

POE CLINICAL PROTOCOL

POE (D0120) – 180 mins (Before pt. arrival)

- Check out instruments/camera and set up operatory BEFORE patient checks in.
- Fee: \$40.00 includes up to 6 x-rays in any combination or vertical BWS. (Does not include Pano or FMX. If Dentical patient consult PCC)
- Review Medical History
 - Is a medical consult on file or needed?
 - Prophylactic antibiotics?
 - Need for pharmacy consultation (if pt. is ASA III and takes 5 medications or more)



Start Check – 15-20 Mins

- Update any changes in the Med.Hx. (obtain patient signature), any new CC, vitals today, change in dental insurance, etc.
- Treatment plan for POE (if not already done) and radiographs (up to 6 or 7 vertical PAs). Obtain faculty approval and patient signature.
 - 4BW /Vertical BW (D0277)
 - Additional PA (D0230)



Clinical Exam – 40 Mins

- Take any x-rays, photos, and/or impressions for today's appointment
- Record Clinical Findings using COE worksheet
- Extra/ intraoral/ radiographic eval.
- Periodontal charting and endo testing as necessary.
- Hard/Soft tissue exam: tooth by tooth. Update odontogram

CONFIRM FINDINGS WITH FACULTY (15-30 Mins)



POE Treatment Plan – 10-15 Mins

- Enter codes on TP tab that have not been completed.
- Q.A. items will need a faculty note on Axiom and a fee adjustment
- TP as per new findings.
- Review with PCC: if dentical or PPO ins. Exclusion of benefits or special projects form.
- **GROUP FACULTY** approves TP in Axiom and patient consents by signing.



Dismissal – 5-15 Mins

- Enter codes for procedures completed today and approved by faculty before dismissal.
- Completed forms needed: POE form, CCE/POE form, EPR4 form, Preventive Dentistry Record form (if perio was completed), specialty forms if needed; periodontal chart.
- DMOXIS Note and IFF. DOCUMENTATION MUST BE SWIPED ASAP— (DMOXIS sample on reverse page)

BEFORE POE APPOINTMENT

Review most recent x-rays--which areas will likely need new radiographs (e.g. Endo completed <1 yr. ago requires a new PA for endo recall, new Pano if >5 yrs. (check with PCC for coverage))?

- Intraoral records: are new impressions and intraoral photos needed today?
- Check odontogram to see if it needs to be updated
- Prepopulate CCE/POE (QA) form
- Is there a non-expired POE code treatment planned to use for today's appointment?
- Pharmacy Consult: Contact Drs. Christal Pham, Rudolf Mireles (Pharmacy) via Axiom. Request patient to bring all medications to TDC and follow protocol for medication reconciliation

Forms

- UPDATE ALL EPR4 tabs
- Add caries risk assessment code (D0601, D062, D0603)
- Note any findings with QA concerns.
- Perio charting: Probings, BOP, exudate points, furcation involvement
- CCE/POE Form
- POE Form
- Preventive Dentistry Record

Treatment – 30-45 Mins. (Time Permitting)

- Prophylaxis, Perio Maintenance or other procedure as discussed in TP with supervising faculty—
- Inform patient about fees to be paid today on services rendered

POE CLINICAL PROTOCOL

| Systolic | Diastolic | ASA | Blood Pressure Guidelines for Dental Treatment |
|----------|-----------|-----|---|
| ≤129 | 80 | I | No contraindications to elective dental treatment. |
| ≤139 | ≤90 | II | Most procedures acceptable including emergency procedures, if approved by faculty. |
| 140-179 | 90-109 | II | Some minor procedures and emergency procedures acceptable if approved by faculty. Monitor blood pressure during appointment. |
| ≥180 | ≥110 | III | Only diagnostic procedures acceptable , emergency treatment can only be done in the emergency clinic under supervision of ACLS certified faculty. No elective procedures. May need urgent emergency medical care. Discuss all procedures and referrals with faculty first. |

“DMOXIS” NOTE

FOR A DETAILED SAMPLE OF A DMOXIS NOTE, INR AND GLUCOSE LEVELS PLEASE REFER TO OUR CLINICAL PROTOCOL MANUAL IN SHAREPOINT.

Dental History: Chief Complaint, description of dental pain, history of dental care, indicate if the patient uses a prosthesis, past adverse dental experience, dental anxiety, oral hygiene regimen, and dental goals.

Medical History: Review of medical history, surgical history, trauma history, social history. List medications with name, use, drug class, regimen, dental implications and dental contraindications. Include allergies, medical considerations and dental implications (including antibiotic prophylaxis). Indicate whether premedication and/or medical consult is warranted (with justification), or not warranted. Vital signs and ASA classification with justification.

Oral Exam: Soft Tissue findings (Extraoral Exam including TMJ screening, Intraoral/Oral Cancer Screening), Periodontal findings (pocket depths, BOP, plaque level, calculus level), Hard Tissue findings (Occlusion Screening, Tooth Relationships, Prosthodontics Screening), clinical findings on dentition including ICDAS diagnosis.

X-Ray: Document radiographs exposed and reviewed, state findings including radiographic diagnosis (i.e. D3, E1 etc.). Bone Level:

Impressions (Diagnoses): List various diagnoses by numbers. 1) Pathology Differential Diagnoses, 2) Periodontal Diagnosis, 3) Caries Diagnosis 4) Endodontic Diagnosis

Suggestions (Tx Plans): List subsequent treatment plans by numbers from “Impressions”. 1) Tx plan for oral pathology, 2) Tx plan for periodontal disease, 3) Tx plan for restoration, caries risk assessment 4) Tx plan for endodontic procedures 5) Consults

Tx Rendered Today: Additional procedures performed. Indicate names of supervising faculty if there are several.

NV: Next visit