling.

His entire staff also really seemed to care about how I felt. I would recommend him very highly. I don't know how he does it but Dr. Moorhead is truly a caring and pain free dentist

Kathie F.



Celebrex Premed

My teeth were in too bad a shape to save, so Dr. Moorhead recommended complete dentures using a process called the branching technique. Through the entire process, I have never had one pain. If you cannot save your teeth, I would recommend Dr. Moorhead and the branching technique to make your dentures.

Don Flannery



EXPRESS SCRIPTS®

P.O. Box 66773
St. Louis, MO 63166-0773

December 31, 2009

2010001067 - 12189
Dr. William Moorhead
130 Clark St
Flemingsburg, KY 41041

COX-2 Inhibitor Step Therapy
*Please evaluate if a "step-one" generic
medication is an option for your patient*

RE: [REDACTED]

Dear Dr. Moorhead:

You recently prescribed a medication for [REDACTED] that was not covered by his/her health plan because it is subject to a program called "step therapy". Step therapy programs require a trial of a "step-one" generic medication before a more expensive "step-two" brand-name product will be covered, in this case a generic NSAID before a brand name COX-2 inhibitor. Your patient will also receive a letter explaining the health plan's step therapy program.

From our claims data, it appears that your patient did not fill the prescription for the medication that you prescribed or a therapeutic alternative. Since out-of-pocket medication costs may impact adherence, please consider whether a lower-cost step-one generic NSAID is appropriate.

If you already prescribed a step-one generic for [REDACTED] or received "prior authorization" for a step-two brand-name drug you don't need to do anything further. If you believe that a generic NSAID is not medically appropriate for this patient, you may request a prior authorization for the step-two brand-name drug by calling 800.417.8164.

The information provided is only a guideline to assist you in planning the best course of therapy for your patient, and does not replace your clinical judgment. We hope this information is helpful. If you have any questions or comments, please call the Express Scripts Physician Response Line at 888.287.8182 or fax us at 800.315.3528.

Sincerely,

Ed Weisbart

Ed Weisbart, MD
Chief Medical Officer, Medical Affairs
Express Scripts

Enclosure: Step Therapy List

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200912310211375849 - AM1009817 - 004084

EXPHYCOX 01/03/00

EXPHYCOX_0001001000



Difficult Intake
Phone Calls

Broken
Appointments

Complex
Health
Histories

Longer
Treatment
Time

More Complex
Treatment
Plans

Compromised
Treatment
Results

Difficult Intake
Phone Calls

Phone skills
Systems

Difficult Intake
Phone Calls

Broken
Appointments

Verbal skills
Flags
Policies

Difficult Intake
Phone Calls

Broken
Appointments

Complex
Health
Histories

Staff training
Delegation
Systems

Difficult Intake
Phone Calls

Broken
Appointments

Complex
Health
Histories

Longer
Treatment
Time

Higher fees to compensate? (No PPO)
Reschedule with more advanced technique
Create scheduling templates for staff
that allow for difficult patients

Difficult Intake
Phone Calls

Broken
Appointments

Complex
Health
Histories

Advanced training
for doctor & staff

Longer
Treatment
Time

More Complex
Treatment
Plans

Difficult Intake
Phone Calls

Broken
Appointments

Complex
Health
Histories

Inform patient
Reschedule to re-do
Observe?

Longer
Treatment
Time

More Complex
Treatment
Plans

Compromised
Treatment
Results

Marketing

Not looking forward to a trip to the dentist?

Relax.
It's
Flemingsburg Dental.

For years, you've heard how Flemingsburg Dental Care takes exceptional care of their patients. With a special emphasis on keeping them comfortable while restoring their dental health, our patients know they are in good hands.



William J. Moorhead, DMD

Dr. Moorhead is well known for his patient-friendly skills and practices. He was an early-adopter of sedation techniques to keep you relaxed during longer, traditionally uncomfortable procedures. Whether you need dental implants, complex dental procedures or just a simple white filling, Dr. Moorhead makes those advances available to you and your family.

Dr. Moorhead is also known for serving his profession and his community. He regularly presents to other dentists on clinical excellence. He's also been recognized by his peers and is the President-elect of the Kentucky Dental Association. Why does all this matter to you and your family? Because quality and caring matter to you in every choice you make. We've told you for years our first promise is to keep you comfortable. But the promise runs deeper. Rest assured you'll receive the best dentistry has to offer.

1-866-539-NICE (6423)

New Patient Introduction Value
\$1 Exam & Full X-Rays Save \$167

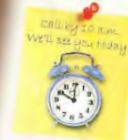
It's a great time to see us at our 303 S. Main Cross location—the former public library building. We're giving new patients a chance to get a complete dental exam including full mouth X-rays — for \$1! This is an introductory offer for adults and children who have not been to our office during the last 24 months. Just call 1-866-539-NICE (6423) to set up an appointment for yourself, your children, or any/all of your family members. Note: Any additional treatment is separate and will be billed at our regular fees. This promotion is good thru April 30, 2013. Inclusions must be presented at the time of service.



- Family Dentistry
- Sedation Dentistry (IV)
- Laser Dentistry
- Invisalign® — Straight Teeth Without Braces
- Lock-Tight Dentures
- Smile Therapy
- Emergency? Call by 10 AM, we'll see you today
- 12 months same as cash, with approved credit

303 South Main Cross, Flemingsburg, KY
1-866-539-NICE (6423) • www.flemingsburgdentalcare.com

A Bit
Nervous
About
Going
To The
Dentist?
Relax. It's
Flemingsburg
Dental.



For years, you've heard how Flemingsburg Dental Care takes exceptional care of their patients. With a special emphasis on keeping them comfortable while restoring their dental health, our patients know they are in good hands.



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- Controlled Substance Log
- Sedation Health History
- Clinical notes template
- Organizing your emergency supplies
- Emergency Kit Weekly Checklist
- *Excel format*
- Consent form – Oral Sedation
- Consent form – IV Sedation
- Mock Emergencies