

## Other Oral Disease Risk Factors

- Tobacco and alcohol use (cancers)
- Family history of oral cancers
- Lack of mouth guard use for sports
- Methamphetamine use (erosions)
- Bulimia (erosions)
- Significant GERD (erosions)

## Screening Oral Exam

### Observation

- Remove all dentures and appliances
- Teeth and oral hygiene
- Palate and gums
- Buccal mucosa
- Floor of mouth & tongue (lateral borders & undersurface)
- Posterior pharynx

### Palpation

- Floor of mouth
- Neck

### Record

- Signs of caries
  - White spots, brown spots, pits
- Signs of periodontal disease
  - Poor oral hygiene (presence of plaque)
  - Erythematous or receded gums
  - Loose teeth
- Signs of other oral disease
  - Soft tissues lesions
  - Tooth erosion

## Refer to dentist:

- All adults for 6 month check ups
- All adults with signs of caries, periodontal disease or suspicious oral lesions.

## ANTIBIOTIC PROPHYLAXIS GUIDELINES FOR ORAL PROCEDURES\*\*

### At Risk Medical Conditions

#### *Highest Risk*

- Acquired valvular dysfunction
- Prosthetic cardiac valves
- Previous bacterial endocarditis
- Congenital heart disease (CHD)
  - Unrepaired cyanotic CHD
  - Completely repaired congenital heart defect during the first 6 months after the procedure
  - Repaired CHD with residual defects
    - Cardiac transplantation recipients who develop cardiac valvulopathy

#### *Lower Risk - No longer prophylaxed*

- Acquired valvular dysfunction
- Hypertrophic cardiomyopathy
- Mitral valve prolapse with audible regurgitation
- Isolated secundum atrial septal defect
- Previous coronary artery bypass grafting
- Physiologic, functional, or innocent murmurs
- Previous Kawasaki disease w/o valve dysfunction
- Cardiac pacemaker or implanted defibrillator

#### *Prophylaxis also recommended for patients with the following implanted medical devices:*

- Total joint replacement
  - In place less than 2 years
  - Immunocompromised patient
  - Previous prosthetic joint infection
- Vascular grafts in place less than 6 months
- Arteriovenous shunt for hemodialysis
- Neurosurgical shunts
- Indwelling catheters

## Planned Procedure

### *Prophylaxis recommended for highest risk patients for:*

- All dental procedures that involve manipulation of gingival tissue or the periapical region of teeth or perforation of the oral mucosa

### *Prophylaxis **NOT** recommended for:*

- Local anesthetic injections through non-infected tissue
- Removable appliance placement
- Oral radiographs
- Orthodontic appliance adjustment
- Shedding of primary teeth
- Bleeding from trauma to the lips and oral mucosa

## Antibiotic choices

*Standard prophylaxis (give 1 dose only orally 30 – 60 minutes before procedure):*

Amoxicillin: Adults: 2.0 g; children: 50 mg/kg

*Unable to take oral medication (give 1 dose only 30 – 60 minutes before procedure):*

Ampicillin: Adults: 2.0 g; children 50 mg/kg; IM or IV  
Cefazolin or Ceftriaxone: Adults: 1.0 g; children 50 mg/kg; IM or IV

*Allergic to penicillin (give orally 1 dose only 30 – 60 minutes before procedure):*

Clindamycin: Adults: 600 mg; children: 20 mg/kg

Cephalexin: Adults: 2.0 g; children; 50 mg/kg

(caution if hypersensitivity to penicillin)

Azithromycin or clarithromycin: Adults: 500 mg; children: 15 mg/kg

### **\*\*IMPORTANT NOTICE:**

The “Antibiotic Prophylaxis Guidelines” above are based on the latest recommendations by the American Heart Association (updated 2007). It is advised to consult the American Heart Association website for more details and for any updates: [www.heart.org](http://www.heart.org)

## ANTICOAGULATION GUIDELINES FOR ORAL PROCEDURES

- Cessation of anticoagulation or anti-platelet agents carries a risk of thromboembolic event
- Cleanings, fillings, and simple extractions can be performed without interrupting anticoagulation
- Bleeding can be controlled with local agents, e.g. surgical (oxidized cellulose polymer), tranexamic acid or epsilon amino caproic acid mouthwash (discuss with dentist/oral surgeon)
- Patients that are at high risk for thromboembolic events that need to undergo oral procedures that are high risk for bleeding can be managed with “bridge therapy” using enoxaparin (Lovenox) and/or heparin days before the procedure
- Communication with dentist/oral surgeon is vital

## GERIATRIC ORAL HEALTH

### Xerostomia

#### Signs

- Need to sip water or suck candies to talk
- Needs fluids to form food bolus when eating
- Oral burning/soreness and altered taste
- No pooling of saliva in floor of mouth
- Tongue fissured

#### Etiology

- Primary disease (Sjogrens/RA/salivary tumor)
- Medications – anticholinergics, antidepressants, antipsychotics, diuretics, antihypertensives, sedatives, antihistamines, inhalers

### Management

- Discontinue meds or move to morning dosing
- Avoid sugar containing foods and drinks
- Xylitol mints, sugar-free gum
- Rx brush on topical fluoride gel
- Rx saliva substitutes
- Regular dental visits – higher risk for caries

### Denture Care and Problems

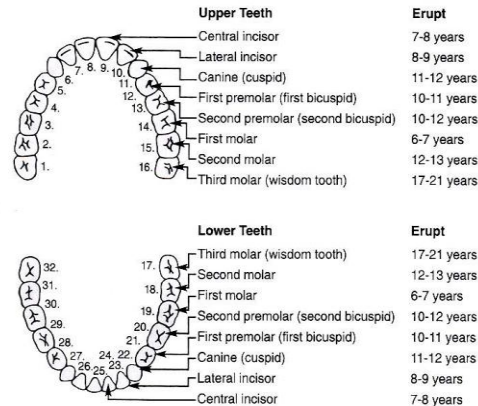
#### Care

- Soak in water or denture cleaner overnight
- Rinse with water after every meal
- Brush daily with soft brush and denture cleaner

#### Problems

- Problems with chewing, cheek biting, speech, cracked corners of mouth = poorly fitting dentures
- Erythematous candidiasis under dentures
  - Nystatin rinse 3x daily, ointment under denture
  - Soak denture in chlorhexidine or nystatin

### PERMANENT TOOTH CHART:



## **ADULT ORAL HEALTH POCKET CARD**

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Smiles for Life Oral Health Curriculum  
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*The information contained in this card should not substitute for consultation with an oral health expert.*

### PRIMARY CARE

#### **Prevention of Caries & Periodontal Disease**

- Eliminate sweet snacks/drinks between meals
- Brush twice daily with fluoridated toothpaste
- Floss daily
- Regular dental visits every 6 months
- Regular oral exam at annual medical exam

#### **Caries Risk Factors**

- Presence of cavities or multiple fillings
- Gingival recession
- Xerostomia (medications, disease)
- Poor oral hygiene
- Poor access to dental care
- Low socio-economic and/or education status
- Inadequate fluoride
- High frequency foods/drinks/medications with sugar
- Special health care needs (oral health often overlooked)
- Presence of partial dentures or other appliances

#### **Periodontal Disease Risk Factors**

- Poor oral hygiene including lack of flossing
- Tobacco use
- Diabetes and/or Osteoporosis
- Family history of periodontal disease
- Medications (anticonvulsants, methotrexate, Ca<sup>++</sup> channel blockers may cause gingival hyperplasia)