



HYGIENE STANDARD OF CARE

Above all else, **inspiring a strong commitment to outstanding care** is our goal at Inspired Hygiene. Nothing else can occur before we, as healthcare providers, make a commitment to seek knowledge and technology to improve our ability to serve our patients. This document will help you create a calibrated standard of care that the entire team will follow and utilize on a daily basis with every patient.

Hygiene Diagnostics

We commit to performing a complete periodontal examination every _____ months on adult patients. For patients in Perio Maintenance, we will perform and record a complete perio evaluation every _____ months.

A complete perio evaluation includes recording of:

Pocket Depth, Bleeding, Furcation, Recession, Suppuration, Mobility

Radiographs

_____ **bitewing x-rays** will be taken every _____ months with exceptions based on decay and periodontal disease risk.

Panoramic x-rays will be taken every _____ years or _____.

Full mouth series x-rays will be taken every _____ years or _____.

Health History Update

Understanding our patients overall health and risk factors allows us to communicate to our patients the link between their oral health and overall health.

Our patients will complete and sign a full new **health history questionnaire** every _____ months. We will update their health history at every visit and document changes in the chart.

We will perform a **blood pressure screening** at every hygiene visit. At a BP over _____ we will alert our patients to visit their physician.

At a BP over _____ we will send our patients directly to their physician's office and postpone dental treatment.

American Heart Association Hypertension Resources

<https://www.heart.org/en/health-topics/high-blood-pressure/high-blood-pressure-toolkit-resources>

Periodontal Disease

We believe that periodontal disease is best treated in its earliest stages. We know that with the proper tools and techniques, we can **stop the progression** of chronic periodontal disease. We are committed to being proactive in disease detection and treatment.

Gingivitis therapy is recommended when a patient presents with _____ to _____ gingivitis and no _____. Gingivitis therapy is coded as D_____.

We will begin some level of periodontal therapy when a patient presents with bleeding, bone loss and _____mm periodontal pocket measures. **Localized periodontal therapy** is recommended when the patient presents with 1-3 teeth/quad with active periodontal infection where bone loss is present. **Full quadrant periodontal therapy** is recommended when the patient presents with 4+ teeth/quad with active periodontal infection where bone loss is present.

A **follow up evaluation** (D4910) appointment is scheduled _____ weeks after the final session of periodontal therapy.

Retreatment

Patients are transitioned back into active periodontal therapy from maintenance when the patient presents with _____ infection involving more than _____ teeth.

Chemotherapeutics

We recommend site-specific chemotherapeutic therapy or repetitive laser therapy when the patient presents with pocket readings of _____ mm or greater that still have active infection (bleeding), which indicates that the disease is likely advancing.

Referral

We will refer patients for surgical intervention due to bony defects or for a second opinion when pockets measure _____ mm and/or when sites are _____ to nonsurgical therapies.

Caries Detection/Prevention/Treatment

We believe it's our responsibility to not only repair carious lesions but to assist our patients in preventing further decay.

For patients with a **moderate-high risk** for caries, we will recommend _____ products (at home and in-office).

For patients with a **low risk** for caries, we will recommend _____ products.

Patients that benefit from **caries prevention** products/services are patients that present with _____.

Oral Cancer Screening

An intra/extra oral cancer screening will be done on **every patient** at **every visit**.

We will use the _____ screening system for detecting possible cancerous lesions along with our visual and tactile exam.

If an abnormal area is detected we will refer to an oral surgeon or have the patient return in **2 weeks for reevaluation**. We will document all actions in detail by recording that a screening was completed, any devices used, location and size of lesion, photo of lesion and documentation of referral.