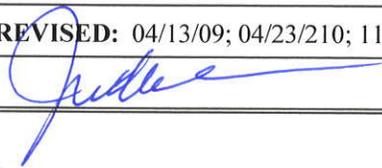


POLICY OF STATE OF DELAWARE DEPARTMENT OF CORRECTION	POLICY NUMBER E-06	PAGE NUMBER 1 of 18
	RELATED NCCHC/ACA STANDARDS: P-E-06, J-E-06/4-4360 (Essential)	
CHAPTER: 11 BUREAU OF CORRECTIONAL HEALTHCARE SERVICES	SUBJECT: Oral Care	
EFFECTIVE DATE: 11/14/2007		REVISED: 04/13/09; 04/23/210; 11/14/2011; 04/03/12
APPROVED FOR PUBLIC RELEASE		



- I. AUTHORITY: Bureau of Correctional Healthcare Services (BCHS); 11 *Del. C.* §6536

- II. PURPOSE: Oral care under the direction and supervision of a Dentist licensed in the state is provided for each offender. Care is timely and includes immediate access for urgent or painful conditions. There is a system of established priorities for care when, in the Dentist's judgment, the offender's health would otherwise be adversely affected.

- III. APPLICABILITY: All Department of Correction (DOC) employees and vendor staff, offenders, and any outside healthcare provider servicing DOC offenders.

- IV. DEFINITIONS: See Notes and Definitions (Page 11) and glossary

- V. POLICY:
 - 1. **DOC Dental Program and Clinical Supervision:** A dental care program, under the direction and supervision of a Dentist licensed in the state, is provided for all offenders. A Dental Director coordinates the provision of all dental care in the DOC health system, supervises the work of Dental Assistants and Dental Hygienists, ensures the clinical appropriateness of dental care provided, provides peer review for Dentists operating in DOC, and provides policy and program development support to BCHS according to evolving National Commission on Correctional Health Care (NCCHC), American Correctional Association (ACA), and clinical standards of care. The Dentists and Dental Assistants report to the Dental Director.

 - 2. **Dental Screening:** Dental Screening is initially conducted during the Receiving Screen. The Dental Screening must occur within 2 hours of admission. A qualified trained health care professional or Dental Assistant will perform the Dental Screening. The

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DOC Dental Director is responsible for ensuring all clinicians performing Dental Screenings during the initial health assessment are appropriately trained. Clinicians performing Dental Screenings will have initial training in recognizing emergent, urgent and routine dental and oro-facial medical conditions prior to conducting Dental Screenings. Clinicians conducting Dental Screenings will have refresher training annually. Instructions in oral hygiene and preventive oral education are provided to the offender during the Receiving Screen. Offenders identified during Dental Screening as having urgent or emergent dental needs are triaged and placed on the Dental Sick Call list for evaluation and treatment. Dental examination and follow-up appointments are scheduled for the Dentist using the Dental Sick Call Log and prioritized per clinical need.

3. **Initial Oral Examinations:** Initial Oral Examinations (IOE's), supported by indicated x-rays, are performed by a Dentist within 30 days of admission for facilities abiding by NCCHC prison standards and within 12 months of admission for facilities abiding by NCCHC jail standards. An Initial Oral Examination includes:
 - a. Taking or reviewing a patient's dental history
 - b. Charting of teeth
 - c. Examination of the hard and soft tissue of the oral cavity with a mouth mirror, explorer and adequate illumination
 - d. X-ray studies for diagnostic purposes if necessary
 - e. Extraoral head and neck examination

4. **Policy for Emergency or Urgent Dental Care:** Emergency Care and Urgent Care are available to all patients regardless of the length of sentence (see definitions below). Lower priorities of care are not routinely available for patients sentenced to less than 6 months of incarceration in DOC.

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Emergency Care: Requiring immediate assessment and/or treatment including but not limited to:

- Post-operative uncontrolled bleeding
- Facial edema that is of a life-threatening nature or causing facial deformity
- Fracture of the mandible, maxilla or zygomatic arch
- Avulsed dentition
- An extremely painful condition that is non-responsive to the implementation of dental treatment guidelines
- Intraoral lacerations that require suturing to include the vermilion border of the lips

Urgent Care: Treatment necessary subsequent to the implementation of dental treatment guidelines including but not limited to:

- Fractured dentition with pulp exposure
- Acute dental abscess
- Oral pathological condition that may severely compromise the general health of the offender
- Acute necrotizing ulcerative gingivitis

Additional examples of dental conditions considered acute or emergent include but are not limited to:

- Face or neck edema (face or neck pitting edema)
- Fractured mandible
- Fever
- Purulent drainage/discharge
- Fractured tooth at gumline

5. **General Dental Care:** Oral treatment is provided according to a treatment plan based on a system of established priorities for care when, in the Dentist's judgment, the offender's health would otherwise be adversely affected. The treatment plan takes into consideration the expected date of release, all issues related with mastication and follows the offender throughout his or her incarceration. Whenever possible teeth

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should be restored with a filling rather than extracted. Only a licensed Dentist performs dental examination, diagnosis and treatment. The results of examinations are recorded in the Unified Health Record (the patient's medical chart). All documentation related to dental care is completed and filed in the patient's Unified Health Record on the day of service. Arrangements are made for consultation with referral to specialists in dentistry or oral surgery as determined by the treatment plan (see *Oral Surgery Referrals*, below). Dental prophylaxis is performed when prescribed by the Dentist. Fluoride toothpaste or oral fluoride rinses are available as determined necessary.

Dental services are provided in accordance with contemporary infection control practices. The Dental Assistant performs daily sharps and tool inventory counts and maintains documentation of this practice.

A dental examination includes:

- Taking or reviewing a patient's dental history
- Charting of teeth
- Examination of the hard and soft tissue of the oral cavity with a mouth mirror, explorer and adequate illumination
- X-ray studies for diagnostic purposes are taken if necessary
- Extraoral head and neck examination

Dental examination and follow-up appointments are scheduled for the Dentist using the Dental Sick Call Log and prioritized for need.

No patient should be seen without a chart present, unless it is an emergency. An ADA health history form should be filled out in this case, and filed in the chart as soon as possible. No patient should be seen for elective dental treatment until 6 months after heart surgery/ joint replacement. Any medically complex patient (those with HIV, Hep C, Heart or other organ conditions, requiring pre-medication, etc.) should be scheduled with a Dentist present to review the chart and labs prior to the visit that day, or should be scheduled with the Dentist himself or herself for a cleaning.

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If a patient's dental condition is emergent (has become a **medical** emergency) the patient must be evaluated and treated immediately. If the patient's dental condition is urgent, the patient must be evaluated and treated within 24 hours. Otherwise, evaluation and treatment must occur for the following dental services within the following timeframes, or will be considered "past due":

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<u>Dental Service</u>	<u>Timeframe for Service Provision</u>
Intake Dental Screening	Within 2 hours of admission
Initial Oral Exam	Within 12 months of incarceration for pre-sentenced offenders Within 1 month of incarceration for sentenced offenders
Sick Call (non-emergent, non-urgent)	Within 5 days of patient submitting sick call. Service is either provided during the sick call visit or the patient is scheduled for treatment at a later time.
Cleaning (routine)	Patient must have been incarcerated for at least 1 year for eligibility. If eligible, cleaning should occur within 6 months of submission of sick call requesting cleaning. Offenders may request a routine cleaning once per year.
Cleaning (periodontal disease)	Patient must have been incarcerated for at least 1 year for eligibility (unless scheduled sooner by a Dentist because of clinical urgency). If eligible, cleaning should occur within 6 months of submission of sick call requesting cleaning (or sooner if a Dentist determines it is clinically indicated). Offenders may request cleaning once per year (or with more frequent follow-up as clinically indicated or determined by a Dentist).
Fillings (non-urgent)	Within 3 months of sick call evaluation identifying clinical necessity
Extractions (non-urgent)	Within 3 months of sick call evaluation identifying clinical necessity
Dentures	<u>Priority 1:</u> within 6 months of denture approval <u>Priority 2:</u> within 12 months of denture approval <u>Priority 3:</u> within 18 months of denture approval <u>Priority 4 & 5:</u> DOC is not obligated to provide dentures for priority 4 and 5 patients. These patients will be considered for dentures only after dentures have been fabricated for all priority 1, 2 and 3 patients, and as DOC resources allow.
Oral Surgery Referrals	Oral surgery referrals should be written at the time of identification of clinical necessity. Oral surgery consultation or alternate treatment plan should occur within 2 months of the referral having been written.

No non-emergent, non-urgent dental service will be provided for offenders serving less than 6 months (Intake Screenings and IOEs excepted).

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6. **The Dental Sick Call Log:** The Dental Sick Call Log is used to generate monthly statistics of dental services for the Health Services Report. This is known as the Dental Services Report (DSR). Dental assistants are responsible for maintaining the DSR; the Dental Director is responsible for reviewing the DSR monthly, ensuring the accuracy of the report, sending the report to BCHS and partnering with BCHS to use DSR data for program improvement.

7. **Criteria for Removal of Wisdom Teeth:** Wisdom teeth should not be removed or referred to an outside provider for removal if they are asymptomatic or symptomatic, but can be adequately treated by medications, oral hygiene practices, soft tissue removal, occlusal adjustment or extraction of the opposing third molar and is not a recurrent, exacerbated, or complicated condition. Removal should be considered if after continued treatment as outlined above:
 - the condition persists or exacerbates
 - there is demonstrated pathology (either by xray or clinical examination)
 - there is continual presence of infection
 - the wisdom tooth is affecting the adjacent tooth causing it to become loose or decayed

8. **Policy for Dentures:** Dentures may be provided regardless of length of sentence or detention when in the opinion of the treating dentist such dentures are necessary to provide and maintain adequate healthcare services and/or the wellbeing of the offender. In general, however, offenders should be sentenced and incarcerated more than 6 months in level five facilities prior to denture fabrication and dentists should use the following prioritization schedule to guide scheduling of denture fabrication:
 - First priority given to those patients requiring full dentures in order to be able to chew, medically compromised patients who as a result of missing teeth are exhibiting a significant medical condition that can be ameliorated by return to adequate masticatory function (see definition below). Patients should be sentenced with at least one year remaining on their sentence.
 - Second priority given to those patients needing full upper or lower dentures or both as a result of extractions performed as part of an ongoing treatment plan or

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who have lost teeth while in DOC. Patients should have been incarcerated for 6 months and sentenced, and there is at least one year remaining on their sentence at a level 5 facility.

- Third priority given to those patients requiring partial dentures (offenders with less than six posterior occluding natural teeth) which were removed while in DOC. Inadequacy of mastication, usually due to the absence of bipolars and molars, is an indication for partial dentures. Unopposed teeth that would otherwise cause pain/bleeding is also an indication. Patients should have been incarcerated for 6 months and sentenced, and there is at least one year remaining on their sentence at a level 5 facility.
- Fourth Priority will be given to offenders who enter DOC with missing teeth (edentulous upper and/or lower). Patients should have been incarcerated for 6 months and sentenced, and there is at least one year remaining on their sentence at a level 5 facility. DOC is not obligated to provide dentures to patients edentulous upon entry to DOC. Patients may pay lab fee for dentures fabricated in an arch where no teeth were removed by DOC.
- Fifth priority will be given to those patients requiring partial dentures (patients with less than 6 posterior occluding natural teeth) where teeth were not removed by DOC. Patients should have been incarcerated for 6 months and sentenced, and there is at least one year remaining on their sentence at a level 5 facility. DOC is not obligated to provide partial dentures for teeth removed prior to incarceration with DOC. Patients have the option of paying the lab fee for dentures fabricated in an arch where no teeth were removed.

Patients with poor oral hygiene are not considered good candidates for partial dentures. Only acrylic partials are permitted (no metal). No partial dentures will be supplied solely for aesthetic purposes (missing one or more of their six upper front teeth). Any periodontally compromised teeth should be removed and all fillings and a cleaning are to be completed before the fabrication of a partial denture. When evaluating a patient for dentures, the treating dentists should note the estimated time of release on the referral and should ensure that all necessary dental work is completed (e.g. extractions, fillings,

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cleaning). Dentists should also note if there are unopposed teeth that are causing pain or bleeding and should note if the patient is able to maintain proper nutrition.

Patients may have access to the dentures they used in the community prior to incarceration. Patients must file a sick call slip to be evaluated by dentistry and should note on the sick call sheet that they are requesting to have their dentures from home. The Dental Assistant should inform custody that a patient has requested his or her dentures from home. The Dentures should be sent to the Dental Director at the address of the site. Once scanned and cleared by custody, the dentures should be examined by a Dentist. The patient should be scheduled to dental clinic to receive the dentures and for the Dentist to assess fit and functionality of the dentures.

The Dental Director and the Regional Medical Director will provide the DOC Medical Director a quarterly log of all approved and all un-approved denture requests (a log of alternate treatment plans will suffice for a log of un-approved denture requests, provided that between the approved denture log and the alternate treatment plan log all referrals made in that quarter are captured).

9. **Dental Hygienist:** A Dental Hygienist may work under the general supervision of the Dental Director in the DOC system. The Dental Director should ensure that the Dental Hygienist is practicing within his or her scope. Only a licensed Dentist should diagnose dental conditions and provide treatment for those conditions, including pre-medication. A licensed Dentist should triage charts to determine which patients are appropriate for cleaning to be done by the Dental Hygienist. Those cleanings that are inappropriate to be managed by a Dental Hygienist (e.g., patients with significant health conditions, such as heart valve or joint replacement, immune deficiency, abnormal lab values, etc., whose cleanings require specialized clinical care such as periodontal scaling/root planning, “curettage or quad scaling”) should be done by a licensed Dentist. The Dental Hygienist should write a note following every patient cleaning and ensure the note is filed in the Unified Health Record (patient’s chart) on the day of service. The note should document any unusual or concerning findings. A licensed Dentist should

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review every Dental Hygienist note to ensure that the care provided was appropriate and to schedule patients for evaluation or treatment if the Dentist deems it appropriate.

10. **Teeth Cleaning and Periodontal Disease:** For routine cleaning, patients must have been incarcerated for at least 1 year for eligibility. If eligible, cleaning should occur within 6 months of submission of sick call requesting cleaning. Offenders may request a routine cleaning once per year. Patient must have been incarcerated for at least 1 year for eligibility (unless scheduled sooner by a Dentist because of clinical urgency). If eligible, cleaning should occur within 6 months of submission of sick call requesting cleaning (or sooner if a Dentist determines it is clinically indicated). Offenders may request cleaning once per year (or with more frequent follow-up as clinically indicated or determined by a Dentist). (See *Procedure for Teeth Cleaning and Periodontal Care*).

11. **Oral Surgery Referrals:** Referrals for oral surgery consults and referrals for dentures will first be approved by Dental Director and then by the Regional Medical Director for the medical contractor. Site dentists will provide X-rays and other diagnostics or supporting documentation to the Dental Director and the Regional Medical Director as clinically appropriate and as requested by them. The Dental Director and the Regional Medical Director will provide the DOC Medical Director a quarterly log of all approved and all un-approved oral surgery referrals (a log of alternate treatment plans will suffice for a log of un-approved oral surgery referrals, provided that between the approved referral log and the alternate treatment plan log all referrals made in that quarter are captured).

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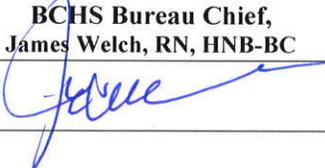
NOTES AND DEFINITIONS:

1. State-purchased lost or broken prosthesis should not be replaced until the waiting list for prosthesis is exhausted or approval is obtained from the Dental Director or his or her designee. Dentures may be provided regardless of length of sentence or detention when in the opinion of the treating dentist such dentures are necessary to provide and maintain adequate healthcare services and/or the well being of the offender.
2. Partial dentures and anterior flippers should not be provided for cosmetic or aesthetic reasons.
3. Exceptions: If a broken or lost denture/partial is the result of an altercation (with another offender or a corrections officer) written documentation (e.g., significant incident report) of the altercation must accompany the request for the new prosthesis. If the broken or lost denture/partial is the result of a loss during offender property transport or storage, written documentation (DOC inventory slip) must accompany the request for the new prosthesis.
4. Masticatory Function is defined as an occlusion score of 16 points or more:
 - a. Occluding incisors and canines or canines = 1 point (e.g., #7 with #26 = 1 point)
 - b. Occluding bicuspid = 2 points (e.g., #4 with #29 = 2 points; # 5 with #28 = 2 points; #12 with #21 = 2 points)
 - c. Functional 1st or 2nd molars = 3 points (e.g., #3 with #30 = 3 points). Note: 3rd molars drifted to second molar position shall be recognized as functional occlusion and included when counting the occlusion score
 - d. Wisdom teeth = 0 points

References:

National Commission on Correctional Health Care: Standards for Health Services in Prisons, 2008, P-E-06.
National Commission on Correctional Health Care: Standards for Health Services in Jails, 2008, J-E-06.
American Correctional Association: Standards for Adult Correctional Institutions, 4th Edition, 2008 Supplement. 4-4360.

Approval:

Date of Policy/Revision	BCHS Bureau Chief, James Welch, RN, HNB-BC	Date
04/03/2012		4/12/12

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PROCEDURE:

Teeth-Cleaning and Periodontal Care

Offenders in need of a dental cleaning or who request one after 1 year of incarceration should put in a Sick Call slip to the dental department. After the first year of incarceration, offenders may request a routine cleaning once every year. Dental assistants should review the sick call slip, and determine whether patients are eligible for cleaning or not (based on time since incarceration and time since last cleaning). Patients who are not eligible will be notified by a written response at the bottom of their original sick call. It is then mailed back to the patient via correctional facility mail. A copy of the sick call, including the response, is to be put in the patient's chart.

Inmates who qualify for a cleaning should then be brought to the dental clinic for a Sick Call visit. This should be while a Dentist is there, however inmates may be brought in for at least a set of xrays (4 bitewings and 2 PA's) to be taken with the Dental Assistants or Dental Hygienist when the Dentist is not there. Dental Assistants and Dental Hygienists cannot make any diagnoses, but they should ensure the patient has had an IOE and put the inmate on the schedule to see the Dentist. If the patient has had an IOE or treatment plan formulated in the past year, then they should be scheduled for a miscellaneous appointment for an evaluation for the cleaning.

The Dentist should review the patient's medical/dental history and chart at this time to determine if the patient is medically stable to be seen for dental treatment. At this time, the Dentist should also make any pre-medication determinations, check on labs, review medications and interactions, and review allergies, etc. The Dentist should also determine when the inmate's max out date is (either by discussing with the inmate or looking on DACS) to determine timing on course of treatments (i.e., if the inmate will be leaving the correctional system soon, dental treatments that take many months to a year may be more appropriately planned with a community provider). The Dentist should then perform or update an exam on the patient, including basic head and neck extraoral exam, intraoral soft tissue exam, oral cancer screening. Hard tissue exam and charting of the teeth should be performed, i.e., charting missing dentition, decay,

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periodontal disease etc. Dentists may request additional x-rays at this time (including Full Mouth Series and/or Panoramic X-ray if warranted). A Full Mouth X-ray (FMX) is the standard when evaluating and diagnosing periodontal disease.

The Dentist then should formulate a treatment plan for the patient (if one does not exist already or needs updating) determining if any teeth should be extracted, if any fillings are necessary, if the patient is or will be a candidate for denture fabrication and approval in the future, and what kind of dental cleaning the patient should have. Dentists should specify on their treatment plan and notes whether or not the patient will need a periodontal cleaning, i.e., Quadrant Scaling and Root Planing with local anesthetic or a simple a "Prophy", which is a light scale and polish. Dentists should also specify in writing that the patient is "cleared" or "not cleared" for the cleaning.

Inmates should then be scheduled for their appropriate treatments. Currently, there is an "OP list" for fillings, "EXT list" for extractions and "CAV list" for cleanings with the hygienist. "Perio CAV" can be used as shorthand to indicate that Quadrant Scaling/Root Planing is indicated.

When the patient presents for his or her cleaning with the hygienist, the chart and medical history should be reviewed thoroughly by the Dental Hygienist. The Dental Hygienist should write in his or her progress note that this review was performed. The Dental Hygienist should make sure that a Dentist has seen the patient first and approved him or her for a cleaning visit. (This should have taken place with the IOE. If this is not the case and a Dentist is not on site to perform this task before treatment takes place, the patient should be dismissed and scheduled for evaluation by a Dentist. At that evaluation, the patient should be re-scheduled for cleaning, as clinically appropriate.) If it has been longer than 6 months between the Dentist's evaluation and the cleaning appointment, then a new exam should be performed.

If the patient has been seen by the Dentist first, the Dental Hygienist should then review the treatment plan laid out in the progress notes of the chart, and also review the radiographs/x-rays, particularly making note of any subgingival calculus deposits for

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removal with cavitron and hand instruments. The Dental Hygienist should review what type of cleaning the patient will require: Periodontal Scaling/Root Planing with Local or Prophy/light scaling and polish.

- a. If the patient requires Quadrant Scaling/Root Planing with local anesthetic, the hygienist should request the Dentist on site to administer local anesthetic before treatment begins. It is good practice for both the Dentist and the Dental Hygienist to coordinate their schedules before the day begins.) If the patient requires local anesthetic, and there is no Dentist on site that day, then the patient will have to be re-scheduled to a day when a Dentist is on site to administer local anesthetic. In some cases, the Dental Hygienist may still be able to perform a Debridement that day (removing gross deposits of supragingival calculus and plaque) and then re-schedule the patient for another day with the Dentist is present to administer local anesthetic enabling the removal of the subgingival deposits. Quadrant Scaling and Root Planing is usually scheduled over the course of 2 visits: appointment 1- Right Side (Upper Right/Lower Right); appointment 2- Left Side (Upper Left/Lower Left).
- b. After the dental cleaning has taken place, whether that be Periodontal Scaling/Root Planing or Prophy, the Dental Hygienist's work should be reviewed by a Dentist. If they are on site that day, the Dentist can examine the patient at that time. If the Dentist is performing a procedure or otherwise unavailable that day, the Dentist may review the Dental Hygienist's notes in the patient's chart. This should happen within one week.

If there is no Dentist on site the days that the Dental Hygienist is seeing patients at a particular site, a list of the names and SBI numbers of the inmates the hygienist saw should be kept, and those charts requested and pulled by the assistants the next day the Dentist is on site for him or her to review. The Dentist reserves the right to have any of these patients put on his or her schedule for him or her to physically examine. Also, after review, the Dentist may request follow-up visits to properly treat the patient for any periodontal conditions.

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Dental Hygienists' notes should be thorough. Documentation of a review of medical/dental history should be present in the notes, as well as documentation of the condition of the mouth, how much plaque and calculus was present, state of bleeding, spot probing depths/perio probings, etc. The following is an example of a generic hygiene note and what it should include. This standard should be followed so that others reviewing the chart, especially fellow dental providers, are informed on the state of the patient:

- Medical/Dental History:
- Medication/Dosage:
- Pre-medication:
- BP:
- Significant event(s):
- X-Ray:
- Perio chart:
- Perio Type:
- Gum tissue:
- Home care:
- Plaque:
- Calculus:
- Stain:
- OHI:
- Other:

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For patients who require scaling/root planning, it should be documented where the heaviest sub-gingival pockets are located and the extent of plaque/calculus deposits (notation made of deposit removal with “X” type of gracey curette and/or scalers or cavitron). Notation should also be made by the Dentist of what type and amount of local anesthetic should be given to the patient for scaling/root planing procedures.

Patients should be made aware if they have periodontal disease. There should be education by the Dentist and Dental Hygienist of what periodontal disease is and how it can affect that individual’s overall health (including: systemic links and risks such as heart disease, stroke, diabetes, etc.) and pre-disposing factors (smoking, poor diet and home care, lack of dental care in past, etc).

DOC will only offer Basic Periodontal Therapy in the prison system as part of our dental care services (i.e.: Quadrant Scaling/Root Planing and Curettage and/or in conjunction with Antibiotic Therapies, such as Tetracycline, etc). Further elective periodontal treatments (e.g., flap surgeries, pocket reduction, bone or soft tissue grafts, etc) will not be offered.

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DENTURE REQUEST FORM:

I, _____, SBI# _____ am requesting that my dental prosthesis/ denture(s) from outside of the corrections system be shipped to the dental department at my current location of _____

I understand that Delaware Correctional Dentistry and The Department of Corrections, and all its affiliates, employees, and staff will not be held responsible for any unintended misplacement or damages of my dental prosthesis/denture(s) while it is being shipped/transferred/delivered into my possession.

(Signature of Inmate)

(Witness/Officer)

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EXAMPLE OF COMPLETED GENERIC HYGIENE NOTE:

Pt presents for Prophy. 12 mos since last cleaning and exam

Medical/Dental History: *no changes per pt*

Medication/Dosage: *no changes per pt*

Pre-med: *n/a (if necessary, write down type of antibiotic, dosage and time given to patient by doctor/Dentist)*

BP: *123/80 Left Arm Sitting (LAS)*

Significant event(s): *12 mos since last cleaning*

X-Ray: *n/a*

Perio chart: *full periodontal charting today; noted 4mm pocketing on UL, DL #14, ML #15. noted moderate-severe gingivitis*

Perio Type: *I-II*

Prophy: *removal of plaque, calculus and stain from dentition to control local and irritational factors; cavitron, hand scaled, engine polish, flossed*

Gum tissue: *localized inflammation in Upper Anterior (UA) and Lower Anterior (LA) and around cervicals max and mand posterior, otherwise, pink stippled, firm*

Home care: *fair-good*

Plaque: *moderate to heavy generalized cervicals of max and mand posterior and moderate interproximal, moderate facials lower anterior*

Calculus: *moderate-heavy linguals of lower anterior*

Stain: *generalized coffee/tea/nicotine stain*

OHI: *reinforced daily flossing and demonstrated use; discussed and demonstrated progression of periodontal disease with pt. explained 4mm pockets are borderline to periodontal condition, reversible at this point with good homecare and regular dental visits. explained consequences and systemic sequela of untreated perio disease*

Other: *n/a*

N.V. Operative or Extractions.